

## 1. Introduction and Statement

We know that children and young people can be vulnerable to abuse by adults. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the organisation are transparent and safeguard and promote the welfare of all young people.

The purpose of this policy is to protect children and young people who use our services. ADAB is fully committed to safeguarding and protecting the welfare of all children and young people, and taking all reasonable steps to promote safe practice and protect children any young people from harm, abuse and neglect.

ADAB recognises its duty of care to safeguard children as detailed under the Children Acts' 1989 and 2004 and Working Together to Safeguard Children 2015 and 2018.

ADAB acknowledges its duty to act appropriately with regards to any allegations towards anyone working on its behalf, or towards any disclosures or suspicion of abuse.

This policy applies to all staff, including senior managers, committee members/board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone in a position of trust.

A child is defined as a person under the age of 18 (The Children's Act 1989).

Principles upon which the Safeguarding Children Policy is based:

- Children have a right to be safe and should be protected from all forms of abuse and neglect
- Safeguarding children is everyone's responsibility
- It is better to help children as early as possible, before issues escalate and become more damaging
- Children and families are best supported and protected when there is a co-ordinated response from all relevant agencies
- Voluntary, community and social enterprise organisations, including sports clubs and groups, play an important role in delivering services to children
- Voluntary, community and social enterprise organisations working with children and young people are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected.

"Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver. Like other organisations and agencies who work with children, they should have appropriate arrangements in place to safeguard and protect children from harm. All practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer."

### **Working Together to Safeguard Children 2018**

ADAB believes that:

- The welfare of all children and young people is paramount
- All children, regardless of age, ability, gender, racial heritage, religious or spiritual beliefs, sexual orientation and /or identity, have the right to equal protection from harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, their parents, carers and other agencies is essential in promoting young people's welfare

Paid and volunteer staff should make sure that they are **alert** to the signs of abuse and neglect, that they **question the behaviour** of children and parents/carers and don't necessarily take what they are told at face value. They should make sure they know where to turn to if they need to **ask for help**, and **refer** to children's social care or to the police, if they suspect that a child is at risk of harm or is in immediate danger.

## 2. Legal Framework

This policy has been developed in accordance with the principles established by the following legislation and guidance:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Children Act 2004
- Equality Act 2010
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0 to 25 years
- Working Together to Safeguard Children 2015
- What to do if you are worried a Child is being Abused 2015
- Keeping Children Safe in Education 2016
- Working Together to Safeguard Children 2018
- Bury Integrated Safeguarding Partnership guidelines
- Greater Manchester Safeguarding Children Procedures Manual.

To keep children safe ADAB will:

- provide a setting where children feel listened to, safe, secure, valued and respected
- appoint a Designated Safeguarding Lead for children and ensure a clear line of accountability with regards to safeguarding concerns
- ensure all those in a position of trust have been provided with up to date and relevant information, training, support and supervision to enable them to fulfil their role and responsibilities in relation to safeguarding and child protection
- provide a clear procedure to follow when safeguarding and child protection concerns arise
- ensure effective and appropriate communication between all individuals in a position of trust and
- build strong partnerships with other agencies to promote effective and appropriate multi-agency working, information sharing and good practice.

## 3. Safeguarding Children & Young People

Safe recruitment is central to the safeguarding of children and young people. All organisations which employ people to work with children in a position of trust have a duty to safeguard and promote their welfare. This includes ensuring that the organisation adopts safe recruitment and selection procedures which prevent unsuitable persons from gaining access to children

They are as follows:

### 3.1 Safe Recruitment & Selection.

We have a policy and procedure which ensures that all potential paid staff and volunteers:

- Complete an application form or a letter of application. This includes: address, evidence of relevant qualifications, the reasons why they want to work with children and young people, paid work and voluntary work experience and all criminal convictions.
- Provide two pieces of identification which confirm both identity and address.
- Undergo an interview (formal or informal) involving at least two interviewers.
- Provide at least two references which are followed up before a post is offered. One reference

is from the last employer or an organisation that has knowledge of the applicant's work or volunteering with children or young people. If the applicant has not worked with children or young people before, then they should confirm this and give an alternative referee.

- Consent to a Disclosure and Barring Service check (formally CRB check) at the appropriate level (standard or enhanced). Agree to sign up to the DBS update service.
- Furthermore the organisation complies with all other safeguarding regulations:
- We understand that a person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with these groups.
- We understand that an organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
- We understand that if our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, we must complete a DBS referral form: [DBS referrals | Home Office](#)

### **3.2 Management & Support of Paid Staff & Volunteers**

- All staff and volunteers are provided with a job description (paid staff) or a role profile (volunteers) outlining their main responsibilities. This includes a requirement to comply with our Safeguarding Policy and Procedures and Ground Rules for appropriate behaviour.
- All staff and volunteers are supported through an Induction process during which safeguarding/child protection procedures are explained and training needs identified
- All paid staff and volunteers complete a role review at the end of their induction period before being confirmed in post. Inductions will be completed within 6 months.
- All paid staff are given supervision at least every 6 weeks by their line manager/ Chair of the organisation.
- All volunteers are given regular support sessions. (This may include one to one or group support, mentoring or shadowing opportunities)
- All paid staff and volunteers attend regular ongoing safeguarding training appropriate to their role.
- ADAB implements disciplinary and grievance procedures for all paid staff and volunteers, which comply with the ACAS<sup>1</sup> Code of Practice.

### **3.3 Providing Safer Activities and Trips**

Necessary arrangements

- People whose suitability has not been checked, including through a DBS check will not be allowed to have unsupervised contact with children.
- All paid staff and volunteers undertaking specialist roles, (e.g. taking children and young people off site on trips) are provided with appropriate training.
- All activities are risk assessed to ensure that all reasonable steps are taken to prevent children and young people being harmed whilst participating in the organisation's activities
- Employer's liability and/or public liability insurance has been taken out to ensure that all activities and services and all people taking part, are covered.
- All activities being provided are properly planned and organised. Planning ensures that the activities are: age-appropriate, appropriately supervised, take account of staff ratio and use qualified instructors.
- The organisation has a Photography Policy about taking and using photographs of children and young people and a consent form for the use of photographs and filming.

### **3.4 Transport**

We ensure that our transport has:

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<sup>1</sup> ACAS – Advisory, Conciliation and Arbitration Service

- Appropriate insurance cover
- Tax MOT
- Appropriate seats (including booster seats and seatbelts)
- A first aid box
- Drivers who hold the correct driving license

### **3.5 Online safety**

The welfare of the children/young people who come into contact with our services is paramount and governs our approach to the use and management of electronic communications technologies. Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to e-safety;

The use of information technology is an essential part of all our lives; it is involved in how we as an organisation gather and store information, as well as how we communicate with each other. It is also an intrinsic part of the experience of our children and young people, and is greatly beneficial to all. However, it can present challenges in terms of how we use it responsibly and, if misused either by an adult or a young person, can be actually or potentially harmful to them.

#### **We will seek to promote e-safety by:**

- Appointing an e-safety coordinator (note: this may or may not be the same person as our named person for child protection).
- Developing a range of procedures that provide clear and specific directions to staff and volunteers on the appropriate use of ICT.
- Supporting and encouraging the children and young people using our service to use the opportunities offered by mobile phone technology and the internet in a way that keeps themselves safe and shows respect for others.
- Supporting and encouraging parents and carers to do what they can to keep their children safe online and when using their mobile phones and game consoles.
- Incorporating statements about safe and appropriate ICT use into the codes of conduct both for staff and volunteers and for children and young people.
- Developing an e-safety agreement for use with children, young people and their carers.
- Using our procedures to deal firmly, fairly and decisively with any examples of inappropriate ICT use, complaints or allegations, whether by an adult or a child/young person (these may include breaches of filtering, illegal use, cyberbullying, or use of ICT to groom a child or to perpetrate abuse).
- Informing parents and carers of incidents of concern as appropriate.
- Reviewing and updating the security of our information systems regularly.
- Providing adequate physical security for ICT equipment.
- Ensuring that user names, logins and passwords are used effectively.
- Using only official email accounts provided via the organisation, and monitoring these as necessary.
- Ensuring confidential information sent by emails is sent securely, and depending on the sensitivity of the data, it may need to be encrypted.
- (See Appendix One)
- Ensuring that the personal information of staff, volunteers and service users (including service users' names) are not published on our website.
- Ensuring that images of children, young people and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given.

- Ensuring that any social media tools used in the course of our work with children, young people and families are risk assessed in advance by the member of staff wishing to use them.
- Providing effective management for staff and volunteers on ICT issues, through supervision, support and training including with the Data Protection Act (GDPR).
- Examining and risk assessing any emerging new technologies before they are used within the organisation.

### **3.6 Ground rules**

We have Ground rules for appropriate behaviour for children and young people, staff and volunteers, and parents/ carers. Systems are in place and implemented if the Ground rules are broken.

### **3.7 Bullying**

Bullying will not be accepted or condoned. All forms of bullying will be addressed. Bullying can include:

- Physical pushing, kicking, hitting, pinching etc.
- Name calling, sarcasm, spreading rumours, persistent teasing and emotional torment through ridicule, humiliation and the continual ignoring of individuals.
- Sectarian/racial taunts, graffiti, gestures.
- Sexual comments and/or suggestions.
- Unwanted physical contact.

Children from ethnic minorities, disabled children, young people who are gay or lesbian, bisexual or trans or those with learning difficulties are more vulnerable to this form of abuse and may well be targeted. Everybody has the responsibility to work together to stop bullying – the coach/volunteer, the parent/guardian, the child/young person. ADAB is committed to the early identification of bullying and prompt, collective action to deal with it.

Anyone who reports an incident of bullying will be listened to carefully and be supported, whether it's the child/young person being bullied or the child/young person who is bullying. A bullying report form will be completed and appropriate action taken. Any reported incident of bullying will be investigated objectively and will involve listening carefully to all those involved. Children/young people being bullied will be supported and assistance given to uphold their right to play and live in a safe environment which allows their healthy development. Those who bully will be supported and encouraged to stop bullying.

### **3.8 Comments, Compliments & Complaints Policy**

We have a Complaints Policy and procedure so that children and young people, and staff and volunteers can make any necessary comment, compliment or complaint.

## **4. Child Protection**

### **Immediate Action to Ensure Safety.**

Immediate action may be necessary at any stage in involvement with children and families.

### **IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD OR CHILDREN CONCERNED i.e:**

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via their powers to use police protection.

#### **4.1 Recognition of Abuse or Neglect.**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Individuals within the organisation need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of that organisation.

The organisation should know how to recognise and act upon indicators of abuse or potential abuse involving children and where there are concerns about a child's welfare. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with these procedures.

Abuse can take many forms and the following is a summary of the most common forms of child abuse as set out in [Working Together to Safeguard Children \(2018\) Appendix A](#).

#### **4.2 Physical abuse**

**Physical Abuse** - a form of abuse which 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.

**Some of the following signs may be indicators of physical abuse:**

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
  - bruises or cuts;
  - burns or scalds; or
  - Bite marks.

#### **4.3 Emotional abuse**

**Emotional abuse** - The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Some of the following signs may be indicators of emotional abuse:**

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

#### 4.4 Neglect

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

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

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

**Some of the following signs may be indicators of neglect:**

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care<sup>4</sup>; and
- Parents who fail to seek medical treatment when their children are ill or are injured

#### 4.5 Sexual abuse and exploitation

**Sexual abuse**- Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Some of the following signs may be indicators of sexual abuse:**

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

#### Further information on Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise

that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

#### 4.6 Preventing Radicalisation

Protecting children from the risk of radicalisation should be seen as part of an organisations wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, staff/volunteers should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

### 5. Roles and Responsibilities

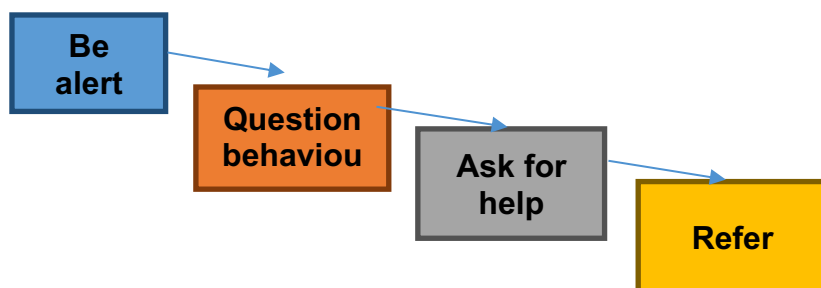
All individuals in a position of trust must:

- Understand the different types of abuse and recognise the possible risks and Indicators
- Understand their responsibility to report any concerns that a child is being, or is at risk of being, abused or neglected. This includes reporting any concern they may have regarding another person's behaviour towards a child or children
- If appropriate; liaise with other agencies, contribute to safeguarding assessments and attend child protection meetings / core groups / conferences
- Record and store information legally, professionally and securely in line with organisational policies and procedures
- Undertake the required level of training for their role every 2 years
- Understand the line of accountability for reporting safeguarding concerns, and be fully aware of the organisation's safeguarding lead and their role within the organisation.

Name of Safeguarding Lead:	Tan Ahmed	Tel No.:0161 761 2079
Name of Deputy Safeguarding Lead:	Sarfraz Ali	Tel No.: 0161 761 2079

### 6. Taking Action

There are 4 key steps to follow to help you identify and respond appropriately to possible abuse and or neglect.



It may not always be appropriate to go through all 4 stages sequentially. **If a child is in immediate danger or is at harm or risk you should refer to children's social care and/or the police.**

Before doing so, you should try to establish the basic facts. However, it is important that you do not ask the child or young person any leading questions as this may have a detrimental impact on any subsequent investigation. It is the sole role of the social workers and the police to investigate cases and make a judgement on whether there is statutory intervention and/or a criminal investigation.

You should record, in writing, all concerns and discussions about a child's welfare the decisions made and the reasons behind those decisions.

The first step is to be alert to the signs of abuse and neglect, to have read this document.

### **7. When You Must Not Discuss Your Concerns with Parents/Carers.**

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you **MUST NOT** discuss your concerns with parents/carers in the following circumstances:

- Where sexual abuse or sexual exploitation is suspected
- Where organised or multiple abuse is suspected (see complex, organised or multiple abuse procedure)
- Where fabricated or Induced Illness (previously known as Munchausen Syndrome by proxy) is suspected (see Fabricated or Induced Illness procedure)
- Where Female Genital Mutilation is the concern (see Female Genital Mutilation procedure)
- In cases of suspected Forced Marriage (see Forced Marriage procedure)
- Where contacting parents/carers would place a child, yourself or others at immediate risk

These decisions should not be taken in isolation. Consult with your senior manager/line manager/designated safeguarding lead or the Bury Integrated Safeguarding Partnership on 0161 253 6153

### **8. What to do if Children Talk to You about Abuse or Neglect.**

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations **YOU MUST**:

- Listen carefully to the child. **DO NOT** directly question the child
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared - do not offer false confidentiality.
- Reassure the child that:
  - they have done the right thing in telling you;
  - they have not done anything wrong;
- Tell the child what you are going to do next and explain that you will need to get help to keep him/her safe.
- **DO NOT** ask the child to repeat his or her account of events to anyone

### **If a child discloses information to you about abuse or neglect you must take action.**

Contact your designated safeguarding person or if you cannot contact them contact the Bury Integrated Safeguarding Partnership (BISP) on 0161 253 6153

If a child is in immediate danger of being harmed, the police should be called on 999.

## 9. Consult about your Concern

Because of your observations of a child, or information received you may become concerned about a child who has not spoken to you.

Ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child you must share your concerns. Initially you should talk to one of the people designated as responsible for child protection within your organisation. In this organisation the two designated safeguarding people are:

- |                |                    |
|----------------|--------------------|
| 1. Tan Ahmed   | tel:0161 761 2079  |
| 2. Sarfraz Ali | tel: 0161 761 2079 |

It will usually be the designated person who will then get in touch with the BISP if necessary:

- If you are worried about a child and cannot contact a designated person speak to another manager or go direct to the Bury Integrated Safeguarding Partnership on 0161 253 6153
- If a child is in immediate danger of being harmed, or if a child is home alone, the police should be called on 999
- If a caller rings out of office hours, facilities will be in place to divert the call so no alternative numbers need to be provided

## 10. Make a Referral

A referral involves giving the BISP, the Police, or the Local Authority Designated Officer (LADO) at the Safeguarding Children Unit information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Parents/carers should be informed if a referral is being made except in the circumstances. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with the Bury Safeguarding Partnership about how and when the parents should be approached and by whom.

If your concern is about harm or risk of harm from a family member or someone known to the children, you should make a referral to the Bridge Partnership.

If your concern is about harm or risk of harm from someone not known to the child or child's family, you should make a telephone referral directly to the Police and consult with the parents.

If your concern is about harm or risk of harm from an adult in a position of trust

### 10.1 Information required when making a referral

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral:

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs of the child/young person
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g.: GP, Health Visitor, School.

- The nature of the concern; and foundation for the concern.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with Parental Responsibility has been given to the referral being made.

### **10.2 Action to be taken following the referral**

You must take the following action after making a referral:

- Ensure that you keep an accurate record of your concern(s) made at the time.
- **Fill out an online form at Bury Directory – Bury Integrated Safeguarding Partnership**
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

### **10.3 Allegations against Adults who work with Children**

If you have information which suggests an adult who works with children (in a paid or unpaid capacity) has:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against children, or related to a child; or
- Behaved towards a child or children in a way that indicates s/he may pose a risk to children. (Working Together 2018).

You should speak immediately with your line manager or designated officer who has responsibility for managing allegations. The senior manager will consult with/make a referral to the LADO (Local Authority Designated Officer) at the Safeguarding Children Unit.

If one of those people is implicated in the concerns you should discuss your concerns directly with the LADO on 0161 603 4350

## **11. Confidentiality**

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place. Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection. [Information sharing advice for safeguarding practitioners](#). If in doubt, consult.

## **12. Whistleblowing**

We recognise that children cannot be expected to raise concerns in an environment where those in a position of trust fail to do so. All those in a position of trust should be aware of their duty to raise concerns about dangerous or illegal activity, or any wrongdoing within their organisation.

## **13. Monitoring and Review**

ADAB's Executive Committee is ultimately accountable for ensuring the settings provided are safe, including the implementation of effective safeguarding procedures and ensure the policy will be reviewed every two years or when required with updates.

More details relating to Child Protection and Children Safeguarding are given in following Appendices

**Appendix A - Child Protection and Safeguarding Procedures**

**Appendix B - Definitions and Indicators of Abuse**

## **Appendix A. - Child Protection and Safeguarding Procedures**

### **1. Introduction**

All professionals have a responsibility to report concerns to Children's social care under section 11 of the Children Act 2004, if they believe or suspect that the child;

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of service.

### **2. What to do if you are concerned about a child**

#### **Supporting children**

If/when a child reports they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to children's social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children

#### **Confidentiality**

Children have a right to confidentiality under Article 8 of the European Convention on Human Rights. It's important to respect the wishes of a child or any person who doesn't consent to share confidential information.

If you're not given consent to share information, you may still lawfully go ahead if the child is experiencing, or is at risk of, significant harm.

Child protection concerns, disclosures from children or safeguarding allegations made against a person in a position of trust must not be discussed across the workforce as a whole. This information should be shared solely with Designated Safeguarding Leads, Children's Social Care and/or the Local Area Designated Officer (LADO) as appropriate.

Personal information which is shared by the child or young person on a 1:1 level, such as sexual orientation or gender identification, should not be disclosed to the workforce as a whole.

If staff and volunteers wish to discuss situations with colleagues to gain a wider perspective, this should be done on an anonymous basis with names and other identifying information relating to the child and their family remaining strictly confidential.

### Seven golden rules for information sharing

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### Supporting those working with children

ADAB recognises those in a position of trust emotionally “safe”. It is important that all staff supporting children are able to discuss safeguarding concerns with the Designated Safeguarding Lead’ and with their line manager in regular supervision.

### Reporting concerns

The referrer should provide information about their concerns and any information they may have gathered prior to referral. They will be asked for the following:

- Full names, dates of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant/important recent or historical events/incidents;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;

- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

Other information may be relevant and some information may not be available at the time of making the referral. However, the report should not be delayed, in order to collect information, if the delay may place the child at risk of significant harm.

Parents/carers must be informed about any referral unless to do so would place the child at an increased risk of harm.

### **3. To report a new concern**

#### **Immediate concerns about a child**

The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

- Allegations/concerns that the child has been sexually/physically abused
- Concerns that the child is suffering from severe neglect or other severe health risks
- Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
- The child is frightened to return home
- The child has been abandoned or parent is absent

You should call the Bury Integrated Safeguarding Partnership for advice on 0161 253 6153 or complete the online referral form available on [Bury Online Referral Form](#)

### **4. Allegations against others working with children**

All allegations of abuse by those who work with children must be taken seriously, whether they are in a paid or unpaid capacity. This procedure should be applied when there is an allegation or concern that a person who works with children, 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;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

To report an allegation or concern about a person in a position of trust, please contact the LADO and Safeguarding Team on 0161 253 6153

### Appendix B - Definitions and Indicators of Abuse

The table below outlines the main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children' document 2015. (Full definitions can be found in this document). All staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

<b>Type of Abuse</b>	<b><u>Possible Indicators</u></b>
<p><b><u>Neglect</u></b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	<p>Signs that may indicate a child is living in a neglectful situation:</p> <ul style="list-style-type: none"> <li>• excessive hunger</li> <li>• poor personal hygiene</li> <li>• frequent tiredness</li> <li>• inadequate clothing</li> <li>• frequent lateness or non-attendance at school</li> <li>• untreated medical problems</li> <li>• not brought</li> <li>• poor relationships with peers</li> <li>• compulsive stealing and scavenging</li> <li>• rocking, hair twisting and thumb sucking</li> <li>• running away</li> <li>• loss of weight or being constantly underweight (the same applies to weight gain, or being excessively overweight)</li> <li>• low self esteem</li> <li>• poor dental hygiene</li> </ul>
<p><b><u>Physical Abuse</u></b></p> <p>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.</p>	<p>Signs that may indicate physical abuse:</p> <ul style="list-style-type: none"> <li>• Physical signs that do not tally with the given account of occurrence,</li> <li>• conflicting or unrealistic explanations of causer</li> <li>• repeated injuries</li> <li>• delay in reporting or seeking medical advice.</li> </ul>
<p><b><u>Sexual Abuse</u></b></p> <p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not, the child is aware of what is happening.</p> <p>The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.</p>	<p>Signs that may indicate sexual abuse:</p> <p>Changes in:</p> <ul style="list-style-type: none"> <li>• Behaviour</li> <li>• Language</li> <li>• Social interaction</li> <li>• Physical wellbeing</li> </ul> <p>It is almost important to recognise there may be <b><u>no signs</u></b>.</p>

<p>They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).</p> <p>Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	
<p><b><u>Emotional Abuse</u></b></p> <p>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.</p> <p>It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.</p> <p>It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction</p> <p>It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p>	<p>Signs that may indicate emotional abuse:</p> <ul style="list-style-type: none"> <li>• Lack of self-confidence/esteem</li> <li>• Sudden speech disorders</li> <li>• Self-harming (including eating disorders)</li> <li>• Drug, alcohol, solvent abuse</li> <li>• Lack of empathy (including cruelty to animals)</li> <li>• Concerning interactions between parent/carer and the child (e.g. excessive criticism of the child or a lack of boundaries)</li> </ul>
<p><b><u>Child Sexual Exploitation (CSE)</u></b></p> <p>Child sexual exploitation is a form of child sexual abuse.</p> <p>It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.</p> <p>The victim may have been sexually exploited even if the sexual activity appears consensual. Child</p>	<p>Signs that may indicate CSE:</p> <ul style="list-style-type: none"> <li>• Going missing from school/home/care placement</li> <li>• Associating with older people/adults</li> <li>• Isolation from family/friends/peer group</li> <li>• Physical symptoms including bruising/STI's</li> <li>• Substance misuse</li> <li>• Mental health</li> <li>• Unexplained possessions, goods and/or money</li> </ul>

<p>sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>	<p>The indicators can be spotted when speaking to the young person themselves or family/friends</p> <p>If a child or young person has made a disclosure regarding sexual exploitation, or if you think a child may be at risk of being sexually exploited please contact the Kingfisher Team on 01865 309196. Out of hours calls will divert to Thames Valley Police Referral Centre.</p>
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### **Other type of abuse you should be aware of**

#### **Child Exploitation**

Child exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations, using vulnerable children and young people to courier drugs and money.

Typically, gangs use mobile phone lines to facilitate drug orders and supply to users. They also use local property as a base; these often belong to a vulnerable adult and are obtained through force or coercion (this exploitation is sometimes referred to as 'cuckooing').

It also finds that the age of those involved is getting younger, with children as young as 12 being targeted. Gangs 'recruit' through deception, intimidation, violence, debt bondage and/or grooming into drug use and/or child sexual exploitation.

While there has been an increased awareness of the use of children and young people in county line markets, more needs to be done as it cuts across a number of issues such as drug dealing, violence, gangs, child sexual exploitation, safeguarding, modern slavery and missing persons.

Signs that may indicate drug/criminal exploitation are similar to CSE, as follows:

- Going missing from school/home/care placement
- Associating with older people/adults
- Isolation from family/friends/peer group
- Physical symptoms including bruising
- Substance misuse
- Mental health
- Unexplained possessions, goods and/or money

#### **Domestic Abuse**

Defined as, "Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional".

#### **Forced marriage**

A forced marriage (FM) is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

FM is very different to an arranged marriage where both parties give consent.

#### **Modern Slavery and Human Trafficking**

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Victims can include adults and children and come from all walks of life and backgrounds. A quarter of all victims are children.

The Modern Slavery Act 2015 places a duty on specified public authorities to report details of suspected cases of modern slavery to the National Crime Agency.

Indicators of Modern Slavery can include:

- Lack of access to legal documents (e.g. passports)
- Appearance (malnourished, unkempt, etc)
- Untreated or unexplained injuries
- Attitude (withdrawn, frightened, unable to speak for themselves)
- Indebtedness or in a situation of dependence
- Frequent changes of location or restrictions on movement

### **Female Genital Mutilation**

Female genital mutilation (FGM), sometimes referred to as female circumcision, refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

There are no health benefits to FGM, it is carried out for cultural and social reasons within families and communities. The procedure is traditionally carried out by an older woman with no medical training. Anaesthetics and antiseptic treatment are not generally used and the practice is usually carried out using basic tools such as knives, scissors, scalpels, pieces of glass and razor blades.

The Oxford Rose Clinic is a specialised clinic run at the John Radcliffe Hospital to address the health and safeguarding issues associated with FGM. Women should be referred to this clinic by emailing [oxfordrose.clinic@nhs.net](mailto:oxfordrose.clinic@nhs.net) or calling 01865 222969.

Healthcare professionals have a duty to safeguard any children who may be at risk of FGM. Information about how to identify children at risk of FGM, including a screening tool and pathways are available on the Oxfordshire Safeguarding Children Board website

### **Self-Harm**

Deliberate self-harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, ([www.nice.org.uk](http://www.nice.org.uk)). Self-harm is an expression of personal distress, not an illness.

Self-harm can involve:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling our hair
- Overdosing and self-poisoning
- Substance misuse
- Taking personal risk
- Self-neglect
- Disordered eating

Indicators of self-harm may include:

- Changing in eating/sleeping habits
- Changes in activity and mood
- Increased isolation from friends and family
- Talking about self-harming or suicide
- Expressing feelings of failure, uselessness
- Lowering of academic grades
- Abusing drugs or alcohol
- Becoming socially withdrawn
- Giving away possessions

or loss of hope

### **Bullying**

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in depression, low self-esteem, shyness, poor academic achievement, isolation, threatened or attempted suicide

Indicators a child is being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

### **Peer on Peer Abuse**

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

### **Prevent - Extremism**

The Counter-Terrorism and Security Act 2015 places a safeguarding duty on settings to have "due regard to the need to prevent people from being drawn into terrorism".

Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas:

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism

- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

Preventing vulnerable adults and children from being drawn into extremism is a safeguarding concern. It is essential that frontline staff are able to spot the signs and make a safeguarding referral.

Indicators may include:

- Withdrawing from usual activities
- Accessing extremist literature/websites
- Expressing 'us and them' thinking
- Expressing feelings of anger, grievance or injustice

To report concerns about child radicalisation:

1. Make safe – If emergency services are required – call 999. Take reasonable steps to ensure that there is no immediate danger.
2. Refer concern identified by member of the public or professional

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