

# **SAFEGUARDING CHILDREN AND YOUNG PEOPLE - POLICY AND PROCEDURE VERSION 7**

VS 7 Approved 9<sup>TH</sup> November 2021

THE DESIGNATED PERSON FOR SAFEGUARDING CHILDREN AND YOUNG PEOPLE  
IS:

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## SAFEGUARDING CHILDREN & YOUNG PEOPLE - POLICY AND PROCEDURE

This document is divided into two parts:

- **Part One** - Healthwatch Worcestershire - Children and Young People Safeguarding Policy
- **Part Two** - Healthwatch Worcestershire Children and Young People Child Protection/Safeguarding Procedure - **go to Page 20**

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

These responsibilities must be addressed on the same day as the concern is recognised.

#### 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 or in a **high-risk situation you should report to Police and/or summon medical assistance by telephoning 999 / Children's Social Care immediately 01905 822666**. If a crime has been committed ask the police for advice about preserving physical evidence. Inform the MD as soon as possible once these actions have been taken. (see 22.1)

**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 22.2 below on dealing with disclosure). Remember it is inappropriate to give assurances of complete confidentiality as in all cases the MD must be informed. Decisions regarding next steps will be the responsibility of the MD.

#### **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, Managing Director as soon as possible. (22.3) **Tel 01386 550264**

#### **iv. Record**

Make a factual record of what has happened as soon as possible, and always on the same day that the incident / concern occurred (22.4)  
Complete an Incident Record Form (Appendix 5).

#### **vi. Management Action**

The Managing Director will be responsible for deciding on next steps including if necessary, reporting the concern to Children's Social Care (22.5 below).

## **Contacts**

**Simon Adams** - Managing Director 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.

# SAFEGUARDING CHILDREN AND YOUNG PEOPLE

## 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<sup>1</sup> as a result of neglect or abuse.

**Section Two 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.

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<sup>1</sup> 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 in 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 Managing Director 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 HWW 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<sup>2</sup>

Abuse and neglect are forms of maltreatment of a child or young person. Many of these areas apply to adults with additional needs as well and should be read as such. Somebody may abuse or neglect a child by inflicting harm, or by failing 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.

### Types of Abuse

There are many different types of 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.

**Emotional Abuse** involves 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 cyberbullying) 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 also occur alone.

**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.

It 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. It may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.

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<sup>2</sup> Section 6 is taken from Safeguarding Children and Young People, Guidance Handbook for Voluntary and Community Sector Organisations who work with Children & Young People, Young Solutions, Edition 4, September 2018

**Sexting** is taking sexually explicit photographs, underwear shots, pictures or videos of oneself or other people naked and texting (sharing) them via a mobile phone, the internet or through online social networking sites. The originator quickly loses control over the images. It can also include rude messages or videos. Most social network sites have strict policies in place that prohibit nude photographs. They do not, however, proactively monitor all content that is posted; they are clear in saying that they are 'reactive'. An inappropriate image should be reported to the site as soon as possible so that it can be removed. Even if the sexual activity appears consensual it can still be abuse.

**Grooming** is the preparation and psychological manipulation of a child or young person with the intent of sexual exploitation. Within groups/organisations we also need to be aware of grooming.

Grooming can be the cause of longer term psychological harm due to the techniques used as it also creates a harmful model of child-adult relationships. Neglect is the persistent failure to meet a child or young person'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 and 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.

**Online Abuse** is any type of abuse that happens on the internet. It may be through social networks, playing online games or using mobile phones. It may involve cyberbullying, harassment, grooming, sexual abuse, sexual exploitation or emotional abuse. It may include the viewing or sharing inappropriate images. Young people and children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). It may be, however, that the abuse only happens online (for example persuading children to take part in sexual activity online).

Children and young people can feel like there is no escape from online abuse - abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

**Online Gaming** is enjoyed by many children and young people. Some games are sports related, others are mission based games and others are quests in which gamers complete challenges. Interactive games cover a wide range of interests and can enable gamers to link up and play together.

Games can be played online using consoles and/or mobile apps. A large number of games can be accessed via websites or software programs. While many of these are free of charge, additional content can often be purchased.

In augmented reality games a live view of the real-world environment is altered to include moveable graphics, allowing players to experience digital game play in the real world. It is usually achieved by using a camera on a mobile device.

Virtual reality is an immersive wearable technology which creates environments and allows one to explore them as if one is actually there.

The usual internet safety rules apply also to online gaming.

According to Childnet there are risks of:

- content - inappropriate material may be available
- contact - potential contact from someone online who may wish to bully or abuse them
- conduct - children and young people may be at risk because of their own and other people's online behaviour, such as the personal information they make public
- commercialism - children and young people's privacy can be invaded by aggressive advertising and marketing schemes

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.

**Domestic Violence and Abuse** is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse. It includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage. The Serious Crime Act 2015 also introduced the offence of controlling and coercive behaviour in an intimate or family relationship.

In a setting where domestic abuse is occurring any children within the household are also experiencing abuse. They are likely to be aware of the abuse even if they themselves are not being subject to the abusive behaviour and so are almost certainly suffering emotional abuse.

**Stress** for children and families can be caused through social exclusion, domestic violence, poverty, the mental 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, including mental health, and changes or lack of development may be noticed by workers.

**Spiritual Abuse** occurs when someone uses their power within a framework of spiritual belief or practice to satisfy their own needs at the expense of others. It also includes attacking another's belief system.

A child or young person will experience spiritual abuse as a deeply emotional personal attack. This abuse may include: manipulation and exploitation, enforced accountability, censorship of decision making, requirements for secrecy and silence, pressure to conform, misuse of power to control behaviour, requirement of obedience to the abuser, the suggestion that the abuser has a 'divine' position, isolation from others, especially those external to the abusive context.

It also includes creating an environment in which children and young people are discouraged from asking questions or holding alternative views as well as the belief in the demon possession of children resulting in the labelling of a child as 'evil' or 'witch'.

The most typical incidents involve those in leadership who have achieved a 'cultlike' or 'guru' status due to their charismatic personality and strong leadership style.

**Modern Slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Child trafficking** is the practice of transporting children and young people into, within and out of the UK or any other country for the purposes of exploitation. The exploitation can be varied and may include domestic servitude, labour exploitation, criminal activity (e.g. cannabis cultivation, petty street crime, illegal street trade, etc.), sexual exploitation (brothels, closed community for sharing child abuse images), benefit fraud, forced begging, illegal adoption and sham marriage.

**Financial or Material Abuse** includes theft, fraud, internet scamming, coercion in relation to a child or young person's financial affairs or arrangements, including the misuse or misappropriation of property, possessions or benefits, or in connection with wills, property, inheritance or financial transactions.

**Discriminatory Abuse** exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of a child or young person and can be motivated because of age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

It can result from situations that exploit a person's vulnerability by treating the child or young person in a way that excludes them from opportunities they should have, for example, education, health, justice and access to services and protection.

**Hate Crime** is any behaviour that someone feels was caused by hostility, prejudice or hatred of:

- disability (including physical impairments, mental health problems, learning disabilities, hearing and visual impairment)
- gender identity (includes people who are transgender, transsexual or transvestite)
- race, skin colour, nationality, ethnicity or heritage
- religion, faith or belief (including people without a religious belief)
- sexual orientation (people who are lesbian, gay, bisexual or questioning their orientation)

**Historic Abuse Allegations** or expressions of concern about abusive behaviour towards children or young people in the past is still abuse and 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 be investigated by the police and justice achieved for surviving victims of abuse.

This list is not exhaustive.

## 7. WHAT MAY GIVE CAUSE FOR CONCERN?<sup>3</sup>

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.

Workers must take special care to help safeguard and promote the welfare of children and young people who may be living in particularly stressful circumstances. These include families:

- living in poverty
- where there is domestic violence
- where a parent has a mental illness
- where a parent is misusing drugs or alcohol
- where a parent has a learning difficulty
- that face racism and other forms of social isolation
- living in areas with a lot of crime, poor housing, high unemployment or gang culture

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

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<sup>3</sup> Section 7 is taken from Safeguarding Children and Young People, Guidance Handbook for Voluntary and Community Sector Organisations who work with Children & Young People, Young Solutions, Edition 4, September 2018

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<sup>4</sup>**

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:

Further vulnerable groups have been identified as<sup>5</sup>

- Adolescents
- Children and Young People with a Disability
- Young People with Mental Health Problems
- Children and Young People who Self Harm
- Children and Young People who are sexually active
- Young People aged between 13 - 15 yrs
- Young People aged between 16 - 18 yrs
- Peer on Peer Sexual Abuse
- Young People who identify as LGBTQ+
- Children and Young People at risk of Child Sexual Exploitation
- Children and Young People who have Parents/Carers with a Mental Illness
- Children and Young People who have Parents/Carers with a Learning Disability
- Children and Young People who have Parents/Carers with Substance Misuse
- Children and Young People experiencing domestic violence
- Children and Young People who are young carers
- Children and Young People affected by Gang activity
- Children and Young People affected by County Lines Activity
- Young People who are Homeless
- Children and Young People Missing Education (CME)
- Young People under 18 who are not in Employment, Education or Training
- Children and Young People who go missing

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<sup>5</sup> Taken from Safeguarding Children and Young People, Guidance Handbook for Voluntary and Community Sector Organisations who work with Children & Young People, Young Solutions, Edition 4, September 2018

- Children and Young People who are fostered privately
- Children and Young People who are in care (LAC)
- Children and Young People who are leaving Care of who have left Care
- Children and Young People who abuse others
- 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)
- Children in whom illness is fabricated or induced
- Unaccompanied Migrant Children and Young People
- Children and Young People who have been Trafficked
- Young People involved in honour based violence
- Children and Young People at risk of extremism

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 AND TRAINING OF HWW STAFF**

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

Staff 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.

HWW will ensure that: -

- Mandatory Safeguarding Children Basic Awareness training is put in place for staff, Directors and Co-opted Board Members 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, 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.

Safeguarding training will be refreshed every three years.

## **13. HEALTHWATCH WORCESTERSHIRE VOLUNTEERS**

### **Formal Volunteers**

A “formal volunteer” with HWW will be involved with delivering HWW activity on our behalf, this may include attendance at events, taking part in engagement such as carrying out Surveys on site at health and social care services, or undertaking Enter and View activity.

Formal volunteers will have completed an application form and interview, they will be subject to references and, where appropriate, a DBS disclosure.

In order to ensure that formal volunteers have an awareness of Safeguarding we have produced a straightforward version of this policy which will be given to all formal volunteers. See Appendix 1.

Formal volunteers will be provided with Adult Safeguarding Training, as appropriate to their role and the activities that they are involved with.

The training will ensure that volunteers are made aware of and understand their boundaries in respect of safeguarding and that their practice reflects this.

## Community Links

HWW have people acting as Community Links, who provide feedback from their networks about people's experience of health and social care services.

People in this role who are service users of an organisation will be advised to raise any safeguarding concerns that they may identify directly with the service they use, in order to avoid any confusion or delay in reporting concerns.

Members of the public acting in a Community Link role, will be advised of and signposted to information on the Worcestershire County Council website about how the public should report a safeguarding concern. This is to avoid any confusion or delay in reporting concerns.

If a Community Link provides feedback which HWW identifies as raising a safeguarding concern, this will be dealt with in accordance with this Policy. Community Links are informed of this as part of their introduction to the role.

## 14. 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 **Managing Director**, who will investigate and take appropriate action.

Simon Adams, Managing Director, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT 01386 550264
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If your concern is about the Managing Director, or if the MD is not available, it should be reported to the Chair of the Healthwatch Board:

Jo Ringshall, Chair Healthwatch Worcestershire Tel 01386 550264
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Any concerns will be dealt with in accordance with the HWW disciplinary policy and procedure.

## **14.1 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 are available for advice if the MD / 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

## **15. 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, Managing Director, Healthwatch Worcestershire,  
Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT  
01386 550264

In the absence of the Managing Director 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.

## **16. 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 Managing Director**, 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. 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.

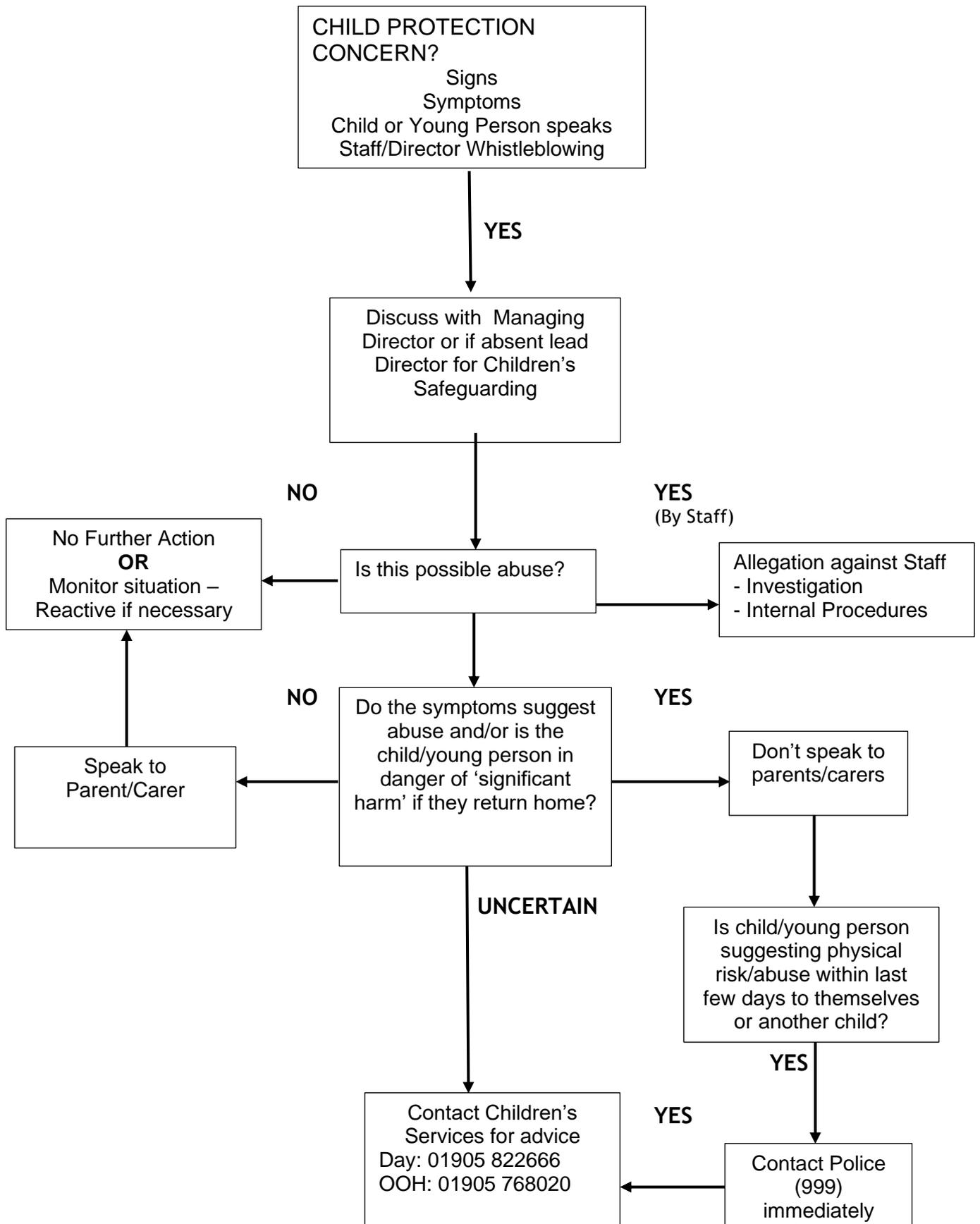
## **18. REVIEW OF THIS POLICY**

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.

## 19. ARRANGEMENTS FOR THE DISSEMINATION OF POLICY AND ASSURANCE PROCESSES

- This policy will be disseminated to all staff.
- All formal volunteers will receive a copy of “Safeguarding is Everyone’s Business” (Appendix 4)
- As part of their introduction to the Community Link role all informal volunteers will be informed of their responsibility to report safeguarding concerns and how to do so. They will also be advised that any safeguarding concerns identified by HWW arising from information they have provided will be dealt with using the procedures set out in this Policy
- The Managing Director will make the team aware of any policies that have been revised and circulate accordingly.
- The policy will be made available on HWW website.

**PART TWO - CHILDRENS SAFEGUARDING  
RESPONDING TO A CHILD PROTECTION CONCERN OR DISCLOSURE - SUMMARY.**



## 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 or in a **high-risk situation you should report to Police and/or summon medical assistance by telephoning 999 / Children's Social Care immediately 01905 822666**. If a crime has been committed ask the police for advice about preserving physical evidence. Inform the MD as soon as possible once these actions have been taken. (see 22.1)

**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 22.2 below on dealing with disclosure). Remember it is inappropriate to give assurances of complete confidentiality as in all cases the MD must be informed. Decisions regarding next steps will be the responsibility of the MD.

### **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, Managing Director as soon as possible. (22.3)  
**Tel 01386 550264**

### **iv. Record**

Make a factual record of what has happened as soon as possible, and always on the same day that the incident / concern occurred (22.4)  
Complete an Incident Record Form (Appendix 5).

### **vi. Management Action**

The Managing Director will be responsible for deciding on next steps including if necessary, reporting the concern to Children's Social Care (22.5 below).

## 20. WHAT IS A CHILD PROTECTION CONCERN?

### 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

## 21. 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 Managing Director.

### a. Designated Person

The Managing Director, 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.

## 22. RESPONDING TO CHILD PROTECTION CONCERNS

### 22.1 Immediate Action

**In situations where informing the MD will involve delay in a high-risk situation you should report to Police (999) and Children’s Social Care immediately. Contact the Family Front Door 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.**

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

**Inform Simon Adams, Managing Director as soon as possible** once these actions have been taken. 01386 550264

In the absence of the MD the person with responsibility is the **lead Director for Children’s Safeguarding** (Jane Stanley Tel 01386 550264)

### 22.2 Dealing with disclosure by a child or young person

#### 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 Managing Director 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

### **Supporting Children and Young People who have been abused**

It takes a lot of courage for a child or young person to disclose abuse or recognise they have been abused. It is important, therefore, that s/he is able to access appropriate support at the right time. More specialist help may be needed. A list of organisations which provide information, advice or support can be found at: [www.youngsolutions.org.uk/useful-links](http://www.youngsolutions.org.uk/useful-links)

### **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 children's 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.

### 22.3 Report and Inform

**Inform Simon Adams, Managing Director as soon as possible. 01386 550264**

In the absence of the MD the person with responsibility is the **lead Director for Children's Safeguarding** (Jane Stanley Tel 01386 550264)

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

### 22.4 Recording Child Protection Concerns

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 injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible, keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
  
- 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, written or printed in black ink 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.

Give/send the form to the Managing Director.

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

## 22.5 Taking management action to respond to the concern

The Managing / lead Director 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<sup>6</sup>
- 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:<sup>7</sup> 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 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

<sup>6</sup> Taken from West Midlands Safeguarding Children Procedures

<sup>7</sup> Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers, HM Govt, July 2018

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
- Once you have made the verbal referral you will be asked to complete the Cause for Concern Notification on [www.worcestershire.gov.uk](http://www.worcestershire.gov.uk) and search for 'cause for concern'.
- 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 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (See [www.riddor.gov.uk](http://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, Managing Director contact the lead Director for Children's Safeguarding (Jane Stanley Tel 01386 550264) who will be responsible for the completion of the above actions

## **23 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 is 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.

## **24 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.

## **25 FURTHER SOURCES OF INFORMATION AND ADVICE**

**Simon Adams** - Managing Director 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) Emergency Duty Team

**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.

## APPENDIX 1 - RECOGNITION & IDENTIFICATION OF ABUSE <sup>8</sup>

Recognising abuse is not easy, and it is not your responsibility to decide whether or not abuse has taken place. You do, however, have a responsibility to act if you have a concern or if you believe or are told that a child or young person is at risk of neglect or any form of abuse.

Many children and young people do not tell someone that they are being abused for all sorts of reasons. As workers, therefore, we have a responsibility to look out for signs of possible abuse or neglect.

The following information will help you to be alert to the signs of possible abuse. If you believe there is a possibility of abuse or neglect you have a responsibility to report it. Any concerns should be shared with the Safeguarding Lead

### Recognising Physical Abuse

Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins. Some children and young people, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely e.g. on the cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

Physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- bruises which reflect hand marks or fingertips (from slapping or pinching)
- cigarette burns
- bite marks
- broken bones
- scalds

Changes in behaviour which can indicate physical abuse:

- fear of parents/carers being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather
- depression
- withdrawn behaviour
- running away from home

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<sup>8</sup> Safeguarding Children and Young People, Guidance Handbook for Voluntary and Community Sector Organisations who work with Children & Young People, Young Solutions, Edition 4, September 2018

## Recognising Emotional Abuse

Emotional abuse can be difficult to identify, and often children and young people who appear well cared for may be emotionally abused, for example by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents/carers.

Emotional abuse can also take the form of children not being allowed to mix or play with other children.

The physical signs of emotional abuse may include:

- a failure to thrive or grow
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour e.g. hair twisting, rocking
- being unable to play
- fear of making mistakes
- self harm
- fear of parents/carers being approached regarding their behaviour

## Recognising Sexual Abuse

Adults who use children and young people to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse, it is the child or young person's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children and young people who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can indicate sexual abuse may include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia

- self harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

The indicators for child sexual exploitation can sometimes be mistaken for ‘normal adolescent behaviours’ and it can be difficult to identify children and young people who are being exploited. It requires knowledge, skills, professional curiosity and an assessment which analyses the risk factors and personal circumstances of individual children to ensure that the signs and symptoms are interpreted correctly and appropriate support is given.

There is evidence that those who abuse children and young people gravitate towards groups and organisations that work with children and young people. It may be that grooming may be taking place within your group/organisation and you need to keep a look out. Is an individual singling out a particular child or young person and giving them preferential treatment, gifts or too much attention? Is s/he taking someone home or meeting them outside your setting without it being known? Sometimes it is necessary to think the unthinkable.

### **Recognising Grooming**

Within groups/organisations we also need to be aware of grooming. This is the preparation and psychological manipulation of a child or young person with the intent of sexual exploitation.

The first step of grooming is to gain the trust of a child or young person and the groomer will usually present his/her actions as beneficial for the child or young person. It can take place either in person or online. The goal of the interactions is to arrange a meeting with the child or young person, or to manipulate him/her online so as to obtain pornographic images.

Grooming can be the cause of longer term psychological harm due to the techniques used as it also creates a harmful model of child-adult relationships.

### **Recognising Neglect**

Neglect can be a difficult form of abuse to recognise, yet it has some of the most lasting and damaging effects on children and young people.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children/young people
- constantly dirty or ‘smelly’
- loss of weight, or being consistently underweight
- being overweight or having an unhealthy diet
- inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning their being left alone or unsupervised

The above list is not meant to be definitive but a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour, such as the birth of a new baby or a death in their family, relationship problems between parents/carers, etc.

## **Recognising Online Abuse**

Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse.

The indicators given below are as examples only. They do not mean that abuse is occurring as there may be other non-abusive explanations but they may alert you to the need to be aware of the possibility of abuse, to be observant and to record any concerns.

A child or young person may be experiencing abuse online if they:

- spend much more or much less time online, texting, gaming or using social media than is usual for them
- are withdrawn upset or outraged after using the internet or texting
- are secretive about who they are talking to and what they are doing online or on their mobile phone
- say they have lots of new friends, phone numbers, texts or email addresses on their mobile phone, laptop or tablet

Workers within your group/organisation may be able to assist young people in the suggested actions.

Cyberbullying should be reported to internet service providers. Although content on social media can be offensive or upsetting, it is not necessarily a criminal offence. Cyberbullying often violates the terms of use conditions established by social media sites and internet service providers. You should report cyberbullying, therefore, to the social media site so that they can take action against users abusing the terms of the service. Social media help sections can show how to block users and change settings to control who can make contact.

If a child or young person believes that s/he has been the victim of an offence, encourage them always to keep a record of the content by, for example, taking a screenshot.

## **Recognising Domestic Violence**

Disagreements occur in all families and relationships from time to time. We all do things we regret and cause unhappiness to those we care about. According to Women's Aid if this becomes a consistent pattern then it is an indication of domestic abuse.

Children and young people who witness domestic abuse may:

- have difficulty in communicating distress
- display signs of anxiety, fear and worry
- self blame for parents' behaviour

- deny their own needs and feelings
- have confused and torn loyalties
- experience unplanned separations causing distress and disruption to friendship networks

Older young people may be in abusive relationships with other young people or adults. Some indications might be:

- a person is experiencing violence in their relationship
- an individual is kept from seeing friends or family
- a person is constantly being belittled or humiliated or regularly criticised
- changes of appearance or behaviour, reportedly at the wish of their partner
- a partner wanting to know about their whereabouts at all times

### **Recognising Spiritual Abuse**

Spiritual abuse is a misuse of leadership authority. The indicators given below are as examples only. They do not mean that abuse is occurring but they may alert you to the need to be aware of the possibility of abuse, to be observant and to record any concerns.

Spiritual abuse may be taking place if there is/are:

- a fear of not attending a place of worship regularly or ignoring or disobeying the pronouncements of a spiritual leader
- healing ministries that cause a significant emotional response
- children and young people are speaking in a way that suggests they are submissive to the will of a named leader to the extent that their sense of personal identity is reduced and confidence levels decline
- reports of services taking place away from formal places of worship and at unusual hours
- comments made by parents/carers and others referring to an individual child as being 'evil' or 'spirit possessed'.

### **Recognising Modern Slavery**

Some of the children and young people with whom you work may have been trafficked and may be trapped in some form of forced labour. They may be working in agriculture, in nail bars, car cleaning, in brothels or in private homes. It is known that some young people who go missing from care can be trafficked and exploited.

Some possible indicators of modern slavery are the child or young person:  
does not have access to their identity documents

- is isolated
- is living in a multiple dwelling in poor, cramped, overcrowded conditions
- has an unkempt appearance or is malnourished
- has restricted movement
- has few or no personal effects

### **Recognising Financial Abuse**

Although financial or material abuse is usually associated with adults it may occur in the lives of young people particularly if they have a serious disability.

Some indications might include:

- an individual saying they do not have any money or cannot get any money especially just after they have been paid wages or benefits
- a person says they have 'lost' possessions they previously had e.g. mobile phone, watch, etc.
- wearing worn out clothes or being hungry

### **Recognising Discriminatory Abuse**

The use of inappropriate names, speaking using derogatory language or terminology within a group/organisation should always be challenged. Concern should be noted if a parent/carer appears to have a lack of understanding of a child or young person's needs.

Discriminatory abuse may be taking place if:

- a lack of respect is being shown
- a child or young person has poor self esteem
- if an individual becomes withdrawn or is socially isolated
- a worker/volunteer may seem to avoid working with certain groups

## **APPENDIX 2 - SAFEGUARDING CHILDREN AND YOUNG PEOPLE WHO ARE PARTICULARLY VULNERABLE**

Groups/organisations have 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 and be at risk of harm. If a worker or volunteer becomes aware that a child or young person is at risk s/he has a responsibility to do something about it.

It is very important, therefore, that any concerns are shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Police, Family Front Door or Community Social Worker depending on the urgency of the concern.

The following groups can be seen as particularly vulnerable.

### **Adolescents**

The risks of serious abuse and neglect faced by adolescents aged 11 years and over have been better recognised in recent years. Abuse of adolescents 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 the safeguarding of adolescents is recognised and taken seriously. When a young person's lifestyle is chaotic or unpredictable a MDRdinated multi-agency approach is required. Any concerns must be shared with the Safeguarding Lead within your own group/organisation.

### **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 and 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:

- they have had limited life experiences resulting in difficulty in 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 for them to report the abuse
- they may not be physically able to leave an abusive situation
- they may receive intimate physical care and, therefore, the abuse may seem 'normal'
- their self-esteem and self-image are poor
- 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.

Therefore any concerns must be shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Family Front Door or Community Social Worker depending on the urgency of the concern.

### **Young People with Mental Health Problems**

Mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community. (World Health Organisation)

Everybody has mental health and it is recognised that there is a continuum. It goes from being completely mentally healthy and flourishing i.e. coping well to not coping. People can move along the continuum at different times. S/he can flourish or languish, depending on individual functioning, social well-being and mental health issues. Mental health, therefore, is not simply the absence of mental illness and it is possible to have mental health while living with mental illness.

Mental illness can include depression, eating disorders, ADHD, conduct disorders, anxiety disorders, schizophrenia, self-harm and suicide. A report from Public Health England in December 2016 identified that 1 in 10 children aged 5-16 suffer from a diagnosable mental illness.

People working in informal situations with children and young people can have an important role to play in helping them to build resilience, the capacity to bounce back from adversity. This can be done both through the culture of the group/organisation and through activities in the programme. Things that can help to build resilience include:

- positive relationships with caring adults
- valuing individual young people, accepting who they are
- developing problem solving and other skills
- recognising what s/he is good at and what has been achieved
- developing self-regulation skills
- ability to make decisions about the group/organisation activities
- a sense of belonging

### **Children and Young People who Self-Harm**

Self-harm is any behaviour where the intent is to deliberately cause self-injury. This could include:

- cutting
- swallowing hazardous material or substances
- burning
- over/under-using medication, e.g. insulin
- hitting/punching
- skin picking/scratching/hair pulling
- taking an overdose of tablets
- alcohol/drug misuse
- over/under-eating.

There a number of reasons why a girl or a boy or a young man or a young woman may self-harm. These could include a desire to escape an unbearable situation or

emotional pain, to reduce tension and stress, to express hostility, to take control, or to punish self or others.

A child or young person who is self-harming will not usually have an intention to end their life, but it may sometimes be a precursor to suicide. Those who deliberately self-harm may kill themselves by accident.

Self-harm is secretive behaviour that can go on for a long time before being uncovered. Children and young people may struggle to express their feelings in another way and will need a supportive response to help them to explore their feelings and behaviour and change the self-harming behaviour.

If there is concern that a child or young person is self-harming it is important that you should provide a supportive response that demonstrates respect and understanding of the child or young person, and is non-judgemental.

If a concern is identified the Safeguarding Lead should be involved. It may be that a decision is made that a worker will talk to the young person and explore such things as: □ how long has s/he felt like this? □ is there a risk of harm from others? □ is s/he worried about something? □ are there any health and any other problems such as relationship difficulties, abuse or sexual orientation issues? □ has s/he been involved in any other risk-taking behaviour? □ what has s/he been doing that helps? □ what is s/he doing that stops the self-harming behaviour from getting worse? □ what could be done in school or at home to help them with this? Is there, for example, a family member or a friend to whom they could talk? □ how is s/he feeling generally at the moment? □ what needs to happen for her/him to feel better?

It is important that the worker does not panic or try and solve the issue quickly, or to dismiss what the child or young person is saying or feeling.

### **Children and Young People who are Sexually Active (including those under-age but sexually active)**

Many young people will develop a healthy and developmentally appropriate interest in sexual relationships whilst they are still children and some will do this before they reach the age of consent.

The legal age for young people to consent to have sex is 16 years, whether they are straight, gay or bisexual. The aim of the law is to protect the rights and interests of young people and make it easier to prosecute people who pressurise or force others into having sex they don't want. A child under 13 years of age does not, under any circumstances, have the legal capacity to consent to any form of sexual activity.

Workers and volunteers may become aware that the young people with whom they are working are involved in sexual relationships. They should consider the nature of the relationship and consider whether there are power imbalances between the couple. These can occur through differences in size, age, ability and development. Levels of sexual knowledge may also be an issue. Consideration should also be given as to whether the use of sex for favours is occurring, e.g. exchanging sex for clothes, CDs, trainers, alcohol, drugs, cigarettes.

If a young person's sexual partner is in a 'position of trust' in relation to them, e.g. teacher, youth worker, carer etc. this may be an offence under the Sexual Offences Act 2003 irrespective of the age of the victim and must be reported.

### **Young People aged between 13 and 15 years**

If a worker is aware that a young person in this age group is engaging in sexual activity the worker should discuss this with their line manager and the Safeguarding Lead. It must be ensured that the young person has information about staying safe and being healthy. This can be done individually or in a group setting.

It is good practice for workers to follow the Fraser Guidelines (see Glossary on page 132) when discussing personal or sexual matters with a young person under 16. The Fraser Guidelines give guidance on providing advice and information to young people aged under 16 years of age.

### **Young People aged between 16 and 18 years**

Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered protection under the Children Act

Consideration still needs to be given to issues of sexual exploitation and the abuse of power.

If there are concerns about the relative ages of those involved or there are any indications about coercion or competence then these should be shared with the Safeguarding Lead within your own group/organisation.

### **Peer on Peer Child Sexual Abuse**

Developmental sexual activity includes actions that are not unusual from children as they move from infancy through to adulthood. They are developing an understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experimentation characterised by mutuality and consent.

This is only abuse if the behaviour is characterised by a lack of true consent or the presence of a power imbalance and exploitation.

### **Sexual Behaviours Traffic Lights Tool**

If a worker has concerns about an individual child or young person it is helpful to refer to the Brook Sexual Behaviours Traffic Light Tool:

[www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool](http://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool)

This tool categorises the sexual behaviours of young people and is designed to help workers differentiate between healthy sexual development and harmful behaviours.

### **Young People who identify as being LGBTQ+**

The acronym LGBTQ+ is formed from the terms: Lesbian, Gay, Bisexual, Transgender and Questioning (or Queer) with the addition of + standing for love, acceptance and embracing of all.

As part of growing up young people will explore their identity and develop a sense of who they are. This will usually include their sexual orientation and gender identity.

Sexual orientation is a person's emotional, romantic and/or sexual attraction to another person. The term 'trans' is a word that describes people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

A young person may think or realise s/he is lesbian, gay or bisexual at different stages in their life. S/he may not tell anyone for a while and may choose to 'come out' at different times and in a variety of ways. The decision about when to 'come out' is up to the young person. S/he may choose a friend or a youth worker to speak to first.

Being lesbian, gay, bisexual or trans is not a problem or a risk in itself but the negativity often experienced by a young person can be damaging. It is the responsibility of the youth work staff to enable all young people to be valued for who s/he is, to ensure they are fully included in the group/organisation and to provide support if required.

It is important that any safeguarding concern about a specific child or young person is shared with the Safeguarding Lead within your own group/organisation.

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

Evidence suggests that children and 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 be concerned about their children and may require targeted support to engage with relevant 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 equally at risk of exploitation and workers must be careful not to stereotype specific groups of children as potential victims.

It is very important, therefore, that any concerns are shared with the Safeguarding Lead within your own group/organisation. The CSE Indication Tool (see below) should be used to inform your judgement. Consider if the current indicators show that: □ there is evidence that the child or young person is at immediate risk or suffering CSE and so is in need of protection or □ there is evidence that the child is at possible risk or is vulnerable to CSE and so is in need of prevention

If the risk is immediate the Police should be contacted.

Then, in all cases, refer the child or young person to the Family Front Door.

If it is not a child-specific concern e.g. there are concerns about an adult or a location the Community Social Worker should be contacted for advice.

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.

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

Some children and young people grow up with a parent who suffers a mental illness. Most of these illnesses will be mild or short-lived and the family copes. Some children, however, live with a parent who has an enduring illness.

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

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

It is very important, therefore, that any concerns are shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Family Front Door or Community Social Worker depending on the urgency of the concern.

### **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 parent 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.

### **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 and young people 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.

Any concerns must be shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Family Front Door or Community Social Worker depending on the urgency of the concern.

### **Children and Young People who are experiencing Domestic Abuse**

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

Domestic abuse is usually a process not a one-off incident. Awareness of domestic abuse in the home can cause emotional abuse in the children or young people. The impact may be revealed through aggressive or anti-social behaviour or anxiety or depression.

The risks of children and young people being directly physically or sexually abused are markedly increased in homes where domestic violence occurs.

Within groups/organisations there may be opportunities for children and young people to talk about what is happening to them or their family. It may also be

possible to introduce activities into the programme which discuss or demonstrate acceptable behaviours within family relationships.

It is very important, therefore, that any concerns are shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Police, the Family Front Door or Community Social Worker depending on the urgency of the concern.

### **Children and Young People who are Young Carers**

According to the Office for National Statistics there are nearly a quarter of a million people under 19 who are carers. Of these about 23,000 are under 9 years.

A young carer is a child or young person 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 let it be known that they are carers and do not ask for help as they fear letting the family down or being taken into care. A young carer should be encouraged to make their school/college aware of their caring responsibilities and, if appropriate, supported in doing this.

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 support organisation specifically for young carers. Contact YSS for support for young carers.

[www.yss.org.uk/worcestershire-young-carers](http://www.yss.org.uk/worcestershire-young-carers)

If their needs are more serious or urgent these concerns must be shared with the Safeguarding Lead within your own group/organisation.

### **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 and abuse of a gang culture.

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

Children and young people do not always join gangs out of choice; for some it is seen as inevitable based on where they live as the status of being in the gang is important for their wellbeing.

Girls tend to be less willing than boys to identify themselves as gang members but can be drawn into male gangs as girlfriends or sisters of existing members. They are at particular risk of being sexually exploited or abused. 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.

### **County Lines Activity**

County Lines Activity involves a gang from a large urban area travelling to smaller locations on a regular basis to sell class A drugs and collect cash. Gangs may exploit children and young people in the smaller location to get involved e.g. as runners, using intimidation, violence, debt bondage and/or grooming. They may also have a degree of affiliation and loyalty to the gang. Sometimes a local property, often the home of a vulnerable individual, may be taken over and used as a base for the gang's activities.

Young people involved in 'county lines' may go missing or talk about visiting other towns. They may also have more money, clothes or accessories than usual and for which they are not able to account.

Information sharing is key to identifying 'county lines' so it is very important, therefore, that any concerns are shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Police or the Family Front Door.

### **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.

For some young people this may be a temporary response to a stressful situation at home and, perhaps following discussion, the young person may decide to return. For other young people the circumstances are such that they never want to return to the parental/carers' home.

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 Safeguarding Lead within your own group/organisation.

### **Children and Young People Missing Education (CME)**

The law requires that the education of all children and young people between the ages of 5 and 16 is 'efficient' taking into account the child's age, ability and any special educational needs. Children and young people who are not attending school or not being home-educated may be at risk.

As somebody working with children and young people you may become aware that a child or young person is missing out on their education. They (aged 16 and under) may not be attending school or their home schooling may not be happening in practice.

Children go missing from education for a number of reasons including: □ they don't start school at the appropriate time and so they do not enter the educational system □ they are removed by their parents □ behaviour and/or attendance difficulties □ they cease to attend, due to exclusion, illness or bullying □ the family has cultural reasons □ they fail to find a suitable school place after moving to a new area □ the family move home regularly □ problems at home

If there are any safeguarding concerns about a specific child or young person contact the Safeguarding Lead within your own group/organisation.

All information will be held confidentially and securely.

### **Young People under 18 who are not in Education, Employment or Training (NEET)**

Young people under 18 should be in education, training or work. If they are not, and you are aware of this, you should share this information so that it can be ascertained that s/he is safe. S/he can be supported into an appropriate education or training placement.

Any young person who leaves year 11 who becomes NEET should be referred to the Careers Advice Team. Each young person who comes under the Team's remit has a named Careers Adviser for their home district. In Worcestershire you can access contact details for each lead by contacting the team on: 01905 678147

### **Children and Young People who Go Missing**

There is always concern when a child or young person goes missing. As a worker or volunteer within a community you may be alerted at an early stage that a child or young person is missing unexpectedly and her/his parents/carers and friends do not know where s/he might be.

It is very important, therefore, that any concern about a specific child or young person is shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Family Front Door.

Where children go missing from one county 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.

## **Children and Young People who are Fostered Privately**

Not all children and young people are able to live within their natural families. Many satisfactory arrangements are made within the wider family or with friends. Other families may choose to make a private arrangement, generally through an agency, with individuals or families to care for their children.

A privately fostered child is a child under 16 years of age (or 18 years of age if with a disability) who is being cared for, for 28 days or more, by an adult who is NOT their close relative. Close relative is defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage).

The natural parents remain legally responsible for their child.

By law, parents and carers must notify the local authority of any private fostering arrangement, but in practice, this often does not happen. Children Services, however, has a legal duty to ensure children and young people in these situations are safe and well and their needs are being met. Children's Services may also be able to offer help and support.

Examples of private foster care arrangements are: □ children and young people who are sent to this country for education or health care by their birth parents from overseas. □ children or young people whose parents work or study long and/or antisocial hours and other people care for their children □ children or young people who are living with a friend's family as a result of parental separation, divorce or difficulties at home □ a teenager living with the family of a boyfriend or girlfriend □ host families who look after children studying with language schools

## **Children and Young People who are in Care (LAC)**

A Looked After Child (LAC) is a child/young person for whom the Local Authority (LA), through Children's Services, has taken responsibility for placing him/her in some form of accommodation. The LA has a duty to monitor the child or young person and support them in this accommodation. Sometimes the parent maintains a shared responsibility with the LA.

Approximately 60,000 children and young people are looked after by LAs at any one time, with up to 90,000 young people passing through the care system in any year.

The particular challenges faced by children and young people in care can be significant. They tend to be more likely to miss or be excluded from school and achieve less well in GCSEs. Many also say they have been subject to bullying.

Children and young people in care may live in children's homes, live with foster carers or may be living with a family member. Some of the children and young people who attend your group/organisation may be in care. While they may be well integrated and relate well to their peers it is good practice to be vigilant and

offer support if necessary. There are also a number of specialist agencies who provide advocacy and support and, after discussion with the child or young person, this may be a more appropriate route for support.

### **Children and Young People who are Leaving Care or who have Left Care**

Each year around 8,000 young people aged 16 or over leave care. Young people leaving care are particularly vulnerable. The provision for these young people is like a maze, it depends on a number of factors.

A pathway showing the different rights can be found at:

[www.coramvoice.org.uk/young-peoples-zone/am-i-care-leaver](http://www.coramvoice.org.uk/young-peoples-zone/am-i-care-leaver)

For example, slightly different services are provided for young people who are under 18 and over 18 years of age.

If the young person is 16 or 17, was in care on their 16th birthday and has been in care for at least 13 weeks since they were 14 then Children's Services must, if s/he is an eligible child: □ listen to their wishes and feelings □ appoint a personal adviser □ make an assessment of their needs □ prepare a Pathway Plan □ review the Pathway Plan □ provide somewhere suitable to live

If the circumstances are slightly different then additionally, as a relevant child, the LA should: □ pay for the accommodation □ provide money for subsistence □ provide support for him/her to continue their education

If the young person is over 18 then the role of Children's Services 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 25, or longer if they are in education or training. For more details see the pathways as above.

### **Children and Young People who Abuse Others**

A very few children and young people abuse their peers. However when it happens it needs to be recognised not only that they may pose a significant risk of harm to other children or adults but that such children and young people are also likely to have considerable needs themselves.

They are likely to have suffered considerable disruption in their lives, been exposed to violence within the family or may have witnessed or been subject to physical or sexual abuse. The children and young people are likely to have problems in their educational development and may have committed other offences. Such children and young people are likely to be a Child in Need, and some will in addition be suffering or at risk of significant harm and may themselves be in need of safeguarding.

The needs of these children and young people should be considered separately from the needs of their victims.

If there are any concerns that any child or young person may be abusing others this should be discussed immediately with the Safeguarding Lead who should contact the Family Front Door.

## **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 make 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)

Any information or concerns are shared with the Safeguarding Lead within your own group/organisation.

## **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 family's 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 Safeguarding Lead within your own group/organisation. This may lead to a referral to the Family Front Door.

## **Children in whom Illness is Fabricated or Induced**

Fabricated or Induced Illness, previously known as Munchausen's Syndrome by Proxy, is a condition whereby a child suffers harm through the deliberate action of her/his parent/carer and which is attributed by the adult to another cause.

It is a relatively rare but potentially lethal form of abuse and can only be diagnosed by a health professional. Other workers who see the child or young person regularly may have concerns. They may notice discrepancies between reported and observed medical conditions, such as the incidence of fits or they may be given information by parents/carers about the child or observe the child directly and note discrepancies between what they are told about the child's health and development and what they see themselves.

Any concerns should be shared with the Safeguarding Lead within your own group/organisation.

### **Unaccompanied Migrant Children and Young People**

Unaccompanied migrant children and young people are some of the most vulnerable people in the country. They are on their own, in an unfamiliar country and likely to be surrounded by people unable to speak their first language.

The children or young people are likely to have been trafficked so will be uncertain or unaware of their rights, and not know whom they should trust. After being placed by the local authority they are at increased risk of going missing, often leaving the care of those who would protect them, to return to traffickers who will continue their exploitation. They will probably have experienced emotional trauma in their country of birth, during their journey to the UK or through their treatment by adults in the UK.

Any concerns about a child or young person should be shared with the Safeguarding Lead within your own group/organisation.

### **Children and Young People who have been Trafficked**

Trafficking involves moving children and young people across or within international or national borders for the purpose of exploitation. It includes the trafficking of children within domestic borders. It is often achieved through coercion and deception. A child or young person might believe, for example, s/he is coming to the UK to go to school but instead is exploited. Many children who are victims of trafficking come from extremely poor families or have been orphaned through parental illness or conflict.

It can be difficult to recognise potentially trafficked children. Some of the indicators are: □ no identifying papers □ may not be clear about where they are or where they live □ tells the same or similar story to other children about their journey □ has a mobile phone but no money □ is being cared for by adults who are not parents/family and the quality of the relationship is poor □ s/he goes missing

Children and young people who have been trafficked are often reluctant to disclose. They may have been groomed to believe that the consequence of revealing the true situation could be fatal for themselves or their family back in their country of origin.

The Government has set up a system, known as the National Referral Mechanism (NRM) to identify and support victims of trafficking in the UK. It is intended to ensure that victims of modern slavery, human trafficking, or forced labour receive appropriate protection and support. This might include specialist care including accommodation to prevent re-trafficking or counselling to cope with the traumas they have experienced.

Children and young people who have been trafficked are extremely vulnerable and many go missing. It is important, therefore, that any concerns are shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Police or the Family Front Door.

## **Young People involved in Honour-based Violence**

Honour-based violence is the term used to describe violence, including murders, in the name of so-called honour. Murders are sometimes called ‘honour killings’. These are murders in which, predominantly, women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

The police definition of so-called honour-based violence is: ‘a crime or incident, which has, or may have, been committed to protect or defend the honour of the family and/or community’.

A child or young person who is at risk of honour-based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

The perceived immoral behaviour which could precipitate violence includes: □ inappropriate make-up or dress □ the existence of a boyfriend □ kissing or intimacy in a public place □ rejecting a forced marriage □ pregnancy outside of marriage □ being a victim of rape □ inter-faith relationships □ leaving a spouse or seeking divorce

For a child or young person to report that they have fears of honour-based violence in respect of himself/herself or another person requires a lot of courage and trust that the group/organisation to which they disclose will respond appropriately. Under no circumstances should the group/organisation allow the child or young person’s family or peer group to find out about the disclosure. To do so might put the child or young person at further risk of harm.

Any concern about a specific child or young person must be shared with the Safeguarding Lead within your own group/organisation. This may lead to a referral to the Police or the Family Front Door.

## **Children and Young People at Risk of Extremism**

Groups/organisations have a responsibility to prevent children and young people being drawn into terrorism. Unlike schools and childcare providers, for VCS groups/organisations providing activities this is not a legal duty but a moral duty.

Protecting children and young people from the risk of radicalisation should be seen as part of wider safeguarding responsibilities, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

The Government has developed a PREVENT strategy which includes the aim of safeguarding people and communities from the threat of terrorism. It includes the following definitions:

- Radicalisation - the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

- Extremism - vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of our armed forces, whether in this country or overseas.
- Terrorism - an action that endangers or causes serious violence to a person/people, causes serious damage to property, or seriously interferes or disrupts an electronic system. The use or threat is designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

The Government has identified factors that may suggest a young person or their family may be vulnerable or involved with extremism.

- Identity crisis: Distance from cultural/religious heritage and uncomfortable with their place in the society around them; significant changes to appearance/behaviour
- Personal crisis: Family tensions; sense of isolation; experience of peer, social, family or faith group rejection; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging
- Personal circumstances: Migration; local community tensions; events affecting country or region of origin; first-hand experience of racial or religious hate crime; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- Unmet aspirations: Perceptions of injustice; feeling of failure; experience of disadvantage, discrimination or social exclusion; rejection of civic life
- Criminality: Experiences of imprisonment; poor resettlement/reintegration, previous involvement with criminal groups

Access to extremist influences:

Reason to believe that the young person associates with those known to be involved in extremism such as:

- possession or distribution of extremist literature/other media material likely to incite racial/religious hatred or acts of violence
- accessing extremist websites or use of closed network groups via electronic media for the purpose of extremist activity
- being in contact with extremist recruiters; articulating support for extremist causes or leaders; joining extremist organisations
- verbal or written support of terrorist attacks; justifying the use of violence to solve societal issues
- international events in areas of conflict and civil unrest have a personal impact on the young person resulting in a noticeable change in behaviour
- extended periods of international travel to places known to be linked to extremism

It is essential that both workers and volunteers are able to identify children and young people who may be vulnerable to radicalisation and know what to do when they are identified. This is known as the Prevent Duty.

Although the most serious threat is from international terrorism influenced by Al Qaeda or ISIL, terrorism can be motivated by a range of ideologies or other factors. Extreme right wing groups and single issue groups such as animal rights campaigners can also pose a significant threat.

It is very important, therefore, that any concerns are shared with the Safeguarding Lead within your own group/organisation. This may lead to specific group or one to-one work with the young person or the group as a whole. This may be undertaken within the group/organisation or a specialist agency could be brought in.

If this is not appropriate there should be a referral to the Family Front Door or Community Social Worker depending on the urgency of the concern. It may also lead to a referral to the Police.

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, Managing Director, 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.

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, Managing Director (MD) 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, Managing Director as soon as possible (01386 550264)  
You can discuss your concerns and will be asked to complete, with the MD, an Incident Record Form.  
The MD 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 person's 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 MD 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 MD

- 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 **Managing Director (01386 550264)**, who will investigate and take appropriate action.

If your concern is about the Managing Director 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 Managing Director if you are uncertain.

## Appendix 5 - Safeguarding Incident Record Form - Child

Your Name:
Your Position:
Childs Name:
Childs Address:
Date, time and location of any incident or action prompting concerns or when you were told about the incident:
Who was involved, any other witnesses including other children and other staff:
Exactly what happened or what you were told, keeping it factual and not interpreting what you saw or were told. Factual Record - who, what, where, when. <i>(Record actual details in the child's own words where possible. Continue on separate sheet/s if necessary.)</i>

Any other relevant information e.g. the appearance and behaviour of the child, injuries observed, any previous incidents that have caused you concern:

Action Taken so far:  
**Police or Emergency Services informed?**  
Yes / No

Time informed

Date informed

**Managing Director of Healthwatch Worcestershire informed:**

Yes / No

Time informed

Date informed

Record of discussion with MD

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 social worker).

Please take advice on this point from the Managing Director Tel: **(01386 550264 or 07767 114099)** if you are uncertain.