

Southampton Voluntary Services

SAFEGUARDING CHILDREN POLICY



SVS SAFE GUARDING CHILDREN POLICY

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Southampton Voluntary Services – SAFE GUARDING CHILDREN POLICY

1.0 Introduction

- 1.1 Southampton Voluntary Services (SVS) is an umbrella organisation providing voluntary groups working in our communities with independent support and an independent voice. This involves helping with their development, promoting inter-group co-operation, encouraging good practices and working with volunteers, representing their views to statutory bodies, and providing vital support services.
- 1.2 SVS works with the principle that Safeguarding and Promoting the welfare of children is paramount – and in particular protecting them from significant harm, as set out within the Children Act 1989 & 2004, and in accordance with Working Together to Safeguard Children 2006 issued by HM Government, The Policy and Practice Requirements of Southampton's Safeguarding Children's Board. Many of the projects within SVS work directly with children and young people and it is therefore important that all workers and volunteers working with children and young people are aware of their responsibility regarding Safeguarding and promoting the welfare of Children.
- 1.3 Effective child protection is essential as part of wider work to safeguard children. All agencies and individuals should aim proactively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

2.0 Aim of this Policy

- 2.1 The aim of this policy is to outline the practice and procedures for paid and voluntary staff within SVS, in order to safeguard and promote the welfare of children and young people from conception through to 18 yrs. It is aimed at protecting the child and the worker, recognising the risks involved in lone working with children and young people.
- 2.2 The policy covers all paid workers and Volunteers within all areas of work with specific guidance for projects regularly in contact with children and young people.
- 2.3 A child protection concern overrides issues of confidentiality as stated in the Children Act 1989.

3.0 Good Practice

3.1 Recruitment

All staff and volunteers working with children and young people will follow this recruitment process:

- completion of the SVS application form

- satisfactory checking of two references, at least one of which is from a person who has experience of the applicant's paid work or volunteering with children
- Criminal Record Bureau (CRB) Disclosure will be required at a level appropriate for the role
- successful completion of a probationary period

All staff and volunteers have a duty to declare any existing or subsequent convictions, adverse child protection or care proceedings. Failure to do so will be regarded as gross misconduct possibly resulting in dismissal.

3.2 Management and supervision

It is the line manager's responsibility to outline the roles and responsibilities regarding safeguarding to the workers and or volunteers.

Regular supervision for staff and volunteers will monitor the work of the project and offer the opportunity to raise any issues. For those working directly with children, a like-minded professional currently practising with children and young people may be made available for regular supervision.

3.3 Training

Everyone who works or has contact with children, parents and other adults in contact with children should be able to recognise, and know how to act on, evidence that a child's health or development is, or may be impaired, and especially when they are suffering, or at risk of suffering, significant harm.

It is the responsibility of SVS to ensure that up to date and adequate training on Safeguarding issues is available to all staff and volunteers, where relevant.

3.4 Record keeping

Records kept by workers about children and young people should only include:

- contacts made
- referrals made, including date, time, reason and referral agency

Confidential information regarding a child or young person must be kept in a locked drawer by the appropriate person for an agreed period. (eg the lifetime of the project or piece of work)

If you have concerns about a child but feel you need to discuss informally, the worker could contact a member of the Health Visiting

team or a member of Children Services that is appropriate to their team.

3.5 Planning

Wherever possible, paid staff and volunteers should avoid lone working with a child. If possible, any one-to-one contact should take place in an environment where other staff, parents or volunteers are also present, or within sight. Other measures to reduce opportunities for abuse include:

- ensuring children can walk to an organisation's premises in good lighting, along safe paths
- not meeting with children away from the usual base or meeting place without a parent or other adult being present

Some projects cannot operate effectively without adults working with individual children or young people in an unsupervised setting, e.g. Young Carers support and befriending scheme. Paid or voluntary workers who have unsupervised contact with children must have additional questions around Child Protection during their interview and close supervision following their appointment.

3.7 Access to an independent person

Any child or young person who comes into contact with SVS staff or volunteers for more than just the odd occasion should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration process.

The independent person for SVS is:

Jo Ash
Chief Executive
Southampton Voluntary Services
Voluntary Action Centre
Kingsland Square
St Mary Street
Southampton
SO14 1NW
Tel: 023 8022 8291

Junior staff and volunteers may also be given this information as part of their induction training. This should include guidance on how and with whom they should share their concern if they observe a superior acting suspiciously.

4.0 Identification of abuse

4.1 There are different types of abuse, which may include:

- **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.
- **Neglect**
The persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the significant impairment of the child's health or development.
- **Sexual abuse**
Activities Involving physical contact, including penetrative or non penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- **Emotional abuse**
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

5.0 Signs and symptoms

- 5.1 There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children may show symptoms from one or all of the categories.
- 5.2 This should not be used as a checklist: workers and volunteers should be aware of anything unusual displayed by the child.

PHYSICAL ABUSE	<ul style="list-style-type: none"> • Bruises in places that are not usually harmed in normal play • Bruise or marks consistent with either straps or slaps • Undue fear of adults • Aggression towards others • Unexplained injuries or burns – particularly if they are recurrent
PHYSICAL NEGLECT	<ul style="list-style-type: none"> • Exposure to danger/lack of supervision • Inadequate/inappropriate clothing • Constant hunger • Poor standard of hygiene, and • Untreated illnesses

EMOTIONAL ABUSE	<ul style="list-style-type: none"> • Overly withdrawn child • Overly aggressive child • Constant wetting or soiling • Frequent vomiting • Persistent rocking movement • Very poor language development, and • Inability to relate to peers or adults
SEXUAL ABUSE	<ul style="list-style-type: none"> • Language and drawing inappropriate for their age • Sexual knowledge inappropriate for their age • Wariness on being approached • Soreness in the genital area • Unexplained rashes or marks in the genital areas • Pain on urination • Difficulty in walking or sitting • Stained or bloody underclothes • Recurrent tummy pains or headaches, and • Bruises on inner thigh or buttocks

Remember

Signs and symptoms often appear in a cluster, but also many of the indicators above may be caused by other factors.

See Appendix A for a diagram summarising the main physical signs of abuse.

6.0 What to do if a child makes a disclosure

- DO NOT PANIC!
- Find a quiet place to talk to the child (if possible)
- Stay calm and reassuring
- Do not appear shocked at anything you might see or hear
- Listen and believe what the child is saying to you
- Do not press the child for details or ask leading questions
- Tell the child you will need to share the information and not keep it a secret
- Reassure the child that they are not to blame for what has happened
- Do not make any promises to the child
- Say you are glad the child has told you. Let the child know you are aware that it is difficult to talk about these things
- Seek advice as soon as possible, following the guidance given in Section 7.

7.0 Responsibilities – what to do next

7.1 Paid workers

For guidance on the procedure related to specific projects, see Appendix C. Other staff to follow the steps below

7.2 Workers who received a disclosure have a responsibility to that child to raise that concern with the statutory authority that can take action to safeguard them. Contact the children's assessment team at Children Services using the numbers listed in Appendix B. Any concerns can be discussed in confidence with Children Services, who will advise on the subsequent action to be taken. The worker's line manager must be advised **immediately** of any action taken.

7.3 Make a note of the discussion with the child, taking care to record when and where it happened and who was present, as well as what the child said (in their words) and what you said, observations of their behaviour and any actions taken. This must be dated and kept confidentially in a safe place by the line manager.

7.4 Workers and volunteers with a concern for a child should discuss their concerns with their manager or the designated member of staff. Within that discussion the decision will be taken to whom a referral should be made to, to safeguard that individual. Any concerns can be discussed in confidence with Children Services, who will advise on the subsequent action to be taken.

7.5 If somebody believes that a child may be suffering, or may be at risk of suffering significant harm then he/she should always, refer his or her concerns to the local authority's children services dept.

7.6 Workers and volunteers working directly with children should take every preventative measure to ensure the safety of the children in their control.

8.0 Concerns about colleagues

Paid staff and volunteers having concerns that a colleague's behaviour may be putting children at risk must pass these concerns on to their line manager immediately. Where the concern is about a Project Worker or more senior member of staff, the Chief Executive must be contacted directly. Any allegations made against a member of staff (paid or unpaid) must be reported to the Local Authority Designated Officer in accordance with local policy.

Similarly any suspicion or evidence of child pornography should be reported to the Chief Executive or their deputy. If it is decided to contact the police, this must be done before the computer is used again.

9.0 The role of SVS in working with statutory organisations

- 9.1 In the event of suspected or actual abuse, the matter should be immediately reported to the most senior member of SVS staff on duty.

The staff member should note the name, date of birth and address of the child, details of the suspected or actual abuser, whereabouts of parents (if known) and name of GP (if known) and pass that information on to the Line Manager or Team Leader.

Having collated the appropriate information, the Line Manager or Team Leader should contact Children Services assessment team immediately by telephone.

Telephone referrals must be followed up in writing within 24 hours.

- 9.2 Child Protection Conferences

A worker may be invited to a Child Protection conference (Police, Health, Children Services assessment team are usually core members), where a decision will be made whether to place a child on the Child Protection register. Children are encouraged to attend with their parents. SVS staff should request to attend if they hold relevant information or at least produce a written report. See next section.

- 9.3 Report Writing

Any written documentation or correspondence must be discussed with and approved by the worker's line manager before sending out. Each individual project or member of staff should consult with their line manager to decide whether a report is necessary and, if so, what it should contain.

10.0 Conclusion

Remember:

- The worker's primary responsibility is to protect the child from significant harm
- Every worker/volunteer who is responsible for children has a duty to take action to safeguard children and promote their welfare whilst under their supervision.
- Workers or volunteers will not have to cope alone

APPENDIX A

DIAGRAMS OF PHYSICAL SIGNS OF ABUSE

APPENDIX B

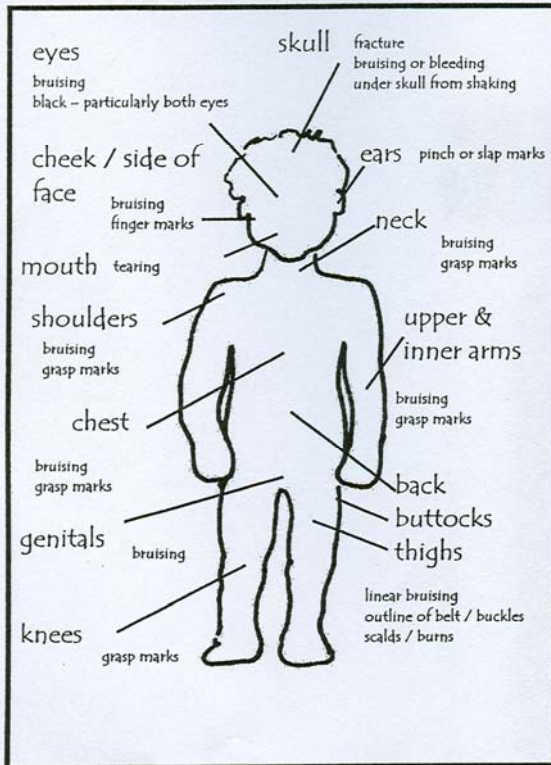
USEFUL CONTACT DETAILS

APPENDIX C

**YOUNG CARERS &
FAMILY PROJECTS**

This diagram summarises the main physical signs of abuse

Common sites for non-accidental injury



Non accidental injuries

Bruises likely to be:

Frequent
 Patterned e.g. finger & thumb marks
 Old & new in same place (note colour)
 In unusual positions (see chart)
Consider
 Developmental level of the child & their activities
 May be more difficult to see on darker skins

Burns and scalds likely to have:

Clear outline
 Splash marks around burn areas
 Unusual position e.g. back of hand
 Indicative shapes e.g. cigarette, bar of electric fire

Injuries are suspicious if:

Bite marks or fingernail marks
 Large and deep scratches
 Incisions e.g. from razor blade

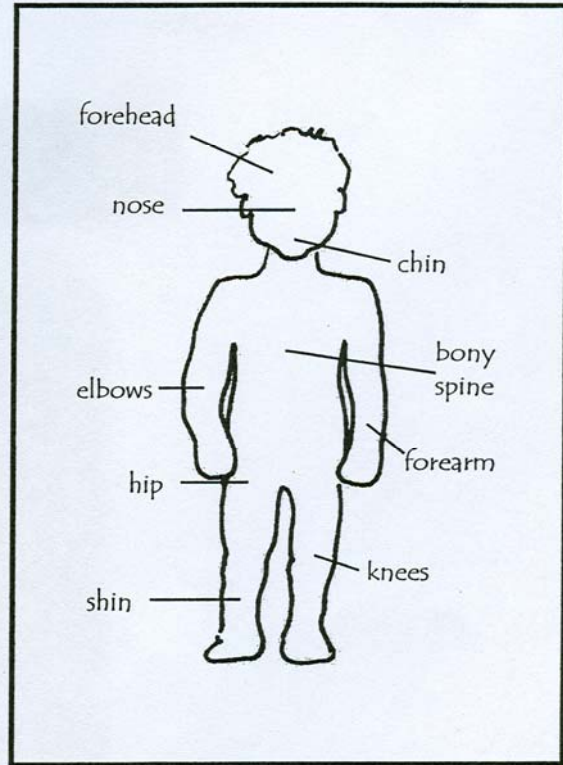
Fractures are likely to be:

Numerous – healed at different times
Consider
 Age of child – always suspicious in babies under two years of age
 Delay in seeking treatment

Sexual abuse may result in:

Unexplained soreness, bleeding or injury in genital or anal area
 Sexually transmitted diseases e.g. warts, gonorrhoea

Common sites for accidental injury



Accidental injuries

Bruises likely to be:

Few – but scattered
 No pattern
 Same colour and age
Consider
 Age and activity of the child e.g. learning to walk
 May be confused with birth marks & other skin conditions

Burns and scalds likely to be:

Treated
 Easily explained
 May be confused with other conditions e.g. impetigo, nappy rash

Injuries are likely to be:

Minor and superficial
 Treated

Fractures are likely to be:

Easily explained
 Of arms and legs
 Seldom on ribs except for road traffic accidents
 Rare in very young children
 May rarely be due to brittle bone disease

Genital area:

Injury may be accidental – seek expert medical opinion
 Soreness may be nappy rash or irritation from bubble bath

Parental attitude is important in assessing all of the above
 When a child is suffering a severe and painful injury most would seek medical help

APPENDIX B (cont'd)

Useful terms

Child Protection Conference

A multi-disciplinary meeting to assess risk of harm to a child and decide whether the name of the child should be placed on the Child Protection Register. This inter-agency group is involved in the assessment, treatment and management of child protection and will include representatives from Health, Social Services, Police, Education, Probation, etc who are called core members. Other professionals may be invited to attend. Attendance by children will be at the discretion of the Chair. Parents and carers will be invited to attend for the full meeting unless there is clear reason not to.

All members at the meeting are asked whether or not they feel the child should be added to the 'at risk' register, and under what category the risk is registered (physical, emotional, sexual). The core members attending the meeting must give an opinion. As an invited member to the conference, there is the right not to give an opinion on registration/de-registration.

Child Protection Register

A list of children considered to be suffering from or likely to suffer significant harm or for whom there is a child protection plan.

Family Group Conference (FGC)

A Family Group Conference is a decision-making meeting arranged and facilitated by an independent co-ordinator. Family is defined broadly to include the child, parent and extended family and 'significant others'.

The family will produce a plan for the care and protection of the child. The role of the professional is to provide assessment information and to help facilitate and review the plan.

Emergency Protection Order

An order which a court can make for up to 8 days (with an extension of 7 days) if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if s/he is not removed to, or does not remain in, a place where s/he is being accommodated.

APPENDIX C

SVS – YOUNG CARERS

1.0 Identification and referral

1.1 Indicators that suggest that a child is being, or is at risk of being abused are listed in the main body of the document.

2.0 Volunteers/Sessional ~Workers

2.1 Volunteers/Sessional Workers with concerns about a child should discuss these discreetly with the Development Worker as soon as possible. This should be during the session that injury or behaviour is observed.

2.2 All concerns about a child, even though they may seem minor, should be discussed with the Development Worker.

2.3 If somebody believes that a child may be suffering or may be at risk of suffering significant harm then he/she should always, refer his or their concerns to the local authority children services dept.

3.0 Child Protection Incident Form

3.1 An incident form should be completed, recording any concerns, any comments made by the parents/carers should also be recorded. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept until the child is 21 years of age, all incidents should be discussed in supervision with line manager.

4.0 Concerns about colleagues

4.1 Paid staff and volunteers having concerns that a colleague's behaviour may be putting children at risk must pass these concerns on to their line manager immediately. Where the concern is about a Development Worker or a more senior member of staff, the Chief Executive must be contacted directly. Similarly any suspicion or evidence of child pornography should be reported to the Chief Executive or their deputy. If it is decided to contact the police, this must be done before the computer is used again.

5.0 Development Worker

5.1 An Incident form should be completed recording any concerns. Any comments made by the parents/carers should also be recorded. This confidential information will be kept in a locked

drawer by the appropriate person, and will be kept for the duration of the project. All incidents to be discussed in supervision with the line manager.

5.2 Any child or young person who comes into contact with SVS staff or volunteers for more than just the odd occasion should be given information on their right to talk with an independent person, and their name and contact arrangements. This forms part of the normal registration process.

5.3 Workers concerns should be discussed with their line manager and Chief Exec as soon as practically possible and in any case the same day. If the line manager or deputy is not available, contact Children's Services using the number listed in Appendix B any concerns can be discussed in confidence with Children's Services, who will advise the subsequent action to be taken.

5.4 The workers line manager must be advised immediately of any action taken.

Any further action will follow the procedures set out in the main body of this policy.

APPENDIX C (cont'd) - SVS – FAMILY PROJECTS

1.0 Identification and referral

- 1.1 Indicators that suggest a child is being, or at risk of being, abused are listed in the main body of the document.

2.0 Volunteers

- 2.1 Volunteers with concerns about a child should discuss these discreetly with the Project Worker as soon as possible. **This should be during the session the injury or behaviour is observed.**
- 2.2 All concerns about a child, even though they may seem minor, should be discussed with the Project Worker.
- 2.3 If the Project Worker is unavailable then any concerns should be discussed with the crèche supervisor during the session. The crèche supervisor will then take on the responsibility for contacting a Project Worker as appropriate. (See section 4 below)

3.0 Child Protection Incident Form

- 3.1 An incident form should be completed, recording any concerns, any comments made by the parents/carers should also be recorded. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept until the child is 21 years of age, all incidents should be discussed in supervision with line manager.

4.0 Parents

- 4.1 Parents need to fill in an incident sheet if they bring a child to the group with an existing injury.

5.0 Playworkers

- 5.1 Playworkers noting an **obvious** injury when a child enters the playroom without an incident sheet should ask about its cause in a non-threatening, non-judgemental way and any explanation given should be recorded and signed by both worker and parent.
- 5.2 Any concerns about an injury, about the explanation given for an injury or a child's behaviour should be reported to the Project Worker as soon as possible and in any case **before the end of the session.**

- 5.3 Playworkers/volunteers are not permitted to look for bruises or injuries on areas of the body that are normally covered by clothing.
- 5.4 If injuries are revealed during play, e.g. water play, or behaviour indicated their possible existence, this information should be passed **immediately to the Project Worker**.
- 5.5 In the absence of the Project Worker, the playworker must refer to another member of the Family Project Worker team. All workers will be provided with a list of contact numbers for this purpose.
- 5.6 If there are major concerns about a child's safety then referral to another Project Worker **must be made as soon as possible and in any case before the end of the session**.
- 5.7 When leaving a message for the Project Worker about a Child Protection issue, state it is urgent and a response is needed the same day.
- 5.8 **In an emergency** or if none of the Project Workers or Chief Exec isn't available refer to Children's Services (see Appendix B).
- If this happens, then a member of the Project Worker team and Chief Exec must be informed as soon as possible the same day.
- 5.9 The family should be informed, where appropriate, if a formal referral is made to another agency, however this should only be done where such a course of action will not place a child at increased risk of harm.

6.0 Project Workers

- 6.1 If, after the assessment, the level of the risk to the child is unclear, then the concerns can be discussed with:
- a) Team Leader or Chief Executive (see 5.4)
 - b) Health Visitor attached to the project
 - c) Family's own Health Visitor
 - d) Duty Officer, Children's Services
 - e) Child Protection Specialist post holders

Contact numbers can be found in Appendix B

- 6.2 If a decision is made not to refer then support should be sought for the family in coping with their stress or problems. This could be achieved through input from the project or referral to another agency.

6.3 It is the Project Worker's responsibility to ensure that the Team Leader is made aware of any actual, or potential, child protection issues and fill in a Child Protection sheet

6.4 The Team Leader will inform the Chief Executive of any particularly difficult or sensitive cases.

6.5 Any referral made should include the family in the process if possible.

7.0 Record Keeping

7.1 The only records to be kept by Project Workers about families are:

- * basic registration details
- * contacts made
- * by maintaining a register of adults attending the group
- * recording date and venue of out of group contact in a diary
- * referrals made, including date, time, reason and who the referral is made to
- * Incident Sheets
- * Accident Forms
- * Children's monitoring notes

The entire above are kept under lock and key

7.2 Any written documentation/correspondence for Child Protection Conferences should preferably be done/discussed with the family. All must be discussed with the Team Leader before being sent.

7.3 Any confidential information regarding a family, for example the minutes of a child protection meeting, must be kept in a locked drawer in the office.

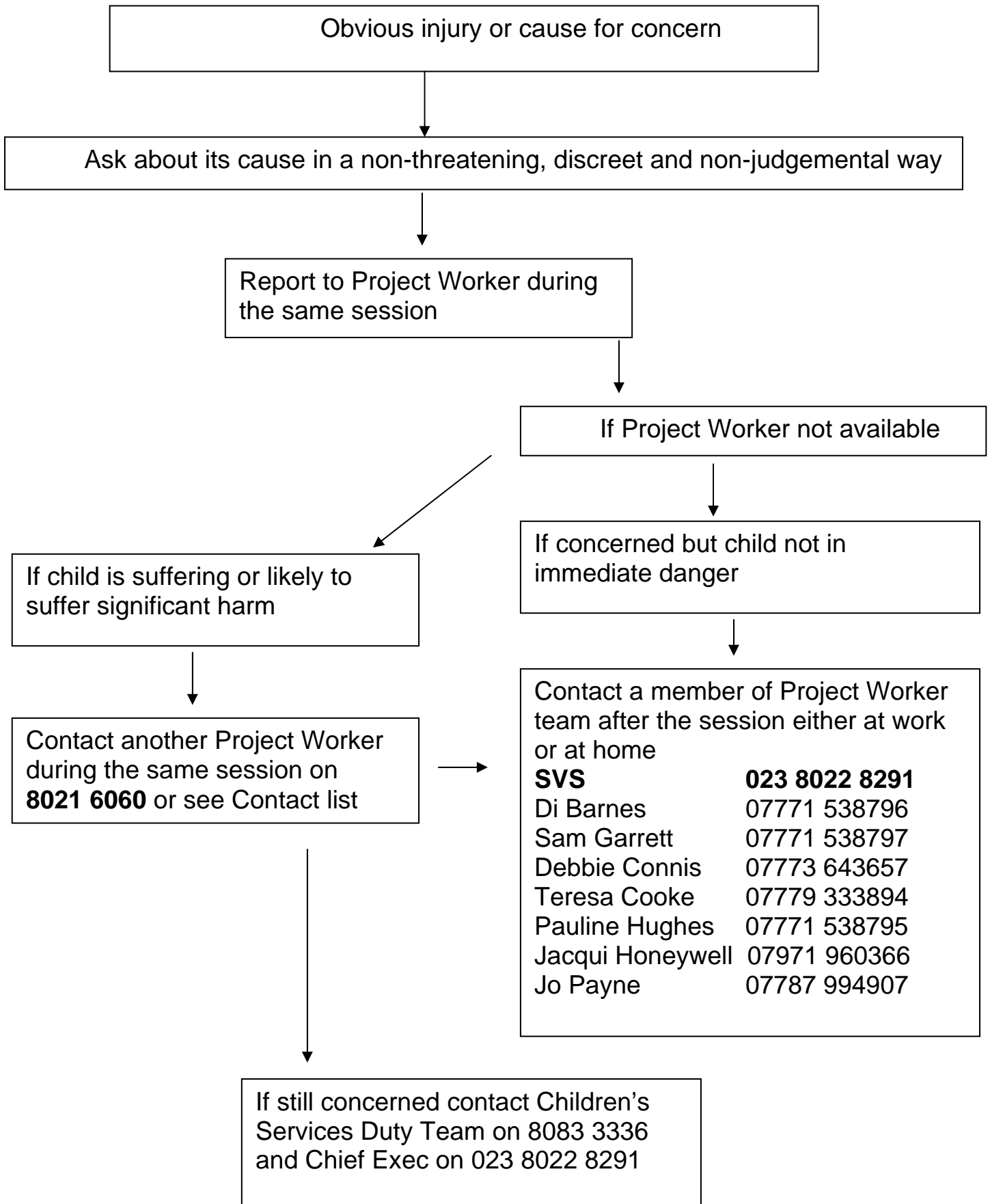
7.4 Withdrawal

7.5 Once other agencies are involved and support is arranged then the focus of work with the family needs to be group work contact

7.6 Concerns and problems should then immediately be referred back to the keyworker. It is not a Project Worker's role to make home visits to monitor the situation.

CHILD PROTECTION

Playworkers



Project Worker Referral Procedure

