

Safeguarding Children Policy and Procedures

Definitions

1. In accordance with the Children Act 1989 and 2004, a child is any person who has not yet reached their 18th birthday. For the purpose of these procedures the reference to children therefore means ‘children and young people’ throughout.

Policy Statement

2. Healthwatch is committed to protecting the welfare of all children as they participate in its activities and understands its responsibility to comply with legislation, particularly to ensure that the welfare of children and young people is paramount, and will constantly monitor developments in this field. However, we recognise that the best protection for children is the vigilance and forethought of Board Directors, staff and volunteers in preventing circumstances where abuse of trust could occur.
3. Healthwatch also recognises its responsibility to take appropriate action when a child discloses that they are experiencing abuse or neglect, or if staff / volunteers have a concern about the welfare of a child, and to ensure staff / volunteers have an understanding of what might indicate this and what action to take.
4. Board Directors, staff and volunteers are required to abide by the staff member/volunteer Code of Conduct (see below) and, as part of that Code of Conduct, are required to notify the Chair or Delivery Manager of any police record or other factor which may make that person unsuitable to work with children.
5. Healthwatch will ensure that the Code of Conduct, and the organisation’s safeguarding children procedures are continually monitored, developed and maintained and are appropriately communicated throughout the staff and volunteer network. Volunteers and staff throughout the organisation are responsible for ensuring that they are familiar with the codes, guidelines and procedures of the organisation, and that new staff and volunteers are appropriately inducted.
6. The Healthwatch Delivery Manager is the Designated Safeguarding Person who will be responsible for the above, and will also be the person to whom any safeguarding children concerns will, in the first instance, be reported to and who will then discuss and agree the appropriate action to take.
7. Healthwatch will maintain policies and procedures geared towards abuse prevention that include, but are not limited to the following topics:
 - selection and vetting of staff and volunteers including DBS checks
 - employee and volunteer disciplinary procedure
 - staff and volunteer induction and training
 - staff member and volunteer Code of Conduct
 - confidentiality policy.

8. All staff and volunteers will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure. Relevant training and support will be provided on an ongoing basis, and will cover information about their role, and opportunities for practising skills needed for the work.
9. Training on specific areas such as safeguarding children, identifying and reporting abuse, and confidentiality of personal information will be given as a priority to new staff and volunteers, and will be regularly reviewed.

What is Abuse and Neglect?

10. Working Together to Safeguard Children (2010) provides the following definitions:

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 is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment to a child, though it may 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. The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming of a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Recognising Abuse

11. Child abuse occurs to children of both sexes and all ages, in all cultures, religions, and social classes and to children with and without disabilities. All staff and volunteers should be alert to signs that a child may be at risk of significant harm, which includes consideration of:

- identification of child abuse may be difficult; it normally requires both medical and social assessment.
- avoid making assumptions about a situation and ensure that a thorough assessment informs their judgement
- gather information in relation to an incident, including the explanation provided by parents/carers; any injuries sustained; medical advice or assessment sought by the family and whether there was any delay in this; inconsistency in information provided; and responses to the child by the parents/carers
- different types of child abuse may be present at the same time, e.g. a child who is being sexually abused may also be being physically abused. When enquiring into one type of abuse staff need to be alert to potential signs of other abuse.
- always listen carefully to the child - pay particular attention to any spontaneous statement. In the case of children without speech or with limited language, pay attention to their signing or other means of expression, including behaviour and play.
- any delay in seeking medical assistance or indeed none being sought at all, could be an indicator of abuse.
- beware if explanation of an accident is vague, lacking detail, is inconsistent with the injury, or varies with each telling.
- take note of inappropriate responses from parents or carers.
- observe the child's interaction with the parents - particularly wariness, fear or watchfulness.
- any history or patterns of unexplained injury/illness requires the most careful scrutiny. The fact that the parent/carer appears to be highly attentive and concerned should not divert attention from the assessment of risk.

- beware if the child's injury is inconsistent with the child's development and mobility.
- beware if there are indications of or a history of domestic violence. Violence towards adults may also indicate violence towards children and may be emotional abuse, if not physical.
- children who are being abused often do not say and tend to perceive themselves as deserving of ill treatment. This is particularly so for children who are being emotionally abused.

Action to be taken if a child or young person discloses to you abuse by someone else

12. If a child approaches you about an issue of abuse, you must proceed with great caution.
13. The Staff/Volunteer Code of Conduct specifies that a staff member/ volunteer should not place him/herself in a situation where he/she is alone with a child. However, it is possible that a child will be unwilling to make disclosures of this nature in anything but a one-to-one situation. *The child's needs must take priority in this situation.* Ask if the child would like someone else to be present - an adult or a friend - but if he/she declines; proceed with the interview, taking extra care with your behaviour and body language.
14. Without stopping the child from disclosing, but if possible before the child goes into detail, explain the consequences of you knowing and the action you will take. Assure them that you will offer support but must pass any information to another professional who may take appropriate action. Explain that this may be the Designated Safeguarding Person, as identified above, and Social Care.
15. Keep calm and listen to the child - do not have physical contact at any time. Allow the child to speak without interruption, accepting what is said.
16. Do not make judgements or offer opinion, and as soon as is practically possible make an accurate written record of what the child has said, being careful to use their own words as accurately as possible.
17. Explain again what will happen next. Find out when the child is next due to see the individual who is the subject of the complaint. (You will then be able to make a judgement as to the appropriate timing of your follow-up actions to ensure that the child remains safe.)
18. If the complaint concerns a situation not related to Healthwatch (e.g. at home or at school), refer the complaint directly to the Designated Safeguarding Person. Pass on all information disclosed to you by the child.
19. If the complaint concerns a Healthwatch staff member/volunteer, staff member or adult where the contact between that individual is a direct result of Healthwatch

activity, immediately inform the Named Senior Officer as identified below who will then initiate the procedure.

20. Concerns about the welfare of a child, including the possibility of abuse or neglect, may also be raised by behaviour or other indicators noticed by a member of staff / volunteer, but not disclosed by the child. In these instances, it is equally important to take action, and these concerns should be raised and discussed with the Designated Safeguarding Person.

Procedures for dealing with suspected abuse

21. When dealing with issues concerning abuse by an adult in a position of trust, Board Directors must remember that the welfare of the children is paramount, but that we also have a responsibility to ensure that people are treated fairly and with respect.
22. The East Riding Safeguarding Children Board has a clear procedure for managing concerns in relation to adults who work with children, and Healthwatch will adopt these procedures in the event of an appropriate concern. (Visit <http://www.erscb.org.uk/how-to-report-concerns/>)
23. The first requirement is to identify a Named Senior Officer to whom such concerns should be, in the first instance, reported. This will be the Healthwatch Delivery Manager or the Healthwatch Chair if this person is unavailable or is the subject of the allegation.
24. On receipt of a concern when an individual may have:
- 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 in a way that indicates s/he may not be suitable to work with children

the Delivery Manager/Chair will contact the East Riding Support and safeguarding Services who will consider, the most appropriate way forward. **It is essential that nothing is done to investigate the concern before contacting the LADO as this can contaminate evidence if a police investigation is deemed appropriate.**

25. If you have made a referral a written referral form should be completed and returned to Children's Social Care within 48 hours of making the referral. Forms are available online at:

<http://www.erscb.org.uk/how-to-report-concerns/>

Key Contact Details

Support and Safeguarding Services (01482) 395500

Monday - Thursday 8:30am - 5:00pm.

Friday 8:30am - 4:30pm.

Secure email: childrens.socialcare@eastriding.gcsx.gov.uk

Enquiries at all other times (including weekend and bank holidays) would need to follow the out of hours arrangements.

Out of Hours (01377) 241273

Secure email: emergency.duty.team@eastriding.gcsx.gov.uk

If a child is suffering abuse and requires urgent attention because of immediate danger, call the police on 101 or 999.

Confidentiality

26. Whatever the nature of the complaint, it must be kept confidential. You must not discuss the disclosure with any individual or party other than those identified in the above procedure.

Further Guidance

27. Further guidance and a referral form is available on the East Riding Safeguarding Children website (<http://www.erscb.org.uk>)

Staff Member/Volunteer Code of Conduct

It is important that both service users and staff members/volunteers can participate in Healthwatch activities in a safe and secure environment.

This Code of Conduct has been developed for the protection of both service users and staff members/volunteers. To this end, Healthwatch expects all its staff members/volunteers to abide by this Code of Conduct.

Each staff member/Volunteer:-

Will abide by the guiding principles and rules of Healthwatch in all activities.

Will inform the Healthwatch Delivery Manager of any relevant police record or other factor, or any change in his/her circumstances, which may make him/her unsuitable either as a volunteer or for any particular activity.

Recognises that the role of a Healthwatch staff member/volunteer places him/her in a position of trust with regard to all children who are service users participating in Healthwatch activities and to colleagues in the staff member/volunteer and staff network, and undertakes to uphold that trust at all times.

Undertakes to maintain, within the Healthwatch procedures, the confidentiality of any information relating to other staff member/volunteers, supporters, students or staff members made available to him/her in the course of the role as a Healthwatch staff member/volunteer.

Will not knowingly place him/herself in a situation where the staff member/ volunteer is alone with a child or young person and will endeavour to ensure, as far as possible, that there is another adult in attendance at any meetings.

Will ensure that any Healthwatch activities involving children outside the normal activities are agreed and approved by her/his line manager in advance.

Will not behave in any way, physically or verbally, that could be offensive.

Remembers at all times that interactions between him/herself and service users must be such that no reasonable person observing that interaction could construe its nature as abusive.

If you follow these simple guidelines, Healthwatch staff, volunteers and service users will work confidently together in mutual respect.