

# Children Heard and Seen Safeguarding Policy



*Safeguarding children is the responsibility of everyone.*

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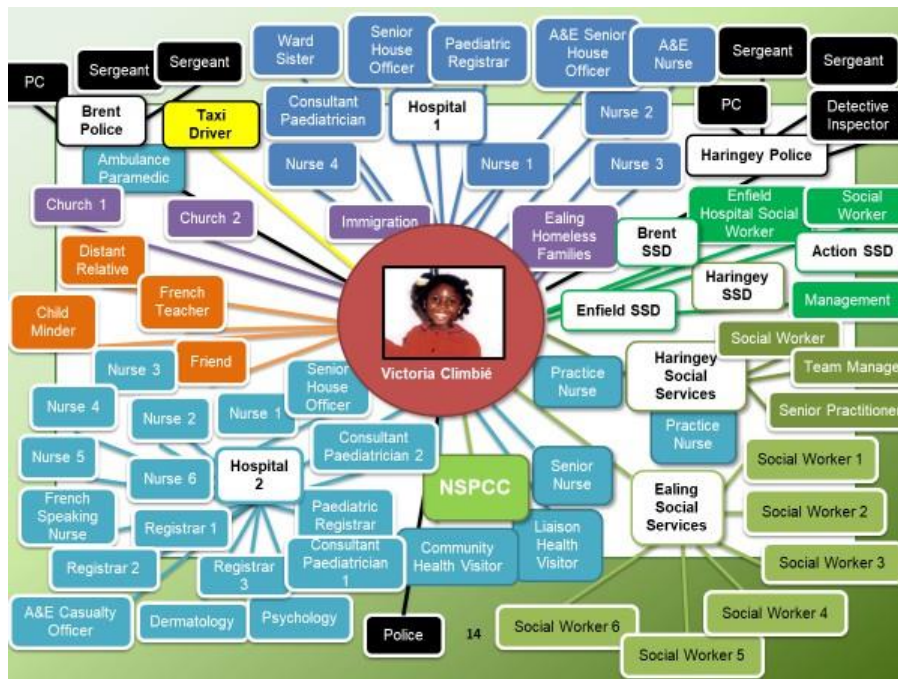
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## Policy Statement

The Children Act, 1989 defines a child as being up to the age of 18 years old. Extensions of this exist for children who have special needs and for those in local authority care settings. The Children’s Act makes it clear that the welfare of the child is paramount, and it gives everyone involved in the care of children a responsibility for the protection of those children.

Children Heard and Seen is committed to provide a safe environment for children, staff and visitors and promotes a climate where children and adults will feel confident about

sharing any concerns that they may have about their own safety or the well-being of others.

Children Heard and Seen believe that all children, regardless of age, background, race, culture, religion, gender, age, abilities, class, spirituality, and sexual orientation, have always and in all situations, the right to enjoy the activities of the group in a happy, safe and secure environment. Children Heard and Seen will ensure that this is the case by rigorously implementing this policy.

## Types of abuse:

### Child abuse is generally divided into four categories

#### *Physical Abuse*

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to, a child whom they are looking after. A person might do this because they enjoy or need the attention, they get through having a sick child (Fabricated or Induced Illness).

Physical abuse, as well as being a result of an act of commission can also be caused through omission or the failure to act to protect.

#### *Emotional Abuse*

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making a child feel or believe that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

#### *Sexual Abuse*

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, or oral sex or non-penetrative acts such as fondling.

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

Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

#### *Neglect*

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, Children Heard and Seen

failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## Recruitment

All reasonable steps will be taken to ensure unsuitable individuals are prevented from having any involvement with Children Heard and Seen.

Employee/volunteer recruitment procedures will include an enhanced DBS (Disclosure Barring Service) check, for all personnel with access to children. This will include all Trustees. All prospective employees/volunteers should be interviewed, for volunteers this need not be a formal interview.

Should any concerns arise following a DBS check then this will be assessed to establish the level of risk the subject poses to children, other service users, colleagues, the general public and/or our Children Heard and Seen. A number of questions will be asked:

- Does the offence relate directly to work with children?
- What is the seriousness of the offence/s and the circumstances surrounding it?
- How long is it since the offence was committed?
- Does the subject have a pattern of offending?
- Has the subject's situation changed since the offence occurred?
- What is the subject's explanation of the offence?
- Did the subject declare the offence prior to the Disclosure?

Following a positive disclosure, a full risk assessment will be undertaken by either the safeguarding lead or deputy. If all the above questions are not answered satisfactorily then the prospective employee/volunteer will not be allowed to join Children Heard and Seen.

## Training and supervision of staff and volunteers

Staff and volunteers will have a designated person (supervisor) who will ensure that a proper induction and training takes place. The supervisor will provide regular support and supervision to staff and volunteer in all areas of their work including child protection.

All new staff and volunteers will read and understand this policy as part of their induction process. Staff and volunteers will be able to identify the signs of abuse and will be confident about the steps to take and who to report any concerns. All staff will be expected to re-read and sign this policy annually.

All staff and volunteers will attend the Generalist Safeguarding training run by OSCB as part of their induction. Should this training not be available for any reason (Covid 19

restrictions). Staff and volunteers will have the generalist safeguarding training provided to them by the lead or deputy lead for safeguarding

## Creating a Safe and Caring Environment

- Risk Assessment should be undertaken prior to any offsite visits or new types of activities (appendix)
- Employees/volunteers working with children will be appropriately trained and qualified to ensure the safe provision of services, Generalist Safeguarding is mandatory, and supervision is provided to all employees/ volunteers at a minimum of three monthly but good practice would be six weekly.
- Employees/volunteers need to provide an activity log monthly to the volunteer coordinator who will oversee.
- It is imperative to capture the Child's voice, and this will at times necessitate seeing the child on their own. Where a child is being seen alone a RA must be undertaken and signed off by the supervisor.
- Employees/volunteers must treat all children/young people with respect.
- Employees/volunteers must not make racist, sexist; homophobic or any other remarks which upset or humiliate
- Employees/volunteers must not show any favouritism
- It is the responsibility of employees/volunteers to prevent the abuse of younger or weaker children by older or stronger children through bullying, cruelty or any other forms of humiliation; whilst being mindful that all are children, and further exploration of such behaviours will be required to understand the cause and effect.
- Arrangements for parents/carers dropping off and collecting children from activities/trips need to be clearly stated and agreed by parents/carers, children and employees/volunteers. (appendix- consent form)
- Adult to young person ratios should reflect best practice (1:10 max for 10 years and over, 1:8 max under 10)
- Under 5's are always accompanied by their parents or carers

## Behaviour guidelines for employees/volunteers

- Safety of participants and employees/volunteers is of prime consideration at all times.
- All accidents involving anyone should be recorded in the Children Heard and Seen accident book immediately or as soon as practicably possible.
- Employees/volunteers are responsible for familiarising themselves with building/facility safety issues, such as, fire procedures, location of emergency exits, location of emergency telephones and first aid equipment.

- Employees/volunteers are responsible for reporting suspected cases of child abuse to the appropriate individuals and/or agencies including out of hours emergency services without delay. Where there is reason to suspect significant harm, an immediate referral is required.
- Employees/volunteers will be expected to keep an attendance register for all organised sessions. (appendix policy)
- Appropriate employees/volunteers must have access to any parent consent/emergency consent forms for all children taking part in any activities [this information should be confidential].
- Employees/volunteers should ensure that their activities start and end on time.
- Employees/volunteers are expected to promote, demonstrate and incorporate the values of fair play, trust and ethics throughout their activities.
- Employees/volunteer should ensure that they are adequately insured, to protect against claims of negligence, through Children Heard and Seen or their own personal insurance if acting as a self-employed agent.

## Volunteer's Code of Behaviour: Working with Children and Young People

The aim of these guidelines is to ensure the safety and well-being of all young people and to support the volunteers in providing a safe, caring environment. Volunteers will work under the direct supervision of an established staff member

- Volunteers must set examples of appropriate behaviour. As young people learn by example, volunteers must avoid using sarcasm or discrimination, direct criticism, labelling and unnecessary competition or comparison.
- Positive behaviour must be actively encouraged.
- Volunteers must not physically or emotionally punish any young person.
- Volunteers must not deprive any young person of or force any child to consume food or drink.
- Volunteers must not humiliate or frighten any young person.
- Volunteers must avoid situations in which they risk putting themselves or the young person at risk. This includes being alone with a young person unnecessarily without consent and agreement by the supervisor.
- Volunteers must offer respect to the young person at all times and strive to be sensitive to their feelings.
- Adult to young person ratios should reflect best practice (1:10 max for 10 years and over, 1:8 max under 10). see previous re under 5's

## Admission Procedures

A register of names, addresses, next of kin and contact addresses and telephone numbers for emergencies will be kept appendix policy). Parents/carers, and where appropriate older children, will be given a copy of a written statement which specifies the action which will be taken in the event of a child becoming ill or being injured and which indicates that any information which suggests that a child has been abused will be passed on to Children's Statutory Service's and/or the police.

## Designated Person

There will be a named designated person and a deputy-designated person for child protection. In the event of any concerns regarding a child then the designated person or deputy will be informed without delay. If necessary, the designated person will inform the relevant Statutory Children's Services and the Trustee with safeguarding lead. The designated person will also ensure that the child protection procedures are kept up to date and reviewed annually.

## Named Person

Children and parents/carers will have a 'named person' to whom they may report any worries or concerns. This person will normally be the designated person or deputy.

## Designated lead

Sarah Burrows director of Children Heard and Seen is the designated lead. Sarah is a trained in Advance Safeguarding with OSCB and her most recent delivery of training was in January 2020

## Signs of Abuse:

The signs summarised below are not exhaustive and do not necessarily mean that a child is being abused. Similarly, there may not be any signs; you may just feel something is wrong. If you are worried report it to the designated person. **It is not your responsibility to decide if it is abuse but it is your responsibility to act on your concerns and do something about it by reporting.**

### *Signs of Physical Abuse:*

- Unexplained injuries or burns
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which appears excessive
- Bald patches
- Withdrawal from physical contact
- Arms and legs covered in hot weather

- Fear of returning home
- Fear of medical help
- Self-destructive tendencies
- Aggression towards others
- Anxiety
- Running away/going missing

### *Signs of Neglect:*

- Constant hunger
- Poor personal hygiene
- Poor dental hygiene
- Constant tiredness
- Poor state of clothing
- under or overweight Frequent lateness or non- attendance at school
- Untreated medical problems
- Difficulties in self-regulation
- Low self esteem
- Intense reactions (physical and or emotional) that do not appear proportionate
- Poor social relationships
- Running away/going missing
- Stealing or for basic amenities e.g., food

### *Signs of Emotional abuse:*

Physical, mental and/or emotional development slows down

- Admission of punishment which appears excessive
- Reaction to mistakes that do not appear proportionate
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situation
- Disproportionate emotional responses to painful situations
- Behaviour that causes concern e.g. thumb sucking, hair twisting, etc. that is not age appropriate
- Self-harm
- Fear of parents being contacted
- Passivity or aggression that does not appear proportionate

- Substance misuse
- Running away/going missing
- Stealing for basic amenities e.g. food

### *Signs of Sexual Abuse:*

- Disproportionate lack of trust in adults and/or fear of a particular individual[s]
- Disproportionate over familiarity with adults
- Inappropriate sexualised behaviour
- Withdrawal and introversion/problems with peer relationships
- Running away from home/sudden behaviour changes e.g. falling standards of hygiene/self-care, truancy, Stealing etc.
- Sudden or disproportionate low self esteem
- Substance misuse
- Displaying sexual knowledge beyond age group
- Concerns regarding Child Sexual Exploitation
- Sleeplessness, nightmares, fear of the dark
- Bruises, scratches, bite marks
- Depression, suicide attempts
- Anorexia nervosa/eating disorder or a change in eating habits
- Pregnancy, particularly when reluctant to name the father
- Recurring urinary tract problems/vaginal infections

### **Employees/volunteers should never:**

- Engage in rough physical activities, even when playing.
- Engage in sexually proactive activities.
- Allow or engage in inappropriate touching of any form.
- Allow children to use inappropriate language.
- Make sexually suggestive comments about or to a child.
- Let a child's allegation go either unchallenged and/or unrecorded.
- Do things of a personal nature for a child. If you do have to do things of a personal nature for a child e.g., take to the toilet, support, lift, etc particularly if they are very young or a child with additional needs, then you should obtain the full consent of their parents and permission from you're the designated safeguarding lead or person in charge. In an emergency situation, which requires this type of help, parents and lead or person in charge, should be fully informed as soon, as is practicable.



- Cause unnecessary distress to a child
- Undertake any tasks involving children for which they feel inadequately trained or have concerns about.

## Photography, video, etc:

Formal permission from parent/carers should be obtained before taking photographs, videos, etc. (appendix consent form)

## Responding to disclosures of abuse

It is not the responsibility of employees/volunteers to deal with suspected abuse, but it is their responsibility to report concerns to the designated safeguarding lead or deputy. It is essential that all employees/volunteers are aware of their responsibilities if child safeguarding concerns are suspected.

If you notice any social changes in the behaviour of a child, worrying marks or bruises or hear child/children talking about things which give cause for concern, then your first responsibility is to the child. It is not safe to assume that someone else will take action. As an adult, you have a duty to take appropriate action. Recognising and coping with potential child safeguarding issues can be very stressful and the person reporting the concern will not have to cope alone. All staff and volunteers will be supported by their supervisor and the safeguarding leads within Children Heard and Seen

***If a child spontaneously talks of experiences which give cause for concern staff and volunteers at Children Heard and Seen must:***

1. Explain to the child that if he/she discloses information which leads you to believe they, not safe you will be unable to keep it confidential.
2. Listen to the child without questioning him/her. Be aware of your own reactions as showing disapproval may stop the child from continuing with their disclosure.
3. Do not try to stop the child from recalling events. Make a note of what is said and a detailed note of any disclosure of concern, in what context, the setting, the timing and which people were present.
4. Reassure the child, 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].
5. Stay calm - ensure the child is safe and feels safe.
6. Accept what you have been told.
7. Reassure the child and stress that they are not to blame.

8. Tell the child that you will offer support, but you will have to pass the information on.
9. Do not question the child and/or rush into details that may be inappropriate.
10. Do not ask closed questions e.g. did this happen? Was it ... who did this? Use the TED method- Tell me; explain to me; describe to me. If you do not feel comfortable in using TED take an accurate description of the Child/YPs account and report to the lead/deputy safeguarding lead without delay. REMEMBER only specialist Social Workers and Police Officers are trained to talk to children and young people where an offence may have been committed against them.
11. Monitor the individuals concerned; encourage them to continue to take part in Children Heard and Seen activities.
12. Do not make promises you cannot keep.
13. Do not approach or contact the alleged abuser[s].

## Reporting Procedures

- Record the concern or incident in the Child Protection register, including, date and time of what has occurred and the time the disclosure was made. Record the names of the people involved and what was said and done by whom and any action taken.
- Inform the safeguarding lead and person in charge or deputy immediately. If this is not possible, contact the chair or an appropriate member of the management committee
- If the matter is urgent and none of the above can be contacted, then contact Statutory Children's Services and/ or the Police.

Concerns would normally be shared with parents/carers as soon as possible. However, there could be circumstances when this could put the child at greater risk or there may be concerns that parents/carers will not respond appropriately. If in any doubt, contact must be made with the designated/deputy safeguarding lead; or safeguarding lead person in charge or chair of trustees. If none are available contact should be made with the relevant MASH or Emergency Duty Team if out of hours.

## Review:

The Children Heard and Seen will ensure that issues of child protection receive continuous attention and will annually review the way that we operate to support this principle.

Last reviewed 31<sup>st</sup> August 2021



## Child Protection – Incident Record Form

### Incident Record Form

Your Name:
Your Position:
Child's Name:
Child's Address:
Parents/carer names and address (if different from above)
Child's date of birth:
Date and time of any incident or action prompting concerns;
Your observations:
What the child said and what you said: <i>(Remember do not lead the child - record actual details. Continue on separate sheet/s if necessary.)</i>
Action taken so far:
Social Services Contact details [name, etc]:  Information given:

Details of advice received:		
Any other external agencies contacted (contact details, date and time, information given and advice received)		
Have the parents been informed that contact is going to be made with social services.		
Yes	No	
<i>NB: parents should always be informed unless to do so could place the child at risk of further harm, please seek advice of this point from the duty social worker if you are uncertain.</i>		
Signature:	Print Name:	Date:

Please remember to maintain confidentiality on a need to know basis - do not discuss this incident with anyone other than your manager or those who need to know. Please take advice on this point from your manager if you are uncertain.

Designated Person: Position: Name: Contact details:	Deputy: Position: Name: Contact details:
<p><b>Contact numbers for reporting</b></p> <ul style="list-style-type: none"> <li>• Immediate danger - Police 999</li> <li>• Access to Information and Services Team (in office hours): 0845 050 7666</li> <li>• Emergency Duty Team (outside office hours): 0800 833 408</li> <li>• Banbury Assessment Team: 01865 816670</li> <li>• Oxford Assessment Team: 01865 323048</li> <li>• Abingdon Assessment Team: 01865 897983</li> <li>• NSPCC child protection Help line 0808 800 5000</li> </ul>	

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