



CHILD SAFEGUARDING POLICY & PROCEDURE

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CHILD SAFEGUARDING POLICY

Children and young people have the right and be safe in the services provided for them and the activities they choose to participate in.

All children and young people have the right to live their lives to the fullest potential, to be protected, to have the opportunity to participate in and enjoy any activity and to be treated with dignity and respect.

CHILD SAFEGUARDING STATEMENT

Tuntum Housing Association is committed to ensuring that all children and young people are protected and kept safe from harm whilst engaged in services organised and provided by us. Tuntum Housing Association will also safeguard the welfare of children and young people who use our services by protecting them from abuse. Tuntum Housing Association acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

Tuntum Housing Association recognises its responsibilities under the terms of the Children Act 2004, earlier Children's Acts and other relevant legislation to make arrangements for ensuring that its functions are discharged having regard to the need to safeguard and promote the welfare of Children and young people.

In implementing this safeguarding policy Tuntum Housing Association will:

- Ensure that all employees and volunteers understand their legal responsibility to protect children and young people from harm, abuse and exploitation.
- Ensure that all employees and volunteers are aware of the need to prioritise the safeguarding of children over the safeguarding and support of vulnerable adults where a conflict may arise.
- Ensure that all employees and volunteers understand their responsibility to work to the standards that are detailed in the organisation's *Safeguarding Children Policy and Procedures* and work at all times towards maintaining high standards of practice.
- Ensure that all employees and volunteers understand their duty to report concerns that arise about a child or young person, or a worker's conduct towards a child/young person, to the designated Senior Worker.
- Ensure that the Senior Worker understands their responsibility to refer any child safeguarding concerns to the statutory child safeguarding agencies (i.e. Police and/or Social Care).

- Ensure that any procedures relating to the conduct of employees and volunteers are implemented in a consistent and equitable manner.
- Provide opportunities for all employees and volunteers to develop their skills and knowledge particularly in relation to the safeguarding of children and young people.
- Ensure that children and young people are enabled to express their ideas and views on a wide range of issues and will have access to the organisation's *Complaints and Compliments Procedure*.
- Abide by the relevant authority's Child Protection Procedures, and all other protocols issued by local Safeguarding Children Boards in each area we operate in, including encouraging full participation by clients in processes (e.g. Child Protection Conferences, and family group conferences where applicable).
- Ensure that clients are encouraged to be involved in the work of the organisation and, when requested, have access to all guidelines and procedures.
- Keep up-to-date with local and national developments relating to the safeguarding of children and young people, by circulating local and national updates and good practice guidance.
- Ensure that Safeguarding is treated as a key organisational priority by ensuring that appropriate resource is made available and senior managers are responsible and accountable for the implementation of policy and procedure across the organisation.
- Ensure that recruitment and human resources management take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff and volunteers, which will be clearly stated in all adverts and application packs.

The policy affects every Tuntum Housing Association board member, staff member, volunteer, students and anyone working on behalf of and/or representing Tuntum Housing Association.

This policy should not be confused with the Common Assessment Framework (CAF) but should be read in conjunction with the Nottingham City Council Safeguarding Children Procedures 2016.

Introduction

This policy has been produced to set out the guidelines and expectations for all staff in relation to safeguarding children and young people. The procedures have been designed to ensure that the welfare and protection of any child and/or young person with whom we have contact. This policy must be applied in all situations in which we come in to contact with children, regardless of the frequency of contact or reason for contact.

It is acknowledged that all employees and volunteers have the potential to be involved in identifying and potentially preventing abuse. Therefore clear procedures are provided to assist and support them in this potentially difficult process.

DEFINITIONS

Children: In this document, as in the Children Acts 1989 and 2004, **a child** is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders' Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

The following definitions are taken from Working Together 2006.

Safeguarding and Promoting Welfare is 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 undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully

Child Protection is part of safeguarding and promoting welfare. The term is used to refer to the activity that is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

The terms children or young person is used to refer to anyone under the age of 18 years. Please note: vulnerable adults such as people over 18 with learning difficulties are covered by a companion policy on the safeguarding of vulnerable adults. The term parent is used as a generic term to represent anyone with legal parental responsibility.

The terms board members, staff and volunteers are used to refer to employees, volunteers and anyone working on behalf of and/or representing the Tuntum Housing Association: this includes temporary, agency and contractors.

All children and young people irrespective of their age, class, religion, culture, disability, gender, ethnicity or sexual preference have the right to safeguarding.

Children in need are children who are defined as being 'in need', under s17 of the Children Act 1989 and are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (s17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided and
- The likely effect the services will have on the child's standard of health and development.

Local Authorities have a duty to safeguard and promote the welfare of children in need. All areas should have a 'continuum of need' to identify the different levels of support required depending on the different situation of each child.

AIMS OF THE POLICY

Tuntum Housing Association accepts the moral and legal responsibility to: implement procedures, to provide a duty of care for children and young people, safeguard their well being and protect them from abuse when they are engaged in services organised and provided by Tuntum Housing Association or when they come into contact with Tuntum Housing Association staff, those on work experience/students, Board members and volunteers.

Employees and volunteers need to be able to identify where there may be a problem. It is not within the remit of Tuntum Housing Association employees and volunteers to prove there is a problem. Employees and volunteers need to know how to obtain fast and professional advice, and refer any concerns to relevant specialists and designated officers. The welfare of children/young people is the primary concern.

Principles of child safeguarding

All children/young people whatever their age, culture, disability, gender, language, ethnic origin, religious belief, sexual orientation or Transgender status have the right to protection from abuse.

All employees and volunteers have a legal duty and responsibility to report concerns and suspected abuse. This includes concerns about other members of staff, volunteers or contractors. Poor practice that has the potential to impact negatively on clients, their children or members of the public should also be raised with a line manager. It is the responsibility of all employees and volunteers to work to avoid the need for a Serious Case Review by taking early preventative action.

Staff are required to abide by Tuntum Housing Association's Code of Conduct and the Child Safeguarding Procedures issued by local Safeguarding Children Boards in each area that we operate in.

Professionals working in housing services may become aware of conditions that could have an adverse impact on children, and are obliged under section 11 of the Children Act (2004) to comply with certain duties in the provision of services to children and young people.

Confidentiality shall be upheld in line with current Data Protection and Human Rights legislation. However, this legislation and any potential confidentiality issues should never be a barrier or reason not to report child abuse or neglect.

All employees and volunteers who have lone working contact, or potential for lone working contact, with any client will be subject to an enhanced DBS check (see Lone Working procedure).

Anne Longfield, OBE, the Children's Commissioner for England (March 2015) has stated that her priorities will be:

- working with children to make sure their interests are at the forefront of decision making nationally and locally
- securing real improvements for the most vulnerable children in the country's care system
- making sure adults and professionals understand and act on, the signs displayed by children who are abused or neglected
- securing real commitments from all the major political parties to make children a key priority as they go into the election in May, including to renew their commitments to helping the poorest, most disadvantaged children.

Tuntum Housing Association aims to do this by:

- Raising an awareness throughout the Tuntum Housing Association and beyond of the statutory "duty of care" relating to children and young people and actively encourage good practice amongst all staff, board members and volunteers.
- Creating a safe and healthy environment within all its services, avoiding situations where abuse or allegations of abuse may occur.
- Respecting and promoting the rights, wishes and feelings of children and young people. Listening to children and young people, minimising dangers and working closely with other agencies.
- Recruiting, training, supervising and supporting staff, Board members and volunteers who work with children and young people to adopt best practice to safeguard and protect children and young people from abuse, and themselves against false allegations. Staff and volunteers who work with children and young people will be subject to the appropriate level Criminal Records Bureau check.
- Responding to any allegations appropriately and implementing the appropriate disciplinary and appeals procedures.
- Requiring staff, Board members and volunteers to adopt and abide by the Tuntum Housing Associations' Child Safeguarding Policy together with Procedures and Good Practice Guidelines that may be published from time to time.

Action to achieve these aims:

The general safety and well being of children and young people will be promoted within all Tuntum Housing Association services and Good Practice Guidelines developed so that good working practices are maintained.

- Training will be given to staff, Board members and volunteers across the Tuntum Housing Association on Child Safeguarding Procedures and Good Practice and further training to enable them to recognise the potential signs and indicators of abuse and to improve good practice.
- Procedures will be provided for staff, Board members and volunteers describing the actions they should take if they have concerns or encounter a case of alleged or suspected child abuse.
- Assessment processes to ensure senior managers (Heads of Service / Directors) are aware of the extent to which people under their responsibility have contact with children and young people and an assessment of risk to the safety of children and young people in specific activities or situations.

THE PROMOTION OF THE SAFETY OF CHILDREN AND YOUNG PEOPLE

Tuntum Housing Association recognises its staff could have the potential to abuse children or young people. Tuntum Housing Association will therefore ensure that unsuitable people are prevented from working with children and young people.

Recruitment and Selection

The following procedures will be adhered to for the safety of children and young people:

- All staff with access to children and young people whether voluntary or paid must provide at least two references, which must be received and accepted as satisfactory to Tuntum Housing Association before employment commences. One referee must be current, or if the applicant is not employed, the most recent employer.
- References must cover the last three years of employment and if in education be provided by the course tutor. Referees must be previous employers, not friends and must not be related to the applicant.
- All new staff with access to children and young people are to be advised that the Tuntum Housing Association will require them to complete pre-employment enhanced DBS (Disclosure and Barring Service) checks.
- Confirmation of employment will be subject to the receipt of necessary clearance.
- Existing staff who have changed jobs and in the opinion of the Line Manager / Personnel, new duties bring them into contact with young people must complete DBS checks.
- DBS disclosures should be renewed every 3 years
- Where applicable, all appointments that involve substantial contact with children and young people, both paid and voluntary, will be subject to a probationary

period and will not be confirmed unless the Line Manager is confident that the applicant can be safely entrusted with children and young people.

- It will be made clear to applicants that have a substantial contact with Children and young people that the position is exempt from the provisions of the Rehabilitation of Offenders Act 1974.

Work Experience

Tuntum Housing Association, when requested, occasionally offers work experience placements across the Tuntum Housing Association. Although primarily designed to help young people become familiar with the workplace, it is also beneficial to Tuntum Housing Association as it provides a direct link to an important part of the community we serve. Any person who has been banned from working with children has the duty to inform a manager of this fact before they can work in direct contact with a work experience person. Staff should not travel alone with a work experience student unless this has been approved by the school.

Tuntum Housing Association works through personnel to provide forwardly planned and structured work experience placements. When the Tuntum Housing Association offers a work experience placement to students, line managers have a responsibility for their health, safety and welfare. Under health and safety law, these students will be regarded as employees.

Use of Contractors

Tuntum Housing Association and its staff, Board members and volunteers should take care that contractors doing work on behalf of the Tuntum Housing Association are monitored appropriately. Any contractor or sub-contractor, engaged by the Tuntum Housing Association in areas where workers are likely to come into contact with children and young people, should have a similarly robust Child Safeguarding Policy, or failing this, must comply with the terms of this policy.

Contractors will be monitored by the Officer responsible for the contract and record the degree of compliance with this policy.

INDUCTION AND TRAINING

Appropriate training will be given to enable staff, Board members and volunteers to recognise their responsibilities with regard to their own good practice and the reporting of suspected poor practice and concerns or allegations of abuse and to inform members of staff of expected conduct and situation to avoid in order to protect themselves from allegations.

This will include the following:

- All staff will receive an introduction to this policy.

- All staff with some possible contact with children and young people will receive follow up training on best practices
- Staff who regularly come in contact with children and young people will attend appropriate Child Safeguarding training on a regular basis
- The designated person (defined in section 5) and other relevant staff members will attend inter-agency training and update training as necessary.

POLICY REVIEW

This policy will be reviewed every three with the next review in February 2020, in accordance with broader guidance and legislation, and taking into account feedback from staff and service users.

The Tuntum Housing Association Board will ultimately be responsible for ensuring that the policy is reviewed, although they may wish to delegate the review process.

Any changes to the policy will need the authorisation of the Tuntum Housing Association Board. Until such authorisation is given the existing policy will continue to apply unless the existing policy contradicts any new legal requirements or responsibilities

CHILD SAFEGUARDING PROCEDURES

These procedures inform staff, Board members and volunteers of what actions they should take if they have concerns or encounter a case of alleged or suspected child abuse, i.e. response actions. The procedures apply to all Tuntum Housing Association staff, board members and volunteers.

Responding To Concerns and Allegations: General Procedures

It is important that all staff, board members and volunteers are aware that the first person that has concerns or encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. However, staff, Board members and volunteers do have a duty of care to the child or young person which means they must report any suspicions they may have.

Children may be abused or placed at risk or harm:

- Within a family.
- Within an institution.
- Within the community.
- By someone they know.
- By a stranger.
- By anyone over 18

These procedures also apply to parents/carers:

- Acts of omission (failing to report)
- Acts of commission (abusing or neglecting the child by inflicting harm)
- Factitious disorder by proxy, where a parent or carer deliberately fabricates the history of an illness.

These procedures apply when staff become aware of suspected abuse or significant harm.

In general there are 4 situations that staff, Board members and volunteers may need to respond to a concern or case of alleged or suspected abuse:

- Responding to a child or young person disclosing abuse, i.e. they make an allegation of abuse
- Responding to allegations or concerns about a member of staff, Board member or volunteer from your own observation or due to a complaint.
- Responding to allegations or concerns about or from any other person, i.e. parent, carer, other service user, voluntary/statutory agencies.
- Observations whilst working with service users and their families

SIGNS OF ABUSE

The following may help staff be aware of possible signs of abuse but *these do not necessarily mean that the child has been abused*:

Physical Abuse – may involve hitting, shaking, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Factitious Disorder is also classed as physical abuse. 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. The situation is commonly described using terms such as factitious illness by proxy or Munchausen’s by proxy.

Indicators:

- Blood in whites of eyes, small bruises on head, bruising on rib cage, maybe associated with shaking.
- Burns and scolds on hands, feet, buttocks, groin.
- Cigarette burns.
- Linear marks, weal marks.
- Bruised eyes or ears.
- Multiple bruising.
- Grip/slap marks.
- Bite Marks.
- Injuries found to be at different stages.
- Unconscious Child.
- Injuries/fractures in children who are not mobile.
- Alleged unnoticed fractures in young children.

NB This is not an exhaustive list

The Impact of Physical Abuse

Physical abuse can lead directly to neurological damage, physical injuries, pain, disability or death. Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently co exists with domestic abuse.

Changes to the law have clarified the term “reasonable chastisement”. Smacking and other forms of corporal punishment that leave marks or injuries should be considered as physical abuse.

Emotional Abuse – is the persistent emotional ill treatment of a child which causes severe and persistent side effects on the child’s emotional development. It may involve conveying to the children that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. 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 causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is present in all types of ill treatment of a child, though it can still occur alone.

- Excessive overreaction to mistakes
- Continual self-deprecation
- Excessive rocking, thumb sucking, hair twisting
- Extreme compliance/aggression

- Drug, alcohol and substance misuse
- Significant peer relationship difficulties
- Lack of self-esteem.
- Withdrawn, aggressive behaviour, self harm, mutilation, substance abuse and suicide attempts.
- Eating disorders.
- Degrading or humiliating punishments.
- Children who appear unused to praise or encouragement.
- Children who are rejected by parent/carer/sibling.
- Bullying at school.
- Recent research shows a link between children who are very small and emotional abuse.

The Impact of Emotional Abuse

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying and racism. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. In families where the child experiences a low level of emotional warmth and a high level of criticism, negative incidents may have a more damaging impact on the child. Underlying emotional abuse may be as significant as other forms of abuse in terms of its impact on the child. Where there is domestic abuse, the emotional impact on the child should always be carefully assessed. Adult mental health problems and parental substance misuse may be features in families where children are exposed to emotional abuse.

Sexual Abuse – involves forcing or enticing a child or young person to take part in sexual activities including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may involve non-contact activities such as involving children in looking at, or in the production of sexual online images, pornographic material, or watching sexual activities, or encouraging children to act in sexually inappropriate ways.

- Sexual awareness inappropriate to child's age, including provocative sexual behaviour
- Self harm
- Pregnancy
- Sexually transmitted diseases
- Sudden changes in behaviour or school performance
- Fear of undressing for gym
- Depression/withdrawal/eating disorders
- Drug, alcohol, substance abuse
- Nightmares/disturbed sleep patterns
- Significant changes in behaviour/personality
- Persistent offending, non-school attendance.

Child Sexual Exploitation (CSE)

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

The Impact of CSE

Sexual exploitation results in children and young people suffering harm, and causes significant damage to their physical and mental health. Some young people may be supported to recover whilst others may suffer serious life-long impairments which may, on occasion, lead to their death, for example through suicide or murder.

The Impact of Sexual Abuse

Disturbed behaviour including self-harm, inappropriate sexualised behaviour, sadness, depression and a loss of self-esteem, have all been linked to sexual abuse. The adverse effects of sexual abuse may endure into adulthood. The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent or premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is

strengthened by the support of a non-abusive adult carer(s) who believes the child, helps the child understand the abuse, and is able to offer help and protection. A significant proportion of sex offences are committed by teenagers and, on occasion, such offences are committed by younger children. Parents, carers and practitioners need to identify the difference between consenting and abusive, appropriate or exploitative peer relationships. Employees and volunteers should not dismiss some abusive sexual behaviour as 'normal' between young people and should not develop high thresholds before taking action. A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic abuse and discontinuity of care. However, it would be quite wrong to suggest that most children who are abused will inevitably go on to become abusers themselves. There is an increasing use of new technologies to involve or expose children to sexual abuse. Children may or may not be aware of their vulnerability to exploitation through this medium. The use of new technologies across the world and throughout the UK may necessitate complex and specialist investigations. Further guidance should always be sought if this is suspected. See The Child Exploitation and Online Protection Centre (CEOP) for more information.

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 misuse. Once a child is born it may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect the child from physical harm or danger, or failure to ensure access to medical care or treatment. It may also be neglect of or unresponsiveness to the child's basic emotional needs.

- Constant hunger, tiredness and/or poor personal hygiene
- Untreated medical problems, slow growth and development
- Destructive tendencies
- Social isolation
- Poor self esteem and/or relationship with peers
- Excessive rocking, hair twisting, thumb sucking

The Impact of Neglect

Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can also result in death. Neglected children may also experience low self esteem, feelings of being unloved and isolated. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicities of neglectful behaviours children have been experiencing. Childhood obesity is a significant problem for many children. It can have short and long term effects on the physical and emotional well being of the child. In many cases parents will work with practitioners to enable their child to reduce the risks. In circumstances where obesity is seriously impairing the health and development of a

child, consideration should be given to the capacity of the parent(s) to meet the needs of the child.

Abuse of Disabled Children

Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children.
- Receiving intimate personal care from a larger number of carers.
- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser.
- Having communication difficulties resulting in difficulties in telling people what is happening.
- Being reluctant to complain for fear of losing services.
- Being particularly vulnerable to bullying or intimidation.
- Being more vulnerable to abuse by peers than other children.

Disability is defined as:

- A major physical impairment, severe illness and/or a moderate to severe learning difficulty.
- An ongoing high level of dependency on others for personal care and the meeting of other basic needs.

A growing area of concern is Mate crime, based on Hate crime. Hate crime is defined as:

'Any criminal offence which is perceived, by the victim or any other person to be motivated by a hostility or prejudice based on a personal characteristic'

Mate crime as:

'People with learning disabilities are often befriended by people who then exploit them. These are groups and individuals who pretend to be friends but who are really taking advantage of people'

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be

taken seriously. The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have rigorously enforced anti-bullying strategies. Bullying affects a child's self esteem and they may feel too ashamed to tell even their parents about what is going on. The long term effects of bullying can be as severe as traumatic stress disorder and children may need professional support both in the short and longer term. Schools and education are critical partners in a co-ordinated preventative approach, if relevant.

Self harm and Suicidal Behaviour

Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm. Additionally consideration should always be given to the possibility that the self-harming behaviour may indicate that the child or young person has experienced trauma and/or abuse and neglect. Some young people harm themselves as a way of dealing with the stresses of serious illness or the pressures of "everyday life" that may arise with their family, peer group, school etc. Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 -13 years but may be performed on new born babies or on young women. FGM can result in death. FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid or abet female genital mutilation. Parents/carers may be liable under this act. It is also an offence to allow the procedure to be undertaken in another country. Where a member of employees and volunteers becomes aware that a girl is at risk of FGM a referral should be made to Children's Social Care.

Forced Marriage

A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children at risk of physical abuse. In circumstances where there are concerns that a child is at imminent risk of a forced marriage urgent referrals should be made to Children's Social Care. In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

Domestic Violence and Abuse

The cross-government definition of domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional”

Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child’s development and emotional wellbeing, despite the best efforts of the victim parent to protect the child. Domestic abuse has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent and fearful for their own and other’s safety. The emotional, psychological and physical development of children may be harmed or significantly harmed by living in a household where there is domestic abuse. The amendment made in section 120 of the Adoption and Children Act 2002 clarifies the meaning of “harm”, to make explicit that “harm” will include, for example, impairment suffered from seeing or hearing the ill-treatment of another. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic abuse can have a negative impact on their ability to look after their children. The negative impact of domestic abuse is exacerbated when, for example, the abuse is combined with drink or drug misuse; children see or hear the abuse; children are drawn into the abuse or pressurised into concealing assaults. Children’s exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress. Research shows that there is a very close correlation between domestic abuse and the abuse of children. Where there is evidence of domestic abuse in a household, the emotional and physical wellbeing of any children should be considered. Conversely where it is believed that a child is being abused, those involved with the family should be alert to the possibility of domestic abuse.

Parental Alcohol and Substance Misuse

As with parental illness it is important not to generalise or make assumptions about the ability of an alcohol or substance misusing parent to care for a child. It is however important to assess the impact that the behaviour has, or is likely to have on the child. Some parents manage their substance misuse in a way that allows them to meet the needs of their children where as others are more chaotic in their usage and are unable to consistently prioritise the needs of their children. Children are particularly vulnerable when their parents are attempting to withdraw from drug or alcohol use, particularly if

this is not being professionally supervised. Some parents' caring skills are diminished by the use of drugs or alcohol; others may experience psychological problems that place the child at risk of injury, neglect or emotional harm. Parents who are chaotic drug users may struggle to prioritise the children's needs and fail to provide enough money to meet their basic requirements for food, housing and warmth.

Children may also be at physical risk from drugs (including prescribed drugs) left insecurely stored and from the paraphernalia, such as needles, to which they may have access. Even when the physical danger is minimised it is important to assess the emotional impact on children who are exposed to long term parental drug or alcohol misuse. This can link to neglect (see above) and should be monitored by anyone visiting the property.

Alcohol and substance misuse by young people

Dependent or chaotic substance misuse amongst young people is a major factor in youth crime and anti social behaviour. It may also bring young people into networks of older individuals who exploit them, including sexual exploitation. The risks associated with young people's substance misuse do not

necessarily only arise from the substance or its how it is taken, but factors such as the frequency of use, where it is taken, volume of consumption, levels of intoxication, competence of the young person and knowledge of the effects of the substances must be considered as relevant to the assessment of the risks of significant harm. Practitioners who identify alcohol and/or substance misuse by a young person should ensure that appropriate assessments are carried out.

Disguised Compliance

'Disguised compliance' involves a parent or carer giving the appearance of co-operating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention

(<https://www.nspcc.org.uk/globalassets/documents/information-service/factsheet-disguised-compliance.pdf>)

There may be instances where it appears seriously detrimental to a child or young person to remain in the family home and statutory services and other practitioners appear unwilling to sanction removal. There could be many reasons for this, but disguised compliance by the family could be one of them. If you are aware of information that clearly indicates a child or young person remains at risk of harm in a setting and it contradicts the information other services appear to be receiving you must seek support from a manager immediately and escalate the concerns to an appropriate level.

Safeguarding Children and Young People Against Radicalisation and Violent Extremism

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

“**Extremism** is 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. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas” (HM Government Prevent Strategy 2011)

Since the publication of the **Prevent Strategy**, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism including, but not restricted to, those linked to extreme Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, various paramilitary groups, and extremist Animal Rights movements.

Prevent, in the context of counter-terrorism is intervention before any criminal offence has been committed with the aim of preventing individuals or groups from committing crimes.

2. Risks

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to lead to the child suffering Significant Harm.

This may take the form of a “grooming” process where the vulnerabilities of a young person are exploited to form an exclusive friendship which draws the young person away from other influences that might challenge the radical ideology. The risk of radicalisation is the product of a number of factors and identifying this risk requires that practitioners exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.

On-line content in particular social media may pose a specific risk in normalising radical views and promoting content that is shocking and extreme; children can be trusting and not necessarily appreciate bias that can lead to them being drawn into these groups and adopt their extremist views.

There is some evidence that specific groups such as young Muslim women have been targeted for radicalisation and grooming, leading to attempts to travel to the Middle East and place themselves at risk.

3. Indicators

There is no standard template for radicalisation, but issues that may make an individual vulnerable to radicalisation can include:

- Identity Crisis - Distance from cultural / religious heritage and uncomfortable with their place in the society around them;
- Personal Crisis - Family tensions; sense of isolation; adolescence; 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; 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; rejection of community values;
- Criminality - Experiences of imprisonment; previous involvement with criminal groups.

However those closest to the individual may first notice the following changes of behaviour:

- Use of inappropriate language;
- Possession of violent extremist literature;
- Behavioural changes;
- The expression of extremist views;
- Advocating violent actions and means;
- Association with known extremists;
- Seeking to recruit others to an extremist ideology.

It should be borne in mind that someone radicalised over the internet may exhibit little change in behaviour.

Practitioners should ensure that assessments place behaviour in the family and social context of the young person, and include information about the young person's peer group and conduct and behaviour at school. Holding radical or extreme views is not illegal, but inciting a person to commit an act in the name of any belief is in itself an offence. The safeguarding aim should be to engage with the young person and, if

there is a cause for concern, to ensure that such views are constructively challenged before an offence is committed.

4. Protection and Action to be Taken

Any practitioner identifying concerns about the child or young person should report them to the identified lead person within their organisation and/or line manager, who will discuss these concerns with the police Prevent Team.

The Police Prevent Team is best contacted via:

Prevent@Nottinghamshire.pnn.police.uk who will then discuss with you whether a formal referral is required.

Consideration should be given to the possibility that sharing information with parents may increase the risk to the child and therefore may not be appropriate. However, experience has shown that parents are key in challenging radical views and extremist behaviour and should be included in interventions unless there are clear reasons why not.

Wherever possible the response should be appropriately and proportionately provided from within the normal range of universal provision of the organisation working with other local agencies and partners. Responses could include curriculum provision, additional tutoring or mentoring, additional activities within and out of school and family support.

Where a higher level of targeted and multi-agency response is indicated and where concerns are identified in respect of potential signs of radicalisation which indicate the child young person is vulnerable, the person raising the concerns should discuss their concerns with the police Prevent Team who will decide if a referral to the Channel Panel is required. This Panel reviews and refers individuals to programmes that challenge extremist ideology. This may also result in a formal multi-agency assessment being conducted.

5. Issues

Protecting children and young people from radicalisation and extremism is in many respects comparable to the procedure for protecting children from forced marriage or gang related activity; in that initially concerns may be inconclusive and protecting a child or young person against a potential risk can be dependent on a wider range of factors than an intervention after an actual act of abuse has occurred.

Reporting online material, which promotes extremism such as illegal or harmful pictures or videos, can be done through the **Report online material promoting terrorism or extremism website**. Although professionals should follow the **Referral Procedures**, non professionals may make a report anonymously.

This is a developing area of work and more detailed guidance and training opportunities will be made available in due course.

PROCEDURES

What to do if you are Worried about a Child

Tuntum Housing Association recognises that it has a duty to act on reports or suspicions of abuse, or where there are suspicions that the child is suffering or likely to suffer significant harm. It also acknowledges that taking action in cases of child abuse is never easy. However the safety of the child should override any doubts or hesitations. When worrying changes are observed in a child's or young person's behaviour, physical condition or appearance, or there are suspicions or even a 'gut feeling' that something is not right, employees and volunteers will adhere to the following procedures:

PROCEDURE WHERE THERE ARE CONCERNS ABOUT A CHILD/YOUNG PERSON (Complete Child Concern Form – Appendix 3)

Take an informal approach initially and seek an explanation for concerns with the service user/child/young person without raising questions of abuse.

1. Initially talk to a child/young person about what you are observing. It is okay to ask questions, for example: "I've noticed that you don't appear yourself today, is everything okay?" But never use leading questions.
2. Listen carefully to what the child / young person has to say and take it seriously.
3. Always explain to children and young people that any information they have given will have to be shared with others.
4. Record what was said as soon as possible after any disclosure.
- 5.
6. Gather as much information as possible which may include other colleagues who may have had some involvement with them and other agencies. Refer to guidance on significant harm and definition of abuse.
7. Enquire whether there are siblings in the household.
8. Discuss your concerns with Senior Worker, or designated person.
9. Consider making an enquiry into the Child Protection Register, through the Senior Worker
10. Consider asking Children's Services for advice (without making formal referral).
11. Decide upon your next course of action, which could be no action or recommending a referral to Children's Services.
12. The person who receives the allegation or has the concern should complete the pro-forma and ensure it is signed and dated.
13. If no referral is made then record your concerns on the Child Concern Form and monitor the situation carefully.
14. If it is decided to make a referral, then consent issues need to be addressed. Service users need to be consulted if not seen recently to seek their consent to refer and a decision needs to be made about seeking consent from parent/family. If possible we need to seek their agreement to making referrals to Children's Services but this should only be done where such discussion and agreement seeking does not place a child at increased risk.

15. Complete the referral form and pass to Senior Worker, who is responsible for making the referral to Children's Services. If the referral is by telephone, send the form through within 24 hours.

PROCEDURE FOR DISCLOSURE OF ABUSE BY CHILD/YOUNG PERSON

The guidance process should normally be kept confidential, and the privacy of our service users respected. However, there are limitations to this confidentiality and service users need to be made aware of this. If a service user/child reveals something which leads you to believe they were at risk of, or have already suffered significant harm, then you cannot keep this confidential, and the service user/child needs to be aware of this.

1. If during any contact with a service user/child it appears they may be about to disclose an issue in relation to Child Protection, ensure you remind service users of the limits of confidentiality.
2. If the service user continues to disclose to you, use your training/experience to listen and note all significant detail of the discussion.
3. Enquire, sensitively, if there are other siblings in the household, as the living situation needs to be included when referring to Children's Services.
4. Confirm with the service user/child that you will have to record this information, manually and that you may have to share this with other colleagues and agencies, and will involve a referral to Children's Services.

PROCEDURE WHERE CONCERNS ARE RAISED BY SOMEONE ELSE OTHER THAN THE PERSON THEMSELVES OR YOU

1. If the person concerned is a colleague within Tuntum Housing Association refer them to these procedures and the Senior Worker.
2. If the person concerned is a colleague within another organisation refer them to their own line manager and their Child Protection procedures.

If the person concerned is a parent/carer or member of the public refer them to Children's Services for advice.

GUIDANCE FOR EMPLOYEES, STUDENTS AND VOLUNTEERS

Reporting Incidents – Role of the Referrer

It is the duty of any member, or Tuntum Housing Association employee or volunteers to report any concerns about a child being subjected to abuse, receive a disclosure or are aware of Board Members, or colleagues behaving in an inappropriate manner. All reports are confidential and will be handled in the same way and with respect to the person raising the concern regardless of the outcome.

You should record in writing all the details that you are aware of and what was said using the child or young person's own words, immediately. In your record you should, using the form in Appendix 3, include the following:

- a) The date and time
- b) The child or young persons name, address and date of birth
- c) What is the risk?
- d) Who is at risk?
- e) What is the seriousness/immediacy of the risk?
- f) The nature of the allegation
- g) What is already known about the client / child that may contribute to the risk?
- h) Is there anyone else involved / at risk?
- i) What action has already been taken and by whom?
- j) Your observations – e.g. a description of the child or young persons behaviour and physical and emotional state and a description of any visible injuries. Records details of any visible injuries on a body map
- k) Exactly what the child or young person said and what you said. Record the child or young persons account of what has happened as close as possible.
- l) Sign and date what you have recorded.

Do not ask questions, other than the child or young persons name, address and date of birth. Reassure the child or young person that they have done the right thing in telling you. Ask the child if they have told anyone else and keep an open mind.

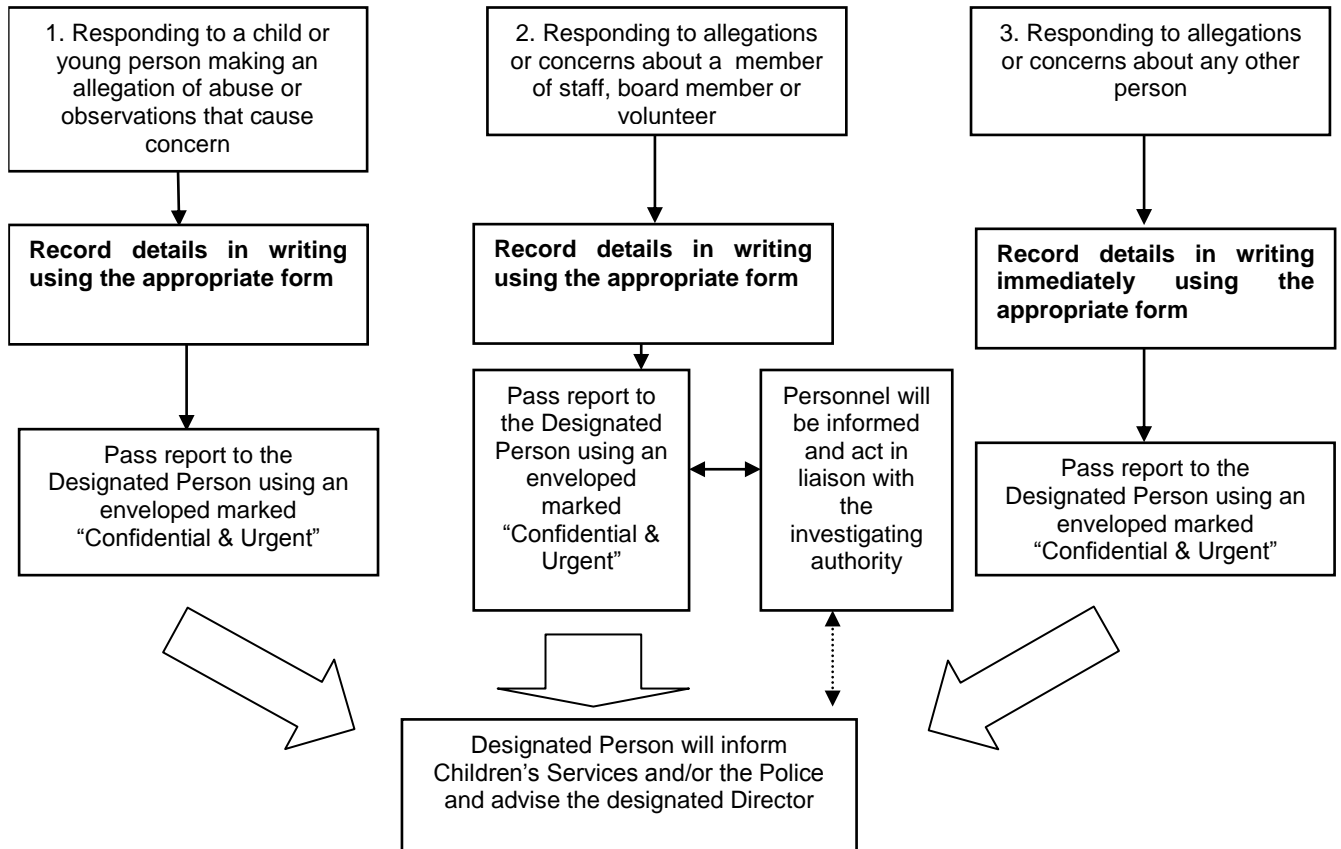
Don't...

- *Panic*
- *Promise to keep secrets*
- *Ask for details of the abuse*
- *Make a child repeat the story unnecessarily*
- *Ever try to deal with the problem of sexual abuse alone*
- *Ever confront the person being accused of the abuse*
- *Destroy evidence, e.g. in the case of sexual assault don't let the child who has been assaulted change their clothes, wash, bathe or shower.*

The report should be immediately passed to the Senior Worker who is responsible, in conjunction with the Head of Specialist Housing, for making the referral to Children's Services.

The following illustrates the basic response actions that should be followed in each of the above situations.

Basic response procedures and actions



In the case of an emergency where a child is in danger please phone 999 immediately before filing a report

Please note: It is not the place of any officer of Tuntum HA to investigate allegations therefore all allegations will involve investigating authorities as soon as possible to protect both those making allegations and those who may be the subject to those allegations.

Guidance for Employees and volunteers

All employees, students and volunteers are to be aware that any document related to child or adult safeguarding concerns could potentially be used as a legal document. This means these documents could be used in a court of law if deemed necessary. Due to this all written evidence must be recorded in an accurate, concise and timely manner. This includes notes taken immediately following the concern observed, must be scanned and attached to the relevant client record. All relevant facts must also be recorded in the case notes and the Safeguarding tab must be filled in with dates and times of incidents.

If an employee, student or volunteer has any concerns or is unsure about anything related to child and adult protection, including perceived poor or inappropriate practice, then they need to speak to the Senior Worker, or if they are not available another member of the management team. With any child or adult safeguarding concerns the employee or volunteer is to follow the flowchart that is in this policy (above), which should also be readily available in your office.

Concerns can be raised by many methods these include:

- A child or young person alleges that abuse has taken place or that they feel unsafe.
- A parent / carer discloses information that gives the worker cause for concern.
- The parent / carer behaves in a manner that gives rise for concern in relation to their ability to safeguard their child, for example, substance misuse, criminal activity, mental health problems, domestic abuse.
- A third party or anonymous allegation is received.
- A child or young person's appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect.
- A child or young person reports an incident(s) of alleged abuse which occurred some time ago.
- The child or young person's friends or associates are giving cause for concern e.g. offering alcohol, drugs or money. There may also be issues around the power relationships that cause concern.
- A report is made regarding the serious misconduct of a worker, volunteer, sub-contractor or other agency staff member towards a child or young person.

All child safeguarding concerns must be reported immediately. Any child and adult safeguarding matters take priority over everything else (for example other appointments are to be cancelled if necessary). Employees, students and volunteers must liaise with their line manager regarding any future visits to the Service User due to potential risk

issues. The risk assessment should be updated immediately and signed by the Key-worker and their line manager (see flowchart).

When a report is received regarding a potential Child or Adult Protection concern, the Referrer will ensure as much information as possible is obtained by the employee, student or volunteer, including the following:

- Time/date/location of risk
- What is the risk?
- Who is at risk?
- What is already known about the client / child that may contribute to the risk?
- What is the seriousness/immediacy of the risk?
- Is there anyone else involved / at risk?
- What action has already been taken and by whom?

The Referrer should then assess with the employee or volunteer the seriousness of the risk. They will decide whether the incident should be phoned through to Children's Social Care or monitored internally.

If it is to be reported to Social Care, the Referrer should phone the incident through. Details of the time, date and who they spoke to **must** be recorded. This should be supported, in writing, and emailed securely to Children's Social Care, within **48 hours**. The letter must include all of the risk details highlighted in the phone call, including any risks to employees and volunteers visiting that person or property. A copy of the letter must be scanned into the clients file.

The employee or volunteer must then follow up this referral the next working day for feedback from Children's Social Care. It is important to note that they may not be able to give much feedback, depending on the nature of their enquiries. If this is the case and a potential risk to employees and volunteers has been highlighted as a result of the referral, the risk assessment should reflect new risk management plans to address this. Children's Social Care should be informed of such a risk. The response needs to be updated on the log, recording any further action required by Tuntum Housing Association or Children's Social Care.

Supervision

As well as reporting initial concerns to the Referrer, employees, students and volunteers should inform their line manager (if they are different). All child or adult safeguarding issues **MUST** be discussed with the line manager in regular, minuted supervision sessions and updates given within the Team Meeting.

Line managers and support workers should be aware that dealing with Child Safeguarding issues can be potentially distressing. Employees and volunteers should be aware that the Westfield counselling service is available free of charge to all employees. For contact information speak to HR.

Training for staff and volunteers

Tuntum Housing Association will ensure that **all** staff members and volunteers who may come in to contact with children or young people, whether paid or unpaid, undertake training to gain a basic awareness of the signs and symptoms of child abuse and how to report concerns. Safeguarding training should be prioritised for new employees and volunteers and must be completed within six months of the start of employment.

Staff and volunteers should attend child and adult protection training every two years as a minimum. Training is usually delivered by local Safeguarding Units, and this is the preferred method of delivery. However where local training is not available, employees and volunteers should attend the in-house training available in order to ensure that their knowledge is refreshed and updated. Local area Safeguarding Units may offer online training as an alternative to traditional group training.

Senior Workers / Head of Service are responsible for ensuring that all employees and volunteers receive appropriate training. They should ensure that the training record held centrally by HR is updated as appropriate.

Guidance for Referrers

All Senior Workers and Heads of Service are designated Referrers.

They are responsible for ensuring all local safeguarding information is recorded on the correct form.

All concerns raised with Referrers, even if they do not result in a referral to Children's Social Care, should be recorded using the internal safeguarding form and stored in the safeguarding folder.

Child and Adult Safeguarding should be a standard item on every team meeting agenda. This is to ensure that if a Senior Worker or Head of Service was absent the chair would be able to follow up on a case if it has not been concluded.

Role of the Referrer – The designated Referrers are responsible for ensuring that ALL Child and Adult Protection concerns are dealt with and monitored in the appropriate way, though it is the responsibility of the designated worker for carrying out the actions. Referrers are responsible for ensuring concerns are logged and recorded correctly, and ensuring the necessary reporting through to, and follow up with, Children's Social Care.

MARAC – Domestic Abuse

MARAC is a **M**ulti **A**gency **R**isk **A**ssessment **C**onference where the main statutory services and some of the voluntary sector services meet to discuss the 'High Risk' domestic abuse cases. They take place at least once a month, more often if there is a larger geographical area to cover; the assessment/referral is via the DASH form, (Domestic Abuse, Stalking, Harassment and Honour-Based Violence). The form

should be sent to the local MARAC service (in some areas, the local IDVA service too) and the agenda is then sent out 8 working days before the case is due to be heard.

If you refer a case to MARAC and either you or an Tuntum Housing Association representative is unable to attend, you must complete a MARAC research form (format may vary from area to area) and send it to the MARAC by 12 noon of the day preceding the MARAC. At the meeting, all relevant information is shared and actions agreed; these actions are the responsibility of the agency to which they are assigned. Periodically, agencies will be sent out a spreadsheet detailing all incomplete actions; these should be addressed at the earliest possible opportunity.

Please place your local MARAC procedures in the safeguarding folder. All staff should attend local DASH training; however, if you need advice on a case please ask your line manager, another manager or contact our Domestic Abuse specialist teams through Central Services.

Multi-Agency Public Protection Arrangements (MAPPA) is the name given to arrangements in [England](#) and [Wales](#) for the "responsible authorities" tasked with the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.^[1] The "responsible authorities" of the MAPPA include the [National Probation Service](#), [HM Prison Service](#) and [England and Wales Police Forces](#). MAPPA is coordinated and supported nationally by the Public Protection Unit within the [National Offender Management Service](#). MAPPA was introduced by the Criminal Justice and Courts Services Act 2000 and was strengthened under the [Criminal Justice Act 2003](#). MAPPA 3 meetings should be attended by an Area Manager or Service Manager; MAPPA 2 can be attended by local support staff or Service Managers.

Managing Allegations Made Against a Member of Staff or Volunteer

An allegation is **not** a concern about the quality of care or practice or a complaint; an allegation may relate to a person who works with children who 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; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Tuntum Housing Association will ensure that any allegations made against employees and volunteers will be dealt with swiftly and in accordance with these procedures:

- The worker receiving the report must ensure that that the child is safe and away from the person against whom the allegation is made.

- A member of the senior management team should be informed immediately. In the case of an allegation involving a member of the management team, the allegation should be taken to someone higher up. For example if the allegation is against a Senior Worker, a member of SMT (senior management) must be notified. This person must be independent of the allegations being made. In the eventuality that the allegation is made against the Chief Executive Officer, the Head of HR should be notified for guidance.
- The notified senior managers should adhere to the guidance laid out in the area's Child Safeguarding Procedures.
- The person reporting the concerns to the manager should also inform his/her line manager if appropriate. The notified manager should inform the line manager of the member of employees and volunteers about who the allegations are or in their absence a member of the Senior Management Team.
- The responsible officer should contact the Local Authority Designated Officer (LADO) within the local Safeguarding Unit for advice on how to proceed with the immediate situation, within one working day, even if the allegations are made directly to the Police. Outside of working hours the Emergency Duty Team can give advice and/or in the event of an emergency situation arising, the police should be contacted.
- The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told as soon as possible after observing the incident/receiving the report. It is important that the report is an accurate and factual description. The manager (if appropriate) can support the worker during this process but must not complete the report for the worker. This report must be made available on request from either the police and/or social services.
- Regardless of whether a police and/or social care investigation follows, Tuntum Housing Association will ensure that an internal investigation takes place and consideration is given to the implementation of disciplinary procedures. This may involve an immediate suspension and/or ultimate dismissal dependant on the nature of the incident.
- The Independent Safeguarding Authority may be informed about the allegations, and outcome. This will be decided as part of the LADO process.
- Please see Freedom of Speech policy in relation to whistleblowing
- Any staff member about whom an allegation is made will be immediately removed from work dealing with clients; this may or may not include suspension without prejudice. Support will be offered through the HR department whilst an investigation is ongoing.
- Any individual (paid worker or unpaid volunteer) removed (i.e. dismissed) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, must be referred to the Disclosure and

Barring Service. It is an offence for the organisation to fail to make a referral without good reason.

Data Protection & Confidentiality

It is acknowledged that we may have a legal duty to breach a service user's confidentiality if they are deemed to be a risk to themselves or others. This should be clearly identified with service users at referral, assessment, sign up and reviews. All service users should also sign at least two documents (assessment and referral confidentiality waivers) to state they understand the company's policy on this subject and that they are happy to accept support under this proviso. In addition, any comment that leads a employees and volunteers member to believe confidentiality may have to be breached, should be discussed with the service user immediately providing it is safe to do so.

At assessment all service users should be made aware that Tuntum Housing Association operates an information-sharing policy with partner agencies, and that concerns may be passed on to other relevant agencies even if they do not warrant a full child or adult safeguarding referral.

Under our Data Protection policy, client records will be destroyed after twenty years.

Please see Data Protection & Confidentiality Policy for full guidance – all disclosures must follow the procedures laid out in this policy.

Reviewing and Disseminating this Policy

The Safeguarding portfolio holders will review this policy every three years. We will wherever possible involve clients in its review.

- The policy will be disseminated to all employees and volunteers through the established methodology, through the governance structure and in local team meetings.
- Safeguarding must be an agenda item at every contract team meeting, Operational Management Team meeting, Senior Management Team meeting and Board meeting.
- Corporate portfolio holders for Safeguarding must ensure that information, updates and good practice guidance is regularly and promptly circulated.
- All employees and volunteers will be required to sign that they have read, understood and agree to be bound by this policy.
- The Safeguarding portfolio holders will review safeguarding practice annually and prepare a report to the Board.

Information for Employees, Students and Volunteers

Relevant Acts and Legislation

There is no single piece of legislation that covers child safeguarding, but rather a number of different laws and government and local guidance.

Legislation covering child safeguarding can be divided into two main categories: **civil law** (divided into public law that puts in place systems and processes in order to minimise the risk of children coming to harm and lays out what action should be taken if children are at risk; and private law that deals with family proceedings such as divorce and contact); and **criminal law** that deals with people who have offended or are at risk of offending against children. In practice, some Acts may include both provisions that relate to civil law and provisions that relate to criminal law.

Since the NSPCC was founded in 1884, it has played a central role in influencing and drafting legislation to protect children.

The Children Act 1989

The current child safeguarding system is based around [The Children Act 1989](#) which was introduced in an effort to reform and clarify the existing laws affecting children. The over riding principle means that a child's welfare is paramount when making any decisions about a child's upbringing. The court must also ascertain the wishes and feelings of the child and shall not make an Order unless this is better for the child than making no Order at all. Every effort should be made to preserve the child's home and family links. It introduced the concept of parental responsibility which sets out the rights, duties, powers and responsibilities of the parent or carer of a child.

It set out in detail what local authorities and the courts should do to protect the welfare of children. It charged local authorities with the "**duty to investigate ... if they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm**" (section 47). Local authorities were also charged with a duty to provide "**services for children in need, their families and others**" (section 17). It is section 31 of the Children Act 1989 that gives the NSPCC "**authorised person status**" which means the NSPCC has the power to apply directly for a court order if it believes a child is suffering or likely to suffer significant harm.

[The Children Act 1989](#) also defined "**harm**" as ill-treatment (including sexual abuse and non-physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioral). "**Significant**" is not defined in the Act, although it does say that the court should compare the health and development of the child "**with that which could be reasonably expected of a similar child**". So the courts have to decide

for themselves what constitutes "**significant harm**" by looking at the facts of each individual case.

[The Children Act 1989](#) legislates for England and Wales.

[The United Nations Convention on the Rights of the Child 1989](#) was ratified by the UK on 16 December 1991. Although the Government has said it regards itself bound by the demands of the Convention and refers to it in child safeguarding guidance, it has not become part of UK law (Lyon, 2003 p2). It includes the right to protection from abuse, the right to express their views and have them listened to and the right to care and services for disabled children or children living away from home.

[The Human Rights Act 1998](#) incorporates the European Convention on Human Rights into UK law. Whilst it does not specifically mention children's rights, children are covered by this legislation as they are persons in the eyes of the law, just as adults are. The Act makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms contained in the Act. It also requires the Government and the courts to ensure that court rulings and new Bills are compatible with the Act wherever possible. These rights include the right to respect for private and family life.

[The Children's Commissioner for Wales Act 2001](#) created the first children's commissioner post in the UK. The principal aim of the Commissioner is to safeguard and promote the rights and welfare of children. Subsequent legislation created a children's commissioner for England ([The Children Act 2004](#)).

[The Education Act 2002](#) included a provision (section 175) requiring school governing bodies, local education authorities and further education institutions to make arrangements to safeguard and promote the welfare of children.

Section 120 of the [Adoption and Children Act 2002](#) amended The Children Act 1989 by expanding the definition of "harm" to include witnessing domestic abuse.

Children Act 2004 - The Government's response to the 2002 Victoria Climbié Inquiry report was the Every Child Matters programme, which in turn led to [The Children Act 2004](#).

[The](#) Act does not replace or even amend much of the Children Act 1989. Instead it sets out the process for integrating services to children so that every child can achieve the 5 outcomes laid out in the Every Child Matters policy: be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic well-being.

The Children Act 2004 covers England and Wales in separate sections. Guidance for professionals in England is published on the [Every Child Matters](http://www.everychildmatters.co.uk/) website (<http://www.everychildmatters.co.uk/>).

Anti-Social Behaviour, Crime and Policing Act 2014

This details safeguarding, partnership working, identifying vulnerability and information sharing as essential elements of good practice
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352562/ASB_Guidance_v8_July2014_final_2_.pdf)

Legislation to protect children from adults who pose a risk

The following laws are some of those which protect children by monitoring adults who pose a risk, creating offences with which they can be charged and stopping them from working with children.

[The Sex Offenders Act 1997](#) requires sex offenders convicted or cautioned on or after 1 September 1997 to notify the police of their names and addresses and of any subsequent changes.

[The Protection of Children Act 1999](#) created a single system for identifying people unsuitable to work with children (combining the previous Department of Health's "Consultancy Index List" and the Department of Education's List 99 with police criminal records). It made it mandatory for employers to check this list (administered by the Criminal Records Bureau) when employing someone in a post involving the care of children, and also made it an offence to employ anyone on this list.

The **Independent Safeguarding Authority** (ISA) was a [British non-departmental public body](#), that existed until 1 December 2012, when it merged with the [Criminal Records Bureau](#) (CRB) to form the [Disclosure and Barring Service](#) (DBS). CRB's have now been replaced by DBS checks.

[The Sexual Offences Act 2003](#) was introduced to update the legislation relating to offences against children. It includes the offences of grooming, abuse of position of trust, trafficking, and covers offences committed by British citizens whilst abroad. It also updated the Sex Offenders Act 1997 to strengthen the monitoring of offenders on the sex offenders' register.

Female Genital Mutilation Act 2003 extended previous legislation by also making it illegal for UK nationals to perform [female genital mutilation](#) outside the borders of the UK, and increased the maximum penalty from five to 14 years.

[The Domestic Violence, Crime and Victims Act 2004](#) closed a legal loophole by creating a new offence of causing or allowing the death of a child or vulnerable adult. The offence established a new criminal responsibility for members of a household where they know that a child or vulnerable adult is at significant risk of serious harm.

[The Serious Organised Crime and Police Act 2005](#) establishes the Serious Organised Crime Agency (section 1), to which the new Centre for Child Protection on the Internet will be attached. It also includes provisions to improve the vetting system to stop adults who pose a risk from working with children (section 163).

Every Child Matters

In 2003, the Government published a green paper called Every Child Matters (ECM). This was published alongside the formal response to the report into the death of Victoria Climbié, the young girl who was horrifically abused and tortured, and eventually killed by her great aunt and the man with whom they lived.

Maria Colwell – Jasmine Beckford – Lauren Wright – Ainlee Walker all suffered abuse, showing this was a long standing problem. In each case a failure due to poor co-ordination; failure to share information; absence of anyone with a strong accountability frontline worker trying to cope with staff vacancies, poor management and lack of effective training.

ECM built on existing plans to strengthen preventative services by focusing on four key themes:

- Increasing the focus on supporting families and carers – the most critical influence on children's lives.
- Ensuring necessary intervention takes place before children reach crisis point and protecting children from falling through the net.
- Addressing the underlying problems identified in the report into the death of Victoria Climbié – weak accountability and poor integration.
- Ensuring that the people working with children are valued, rewarded and trained.

Following consultation, the Children's Act 2004 was passed. This provided the legislative framework for 'Every Child Matters'; the aim being to transform children's services through maximising opportunities, while minimising risk, for every child and young person.

The Director of Children's Services in local authorities are leading local change, bringing together education and children's social services directorates. The role of the Children's Services Director includes leadership within the local authority to secure and sustain changes to culture and practices to improve outcomes for all.

A lead member for children is expected to provide political leadership within and beyond the Local Authority to involve local communities in the Change for Children Agenda.

Every local authority is charged to work with partners, including Primary Care Trusts, to find out what is needed to support children and young people and then act on it.

The appointment of a Children's Commission in England, an independent advisor to the Government who will also hear specific complaints, will help to give children and young people a voice in this process.

The Local Authority, CCG's and others will be expected to pool budgets into Children's Trusts to support more joined up services on the ground.

Safeguarding

Over recent years the term **safeguarding** has been introduced. Safeguarding is a wide concept which means promoting children's welfare and putting measures in place to improve children's safety and prevent abuse. Child is the part of the safeguarding process where it is necessary to intervene when there is a reasonable belief that a child is at risk of significant harm.

Common Assessment Framework

The Common Assessment Framework (CAF) is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England.

The CAF promotes more effective, earlier identification of additional needs, particularly in universal services. It provides a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development. Practitioners are better placed to agree, with the child and family, about what support is appropriate. The CAF helps improve integrated working by promoting coordinated service provision.

Each local authority has different procedures when handling common assessment framework.

Inter-Agency Governance

Working Together to Safeguard Children (HM Government, 2015) is guidance for inter-agency working to safeguard and promote the welfare of children. This guidance has been extended to cover CSE.

The Children Act (2004) requires local agencies to establish structures and processes that enable multi-agency governance of services for children, young people and their families.

Each local authority will have a director and a lead member for children's services. It is vital that these individuals exert strong leadership to drive this agenda forward.

New partnerships are being forged by local authorities working with partner organisations. The new Local Safeguarding Children Boards (LSCBs) will coordinate and monitor member agencies' efforts to safeguard and promote the welfare of children, and good practice dictates an independent chair in order to ensure impartiality. Section 11 toolkits are also being introduced in certain areas for quality assurance purposes and to allow scrutiny of local procedures.

The children's agenda will be owned by every organisation within a locality that works with children. Organisations that do not work directly with children but influence the lives of children, such as housing corporations, will also need to take ownership of this agenda.

The new performance and regulation measures have been designed to measure a local authority's ability to work with partners and achieve the five outcomes laid down in 'Every Child Matters'.

The key purposes of multi-agency governance are to:

- Promote co-operation and integration at all levels of partnership working and to facilitate this where necessary.
- Agree the priorities for children and young people and to present these within the Children and Young People's strategic plan.
- Direct resources to deliver these priorities and overcome any barriers to delivery.
- Monitor improvement in outcomes for children and young people, identify areas where this is slow and agree appropriate recovery plans.

Influence policy makers, other key people and bodies to ensure that children and young people remain a high priority.

POLICY REVIEW

This policy is valid for 3 years and will be reviewed in February 2020, in accordance with broader guidance and legislation, and taking into account feedback from staff and service users.

The Tuntum Housing Association Board will ultimately be responsible for ensuring that the policy is reviewed, although they may wish to delegate the review process.

Any changes to the policy will need the authorisation of the Tuntum Housing Association Board. Until such authorisation is given the existing policy will continue to apply unless the existing policy contradicts any new legal requirements or responsibilities

Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only, i.e. Designated Person, Children's Services, or Police. It is extremely important that allegations or concerns are not discussed, as any breach of confidentiality could be damaging to the child or young person, their family, those who are the subject of allegations and any child safeguarding investigations that may follow.

Informing the parents of a child or young person of concerns you may have should be done in consultation with Children's Services. Parents will not be informed if they are the subject of the allegation. Any individual against whom an allegation has been made has the right to be notified about the cause for concern. This should be done in joint consultation with Children's Services and the Police. It is important that the timing of this does not prejudice the investigation.

Recorded information should be stored in a secure place with limited access to Designated Persons, in line with data safeguarding laws (e.g. that information is accurate, regularly updated, relevant and secure). If enquiries arise from the public or any branch of the media, it is vital that all staff, Board members and volunteers are briefed so that they **do not** make any comments regarding the situation. Staff, Board members and volunteers should make no comment and direct all enquiries to the Chief Executive.

Whistle-blowing

Tuntum Housing Association recognises that children cannot be expected to raise concerns in an environment where staff fail to do so.

Where staff or volunteers reasonably believe that safeguarding concerns exist, or where they have concerns regarding the management of safeguarding issues, it is their duty to raise concerns.

The member of staff or volunteer should bring their concerns to the attention of the Senior Worker, or in a case where the concerns relate to the actions or inaction of the Senior Worker, to the Head of Specialist Housing.

Photography

Staff, Board members and volunteers should be vigilant at all times regarding people using cameras or videos within Tuntum Housing Association services and at events or activities which involve children and young people. Consent must be sought from parents when cameras and other image recorders are used to picture children and young people. All services must follow the guidance set out in the Tuntum Housing Association's Photography Policy and consent forms should be obtained and completed. Professional photographers or invitations to the press to cover Tuntum Housing Association services, events and activities should be done through the Chief Executives office.

Other guidelines are:

- Do not allow unsupervised access to children or young people or one to one photographic sessions.
- Do not allow photographic sessions outside of the activities or services, or at a child's or young person's home.
- The Child or young Person should be happy with having their picture taken
- Parents must be informed that photographs of their child or young person may be taken during Tuntum Housing Association services, activities or events, and parental consent forms need to be signed agreeing to this. This must include information about how and where these photographs will be used
- The names of children or young people should not be used in photographs or video footage, unless with the express permission of the child or young person's parent.

Staff are expected to attend Child Safeguarding Training and Conferences when requested to do so.

The Role of the Designated Person

The designated person will be the Senior Worker within each respective service in conjunction with the Head of Specialist Housing.

At present these are:

Rose Slacks – Senior Worker (Specialist Housing)
Amanda Taylor – Senior Worker (Specialist Housing)
Sharon Teeling – Senior Worker (Specialist Housing)
Laverne Whyte – Senior Worker (Sheltered Housing)

Where information is reported that a person has reasonable cause to suspect that a child is suffering or is at risk of suffering significant harm, or otherwise believed to be a child in need the concerns will be referred to Nottingham Children's Services by the designated person following the Area Child Safeguarding Committee's Multi-Agency Code of Practice.

This Code contains the following advice:

"While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to make a referral, this should only be done where such discussion and (such referral) agreement seeking, **will not** place a child at increased risk of significant harm."

Where the circumstances of the referral indicate the possible commission or attempted commission of a criminal offence, the matter will also be referred to the Nottingham Police Family Safeguarding Unit. This will enable the police and

Children's Services to consider jointly how to proceed in the best interests of the child.

In general the Designated Person:

- Will keep the records of reports in a secure place,
- Be responsible for making the referral to Children's Services and ensuring any follow up action is taken
- Establish with the reporting person whether Parents' permission should be sought. The code of practice states: Parents' permission should normally be sought before discussing a referral about them with other agencies, unless permission seeking may itself place a child at risk of significant harm and a S.47 enquiry has started.
- Personal information about referrers, including identifying details, will only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer.
- Will be responsible for ensuring that any follow up reports that may be required for case conferences are prepared and submitted to Children's Services in a timely manner as well as attending case conferences if requested to do so. (see appendix 4)

Safeguarding through Service Provision

Managers must make an assessment of the following and update them on an annual basis:

- The extent to which people under their responsibility have contact with children and young people
- The risk to the safety of children and young people in specific activities or situations
- The likelihood of lone workers encountering lone or young, vulnerable children or young people

Monitoring and Evaluation

- The Senior Worker will conduct an annual review of our Safeguarding and Child Protection systems and policies. This will include consideration of specific cases dealt with by staff in the last year. The resulting information – including feedback from staff, will be used by the designated person to inform any improvements necessary in consultation with the Head of Specialist Housing.
- Attendance at the District and Area Child Protection Committees are an additional way of monitoring our systems and procedures, and keeping up to date with developments.
- The Senior Worker will ensure Action Plans resulting from serious case reviews and any other areas highlighted as in need of improvement during a serious case review are addressed and implemented.

- Although the primary responsibility for the protection of children rests with parents or carers, Tuntum Housing Association staff, along with other agencies working with children, have a **professional and personal** responsibility for the identification and reporting of child abuse and for safeguarding the welfare of children.

Sources of information / Support

Central Duty Point 0115 9151005 or 9151006 or 9151132

Emergency Duty Team 0115 9151299

Nottingham City Local Safeguarding Children Board 0115 9159311

Child Protection Register 0115 9159300 / 9159305 (Nottingham City)

Derbyshire Children's Social Care 08456 058 058

Derbyshire Police 0345 123 3333

Derbyshire Health 01246 515700 or 01332 888080 ext: 8383

ChildLine - Phone 0800 1111

free helpline for children and young people in the UK. children and young people can call to talk about any problem www.childline.org.uk

NSPCC – Phone 0808 800 5000

Information for children and adults

www.nspcc.org.uk/html/home/needadvice/needadvice.htm

Samaritans - Phone 08457 909090 www.samaritans.org

Appendix 1: A part of Section 1

The Concept of Significant Harm

Some children may be suffering, or at risk of suffering, significant harm, either as a result of a deliberate act, or of a failure on the part of a parent or carer to act or to provide proper care, or both. These children need to be made safe from harm, alongside meeting their other needs.

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (S.47). A court may only make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that:

- a) The child is suffering, or is likely to suffer, significant harm; *and*
- b) That the harm or likelihood of harm is attributable to a lack of adequate parental care or control (S.31).

There are no absolute criteria on which to rely when judging what constitutes significant harm. However, to understand and establish significant harm, it is necessary to consider:

- The family context and the child's development within the context of their family,
- wider social and cultural environment;
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- The nature of harm, in terms of ill-treatment or failure to provide adequate care;
- The impact on the child's health and development; *and,*
- The adequacy of parental care.

For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard the children and – where necessary – to help bring to justice the perpetrators of crimes against children. All agencies and professionals must:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which abusers, or potential abusers, may pose to children;
- Share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances;
- Contribute to whatever actions are needed to safeguard the child and promote his or her welfare;
- Regularly review the outcomes for the child against specific shared objectives; *and,*
- Work co-operatively with parents unless this is inconsistent with the need to ensure the child's safety.



CONFIDENTIAL

CHILD CONCERN FORM

This form should be completed where there is a concern about a child’s welfare, but no referral has been made to Children’s Services as yet.

Surname _____ Forenames _____

Address _____ DOB _____

_____ Ethnic Origin _____

_____ Religion _____

_____ GP(if known) _____

Parents/Guardians/Carers

Name (s) _____

Is the child “Looked After” by the Local Authority YES NO

Does the child have any Special Needs? YES NO

If yes, please specify

.....
.....
.....
.....

Any known siblings

Other agencies involved

Result of Child Protection Enquiry

Nature of Concern

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Why referral has not been made

.....

.....

.....

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Any follow up action required

.....

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.....

.....

Checklist

Appropriate people informed, ie, Senior Worker /Head of Specialist Housing
YES NO

Completed by.....(name)

Signature.....

Date.....

