

## **Safeguarding Policy (Children and Young People)**

### **1. Policy Aims:**

- To ensure that children and young people are listened to, related to effectively and valued whilst ensuring their protection at Kingfisher Treasure Seekers Ltd's activities
- To ensure that parents and carers are supported and encouraged under the focus of child safety first and foremost
- To ensure that all staff and volunteers are given support and training
- To ensure that Kingfisher Treasure Seekers Ltd has a system to deal with concerns and allegations about possible abuse inside and outside of our services.
- To maintain good links with statutory authorities, primarily Child Social Services and the Police.

### **2. Context:**

The directors recognise that many children and young people today are the victims of neglect and physical, sexual and emotional abuse. Accordingly, the directors have adopted the policy contained within this document (hereafter "the policy"). The policy sets out agreed guidelines relating to the following areas:

- Responding to allegations of abuse, including those made against members of staff or other volunteers.
- Appointing staff/volunteers
- Supervision of activities and practice issues.
- Helping victims of abuse.
- Working with offenders.
- Guidelines for Discipline.

To contact local Gloucestershire Social Services about a concern, contact The Front Door on 01452 426565. Urgent Concerns should be directed to option 1, MASH. Non-urgent referrals are discussed with the Children's Helpdesk on option 3 of the same number. Outside of office hours, the Emergency Duty Team can be contacted on 01452 614194. Referrals must also be submitted using a MARF on the Liquid Logic Portal on Gloucestershire Safeguarding Children Board website (where the criteria threshold is met)..

### **Definitions of a child in need**

A **child in need** is defined under the **Children Act 1989** as a **child** who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a **child** who is disabled. "Working together to safeguard children: July

2018” highlights that practitioners should, in particular, be alert to the potential need for early help for a child who:

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

#### Definitions of abuse

The definitions of child abuse recommended as criteria for registration by the NSPCC are as follows:

*Physical Injury:* Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation, and Munchausen’s Syndrome by proxy.

*Sexual Abuse:* Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature. Sexual exploitation represents the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate social taboos or family roles. (Kempe and Kempe 1978)

*Neglect:* The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold and starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child’s health or development, including non-organic failure to thrive.

*Emotional Abuse:* Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment. This category is used where it is the main or sole form of abuse.

\*The following additional category has been proposed by the Department of Health in a consultation paper issued in February 1998.

*Organised Abuse:* Organised abuse is sexual abuse where there is more than a single abuser and the adults concerned appear to act in concert to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

*Child abuse* happens when a person – adult or child – harms a child. It can be physical, sexual or emotional, but can also involve a lack of love, care and attention. Neglect can be just as damaging to a child as physical or sexual abuse. Children may be abused by: • family members • friends • people working or volunteering in organisational or community settings • people they know • or, much less commonly, by strangers.

*Physical abuse* happens when a child is deliberately hurt, causing injuries such as cuts, bruises, burns and broken bones. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating. It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness.

*Neglect* is persistently failing to meet a child's basic physical and/or psychological needs usually resulting in serious damage to their health and development. Neglect may involve a parent's or carer's failure to provide adequate food, clothing or shelter, supervise a child (including leaving them with unsuitable carers) or keep them safe from harm or danger, make sure the child receives appropriate health and/or dental care, make sure the child receives a suitable education, meet the child's basic emotional needs – parents may ignore their children when they are distressed or even when they are happy or excited. This is known as emotional neglect.

*Sexual abuse* is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and/or non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. Non-contact abuse involves non-touching activities. It can happen online or in person

*Child sexual exploitation (CSE)* is a type of sexual abuse. Young people in exploitative situations and relationships receive things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs (Berelowitz et al, 2013). Child sexual exploitation

can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

*Harmful sexual behaviour (HSB)* in children and young people includes harming themselves and others. HSB can include: using sexually explicit words and phrases, inappropriate touching, using sexual violence or threats, full penetrative sex with other children or adults. Sexual behaviour between children is also considered harmful if one of the children is much older – particularly if there is more than 2 years' difference in age or if one of the children is pre-pubescent and the other isn't (Davies, 2012). However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled (Rich, 2011).

*Emotional abuse* is persistent and, over time, it severely damages a child's emotional health and development. It involves: humiliating, putting down or constantly criticising a child, shouting at or threatening a child or calling them names, mocking a child or making them perform degrading acts, constantly blaming or scapegoating a child for things which are not their fault, trying to control a child's life and not recognising their individuality, not allowing them to have friends or develop socially, pushing a child too hard or not recognising their limitations, manipulating a child, exposing a child to distressing events or interactions such as drug taking, heavy drinking or domestic abuse, persistently ignoring them, being cold and emotionally unavailable during interactions with a child, never saying anything kind, positive or encouraging to a child and failing to praise their achievements and successes.

*Domestic abuse* is any type of controlling, bullying, threatening or violent behaviour between people who are or were in an intimate relationship. Domestic abuse can be underpinned by an on-going pattern of psychologically abusive behaviour (coercive control) that is used by one partner to control or intimidate the other partner. In situations of domestic abuse, both males and females can be abused or be abusers. Domestic abuse can happen in any relationship regardless of age, sexuality, gender identity, race or religious identity. Research by the NSPCC has indicated that many young people experience domestic abuse in their own intimate relationships (Barter, 2009). The UK's cross-government definition of domestic abuse also covers relationships between young people aged 16 and 17 (Home Office, 2013). Children's exposure to domestic abuse between parents and carers is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. The developmental and behavioural impact of witnessing domestic abuse is similar to experiencing direct abuse. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

*Bullying* is behaviour that hurts someone else. It usually happens over a lengthy period of time and can harm a child both physically and emotionally. Bullying includes: verbal abuse, such as name calling, emotional abuse, such as threatening, intimidating or humiliating someone, exclusion, such as ignoring or isolating someone, undermining, by constant criticism or spreading rumours, controlling or manipulating someone, racial, sexual or homophobic bullying, physical assaults, such as hitting and pushing,

making silent, hoax or abusive calls. Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

*Female genital mutilation (FGM)* is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a girl is newborn, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016). Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It's used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health

#### Recognising and responding to abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered. This list is not fully comprehensive and up to date training will provide a full list.

##### *Physical Signs of Abuse:*

- Any injuries not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games etc.
- Injuries which have not received medical attention.
- Neglect – under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc.
- Reluctance to change for, or participate in, games or swimming.
- Repeated urinary infections or unexplained tummy pains.
- Bruises, bites, burns, fractures etc which do not have an accidental explanation.
- Cuts/scratches/substance abuse.

##### *Indicators of possible sexual abuse:*

- Any allegations made by a child concerning sexual abuse.
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour or who regularly engages in age-inappropriate sexual play.
- Sexual activity through words, play or drawing.
- Child who displays sexualised behaviour around others
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Eating disorders – anorexia, bulimia.

##### *Emotional signs of abuse:*

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy. Also depression/aggression, extreme anxiety.

- Nervousness, frozen watchfulness.
- Obsessions or phobias.
- Sudden under-achievement or lack of concentration.
- Inappropriate relationships with peers and/or adults.
- Attention seeking behaviour.
- Persistent tiredness.
- Running away/stealing/lying.

### **3. Policy Guidance:**

#### What to do if you suspect that abuse may have occurred:

1. The first way to report any and all concerns is through our internal Child Safeguarding Report Form, accessible via Zoho app or in All Staff Google Drive. Accessible via public facing posters with a QR code. All reports are sent to the Child Safeguarding team, as named below.
2. If you have more urgent concerns, you must report concerns as soon as possible to Craig Tucker (hereafter “the Safeguarding Lead”) telephone number 01452 307201 extension 011 or 07522 261381, who is nominated by the directors to act on their behalf in referring allegations or suspicions of neglect or abuse to the statutory authorities. He may also be required by conditions of the Company’s Insurance Policy to immediately inform the insurance company.
3. If suspicions in anyway involve the Safeguarding Lead or they are unavailable then the report should be made to Isla Tiller Gunasingha (hereafter the “Deputy Safeguarding Lead (Children)”) telephone number 01452 307201 extension 078 or 07535 929805. If the suspicions in any way implicate both the Lead and the Deputy Lead then the report should be made to the next senior manager not implicated, Andy Davis, who will discuss with the Local Authority Designated Officer on 01452 426994. Urgent concerns should be referred to The Front Door, 01452 426565, option 1.
4. Suspicions will not be discussed with anyone other than those nominated above.
5. It is, of course, the right of any individual as a citizen to make direct referrals to the child protection agencies, although we hope that you feel able to approach the safeguarding team. If, however, you feel that the safeguarding team have not responded appropriately to your concerns, then it is open to you to contact the relevant organisation directly. We hope that by making this statement that we demonstrate the commitment of the company to have effective child protection. It is advised to follow the Gloucestershire Safeguarding Children Board Escalation of Professional Concerns Guidance

*Allegations of physical injury or neglect:*

If a child has a physical symptom of neglect, the safeguarding team will nominate an individual within that team to handle the query. At times this may fall to more than one person. The named person will:

1. Contact The Front Door for advice in cases of deliberate injury or where concerned about the child's safety. The parents should not be informed in these circumstances.
2. Where emergency medical attention is necessary it will be sought immediately. The named person will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the parent/carer and suggest that medical help/attention is sought for the child. The Doctor, (or health visitor) will then initiate further action, if necessary.
4. If appropriate the parent/carer will be encouraged to seek help from Child Social Services Department.
5. Where the parent/carer is unwilling to seek help, if appropriate, the named person will offer to go with them. If they fail to act, they should, in cases of real concern, contact The Front Door for advice.

*Allegations of sexual abuse:*

In the event of allegations or suspicions of sexual abuse, the safeguarding team will nominate an individual within that team to handle the query. At times this may fall to more than one person. The named person will:

1. Contact The Front Door duty social worker for children and families or Police Child Protection Team directly. The named person will NOT speak to the parent (or anyone else).
2. Under no circumstances will the named person attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the Safeguarding Lead is to collect and clarify the precise details of the allegation or suspicion and to provide this information to the Social Services Department, whose task it is to investigate the matter under Section 47 of the Children Act 1989.
3. Whilst allegations or suspicions of sexual abuse will normally be reported to the Safeguarding Lead, the absence of them or the Deputy should not delay referral to the Social Services Department.

4. Exceptionally, should there be any disagreement between the person in receipt of the allegation or suspicion and the safeguarding team as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department, and should do so without hesitation.
5. The Directors will support the safeguarding team in their role, and accept that any information that they may have in their possession will be shared in a strictly limited way on a need to know basis following Information Sharing guidance for safeguarding from HM Government July 2018.

How to respond to a child wanting to talk about abuse:

It is not easy to give precise guidance, but the following may help:

*General Points:*

- Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm.
- Look at the child directly if the child is comfortable with this and can maintain eye contact.
- Be honest.
- Tell the child you will need to let someone know – don't promise confidentiality.
- Do not ask leading questions, such as "did they hit you?" or "are you scared?"
- Offer them support by helping them to tell the right people. Where appropriate, ask them how far they wish to take any allegations.
- Even when the child has broken a rule, they are not to blame for the abuse.
- Be aware that the child may have been threatened or bribed not to tell.
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen.
- If helpful, refer them to the "[Young Person's Guide to Working Together to Safeguard Children](#)", available online, to help discuss why it is important to report concerns, how that information is used, and what their rights are within it all.

*Helpful Things You May Say or Show:*

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me.
- It's not your fault.
- I will help you.

*Don't Say:*

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where? Do not force information out of them, allow them space to talk.
- Never make false promises.



- Don't make assumptions or jump to conclusions.
- Never make statements such as "I am shocked, don't tell anyone else"

*Concluding:*

- Again reassure the child they were right to tell you and show acceptance.
- Let the child know what you are going to do next and that you will let them know what happens. (you might have to consider referring to Social Services or the Police to prevent a child or young person returning home if you consider them to be seriously at risk of further abuse.)
- Contact the person responsible for coordinating child protection concerns or go directly to Social Services/Police
- Consider your own feelings and seek support if needed.

What to do once a child has talked to you about abuse:

*The Procedure:*

1. Make notes as soon as possible (preferably within 30 minutes of being told), write down exactly what the child said, write what you said in reply to the child, when they said it and what was happening immediately beforehand (e.g. description of activity). Record dates and times of these events and when you made the record. Keep all hand written notes securely, even if these have been typed subsequently. Use even if these have been typed subsequently. Use form "Child Safeguarding Report Form" found on the All Staff Drive and on Zoho.
2. Report your discussion as soon as possible to the Safeguarding Lead. If the latter is implicated, report to the Deputy Safeguarding Lead (Children). If both are implicated, report to the most senior manager and/or the Local Authority Designated Officer (LADO).
3. You should not discuss your suspicions or allegations with anyone other than those nominated in the above print.
4. Once a child has talked about abuse the worker/Safeguarding Lead should consider whether or not it is safe for the child to return home to a potentially abusive situation. On rare occasions it might be necessary to take immediate action to contact Social Services and/or police to discuss putting into effect safety measures for the child so that they do not return home.
5. If any allegations are made against a member of staff, the LADO should be informed at the earliest opportunity as the allegation could form part of an ongoing criminal investigation.

Working with offenders:

Where someone is using our services in other parts of our property (as a community hub for many different groups of people) and is known to have abused children, then whilst extending friendship to the individual, the directors in its commitment to the protection of all children will arrange for a safeguarding lead to meet with the individual and discuss boundaries that person will be expected to keep such as 'no go areas' that are set aside for activities for young people or times where they are required to be absent if activities with young people are taking place. This will normally involve a formally written Risk Assessment which will be shared with appropriate staff after it has been agreed to. If this is not agreed to, the agreement not kept to, or for some reason is impractical then the individual will be supported to find suitable support from another organisation, or will be supported at a different location.

Properties are equipped with full access control measures and CCTV throughout, to ensure effective safeguarding.

#### Helping victims of abuse:

As an organisation we are committed to supporting victims of abuse. This is dealt with according to departmental practices and referral of appropriate services.

#### Appointment of workers:

In appointing workers, Kingfisher Treasure Seekers Ltd will be responsible for the following:

1. All prospective workers (paid and voluntary) will be asked to complete an application form.
2. The procedure for the appointment will be:
  - Completion of an application form
  - An interview will take place, to gain more information about the applicant. Interview panels will contain at least one person that has been Safer Recruitment trained.
  - Applicants will be asked to declare whether they have ever been convicted, charged or cautioned in relation to any offence and informed of the provision of the Rehabilitation of Offenders Act 1974
  - A check will be carried out by the Disclosure and Barring Service
  - Discussion about the Child Protection Policy will take place, ensuring the applicant understands the need for this and the job description will be discussed
  - There will be a six month probationary period, which includes a training time, at the end of which there will be feedback from the applicant, other workers and the line manager. Response to safeguarding will be discussed as part of this.
  - At this point the appointment will be confirmed.

3. The criteria for NOT appointing children's workers are:
  - Where past offences have come to light which were not disclosed on an application
  - Where any of these offences are against children
  - If it is found that after the probationary period the applicant does not show the necessary skills and passion for work with children and young people. This will be agreed upon during the probationary review, using examples of poor practice.
4. Workers will be given a contract/voluntary agreement on appointment which outlines their responsibilities and what is expected of them.
5. Workers will be given regular training, support and have regular meetings with their line manager.

Supervision and practice issues:

- Ratio of adults to children. Kingfisher Treasure Seekers Ltd will endeavour to maintain these ratios as best practice for organised groups. Management of public spaces means that in some circumstances these ratios may not be met. These are the current guidelines of best practise according to the NSPCC:
  - 0-2 years - 1 adult to 3 children
  - 2-3 years - 1 adult to 4 children
  - 4-8 years - 1 adult to 6 children
  - 9-12 years - 1 adult to 8 children
  - 13-18 years - 1 adult to 10 children
- Wherever possible, ensure that a worker is not alone with a child or young person, but be realistic in acknowledging circumstances when this might be necessary or helpful. Sometimes it might be advisable to leave doors open when seeing a child or young person.
- Staff are encouraged to sign up for updates from Gloucestershire Safeguarding Children Executive from [their website](#).
- Staff are required to complete the following training on the company HR platform, Atlas:
  - Safeguarding of Children (Child Protection) Level Two
- In planning a new building, consider glass panels in the doors.
- Where confidentiality is important and a young person is being seen on their own, then ensure that others know the interview is taking place and that someone else is around in the building. In the case of someone dropping in unexpectedly, make

every effort to inform staff that you are meeting at the nearest appropriate opportunity.

- No person under 16 years of age should be left in charge of any children of any age. Nor should children or young people attending a group be left alone at any time.
- A register of children or young people attending a group should be kept, and a register of helpers. This should include times of arrival and departure if any individual is not attending the whole session, and any others in the building at the time.
- Keep a log of each activity. Workers should record unusual events with each leader recording what they witnessed. This can be very helpful if leaders have to deal with a difficult young person who may subsequently make accusations of assault. A young person who constantly makes throwaway sexual comments about workers may later make an allegation of actual abuse. Records of previous examples of this behaviour will enable any allegation to be seen in context. Of course, if a number of young people all make similar comments about one worker, this should warn the directors that they have a problem with that person. Log books can protect both children and workers.
- It is suggested that workers also record incidents such as fights and what action was taken by the leaders. As the information in the log book is very sensitive, the log book will be kept separate from the accident book which is used to record any accidents or injuries. Parents (and older children) should be asked to sign the accident book (but they would not see the log book) because accusations of abuse may be made many years later, records should be kept for as long as possible. Insurance companies advise that records should be kept indefinitely.
- This policy needs to be read in conjunction with other policies for the organisation including:
  - Confidentiality
  - Disciplinary and Grievance
  - Data Protection
  - Recruitment, Induction, Training & Development Policy
  - Safeguarding adults at risk