

Safeguarding Children Policy

We Hear You (WHY) believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

We recognise that:

- the welfare of the child or young person is paramount.
- all children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse.
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

The purpose of the policy:

- To provide protection for the children and young people who receive WHY's services, including the children of adult clients.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm.

This policy applies to all staff, including senior managers and Board of Trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of WHY.

We will endeavour to safeguard children and young people by:

- valuing them, listening to and respecting them.
- adopting Safeguarding Children guidelines through procedures and a code of conduct for staff and volunteers.
- recruiting staff and volunteers safely ensuring all necessary checks are made
- sharing information about safeguarding children and good practice with children, parents, staff and volunteers
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately
- providing effective management for staff and volunteers through supervision, support and training.

We are also committed to reviewing our policy and good practice annually.

Code of Conduct

Staff working with children are required to:

- be aware of the signs of any historical, current or potential abuse and make a written record of any causes for concern.
- avoid asking the child or young person any questions which might at a future date be considered leading.
- abide by the ethical code and safeguarding guidelines of their professional associations.
- ensure that parents and carers are informed of any disclosures or evidence of abuse and develop positive relationships where open discussions can be shared as required.
- take any concerns about a child's welfare, including allegations of abuse to external clinical supervision, or if the matter is urgent to the safeguarding lead in WHY.
- treat all children and young people with respect.
- operate within the organisation's principles, guidance and any specific procedures.
- challenge unacceptable behaviour and report all allegations or suspicions of abuse.
- remember that someone else might misinterpret your actions, no matter how well intentioned.
- be aware that physical contact with a child or young person may be misinterpreted.

Staff working with children must not:

- work in the building alone with a child at any time.
- have inappropriate physical or verbal contact with children or young people.
- jump to conclusions about others without checking facts.
- either exaggerate or trivialise child abuse issues.
- rely on your good name or that of the organisation to protect you.
- believe "it could never happen to me".
- take a chance when common sense, policy or practice suggests another more prudent approach.

The use of mobile and smartphones in the counselling room

Our counsellors are advised and trained to recognise both the benefits and the dangers of using mobile and smartphones in the counselling of children and young people.

As a general rule our counsellors will seek to set ground rules for counselling sessions that prohibit the use of such devices while counselling is taking place. Counsellors will inform young people in their first session, and where appropriate their parents and carers, in writing if necessary, that they are not allowed to use these devices to access the internet, send messages or communicate in any way with people outside

of the counselling room.

However, there may be circumstances when the use of such devices may be helpful in the counselling room, for example:

- Where the child or young person discloses actual cyber bullying and wants to show the counsellor the messages received
- Where the young person wants to take a photograph at the end of the session of some artwork they have completed during the counselling session.
- Where a young person has arranged in advance to listen to a piece of music or view an image that would support the counselling process.
- Where the young person refuses to take part in counselling unless they have their device with them, perhaps for security purposes, but when it is agreed that the phone is turned off or on silent, i.e. to be used only in an emergency.

The dangers of the use of smart phones are generally recognised, such as leading to possible addictive behaviour, cyber bullying, reduced attention span, distraction and diversion, and reducing the opportunity to have face to face interaction. The benefits of their use include the potential to access useful online sites (Kooth, Relate, Get Connected, Childline etc) outside of the counselling session.

Procedures

1. If there is a risk of immediate danger to the child or young person call 999.
2. Record any concerns, allegations or disclosures as soon as possible after a session, using client language as much as possible. Use form: Safeguarding Issues of Concern. Date and sign your record.
3. If you are working in a school follow the schools safeguarding procedure first and then follow point 4.
4. If you are working in a community setting report all incidents of suspected child abuse to the Clinical Manager as designated Safeguarding Children Officer (see contact details), or if not available the Director as Deputy Safeguarding Children Officer, or if not available the Chair of Trustees, who will follow guidelines and agree appropriate action.

In the case of an issue being pursued:

5. Inform the parent/s or guardian/s of any child suspected of having been abused of any decision to report the matter to an outside agency, unless there is a clear allegation of parental/ carer abuse towards the child.
6. Record suspected abuse and any resulting discussion or action on the forms provided.
7. The Safeguarding Children Officer will contact the relevant organisation (according to area of residence of child) in the case of allegations of abuse

being made or evidence of abuse being apparent, following discussion with practitioner and supervisor. For contact numbers see below: Role of Safeguarding Children Officer

8. It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional safeguarding children agencies following a referral to them of concern about a child.
9. In the case of allegations against a member of WHY: the Safeguarding Children Officer will inform Somerset Direct on 0300 123 2224.
10. Any individual employed by WHY, who has reason to believe a child is being abused in an external context, should notify the Safeguarding Children Officer.
11. The organisation will ensure that as far as possible risks to children are eliminated within the building where the services to children are offered. A risk assessment will be carried out with regard to the safety of children within the building by the WHY Health and Safety representative annually.

Responding to disclosures or suspicions of abuse

If it is believed that a child is at risk, WHY has a responsibility and duty to refer the child to the appropriate local 'agency' providing safeguarding children work for e.g. Somerset Direct

1. Remain calm and listen carefully to what the child is communicating, allowing the child to express themselves freely and openly.
2. **Do not interrupt the child or ask leading questions.**
3. Collect as much detail as possible, for example - details of not only where an incident took place but what rooms, upstairs or downstairs, presence of others in the building etc.
4. Establish the location of any injuries, recording as much detail as possible, in the case of injuries a GP check-up will be required by Social Services as soon as possible.
5. **Leave the conversation at the point the child wishes to stop, avoid asking him or her to repeat themselves.**
6. As soon as possible make an accurate dated and timed record of the disclosure. Avoid any correction of inaccuracies you may feel have occurred in the child's conversation.

7. **Do not agree to keep secret any information that a child may tell you where there are issues or suspicions that the child, or other, may have experienced abuse.**
8. Reassure the child that they have done the right thing to tell you and let them know what you need to do with the information.
9. If appropriate share the disclosure with the parent or carer and inform them what course of action you need to follow ie who you need to contact etc.
10. Contact the designated Safeguarding Children Officer, or in their absence the Deputy Safeguarding Children Officer.
11. As soon as possible make accurate, dated and timed records of the disclosure which are signed. Take into consideration that these records may be used in a court of law at some stage.
12. The designated Safeguarding Children Officer is responsible for informing Children's Social Care of the disclosure and this should be done at the earliest opportunity.
13. Where uncertainty exists the staff member should have detailed discussions with her supervisor and designated Safeguarding Children Officer or Deputy Safeguarding Children Officer and these should be recorded in full and include resulting actions.
14. If the disclosure involves another member of staff or volunteer at WHY it is necessary to respond as above BUT if this is to the person against whom the allegation is being made then the matter should be reported to his or her line manager or to the Chair of Trustees.

WHY is committed to supporting staff who are working with a child who discloses abuse or where there are suspicions of abuse.

Contact telephone numbers

Designated Safeguarding Children Officer

Cath Wilkins (Clinical Manager)	01373 455255 Mob: 07818 048364
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Deputy Safeguarding Children Officer Melissa Hillier (Director)	01373 455255 Mob: 07966 276929
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Somerset Local Children's Safeguarding Board	0300 123 2224
Somerset out of hours	0300 123 2327
Early Help Advice Hub	01823 355803

BANES (Bath & North East Somerset) Local Safeguarding Children Board	
Children and families duty and Assessment Team	01225 396 312/3
Out of hours	01454 615165

Wiltshire Safeguarding Children Board	
Multi Agency Safeguarding Hub (MASH)	0300 456 0108
Wiltshire Out of hours	0300 456 0100

R.U.H Bath, Children's Ward	01225 824442
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Frome Community Hospital	01373 454740
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Frome Medical Centre	01373 301300
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Childline (NSPCC) 0800 1111

Role of the Safeguarding Children Officer

The role of the designated person is to:

1. establish contact with the senior member of social services staff responsible for safeguarding children in the organisation's catchment area, this should be a first step before an incident occurs.
2. ensure that the organisation's Safeguarding Children policy and procedures are implemented and followed.
3. contact the relevant organisation (according to area of residence of child – see above) in the case of allegations of abuse being made/evidence of abuse being apparent, following discussion with practitioner and supervisor.
4. ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover as quickly as possible (eg, within a working day).
5. be aware of the Local Area Safeguarding Children Committee (ACPC/ LSCB) and be familiar with local procedures.
6. liaise with children's service authorities and other agencies, as appropriate.
7. keep relevant people within the organisation informed about any action taken and any further action required, for example, disciplinary action against a member/s of staff.
8. ensure that an individual case record is maintained of the action taken by the organisation, the liaison with other agencies and the outcome.
9. provide information and advice on Safeguarding Children within the organisation.
10. advise the organisation of Safeguarding Children training needs.
11. deal with the aftermath of an incident in the organisation.

Employment and Training

We recognise that some people who work or seek to work with children could pose a risk to children and to help prevent such risks WHY will operate the following procedures:

1. All counsellors working with children or in contact with children will require an enhanced DBS (formerly CRB) check. Any other counsellor will require a standard DBS check. All other staff and volunteers will require a standard DBS check.
2. Known offenders will be excluded from employment or volunteering opportunities with WHY.
3. In addition to DBS clearance all staff will have an interview, and references from two professionals will be taken up before appointment.
4. In the case of allegations being made against a member of staff please refer to WHY disciplinary policy.
5. In the case of allegations being made against the organisation by a member of staff please refer to WHY whistleblowing policy.
6. Induction training will include safeguarding children, and recognising signs of child abuse, and knowledge of WHY safeguarding children policies.

Staff working with children:

1. Will receive regular ongoing supervision of their therapeutic work and case management. During supervision safeguarding children will be raised and discussed as relevant to current caseload.
2. Will be required to attend annual safeguarding children training at an appropriate level to update their knowledge.
3. Are encouraged to develop and review policies to safeguard children and to remain aware of current policies and procedures.
4. Will be encouraged to informally share their skills and knowledge re safeguarding children with other staff and volunteers as appropriate.
5. Will receive appraisals on an annual basis.
6. The Safeguarding Children Officer will welcome enquiries and provide advice as needed.

Confidentiality

Parents or carers and children will be informed, prior to, or at the first session that while the sessions are confidential, any disclosures of abuse or neglect to themselves or another child will be passed to relevant agencies as part of WHY duty of care to the child concerned.

WHY has a duty to share information for the purpose of safeguarding children whilst also remaining aware of the confidential nature of children's therapy.

Records and information of any allegations or disclosure will only be shared with others on a need to know basis. Records will be kept in a locked cabinet within WHY premises.

Information shared by the parent to the therapist remains confidential except where this needs to be shared within the Counselling team in order to benefit the child and parent or for training and case management purposes, where it will be shared with the Clinical Supervisor.

Definitions of Abuse

What are abuse and neglect?

It is generally accepted that there are four main forms of abuse. The following definitions are based on those from *Working Together to Safeguard Children* (HM Government 2005 and National Assembly for Wales 2000); *Protecting Children . A Shared Responsibility* (Scottish Executive 1998). *Co-operating to Safeguard Children* (NI 2002) and *the Regional ACPC Policies and Procedures* (2005) have slightly different definitions.

1 Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

2 Emotional abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar 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 developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child

participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

3 Sexual 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 (eg, rape, buggery or oral sex) or non-penetrative acts (oral sex). They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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

4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or danger, failure to ensure adequate supervision including the use of adequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. These four definitions do not minimise other forms of maltreatment.

Other forms of harm

Chapter 10 of *Working Together to Safeguard Children* (HM Government 2005) and other inter-agency guidance draws attention to other sources of stress or harm for children and families such as social exclusion, domestic violence, the untreated mental illness of a parent or carer, or drug or alcohol misuse. All these areas may have a negative impact on a child's health and development and may be noticed by someone caring for a child. If it is felt that a child's well-being is adversely affected by any of these circumstances, the same procedure for reporting concerns should be followed. For example, children who are involved in prostitution and other forms of commercial sexual exploitation should also be treated primarily as victims of abuse and their circumstances require careful assessment by the statutory agencies.

Recognising child abuse

Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse.

Physical Abuse

Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse include:

- bruising in children who are not independently mobile
- bruising in babies
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.

Other physical signs of abuse may include:

- cigarette burns
- adult bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

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

Emotional abuse

Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They

may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, eg, in hospital or away from their parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, eg, sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self-harm
- fear of parent being approached regarding their behaviour.

Sexual abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy.
- sexual approaches or assaults on other children
- excessive masturbation
- promiscuity
- a fear of medical examinations
- a fear of being alone with another person - applies to friends, family, neighbours also.
- a sudden loss of appetite, compulsive eating.
- a detailed sexual knowledge inappropriate to the age of the child.
- the drawing of sexually explicit or pornographic images.

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, eg, becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse

- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults.

Neglect

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

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect may include:

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

Symptoms of stress and distress

When a child is suffering from any one or more of the types of abuse, or if the child is "at risk", s/he will nearly always suffer from or display signs of stress and distress:

- lack of concentration and fall-off in school performance.
- aggressive or hostile behaviour.
- moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences.
- difficulties in relationships with peers.
- regression to more immature forms of behaviour eg. thumbsucking.
- self-harming or suicidal behaviour.
- low self-esteem.
- wariness, insecurity, running away or truancy.
- disturbed sleep.
- personality changes.

Signs of child abuse by parent

- implausible explanations of injuries.
- high level of expressed hostility to or about the child.
- grossly unrealistic assumptions about child development.
- general dislike of child-like behaviour.
- inappropriate labelling of child's behaviour as 'bad'.
- leaving children unsupervised.
- failure to provide basic needs.
- child being kept away from school without adequate reason.
- unwillingness to seek medical attention on behalf of child.

The above list is not meant to be definitive but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in their family, relationship problems between their parents/carers, etc.

Working with other agencies and professionals

WHY Safeguarding Children /Safeguarding Children Policy is accessible and available to parents/carers, staff and other relevant organisations.

Staff at WHY will work with the Local Safeguarding Children Board (LSCB) and other relevant agencies/organisations to ensure that their policies and practice remain up to date and appropriate within the context of their working environment.

Keeping children safe from harm

Health and Safety at WHY (to include use of 'public' areas)

A risk assessment will be carried out with regard to the safety of children within the building by the WHY Health and Safety Officer.

Risk Assessments- Children known to have particular needs eg ADHD, medical conditions such as allergies, epilepsy, asthma, children who have severe visual or hearing impairments, children who have a learning or physical disability, children who have communication difficulties.

Useful sources of information

'Working together to safeguard children' March 2015 (HM Government)

'Information sharing' July 2018 (HM Government)

'What to do if you're worried a child is being abused' March 2015 (HM Government)

Southwest child protection procedures manuals:

<https://www.proceduresonline.com/swcpp/>

Local Safeguarding Children Boards websites:

Somerset: <http://sscb.safeguardingsomerset.org.uk/>

BANES: <http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection>

Wiltshire: <http://www.wiltshirescb.org.uk/>