

# Safeguarding Children



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## **1 Safeguarding Children Policy Statement**

The welfare of the child and/or vulnerable young adult is paramount. Within the context of this policy 'child' and 'children' can also be taken to cover vulnerable young adults. All children whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse.

All suspicious and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

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

## **2 Introduction**

Wessex Cancer Support provides local cancer care support services for patients and families living with cancer across the Wessex region (Dorset, Wiltshire, Hampshire, the Isle of Wight and the Channel Islands).

Wessex Cancer Support 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 2010 issued by HM Government.

Effective child protection is essential as part of wider work to safeguard children. All services 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.

## **3 Aim of this Policy**

The aim of this policy is to outline the practice and procedures for employees and volunteers within Wessex Cancer Support in order to safeguard and promote the welfare of children and young people, from conception through to 18 years. It is aimed at protecting the child and the worker, recognising the risks involved in lone working with children and young people.

The policy covers all employees, volunteers and Trustees within all areas of work or activity.

A child protection concern overrides issues of confidentiality as stated in the Children Act 1989.

## **4 Good Practice**

### **4.1 Recruitment**

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

- Completion of the Wessex Cancer Support application form/submission of up to date CV.
- 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
- Disclosure and Barring Service (DBS) will be required at a level appropriate for the role.
- Successful completion of a probation or introductory period.

All employees 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 or termination of volunteering.

### **4.2 Management and supervision**

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

Regular supervision for employees and volunteers will monitor the work of the charity 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.

### **4.3 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 Wessex Cancer Support to ensure that up to date and adequate training on Safeguarding issues is available to all employees and volunteers, where relevant to their position or role.

### **4.4 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 accordance with our record keeping policy and current GDPR guidelines.

### **4.5 Planning**

Wherever possible, employees and volunteers should avoid lone working with a child. If possible, any one-

to-one contact should take place in an environment where other employees, 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

In some cases, it is necessary to work with individual children or young people in an unsupervised setting. Employees who have unsupervised contact with children must have additional questions around Child Protection during their interview and close supervision following their appointment.

For children visiting Centres with their parent/guardian or for their own appointment:

An appropriate waiting area should be found for all visiting children or children with an appointment to ensure they are not subject to inappropriate or upsetting conversation amongst other clients.

At no point may employees and volunteers take care of a young child while the parent/guardian is in counselling/therapy. If the child has arrived in a Centre accompanying an adult, then the child must remain with the adult. This should be made clear to clients at the time of booking their session.

For an older child it is acceptable for a child to attend with the parent who is having a counselling or therapy session under the following conditions:

- The child must be mature enough to need no care for the duration of the session, or help with visits to the toilet.
- It must be on the very clear understanding that should the child need assistance or become disturbed the counselling/therapy session will be interrupted
- The child should know from the outset the location of their parent/guardian.

It is impossible to make a definitive rule about children as they develop at different rates. However, a child under 12 is unlikely to fit these criteria. The final decision rests with the Counsellor/Therapist and Centre Manager in conjunction with the parent/guardian.

## **5 Identification of abuse**

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. Also sexting, grooming, and using social media to share inappropriate content.

**Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development.

**Human slavery**

Victims are exploited, controlled or held captive; threatened, punished to stop them escaping or reporting the crime.

**6 Signs and symptoms**

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 the categories.

This should not be used as a checklist: employees and volunteers should be aware of anything unusual displayed by the child.

Physical Abuse	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 Parent or carer fabricates symptoms of, or deliberately induces, illness in a child
Physical Neglect	Exposure to danger/lack of supervision Inadequate/inappropriate clothing Constant hunger Poor standard of hygiene, and Untreated illnesses
Emotional Abuse – this includes seeing or hearing the ill-treatment of another	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	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
Online Abuse	Invitations to pose for inappropriate photographs Use of inappropriate language Viewing of inappropriate images Being told to keep this secret Arranging to meet but withholding information from parent/guardians
Human slavery signs	Isolated and only arrive with a "minder" Avoid eye contact May appear frightened/hesitant to talk to strangers No GP registration and vague about address or contact details.

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.

## 7 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 8.
- If the disclosure shows illegal action, or if the child is at immediate risk from parents/guardians then the child should remain within the Centre and, as far as possible, not be allowed to leave with the parent/guardian

## 8 Responsibilities – what to do next

All employees and volunteers are to follow the steps below.

Employees and volunteers with a concern for a child should discuss their concerns with their line manager or Safeguarding Lead. Within that discussion the decision will be taken to whom a referral should be made,

to safeguard that individual. Any concerns can be discussed in confidence with Children Services, who will advise on the subsequent action to be taken.

An employee who receives a disclosure has a responsibility to that child to raise the 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 employee's line manager must be advised immediately of any action taken.

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.

If somebody believes that a child may be suffering or may be at risk of suffering significant harm, then he/she should always refer their concerns to the local authority's children services department following discussion with their line manager or safeguarding lead.

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

## **9 Concerns about colleagues**

Employees and volunteers having concerns that a colleague's behaviour may be putting children at risk or in danger must pass these concerns on to their line manager or the Safeguarding Lead immediately. Where the concern is about an employee, volunteer or more senior member of staff, the Chief Executive must be contacted directly. Any allegations made against an employee or volunteer must be reported to the Local Authority Designated Officer, details can be found in Appendix B.

Similarly, any suspicion or evidence of child pornography should be reported to the Chief Executive or their deputy. The evidence should be preserved so that in the event it is decided to contact the police this remains available.

## **10 The role of Wessex Cancer Support in working with statutory agencies**

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

The employee or volunteer 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 most senior member of staff on duty or the Safeguarding Lead.

Having collated the appropriate information, the senior member of staff, or the Safeguarding Lead, should contact Children Services assessment team immediately by telephone.

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

## **10.1 Report Writing**

Any written documentation or correspondence must be discussed with, and approved by, the employee's line manager/Safeguarding Lead before sending out.

## **11 Conclusion**

Remember:

- The employees and volunteers' primary responsibility is to protect the child from significant harm
- Every employee and volunteer who is responsible for children has a duty to take action to safeguard children and promote their welfare whilst under their supervision.
- Employees and volunteers will not have to cope alone; extra support is available.

## **Appendix A**

Diagrams of physical signs of abuse

## **Appendix B**

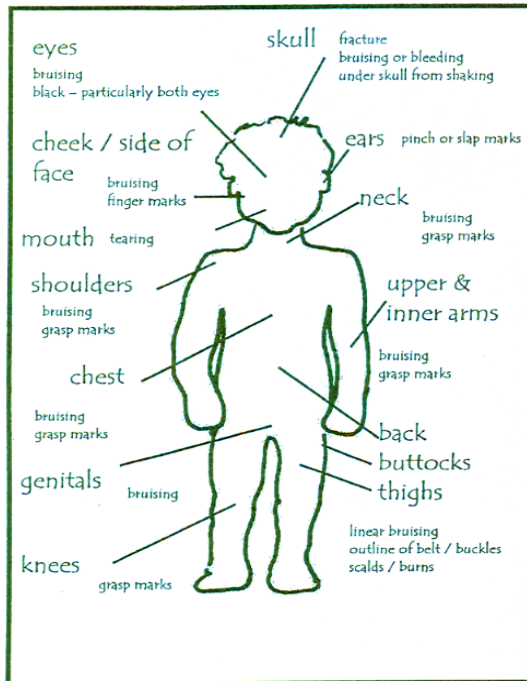
Useful contact details

## **Appendix A**



## This diagram summarises the main physical signs of abuse

### Common sites for non-accidental injury

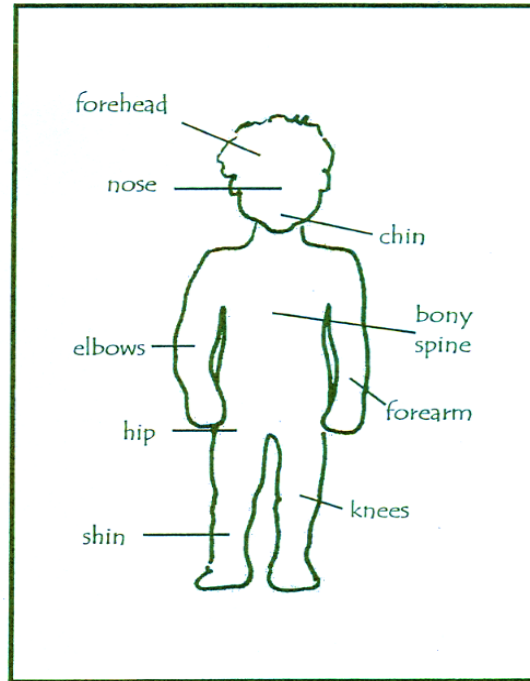


**Non accidental injuries**

**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  
 Easily explained  
**Fractures are likely to be:**  
 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

### Useful contacts

#### Local contacts

- For Hampshire, excluding Southampton: LADO 01962 876364
- For Southampton: LADO 02380 915535  
For Dorset: LADO 01305 221122

For Southampton contact:

Southampton City Council MASH (Multi Agency Safeguarding Hub) on  
023 8083 2300

For Portsmouth contact:

Portsmouth City Council MASH team on

023 9268 8793 during office hours. At all other times, phone the out-of-hours service on 0300 555 1373

For any other Hampshire area contact

Hampshire County Council MASH team on

Telephone (office hours): 0300 555 1384 Monday-Thursday 8.30am-5pm; Friday 8.30am-4.30pm. At all other times, phone the out-of-hours service on 0300 555 1373.

Bournemouth and Poole

If you are concerned about a child's welfare or worried they are being abused, you can make a referral to Children's Social Care in Dorset.

Bournemouth	01202 458102
Bridport	01308 422234
Christchurch	01202 474106
Dorchester	01305 221459
Ferndown	01202 877445
North Dorset	01258 472652
Poole	01202 735046
Purbeck	01929 553456
Weymouth & Portland	01305 760139

Portsmouth Area

If you are worried about a child, phone the numbers below during office hours. At other times, the out-of-hours service is also available. Leave your name and number and we will call you back as quickly as possible.

Portsmouth City Council's children's social care	023 9283 9111, or
Portsmouth's Joint Action Team	0845 6710271
Out-of-hours service	0300 555 1373

Isle of Wight 01983 814980

#### National

NSPCC	Main Line	0808 800 5000
	Textphone	0800 056 0566

Asian Helpline  
Cymru/Wales Helpline

0800 096 7719  
0808 100 2524

Childline

0800 1111