healthwatch Worcestershire

SAFEGUARDING CHILDREN AND YOUNG PEOPLE - POLICY AND PROCEDURE VERSION 4

VS 4 Approve November 2018

THE DESIGNATED PERSON FOR SAFEGUARDING CHILDREN AND YOUNG PEOPLE IS:

Simon Adams
Chief Operating Officer
Healthwatch Worcestershire
The Civic Centre,
Queen Elizabeth Drive,
Pershore
WR10 1PT
Tel: 01386 550264.

DOCUMENT DETAILS:
APPROVED ON: 25th February 2016
Last REVIEWED: 3rd November 2018
REVIEW BY: November 2019
LEAD DIRECTOR: Jane Stanley
AUTHOR: Margaret Reilly
Version Control

Version	Reason for Amendments	Amendments Made By	Date
1.1	Circulation to COO - updates on prevention and training	MR	26/11/2015
1.2	Circulation to COO & Directors – changes to wording and consent form from Directors meeting where policy was approved	MR	8/12/2015
2	Approved version		
2.1	Addition of text on Mental Capacity Act 2005	MR	25/02/2016
2.2	Review of Policy	MR	03/11/2017
3	Approved Version		
3.1	Review of Policy – amendments and additions	MR / JS	03/11/2018
4	Approved Version		

Summary of procedure for responding to a child protection concern or disclosure

What is a child protection concern?
A concern is when another child or young person, another parent or carer or a worker raises a question about whether a particular child or young person is experiencing some form of abuse or may be at risk of abuse.

What is a disclosure?
A disclosure is when a child or young person tells someone else about the behaviour of another person or persons towards him or her which makes the hearer think that the child or young person is experiencing some form of abuse or may be at risk of abuse

i. Immediate Action - take any immediate actions to safeguard anyone at immediate risk of harm, including contacting the police and summoning medical assistance by calling 999 immediately

ii. Where the child or young person has disclosed abuse to you speak to the child or young person wherever it is safe to do so (See 17.1 below on dealing with disclosure). Remember it is inappropriate to give assurances of complete confidentiality as in all cases the COO must be informed. Decisions regarding next steps will be the responsibility of the COO.

iii. Report & Inform.
Where you have a child protection concern, or a child or young person has made a disclosure to you inform Simon Adams, Chief Operating Officer as soon as possible. **Tel 01386 550264** and complete an Incident Record Form (Appendix 5)
In situations where informing the COO will involve delay **in a high-risk situation you should report to Police (999) / Children's Social Care immediately 01905 822666** (see 17.2) If a crime has been committed ask the police for advice about preserving physical evidence (see 17.3 below). Inform the COO as soon as possible once these actions have been taken.

vi. Management Action
The Chief Operating Officer will be responsible for deciding on next steps including if necessary, reporting the concern to Children's Social Care (see 17.4 and 17.5 below).

Contacts

Simon Adams – Chief Operating Officer 01386 550264
Jane Stanley – Lead Director, Children's Safeguarding 01386 550264
Family Front Door (Children's Social Care)
▫ 01905 822666 Monday to Thursday 8.30am to 5.00pm (4.30 p.m. on Friday)
▫ 01905 768020 (evenings and weekends)
Police - Call 999 in an emergency, e.g. when a crime is in progress, when there is danger to life or when violence is being used or threatened.

POLICY STATEMENT

1. SCOPE OF THIS POLICY

Healthwatch Worcestershire (HWW) expects its Directors, staff, volunteers and any contracted agents, whether purchasers or providers, to conform to this policy, principles and procedures for safeguarding children and young people.

2. WHAT IS SAFEGUARDING CHILDREN?

The actions we take as professionals and as a society, to promote the welfare of children and protect them from harm, are referred to as 'safeguarding'.
Safeguarding can be defined 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
- Taking action to enable all children to have the best outcomes.

('Working Together to Safeguard Children', DfE 2018)

Healthwatch Worcestershire has a duty of care towards children and young people with whom there is contact during the course of our work and activities. We will do everything we can to provide a safe and caring environment whilst they participate in activities relating to our operational duties.

We will:

- Treat all children and young people with respect
- Carefully recruit and select all staff, whether paid or voluntary
- Respond to all concerns and allegations appropriately.
- Adopt good practice with regard to safeguarding children and young people.
- Ensure that adults working with children and young people are subject to an enhanced Disclosure and Barring Service (DBS) check where appropriate.

When there are concerns about the welfare of any child or young person every adult in our organisation is expected to share those concerns with the designated member of staff responsible for Safeguarding Children.

Child Protection is a central part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm[1] as a result of neglect or abuse.

Section 17 of this document sets out the procedure to be followed when responding to a child protection concern or disclosure.
This policy should be read in conjunction with the Healthwatch Worcestershire Policy on Safeguarding Adults where appropriate.

[1] Working Together to Safeguard Children, July 2018

3. THE AIMS OF SAFEGUARDING CHILDREN

The aim of this policy is that HWW Directors, staff and volunteers are alert to the signs of abuse and neglect of children, that where appropriate we question the behaviour of children and parents/carers and do not necessarily take what we are told at face value.

This policy will make sure that you know where to turn to if you need to ask for help, and that you refer to children's social care or to the police, if you suspect that a child is at risk of harm or is immediate danger

HWW will work within the local multi-agency safeguarding arrangements that are in place.

Safeguarding is everyone's responsibility and therefore all adults will:

- Take all necessary steps to keep children safe and well
- Be alert to any issues of concern in the child's life at home or elsewhere
- Follow the policies and procedures of the organisation and notify the Chief Operating Officer without delay if concerns arise
- Keep appropriate records

4. DEFINITION OF CHILDREN AND YOUNG PEOPLE

The Children's Act 2004 defines a child as being up to the age of 18 years old.

For young people with disabilities and for those Looked After by the local authority this policy will apply up until the age of 25yrs.

5. PRINCIPLES UNDERPINNING SAFEGUARDING CHILDREN

HWW will be guided by the following key principles:

- children have a right to be safe and should be protected from all forms of abuse and neglect;
- safeguarding children is everyone's responsibility;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a coordinated response from all relevant agencies.

HWW will not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If HHW think that referral to children's social care is necessary, we will view this as the beginning of a process of inquiry, not as an accusation.

6. DEFINITION OF ABUSE OR NEGLECT

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

The main categories of abuse are set out below. Further Information, together with possible indicators of abuse can be found in **Appendix 1** and must be read as part of this Policy.

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or 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.

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Child sexual exploitation[2] is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology

Neglect[3] 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: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Online Abuse[4] may involve bullying, harassment or sexual abuse including viewing or sharing inappropriate images. It may involve children or young people or adults who may be known to the victim or not known to them.

[2] Working Together to Safeguard Children, July 2018
[3] As above
[4] Taken from Safeguarding Children and Young People, Guidance for VCS Organisations, Edition 3 September 2014

Online abuse involving adults is rarely restricted to a single victim and perpetrator because the internet is able to connect abusers with both multiple victims and abusers. Online abuse should always be reported.

Historic Abuse Allegations[5] or expressions of concern about abusive behaviour towards children or young people in the past should be reported in the same way as any other form of abuse. This is important as there may be other children living with, or in contact with, the alleged perpetrator of abuse and their welfare will need to be assessed. Also reports of past abuse can still be investigated by the police and justice achieved for victims of abuse.

Sources of **Stress**[6] for children and families are abuse, neglect, social exclusion, domestic violence, poverty, physical or mental health illness of a parent or carer or drug or alcohol misuse. All these areas may have a negative impact on a child or young person's health and development and may be noticed by workers.

7. WHAT MAY GIVE CAUSE FOR CONCERN?[7]

There is no clear dividing line between one type of abuse and another. The following list should alert you to possible causes for concern.

- Bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth
- Any bruising or injury to a very young, immobile baby
- Burns or scald marks
- Bite marks
- Any injuries or swellings, which do not have a plausible explanation
- Bruising or soreness to the genital area
- Faltering growth, weight loss and slow development
- Unusual lethargy
- Any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn
- A child or young person whose play and language indicates a sexual knowledge beyond his/her years
- A child or young person who flinches away from sudden movement
- A child or young person who gives over rehearsed answers to explain how his/her injuries were caused
- An accumulation of a number of minor injuries and/or concerns
- A child or young person who discloses something which may indicate s/he is being abused
- Concern about a parent or carer's behaviour or presentation, e.g. evidence of possible alcohol or drug misuse, mental health difficulties, or domestic violence
- Concern about arrangements for the collection of the child or young person

A cluster of these signs should increase concern.

[5] As above
[6] As above
[7] As above

When working with children and young people who are suffering or likely to suffer significant harm workers should:

- be alert to potential indicators of abuse or neglect
- be alert to the risks of harm
- prioritise direct communication and positive and respectful relationships with children and young people ensuring their wishes and feelings underpin any safeguarding activities or assessments
- share and help to analyse information so that an effective assessment can be made
- contribute to whatever actions are needed to safeguard and promote the welfare of the child or young person
- work cooperatively with parents/carers unless this is inconsistent with ensuring the safety of the child or young person

8. SAFEGUARDING PARTICULARLY VULNERABLE GROUPS[8]

HWW has a responsibility to be aware of the possibility that the children and young people who take part in their activities may have difficulties within their lives at home or outside the group/organisation and may be at risk of harm.

Workers should, in particular, be alert to the potential need for early help for a child or young person who [9]:

• is disabled and has specific additional needs
• has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
• is a young carer
• is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
• is frequently missing/goes missing from care or from home
• is at risk of modern slavery, trafficking or exploitation
• is at risk of being radicalised or exploited
• is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
• is misusing drugs or alcohol themselves
• has returned home to their family from care
• is a privately fostered child".

Further vulnerable groups have been identified as[10]

- Adolescents
- Young People who are Homeless
- Children and Young People Missing Education (CME)
- Young Women Coerced (or about to be Coerced) into Forced Marriage
- Children and Young Women subjected (or about to be subjected) to Female Genital Mutilation (FGM)

[8] Taken from Safeguarding Children and Young People, Guidance for VCS Organisations, Edition 3 September 2014
[9] Working Together to Safeguard Children, July 2018
[10] Taken from Safeguarding Children and Young People, Guidance for VCS Organisations, Edition 3 September 2014

- Children and Young People who have Parents/Carers with Learning Disabilities
- Families living in poverty
- Families that face racism and other forms of social isolation
- Families living in areas with a lot of crime, poor housing and high unemployment

Workers need to be particularly aware of the 'toxic trio' - the co-occurrence of mental health problems, substance misuse and domestic abuse within a family.

Further details about the above can be found in **Appendix 2,** which must be read as part of this policy.

9. LOCATION OF ABUSE

Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others.
Abuse can take place wholly online, or technology may be used to facilitate offline abuse

In the case of female genital mutilation, children may be taken out of the country to be abused.

10. WHO MIGHT ABUSE

Children may be abused by a family member, an adult or adults, paid staff or professionals, volunteers and strangers or another child or children. When the abuser is a child it is important to remember that they may also be at risk and these concerns should be raised with the appropriate agencies too.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives.

Abuse and neglect can happen over a period of time but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

11. PREVENTATIVE MEASURES TAKEN IN RELATION TO SAFEGUARDING CHILDREN

11.1 Creating a Safe and Caring Environment

In all work situations involving children and young people we will aim to:

- Encourage an 'open environment' and avoid private or unobserved situations
- Treat all children/young people with respect.
- Not make racist, sexist or any other remark which could upset or humiliate

- Act to prevent the abuse of younger or weaker children by older or stronger children through bullying, cruelty or any other forms of humiliation.
- Be appropriately trained and qualified to ensure the safe provision of services, use of equipment, activities undertaken, etc.
- Plan activity sessions with the care and safety of children as their main concern including the use of activities at an appropriate age/ability level.
- Ensure activities start and end on time.
- Risk Assess prior to any offsite visits or new types of activities

HWW staff and volunteers should familiarise themselves as appropriate with building/facility safety issues, such as fire procedures, location of emergency exits, location of emergency telephones and first aid equipment.

11.2 Recording and Reporting

- Keep an attendance register for all organised sessions
- Obtain Consents as necessary (see Admission Procedures below)
- Record all accidents in the organisation's accident book immediately or as soon as practicably possible.
- Report suspected cases of child abuse to the appropriate individuals and/or agencies.

11.3 Admission Procedures

A register of names, addresses, next of kin and contact addresses and telephone numbers for emergencies will be maintained by the appropriate member of staff. A consent form is attached at Appendix 3

11.4 Photography

Written parental consent from parent/carers must be obtained before taking photographs or images.

Any image of a child should not be published without written consent. Personal information about the individual should not accompany the image.

Any instance of the use of inappropriate images should be reported to the designated person without delay.

12. RECRUITMENT AND SELECTION OF STAFF AND VOLUNTEERS

All reasonable steps will be taken to ensure unsuitable individuals are prevented from having any involvement with Healthwatch Worcestershire.

Staff/volunteers will be required to have appropriate qualifications; they will be subject to references and the appropriate level of DBS check.

Any issues arising from a DBS check will be dealt with in accordance with the Recruitment and Selection policy, which states that "Where a preferred candidate

fails the referencing and checking procedure, consideration should be given whether to fall back to the second-choice candidate"
Job Descriptions for posts will make reference to safeguarding responsibilities as appropriate.

13. TRAINING OF STAFF AND VOLUNTEERS

HWW will ensure that: -

- Mandatory Safeguarding Children Basic Awareness training is put in place for staff, Directors and Co-opted Board Members and volunteers where this is appropriate to their role.
- more advanced training is available to staff as appropriate to their role

We will liaise with the County Council and other bodies as appropriate to ensure that the training reflects the multi-agency approach in place across Worcestershire.

The training will ensure that staff and volunteers, Directors and Co-opted Board Members are made aware of and understand their professional boundaries in respect of safeguarding and that their practice reflects this.

In order to ensure that all staff, Directors and Co-opted Board Members and volunteers have an awareness of Safeguarding we have produced a straightforward version of this policy which will be given to all volunteers. See Appendix 4

Safeguarding training will be refreshed every three years.

14. ROLES AND RESPONSIBILITIES IN RESPECT OF SAFEGUARDING CHILDREN

a. Duty to Report

All Directors, staff and volunteers working with Healthwatch Worcestershire have a duty to report any allegations or suspicions of abuse of a child to the Chief Operating Officer.

b. Designated Person

The Chief Operating Officer, Simon Adams, is the designated member of staff for Safeguarding Children and will be responsible for disseminating and implementing Safeguarding and Child Protection Procedures within HWW including:

- Disseminate and implement Safeguarding and Child Protection Procedures within the organisation
- To be familiar with WSCB procedures for safeguarding and investigating child abuse
- To know the relevant contacts within Children's Services
- To receive information from workers, volunteers, children and young people, parents and carers about child protection issues including any allegations against staff or volunteers
- To assess information promptly and take appropriate action
- To refer child protection concerns to Children's Social Care

- To ensure that the child/young person and their parents/carers are offered appropriate support
- Be responsible for dealing with any allegations made against anyone involved in the organisation and for contacting the Local Authority Designated Officer (LADO)
- To maintain records of all information received
- To be familiar with Children's Social Care and Police procedures for investigating child abuse
- Monitor safeguarding concerns and report on them to the Chair / Directors as appropriate
- To monitor safeguarding procedures in the organisation including:
  - checking that a parent/carer consent form for every child and young person is completed, stored safely and retained in accordance with HWW Retention & Destruction policy
  - checking that safe recruitment and selection procedures are followed
  - checking that child protection awareness training is undertaken so that staff, including volunteers, know how to recognise and respond to concerns about a child or young person
  - To offer advice, guidance and support to staff and volunteers dealing with child protection
  - To identify training needs

It is not the role of the Designated Person for Child Protection to decide whether or not the child or young person has been abused. This is the task of Children's Social Care.

15. ALLEGATIONS OF ABUSE ABOUT A DIRECTOR, CO-OPTEE, STAFF MEMBER OR VOLUNTEER AT HWW

HWW has a Whistleblowing Policy.

All Directors, co-optees, staff and volunteers have a duty to raise concerns immediately, where they exist, about the attitude or actions of colleagues.

Concerns about the behaviour of Directors, co-optees, staff and volunteers must be referred to the **Chief Operating Officer,** who will investigate and take appropriate action.

Simon Adams, Chief Operating Officer, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (tel: 01386 550264)

If your concern is about the Chief Operating Officer, or if the COO is not available it should be reported to the Vice Chair of the Healthwatch Board:

Jo Ringshall, Vice Chair Healthwatch Worcestershire Tel. 01386 550264

Any concerns will be dealt with in accordance with the HWW disciplinary policy and procedure.

15.1 Local Authority Designated Officer (LADO)

Local Authority Designated Officer (LADO) procedures should be applied when there is an allegation that any person who works with children, in connection with their employment or voluntary activity, has:

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

All statutory partner agencies are required to report all allegations to the LADO within one working day.

LADO responsibilities include the management and oversight of individual cases where allegations have been made against staff from all partner agencies if the allegation meets the thresholds.

The LADO role for Worcestershire is shared by James Borland and Jon Hancock. They are available for advice if the COO / Vice Chair are not sure whether to make a referral.

Telephone: 01905 843311 / 846383 or 07809 586225

If the LADO is not available contact:

Family Front Door – 01905 822666

16. SAFEGUARDING COMPLAINTS OR CONCERNS EXPRESSED BY PEOPLE IN CONTACT WITH HWW OR OUR REPRESENTATIVES

Due to the nature of Healthwatch Worcestershire's functions it is rare for us to have ongoing contact with a specific "user group"

HWW will publish our safeguarding policy on our website.

We will make members of our Reference and Engagement Group aware that the policy is available on our website or in hard copy if required.

We inform providers at the start of our Enter and View visits about how to raise any safeguarding or other concerns that they may have about the behaviour or attitude of our Enter and View teams during our visits.

Any complaint or expression of concern by people in contact with HWW or their representatives will be listened to and acted upon in order to safeguard the wellbeing and welfare of a child.

A complaint or concern may be made directly, either in writing or orally, to the designated member of staff:

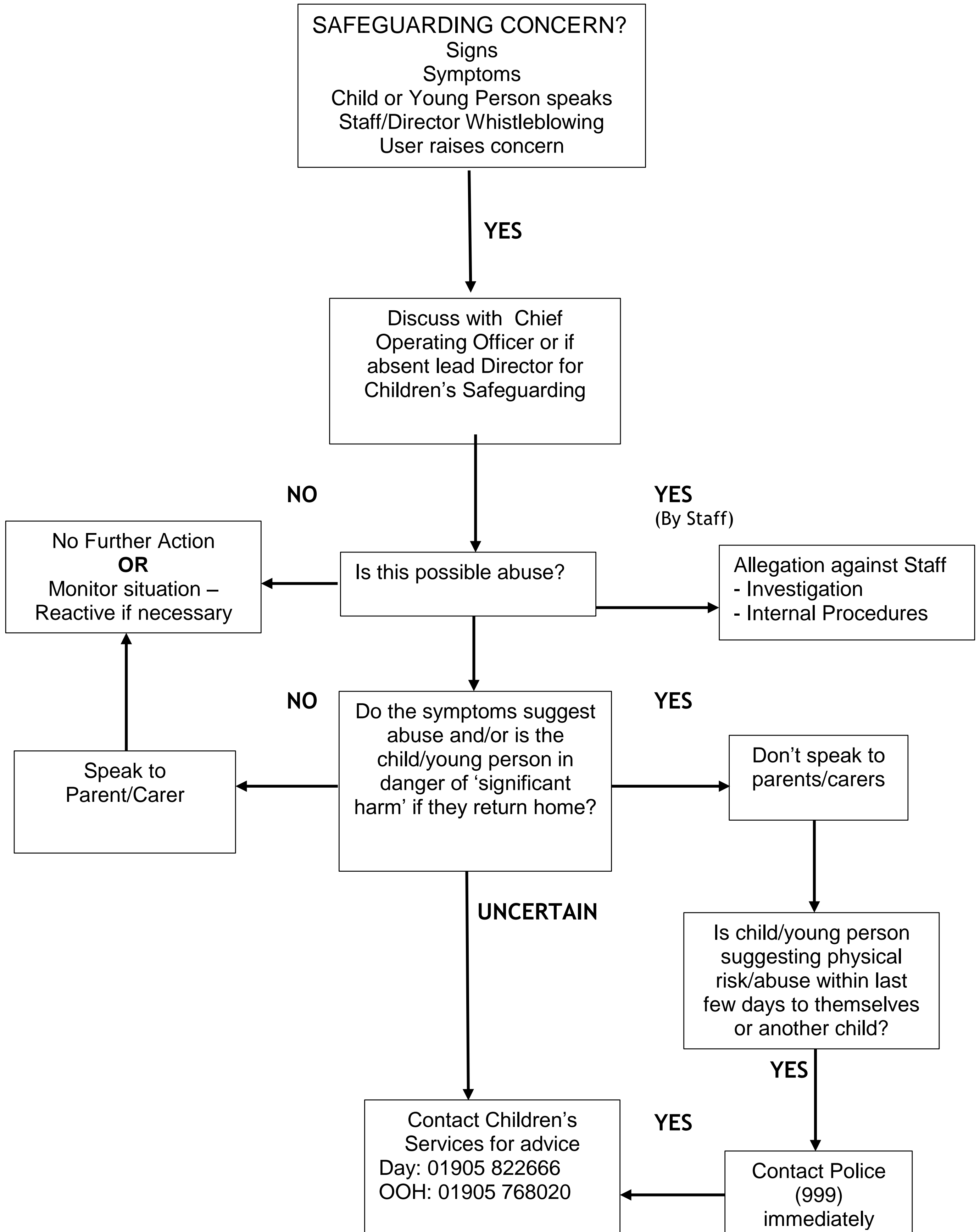
Simon Adams, Chief Operating Officer, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (Tel: 01386 550264)

In the absence of the COO contact the lead Director for Safeguarding (Jane Stanley Tel 01386 550264) who will be responsible for the completion of the above actions

Individuals and/or their representatives will be provided with details of the progress of the complaint or concern and action taken where appropriate.

People in contact with HWW or their representatives will be provided with contact details of the County Council's Safeguarding Children reporting procedure (see below) if they wish to raise a concern or complaint directly.

17. RESPONDING TO SAFEGUARDING CHILDREN CONCERNS – SUMMARY OF PROCEDURE TO BE FOLLOWED.



17.1 Summary of procedure for responding to a child protection concern or disclosure

What is a child protection concern?
A concern is when another child or young person, another parent or carer or a worker raises a question about whether a particular child or young person is experiencing some form of abuse or may be at risk of abuse.

What is a disclosure?
A disclosure is when a child or young person tells someone else about the behaviour of another person or persons towards him or her which makes the hearer think that the child or young person is experiencing some form of abuse or may be at risk of abuse

i. Immediate Action - take any immediate actions to safeguard anyone at immediate risk of harm, including contacting the police and summoning medical assistance by calling 999 immediately

ii. Where the child or young person has disclosed abuse to you speak to the child or young person wherever it is safe to do so (See 17.1 below on dealing with disclosure). Remember it is inappropriate to give assurances of complete confidentiality as in all cases the COO must be informed. Decisions regarding next steps will be the responsibility of the COO.

iii. Report & Inform.
Where you have a child protection concern, or a child or young person has made a disclosure to you inform Simon Adams, Chief Operating Officer as soon as possible. **Tel 01386 550264** and complete an Incident Record Form (Appendix 5)
In situations where informing the COO will involve delay **in a high-risk situation you should report to Police (999) / Children's Social Care immediately 01905 822666** (see 17.2) If a crime has been committed ask the police for advice about preserving physical evidence (see 17.3 below). Inform the COO as soon as possible once these actions have been taken.

vi. Management Action
The Chief Operating Officer will be responsible for deciding on next steps including if necessary, reporting the concern to Children's Social Care (see 17.4 and 17.5 below).

17.1 Dealing with Disclosures

Good Practice Guide – Responding to disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the child/young person to tell you that something has happened and fear of not being believed can cause children and young people not to tell.

- Keep calm. Do not show you are shocked.
- Listen to the child or young person.
- Accept what you hear without passing judgement.
- Ask questions only for clarification, no leading questions.
- Do not investigate.
- Do not make promises.
- Offer support and understanding.
- Explain that you cannot keep it secret and what may happen. (This gives them the choice to continue telling you or stop.)
- Reassure the child or young person that they were right to talk to you.
- Write down notes – dates, times, facts, who were involved, observations using actual words used if possible.
- If the young person is aged 16 or over take account of the Mental Capacity Act 2005 (see below)
- Report to the Chief Operating Officer as soon as possible (or contact immediately if you believe the matter is urgent).

- Check that, if possible, you have the following information:
    - name(s), address, date(s) of birth of the child/children or young person/people
    - parent/carer's name and contact details
    - name of the person said to be involved
    - names of any witness to the incident (if appropriate)
- Keep notes of your conversation with the Designated Person and any advice offered.
- Act on the advice given.
- Sign and date the notes and keep them in a confidential file stored in a locked cabinet.

ALWAYS REMEMBER – IF IN DOUBT – CONSULT

- Respect confidentiality of everyone involved in the incident keeping the matter restricted only to those who need to know.
- Support should be provided for the child or young person making the disclosure.

DONT

- press for explanations
- put it off
- leave it to someone else to help
- be afraid to express your concerns

The Mental Capacity Act 2005

The key principles of the Mental Capacity Act (2005) are that every young person (aged 16 or over) has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise. A person must be given all practicable help before anyone treats them as not being able to make their own decisions. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision

If it is felt that the young person may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

Anything done or any decision made on behalf of a young person who lacks capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.

Decisions must be fully recorded. It is important that an individual's mental capacity is considered at each stage of the adult safeguarding process.

REMEMBER - It is **not** the responsibility of HWW staff/volunteers to personally investigate suspected or actual abuse, but it is their responsibility to report concerns to the designated person immediately.

17.2 Report and Inform

Inform Simon Adams, Chief Operating Officer as soon as possible. **Tel 01386 550264.**

In situations where informing the COO will involve delay in a high-risk situation you should report to Police (999) and Children's Social Care immediately. Contact the Access Centre on 01905 822666 from Monday to Thursday 8.30am to 5.00pm. (4.30 p.m. on Friday) For assistance out of office hours (5:00pm to 8:00 am weekdays and all day at weekends and bank holidays) contact the Emergency Duty Team (EDT) on 01905 768020. Inform the COO as soon as possible once these actions have been taken

Keep notes of your conversation with the COO and any advice offered. Sign and date the notes and keep them in a confidential file which should be kept in a locked place.

As soon as possible on the same day, use the Incident Record Form (Appendix 5) to make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s,
- exactly what happened or what you were told, using the child or young person's own words, keeping it factual and not interpreting what you saw or were told,
- any other relevant information, e.g. previous incidents that have caused you concern or any discussion you have had with the parent or carer
- Decisions and actions taken with time and date clearly noted
- Give the form to the Chief Operating Officer

Remember to:

- include as much detail as possible,
- Ensure that you have the following information:
  - name(s), address, date(s) of birth of the child/children or young person/people
  - parent/carer's name and contact details
  - name of the person said to be involved
  - names of any witness to the incident (if appropriate)
- make sure the written report is legible and of a photocopiable quality,
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report/s confidential, storing them in a safe and secure place until it will be needed.

When the COO is not available contact the lead Director for Children's Safeguarding (Jane Stanley Tel 01386 550264)

Escalation Procedure

A safeguarding concern should always be followed up if you are unhappy with the response

If you are unhappy with the response that you receive from the Chief Operating Officer, you should contact the lead Director for Children's Safeguarding (Jane Stanley Tel 01386 550264)

If you are unhappy about the response that you receive from HWW about your concern, then you should contact the Family Front Door on 01905 822666 from Monday to Thursday 8.30am to 5.00pm. and Friday 8.30 a.m. – 4.30 p.m. For assistance out of office hours contact the Emergency Duty Team (EDT) on 01905 768020.

17.3 Preserving Physical Evidence

In cases of physical or sexual abuse, **contact the Police immediately**. Ask their advice about what to do to preserve physical evidence.

17.4 Taking management action to respond to the concern

The Chief Operating Officer will decide on the most appropriate course of action without delay following a report of a safeguarding concern.

This should include-

- Check & review actions already taken and decisions made using the flow chart at 17 above
- Make an evaluation of the risk to the child or young person.
- Take reasonable and practical steps to safeguard the child or young person
- Concerns should normally be discussed with the parents / carers and agreement sought for a referral to children's social care unless seeking agreement is likely to: place the child at significant risk of harm through delay or the parent's actions or reactions or lead to the risk of loss of evidential material[11]
- The GDPR and Data Protection Act 2018 place duties on organisations and individuals to process personal information fairly and lawfully; they are not a barrier to sharing information, where the failure to do so would cause the safety or well-being of a child to be compromised:[12] Further information on how to share information and steps to consider is available in Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers
- Consider referring to the police if the suspected abuse is a crime.
    - If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
- Make sure that other people are not at risk.
- Report to Children's Social Care where appropriate – using the flow chart at 17 above as a guide. This should be done as soon as possible, and in all circumstances on the same day as the concern is recognised. Contact the Family Front Door on 01905 822666 from Monday to Thursday 8.30am to 5.00pm. and Friday 8.30 a.m. – 4.30 p.m. For assistance out of office hours contact the Emergency Duty Team (EDT) on 01905 768020.
- Keep a formal record of
    - discussions with the child
    - discussion with the parent/carer
    - discussion with HWW staff, Directors or volunteers
    - information provided to Children's Social Care
    - decisions and actions taken, with time and date clearly noted and signed
- Consider and take required actions under employment vetting schemes e.g. the DBS scheme or the Worcestershire County Council Local Authority Designated Officer (see 15 above)
- Take action in line with the organisation's disciplinary procedures, as appropriate, if a member of staff is alleged to have caused harm.
- Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the RIDDOR

[11] Taken from West Midlands Safeguarding Children Procedures

[12] Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers, HM Govt, July 2018

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (See www.riddor.gov.uk).

- Ensure that records are made of any concerns, and that decisions are clearly recorded with the rationale for the decisions explained.

In the absence of Simon Adams COO contact the lead Director for Children's Safeguarding (Jane Stanley Tel01386 550264) who will be responsible for the completion of the above actions

17.5 Action following a referral to Children's Services

Under 47 of the Children Act 1989, Local Authorities have a statutory duty to make enquiries where they have reasonable cause to suspect that a child or young person is suffering or likely to suffer significant harm. Children's Social Care, part of Children's Services, carries this responsibility on behalf of the Local Authority.

A safeguarding concern should always be followed up if you are unhappy with the Local Authority's response

In all cases if a response if not received within three working days you should contact Children's Social Care again (01905 822666) and, if necessary, ask to speak to a line manager to establish progress.

18. SUPPORT FOR DIRECTORS, CO-OPTED BOARD MEMBERS, STAFF AND VOLUNTEERS

Directors, Co-opted Board Members, staff and volunteers who are reporting abuse, should be supported by their line manager, risk assessments undertaken, and confidential counselling and support offered where appropriate.

19. FURTHER SOURCES OF INFORMATION AND ADVICE

If further advice is required contact the Family Front Door on 01905 822666 from Monday to Thursday 8.30am to 5.00pm. and 8.30am to 4.30pm on Friday

For assistance out of office hours (5:00pm to 8:00 am weekdays and all day at weekends and bank holidays) please contact the Emergency Duty Team (EDT) on 01905 768020.

20. CONFIDENTIALITY

Confidentiality of information: only appropriate staff/volunteers should have access to any parent consent/emergency consent forms for children taking part in any activities.

In cases of disclosure of abuse, whether by children, young people, parents, carers or other adults, we are obliged to share the information with the designated member of staff, who may refer concerns to the relevant Social Services Department.

21. REVIEW OF THIS POLICY

There is a need to review documents regularly to ensure that they are up-to-date, suitable and still reflect best practice. The Children and Young People's Safeguarding Policy is a key document and will be recorded on the HWW Master Document Register (detailing when it was last revised and when it's due for review) and will be reviewed as part of the Internal Audit and Management Review.

22. ARRANGEMENTS FOR THE DISSEMINATION OF POLICY AND ASSURANCE PROCESSES

- This policy will be disseminated to all staff.
- All volunteers will receive a copy of "Safeguarding is Everyone's Business" (Appendix 4)
- The COO will make the team aware of any policies that have been revised and circulate accordingly.
- The policy will be made available on HWW website

Appendix 1 – Recognition & Identification of Abuse [13]

WHAT IS ABUSE?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

INDICATORS OF ABUSE

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation including any disability.

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 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 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 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.

Emotional abuse is difficult to: -
define -
identify/recognise -
prove.

Emotional abuse is chronic and cumulative and has a long-term impact.
Indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation

[13] Worcestershire Model Safeguarding Children Policy for Educational Settings September 2016

- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression - Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, noncuddly, apathetic, non-demanding
- Toddler/Pre-School – head banging, rocking, bad temper, 'violent', clingy. From overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- School age – Wetting and soiling, relationship difficulties, poor performance at school, nonattendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- Adolescent – depression, self-harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or have stunted growth
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

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, clothing and 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-givers) or 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. There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing failure to meet a child's needs.

Neglect can often fit into six forms which are:

- Medical – the withholding of medical care including health and dental.
- Emotional – lack of emotional warmth, touch and nurture
- Nutritional – either through lack of access to a proper diet which can affect in their development.
- Educational – failing to ensure regular school attendance that prevents the child reaching their full potential academically
- Physical – failure to meet the child's physical needs

- Lack of supervision and guidance – meaning the child is in dangerous situations without the ability to risk assess the danger

Common Concerns:
With regard to the child, some of the regular concerns are:
- The child's development in all areas including educational attainment
- Cleanliness
- Health
- Children left at home alone and accidents related to this
- Taking on unreasonable care for others
- Young carers

Neglect can often be an indicator of further maltreatment and is often identified as an issue in serious case reviews as being present in the lead up to the death of the child or young person. It is important to recognise that the most frequent issues and concerns regarding the family in relation to neglect relate to parental capability. This can be a consequence of:
- Poor health, including mental health or mental illness
- Disability, including learning difficulties
- Substance misuse and addiction
- Domestic violence

Staff need to consider both acts of commission (where a parent/carer deliberately neglects the child) and acts of omission (where a parent's failure to act is causing the neglect).

Here are some signs of possible neglect:
Physical signs:
- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning

- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:
- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

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.

When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the Designated Safeguarding Lead without delay so that they are able to seek appropriate guidance from the police and/or Children's Services in order to safeguard the child.

Staff must be alert to:
- Unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries;
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described.

Physical signs:
- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
  - Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference;

- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes.
- Bruising:
  - Bruising patterns can suggest gripping (finger marks), slapping or beating with an object.
  - Bruising on the cheeks, head or around the ear and black eyes can be the result of nonaccidental injury.
- Other injuries: -
  - Bite marks may be evident from an impression of teeth
  - Small circular burns on the skin suggest cigarette burns
  - Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
  - Red lines occur with ligature injuries
  - Retinal haemorrhages can occur with head injury and vigorous shaking of the baby Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.
  - Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
  - Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance
-

SEXUAL ABUSE

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 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. Sexual abuse is usually perpetrated by people who are known to and trusted by the child – e.g. relatives, family friends, neighbours, people working with the child in school or through other activities.

Characteristics of child sexual abuse:

- It is usually planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic;
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done in person or via the internet through chat-rooms and social networking sites;
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. Again, this can be done in person or via the internet through chat-rooms and social networking sites.

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

In older children behavioural changes may include:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they

may start suffering from what may seem to be physical ailments, but which can't be explained medically

- he child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

CHILD SEXUAL EXPLOITATION (CSE)

The sexual exploitation of children and young people (CSE) under-18 is defined as that which:
'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 for Education, 2012). Child sexual exploitation is a form of abuse which involves children (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity.

Who is at risk?

Child sexual exploitation can happen to any young person from any background. Although the research suggests that the females are more vulnerable to CSE, boys and young men are also victims of this type of abuse.
The characteristics common to all victims of CSE are not those of age, ethnicity or gender, rather their powerlessness and vulnerability. Victims often do not recognise that they are being exploited because they will have been groomed by their abuser(s). As a result, victims do not make informed choices to enter into, or remain involved in, sexually exploitative situations but do so from coercion, enticement, manipulation or fear. Sexual exploitation can happen face to face and it can happen online. It can also occur between young people.
In all its forms, CSE is child abuse and should be treated as a child protection issue.

Warning Signs And Vulnerabilities Checklist
The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited. The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are already being sexually exploited:

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family

- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation.

APPENDIX 2 - SAFEGUARDING PARTICULARLY VULNERABLE GROUPS[14]

Adolescents

The risks of serious abuse and neglect faced by young people aged 11 and over have been better recognised in recent years. Abuse of young people is often complicated by a range of issues such as alcohol or substance abuse, homelessness or conflict with parents/carers.

There can be the belief that adolescents are more resilient and so more able to remove themselves from abusive situations or more likely to disclose abuse than younger children. This may not be the case so if making a referral for a young person you may have to be very clear about why you are making the referral and follow it up if necessary.

It is important that safeguarding adolescents is recognised and taken seriously. When a young person's lifestyle is chaotic or unpredictable a coordinated multi-agency approach is required.

Young people leaving care are particularly vulnerable. Children's Social Care must prepare a pathway plan and identify a personal adviser for each young person. Their role is to stay in touch and make sure s/he has somewhere to live and enough money. This help and advice should continue until s/he is 21 or longer if they are in education or training.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People with a Disability

Children and young people with a disability may attend your group/organisation. Disability can take a number of forms including – physical disability, sensory impairment or learning disability. Research suggests that children and young people with a disability are more likely to be abused than non-disabled children. They may find it more difficult to recognise abuse. Disclosing abuse is difficult for any child; for a child with disabilities it may be especially difficult.

Their disability may mean that:

- their life experiences are limited, creating difficulty recognising inappropriate behaviour
- they are afraid of challenging people, concerned that they will anger an authority figure or get into trouble
- communication difficulties make it hard to report abuse
- they may not be able physically to leave an abusive situation
- they receive intimate physical care and, therefore, the abuse may seem 'normal'
- their self-esteem and self-image are poor

[14] Safeguarding children and young people - Guidance for workers, volunteers, management committee members and trustees in voluntary and community sector organisations working with children and young people, September 2014 Edition 3

- they might not be aware to whom they can report abuse
- authority figures are unwilling to believe that anyone would abuse a disabled child or young person

Parents/carers are often closely involved in the groups and organisations which support children and young people with disabilities. In these circumstances there is a danger that workers may over-identify with the parents/carers and have a reluctance to accept that abuse or neglect is taking place. Behaviour may be seen as attributable to the stress and difficulties of caring for a child with a disability. There is also a danger that siblings of children and young people with a disability may be vulnerable.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People at Risk of Sexual Exploitation (CSE)

Evidence suggests that young people at risk of, or engaged in, sexual exploitation may not see themselves as victims. Workers may need to be keenly aware of young people who may be at risk. Parent/carers may also require targeted support to engage with agencies.

The sexual exploitation of children and young people is described in the government guidance document as "involving 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 their performing, and/or others performing on them, sexual activities. It can occur through the use of technology without the child's immediate recognition e.g. being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child 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's limited availability of choice resulting from their social/economic and/or emotional vulnerability."

There are strong links between children who go missing and the internal trafficking, between towns, of young people for the purposes of sexual exploitation. Children and young people from loving and supportive families can be at risk of exploitation and workers must be careful not to stereotype specific groups of children as potential victims. A useful screening tool for sexual exploitation is on the CSE button on the front page of the WSCB website at: www.worcestershiresafeguarding.org.uk.

Within Worcestershire it has been agreed that the threshold for making a referral can be applied flexibly where there is a concern about possible sexual exploitation.

It is very important, therefore, that any concerns are shared. This may be either information about a specific child or young person or more general information

about locations. Raise your concerns with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People who have Parents/Carers with a Mental Illness

Parental mental illness does not necessarily have an adverse impact on a child or young person's care and developmental needs. A study, however, of 100 child deaths through abuse or neglect showed clear evidence of parental mental illness in one-third of cases.

In a household where a parent has enduring and/or severe mental ill-health, children are possibly more likely to be at risk of, or experiencing, significant harm. A child or young person at risk of harm or whose well-being is affected could be one who:

- becomes a target for parental aggression or rejection
- has caring responsibilities inappropriate to his/her age
- may witness disturbing behaviour arising from the mental illness (e.g. self harm, suicide, uninhibited behaviour, violence)
- is neglected physically and/or emotionally by an unwell parent

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People who have Parents/Carers with Learning Disabilities

Parental learning difficulties do not necessarily have an adverse impact on a child's developmental needs. But, where it is known parents/carers do have learning disabilities, workers should be particularly aware of the developmental, social and emotional needs of the children and young people in the family. If a parent with learning difficulties appears to have difficulty meeting their child/ren's needs, a referral must be made to Children's Social Care, who have a responsibility to assess the child's needs and offer supportive and protective services as appropriate.

A child or young person at risk of harm or whose well-being is affected could be:
• a child having caring responsibilities inappropriate to their age placed upon them, including looking after siblings
• a child who experiences neglect leading to impaired growth and development, physical ill-health or problems in terms of being out of parental control
• a child with a mother with learning disabilities who may be a target for men who wish to gain access to children for the purpose of sexually abusing them

Groups/organisations must also recognise that parents/carers with learning difficulties may need to have information about the programme and activities explained to them verbally and may need support when forms need to be completed.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People who have Parents/Carers who Misuse Substances

Although there are some parents/carers who are able to care for and safeguard their children despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of their development. Where a parent has enduring and/or severe substance misuse problems, the children in the household are likely to be at risk of, or experiencing, significant harm primarily through emotional abuse or neglect.

Groups/organisations need to be aware and question whether the child or young person's daily life revolves around the parent's/carer's substance misuse and to what extent the child is assuming inappropriate responsibilities.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People who are experiencing Domestic Abuse

In a home where domestic abuse is taking place the children and young people are being abused too. Children and young people may be aware of the abuse of a parent through hearing or seeing incidents of physical violence or verbal abuse. They may also continue to witness and/or hear abuse during post-separation contact visits.

The risks of children and young people being directly physically or sexually abused are markedly increased in homes where domestic violence occurs.
The impact on children and young people may be revealed through aggressive or anti-social behaviour or anxiety or depression.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Young Carers

A young carer is a child or young people under 18 whose life is restricted by the need to take responsibility for another person. The person might be a parent, a brother or sister, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision.

Young carers can become isolated, with no relief from the pressures at home, and no chance to enjoy a normal childhood. They are often afraid to ask for help as they fear letting the family down or being taken into care.

Groups/organisations should be aware of the needs of a young carer and be able to offer emotional support and/or signpost him/her to a charity specifically for young carers. If their needs are more serious or urgent these concerns must be shared

with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People affected by Gang Activity

Being part of a friendship group is a normal part of growing up and it can be common for groups of young people to gather together in public places to socialise. These groups should be distinguished from ‘street gangs’ for whom crime and violence are a core part of their identity. Although, occasionally, some group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a gang.

Young people who become involved in gangs are at risk of violent crime and are, therefore, deemed vulnerable and in need of safeguarding.
The nature and characteristics of gangs vary but generally:

- members are predominantly young males
- members begin offending early and have extensive criminal histories
- they are often territorially based or linked to a particular religion or culture
- they deal in drugs as a way to make money

Girls tend to be less willing than boys to identify themselves as gang members but tend to be drawn into male gangs as girlfriends of existing members. They (and sisters of gang members) are at particular risk of being sexually exploited or abused, but this risk may also affect male gang members.

Young people involved in gangs should be held responsible for their actions and harmful behaviour, but workers also have a responsibility to safeguard and promote the welfare of these young people and to prevent further harm both to themselves and to other potential victims. As many young people are likely to have a dual victim and perpetrator status, it is vital that workers assess their needs and provide support. This may need to be alongside a criminal justice response.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Young People who are Homeless

Homeless young people are not just those who are sleeping on the streets. Young people may be 'sofa surfing', staying on the floors and sofas of friends or family, in temporary hostel or bed and breakfast accommodation or in unsuitable or unsafe accommodation.

There are many reasons why young people are homeless but, whatever the reason, insecure housing is likely to have a debilitating impact on their lives. The age of the young person may affect what needs to be done.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young People Missing Education (CME)

The law requires all children and young people between the ages of 5 and 16 to be in full time education. Children and young people who are not attending school or not being home-educated may be at risk.

Worcestershire County Council Children's Services are keen to be informed if you know about children and young people who are not either in school or receiving education at home so that they can make sure that they are safe and that they receive an appropriate education. Phone 01905 728707 or email cme@worcestershire.gov.uk. All information will be held confidentially and securely.

They would also like to hear if you have any concerns about children or young people who have gone missing from your area or neighbourhood.
Someone will then make contact with the family and child or young person. If some support is needed to help them get back into school this will be provided. Although the vast majority of children and young people are located and returned to education other agencies such as the police will be contacted if s/he cannot be traced quickly.

Where children go missing from the Worcestershire area the national missing children database will be contacted to inform other parts of the country that there may be children and young people new to their area in need of support.
It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation.

Young Women Coerced (or about to be Coerced) into Forced Marriage

Forced marriage is the term used when a person is made to marry against their will. The person does not consent freely, but instead enters the marriage under duress; this includes both physical and emotional pressure. A forced marriage cannot be justified on any cultural or religious basis.

This is not to be confused with an arranged marriage in which both parties consent to the union. Arranged marriages have taken place successfully within some communities for a very long time.

The Forced Marriage (Civil Protection) Act 2007 allows courts to order civil measures to be taken to prevent forced marriages. It is an offence to breach a Forced Marriage Protection Order.
The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not)

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Children and Young Women subjected (or about to be subjected) to Female Genital Mutilation (FGM)

Female genital cutting is illegal in the UK. It refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
It is an abuse of a child or young person and it contravenes a girl's right to a whole body. It happens to girls without their permission and often against their will. A girl may be taken to her country of origin so FGM may be carried out during the summer holidays.

It is very important, therefore, that any concerns are shared with the Designated Person for Safeguarding within your own group/organisation. This may lead to a referral to the Access Centre.

Appendix 3

Consent form for parents / carers

This consent form should be completed by a parent/carer if you are under 18, before you are able to participate in any activities with the project.
Project Title: ………………………………………………………………………….   **Name of Project Co-ordinator:**…………………………………………………..   **Contact Number**:……………………………………………………………………..
Child/Young Person Information (to be completed by parent/carer if under 18)   Name of Child:……………………………………………………………………………   Home Address:………………………………………………………………………..   ……………………………………………………………………………………….   Telephone Number:………………………………………………………………..   Mobile Number:……………………………………………………………………….   Date of Birth:…………………………………………Age:………………………….

Parent/carer Information

Name of Parent/Carer:……………………………………………………………………

Relationship to Child:…………………………………………………………………….

Telephone Number Day:……………………………Evening:……….………………

Mobile Number:………………………………………………………………………….

Does your child have any special requirements (e.g. medical or health related, allergies etc.)?
Yes / No
If yes please give details below

Photography

I give my permission for photographs or video recordings to be taken of my son/daughter, whilst involved in group activities, to be used for display or publicity purposes.

Yes / No
(please delete as appropriate)

Alternative Contact Details

(If we are unable to contact you please give details of an alternative contact)

Name of Contact: …………………………………………………………………..

Relationship to Child: ………………………………………………………………….

Telephone Number Day: ……………………………Evening:……..……………….

Mobile Number: ……………………………………………………………………..

Address: ……………………………………………………………………………..

……………………………………………………………………………………..

Any other information that you feel may be useful:

……………………………………………………………………………………..

Declaration:

- I understand that this consent covers my child to take part in all activities
- I will inform Healthwatch Worcestershire (HWW) of any changes in the information requested on this form
- I will ensure that my son/daughter understands as far as reasonably possible that it is important for his/her safety and the safety of the group as a whole that instructions given by staff are obeyed.
- I understand that whilst HWW are in charge they will take all reasonable care of the young people, and unless negligent they cannot be responsible for any loss, damage or injury suffered by any young person arising from organised events
- I give permission for Healthwatch personnel to seek professional help for my child in case of an emergency

Signed :…………………………………………………………………………………

Print name:……………………………………………………………………………..

Date ……………………………………………………………………………………..

The designated person in HWW responsible for the Safeguarding Children Policy and its implementation is :
Simon Adams, Chief Operating Officer, Healthwatch Worcestershire, The Civic Centre, Queen Elizabeth Drive, Pershore,WR10 1PT, Tel: 01386 550264

Appendix 4

SAFEGUARDING IS EVERYONE'S BUSINESS – INFORMATION FOR VOLUNTEERS

1. WHAT IS SAFEGUARDING?

Safeguarding means protecting children and young people and adults with care and support needs right to live in safety, free from abuse and neglect.

Safeguarding Children
Safeguarding applies to children and young people up to 18 years of age or up to 25 years of age for young people with disabilities and complex needs, or who are Looked After by the Local Authority

Safeguarding Adults with Care and Support Needs
Adult safeguarding applies when an:

1. Adult has need for care and support (this may be because they are disabled or ill or older, and may need extra help to manage their lives and be independent)
2. Is experiencing, or is at risk of, abuse or neglect; and
3. As a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it

Sometimes an adult may choose to live in a situation that we think is dangerous or unsuitable. For adults safeguarding means balancing people's rights to freedom of choice with the risk they are facing.

Whilst Healthwatch Worcestershire does not provide direct services to vulnerable adults and children we may, through the course of our work, see situations which raise concerns that a child or adult is at risk of, or is being abused. It is also possible that a child or adult may tell you (disclose) that they are being abused.

This leaflet sets out what you, as a Healthwatch Worcestershire Volunteer, should do in these situations

2. WHAT IS ABUSE?

Abuse can take many forms but is any mistreatment which results in harm. It includes neglect, where a person fails to take action needed to keep another person safe and well.

Abuse may be a **single act or repeated acts**. It may be:

- **Physical –** e.g. hitting, shaking, kicking or pinching, misuse of medication or inappropriate physical sanctions
- **Emotional or psychological** – e.g. threatening, humiliating, bullying, swearing, frightening, constantly criticising or blaming - resulting in mental or physical distress
- **Sexual** – direct or indirect involvement in sexual activity without consent. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong

- **Child sexual exploitation** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults.
- **Neglect and failing to act –** a person's physical, psychological and emotional needs are ignored or so poorly met that it is likely to cause damage to their health and/or development. In the case of adults with care and support needs this includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or withholding of the necessities of life, such as medication, adequate nutrition and heating.

For adults abuse may also include:

- **Domestic violence** – including psychological, physical, sexual, financial or emotional abuse; so called 'honour' based violence.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Self-neglect** – this covers a wide range of behaviour. Neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

This list is not exhaustive.

ABUSE CAN TAKE PLACE ANYWHERE, AND BY ANYONE. IT IS NEVER ACCEPTABLE.

3. HOW CAN YOU FIND OUT MORE ABOUT SAFEGUARDING?

Healthwatch Worcestershire will provide training to volunteers on Safeguarding as part of the Volunteer Induction training.

This document is a part of Healthwatch Worcestershire's:

- Safeguarding children policy and procedure
- Safeguarding adults policy and procedure

These policies provide a lot more detail about Healthwatch Worcestershire's approach to Safeguarding.

The documents can be found on our website, or as hard copy by request at our Office, Pershore Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT

4. WHAT SHOULD YOU DO IF YOU THINK THAT A CHILD OR VULNERABLE ADULT IS AT RISK OF, OR IS BEING, ABUSED?

It **IS NOT** your responsibility to personally investigate suspected or actual abuse.

IT IS YOUR RESPONSIBILITY to report suspected or actual abuse following the procedure below:

If a crime is being committed or may have been committed, or a person is at immediate risk of danger or harm contact the police immediately (999). If immediate medical assistance is required call 999
Inform Simon Adams, Chief Operating Officer (COO) as soon as possible (01386 550264)

If a member of Healthwatch Staff or a Healthwatch Director is present:
Inform them of your concern – You can discuss your concerns, and will be asked to complete an Incident Record Form (attached)
They will take responsibility for any further reporting or action.

In all other instances:
Inform Simon Adams, Chief Operating Officer as soon as possible (01386 550264)
You can discuss your concerns and will be asked to complete, with the COO, an Incident Record Form.
The COO will take responsibility for any further reporting or action required.

5. WHAT SHOULD YOU DO IF SOMEONE TELLS YOU (DISCLOSES) THAT THEY ARE BEING ABUSED?

If someone tells you that they are being abused you should:

- Reassure them, tell them that they are right to tell you [do not promise to keep it a secret as it is your responsibility to inform others].
- Accept what you have been told – ask open questions to obtain basic facts but don't "interview" the person. Record as much information as possible in the persons own words
- Tell the person that you will have to pass the information on, but you will only tell people who need to know so that they can help.
- In the case of an adult, consent to passing information on should be sought. Any decision made to report a safeguarding concern without consent must be made in the person's best interest and be a proportionate

response. The COO will be responsible for further discussion with the adult involved and about any other action that may be taken.

- Ensure the person is safe – dial 999 if necessary, otherwise contact the COO
- Do not approach or contact the alleged abuser[s].
- Follow the reporting process above
- Complete the Incident Record Form as soon as possible after the event detailing what you and the person discussed.

6. WHAT SHOULD YOU DO IF YOU THINK THAT A HEALTHWATCH WORCESTERSHIRE DIRECTOR, CO-OPTEE, MEMBER OF STAFF OR VOLUNTEER MAY BE ABUSING OTHERS?

All staff and volunteers have a duty to raise concerns, where they exist, about the attitude or actions of colleagues. Concerns about the behaviour of a Director /staff/volunteer must be referred without delay to the **Chief Operating Officer (01386 550264),** who will investigate and take appropriate action.

If your concern is about the Chief Operating Officer it should be reported to the Vice Chair of the Healthwatch Board (currently Jo Ringshall 01386 550264)

7. CONFIDENTIALITY

Please remember to maintain confidentiality on a “need to know” basis. This means that you do not discuss this incident with anyone other than as described in the reporting procedure above, or those who need to know (e.g. if the matter is referred to a child protection social worker).

Please take advice on this point from the Chief Operating Officer if you are uncertain.

Appendix 5 - Incident Record Form - Child

Your Name:
Your Position:
Childs Name:
Child's Address:
Parent/carer names: Please include address if different from above
Childs date of birth:
Date, time and location of any incident or action prompting concerns;
What the child said and what you said: Factual Record – who, what, where, when. *(Record actual details in the child's own words where possible. Continue on separate sheet/s if necessary.)*
Your observations:

Action Taken so far: **Police or Emergency Services informed?** Yes / No Time informed Date informed **Chief Operating Officer of Healthwatch Worcestershire informed:** Yes / No Time informed Date informed Record of discussion with COO
Signature: Print Name: Date

Confidentiality
Please remember to maintain confidentiality on a “need to know” basis. This means that you do not discuss this incident with anyone other than as described in the reporting procedure above, or those who need to know (e.g. if the matter is referred to a child protection social worker).
Please take advice on this point from the Chief Operating Officer Tel: **(01386 550264** if you are uncertain.