

Safeguarding Children Policy

(including Child Protection)

Charity details

Safeguarding Champion:	Margaret Buchanan
Designated Safeguarding Lead:	Maria Munday
Deputy Safeguarding Lead:	Caroline Conein
Next review date:	July 2015

Policy Statement on Safeguarding

Malvern Special Families is fully committed to safeguarding the welfare of all children and young people by taking all reasonable steps to protect them from physical, emotional, sexual, institutional, financial abuse and neglect and discrimination. This applies to all the children and young people, with disabilities that we work with, regardless of their gender, sexual orientation, race, nationality or country of origin. Our prime responsibility is to protect the safety and well being of all children and vulnerable adults in our care.

We will ensure, and are committed to participating in a multi-agency approach to all safeguarding arrangements. We will work together with other agencies including Ofsted, Local Authority Social Services team and Access Centre to assist in investigations of suspicion of abuse, according to our statutory responsibility and with the aim of protecting children

1. Introduction

1.1. This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; and 'Working Together to Safeguard Children' 2015

1.2. **Malvern Special Families** fully recognises its responsibilities for safeguarding children.

1.3. Our policy applies to all staff, trustees and volunteers working in the clubs.

1.4. There are five main elements to our policy:

- Ensuring we practise safer recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting children/young people who have been identified as in need of early help or at risk of harm in accordance with his/her agreed Child Protection, Child in Need or Early Help plan;
- Establishing a safe environment in which children can learn and develop.

1.5 We recognise that because of the close contact with children, club staff are well placed to identify concerns early and to observe the outward signs of abuse. The club will therefore:

- Establish and maintain an environment where children feel safe, secure, valued and respected and are encouraged to talk, believing they will be listened to;
- Ensure children know that there are adults in the club whom they can approach if they are worried and that adults are observant to any significant changes in demeanour;
- Include opportunities in the activity timetable, for children to develop the skills they need to recognise and stay safe from abuse and to know who they should turn to for help.

1.6 We seek to ensure that the child's wishes and feelings are taken into account when determining what action to take and what services to provide to protect children from harm. To this end we will:

- Ensure there are systems in place for children to express their views and give feedback e.g. through club diaries, evaluations and circle time meetings
- Ensure that the child's thoughts/wishes and feelings are recorded on all referrals.

2. Procedures

2.1 We will follow the procedures set out by the Worcestershire Safeguarding Children Board (WSCB)

The club will:

- Ensure it has a senior leader nominated as Designated Safeguarding Lead (DSL) who has received appropriate training and support for this role;
- Ensure it has a member of staff who will act in the absence of the DSL (deputy DSL);
- Ensure it has a nominated trustee responsible for safeguarding children;
- Ensure every member of staff and the trustees know the name of the DSL and understands their role;
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and neglect and maintain an attitude of 'it could happen here';
- Ensure all staff and volunteers understand their responsibility for referring any concerns to the DSL and are aware that they may raise concerns directly with Children's Social Care Services if they believe their concerns have not been listened to or acted upon.
- Ensure that parents have an understanding of the responsibility placed on the club and staff for child protection by setting out its obligations in the club prospectus and publishing its policy on the MSF website;
- Ensure that visitors and activity workshops providers are aware of, and understand the need for compliance with, the club's child protection guidelines and procedures;
- Ensure that the duty of care towards its children/young peoples and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist staff to monitor their own standards and practice;
- Be aware of and follow procedures set out by the WSCB where an allegation is made against a member of staff or volunteer, including making a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned;
- Operate safer recruitment practice, ensuring that at least one member on every recruitment panel has completed safer recruitment training.

2.2 Our procedures will be regularly reviewed and updated.

3. Training

3.1 When staff join our team they will be informed of the safeguarding children arrangements in place. They will be given the staff handbook with the guidance to safer working practice inside and told who the DSL is and who acts in their absence.

3.2 All volunteers, staff and regular visitors to our club will be told where our policy is kept, given the name of the DSL and informed of the club's procedures in reporting concerns.

3.3 All staff will receive training in child protection and safe working practice, updated every three years, in line with LSCB guidance.

3.4 Staff with specific responsibility for safeguarding children will undertake both single and inter-agency training at a level suitable to their role and responsibilities, updated every two years.

4. Responsibilities

4.1 The Trustees will nominate a member to be responsible for safeguarding children and liaise with the DSL in matters relating to safeguarding. It will ensure that:

- safeguarding policies and procedures are in place, available to parents on the club website or by other means and reviewed annually;
- an annual audit on the effectiveness of the club's safeguarding procedures is presented to the Trustees
- any weaknesses brought to its attention relating to safeguarding are remedied without delay.

4.2 The Play Services Coordinator will ensure that the Safeguarding policies and procedures are fully implemented and followed by all staff and that sufficient resources are allocated to enable the DSL and other staff to discharge their responsibilities with regard to child protection.

4.3 The Play Services Coordinator will co-ordinate action on safeguarding and promoting the welfare of children within the club setting. The Play Services Coordinator is responsible for:

- Organising child protection induction training for all newly appointed staff and refresher training, at least every 3 years;

4.4 The DSL is responsible for:

- Undertaking, in conjunction with the Safeguarding Champion, an annual audit of safeguarding procedures, using the County safeguarding checklist.
- Referring a child to the Early Help Hub or Children's Social Care as appropriate, when there are concerns about possible abuse and neglect.
 - Keeping written records of concerns about children, including the use of body maps, even where there is no need to refer the matter immediately;
 - Ensuring all child protection records are kept securely, separate from the main children/young people file, and in locked locations;
 - Ensuring that all child protection files are transferred in a safe and timely manner when a child moves settings, both between and across phases, within and out of county;
 - Developing effective links with relevant agencies and other professionals and co-operate as required with their enquiries regarding safeguarding matters including co-operation with serious case reviews, attendance at strategy meetings, initial and review child protection conferences, core group and child in need review meetings;
 - Contributing to assessments and providing a report to initial and review conferences which has been shared with parents first.

5. Managing a Disclosure

5.1 Staff in clubs are in a unique position to observe children's behaviour over time and often develop close and trusting relationships with children/young peoples. All staff need to recognise that children with communication difficulties may disclose abuse in a range of different ways. If a child discloses directly to a member of staff, the following procedures will be followed:

- Recognise that children with communication difficulties may disclose abuse in a range of different ways;
- Any significant change in demeanour will be reported to the DSL;
- Listen carefully to what is said;
- Ask only open questions such as:
 - 'Tell me what happened.'
 - 'Please explain what you mean when you say
 - 'Can you describe the person?' or 'Can you describe the place?'
- Do not ask questions which may be considered to suggest what might have happened, or who has perpetrated the abuse, e.g. 'Did your Dad hit you?'
- Do not force the child to repeat what he/she said in front of another person;
- Do not begin an investigation – for example by asking the child to record what happened in writing or taking a photograph of any injuries;
- Report immediately to the DSL and complete a hand-written record as soon after the disclosure as possible and in any case within 24 hours, using the child's words as far as possible. Use body maps to record any observed injuries.

5.2 Where a child discloses safeguarding allegations against another children/young people in the same setting, the DSL should refer to the local procedures on the WSCB website (section 4.3) and seek advice from the Access Centre before commencing its own investigation or contacting parents.

6. Information Sharing & Confidentiality

- 6.1 We recognise that all matters relating to child protection are confidential.
- 6.2 The DSL will disclose any information about a children/young people to other members of staff on a need to know basis only.
- 6.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 6.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being.

7. Communication with Parents

- 7.1 We recognise that good communication with parents is crucial in order to safeguard and promote the welfare of children effectively.
- 7.2 We will always undertake appropriate discussion with parents prior to involvement of another agency **unless to do so would place the child or an adult at further risk of harm or would impede a criminal investigation.**
- 7.3 We will ensure that parents have an understanding of the responsibilities placed on the club and staff to safeguard children and their duty to co-operate with other agencies in this respect.

8. Record Keeping

- 8.1 Any member of staff receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse, will make notes as soon as possible (within the hour, if possible) writing down exactly what was said, using the child's own words as far as possible. All notes should be timed, dated and signed, with name printed alongside the signature. Concerns will be recorded using the club's safeguarding children recording system.
- 8.2 All records of a child protection nature will be passed to the DSL including case conference or core group minutes and written records of any concerns. Child protection records are kept securely and transferred in a safe and timely manner when a child moves club.
- 8.3 The DSL will maintain and regularly audit the club's child protection records and ensure that each stand-alone file includes a chronology of significant events.

9. Safeguarding Children with a Disability

9.1 Staff will promote high standards of practice and have an increased awareness of the risks of harm, working to strengthen the capacity of children and families to help safeguard themselves.

9.2 Research shows that disabled children are at an increased risk of abuse and the presence of multiple disabilities may increase the risk of both abuse and neglect in the following ways:

- Increased likelihood of social isolation
- Increased dependency on parents/carers for practical assistance in daily living increases the risk of exposure to abusive behaviour
- Impaired capacity to resist or avoid abuse
- Communication, speech and language impairments make it difficult to express feelings and concerns
- Increased vulnerability to bullying and intimidation
- Possible lack of access to a trusted adult
- Increased risk of family break-up
- Increased risk of experiencing poverty

- Over representation in the Looked-After and Young Offenders population and Looked-after disabled children may have an additional dependency on a greater number of adults
- A reluctance by professionals to challenge parents/carers who are felt to be under considerable stress
- Possible disempowerment through lack of choice and participation in decision-making leading to compliance and not complaining

Vulnerable Adults and Mental Capacity

This policy identifies that safeguarding decisions should take into account of the ability to give informed consent and comply with the Mental Capacity Act 2005,

The Act covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live, what happens if abuse has occurred.

The Act sets out who can take decisions, in which situations, and how they should go about this In addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards, to protect their rights and ensure that the care or treatment they receive is in their best interests.

10. Supporting Children

10.1 We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame.

10.2 We acknowledge that a club may be one of the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm.

We are aware that research shows that at our clubs their behaviour may be challenging and defiant or they may be withdrawn.

10.3 The club staff will endeavour to support all children by:

- Encouraging self-esteem and self-assertiveness through activities, as well as promoting respectful relationships, challenging bullying and humiliating behaviour;
- Promoting a positive, supportive and secure environment giving children/young peoples a sense of being valued;
- A consistently applied club behaviour policy which is aimed at supporting vulnerable children/young people. The club will ensure that the children/young people know that some behaviour is unacceptable but that they are valued and not to be blamed for any abuse which has occurred;
- Liaising with other agencies that support the children/young people such as Children’s Social Care Services, Child and Adult Mental Health Service (CAMHS), Educational Psychology Service and those agencies involved in the safeguarding of children;
- The use of Early Help Services, through the Early Help Hub, when appropriate;
- Notifying Children’s Social Care Services immediately there is a significant concern;
- Providing continuing support to a child about whom there have been concerns who leaves the club by ensuring that appropriate information is forwarded under confidential cover to the child’s new setting.

11. Support and Supervision of Staff

11.1 We recognise that staff working in the club who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.

11.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support such as counselling or regular supervision, as appropriate.

11.3 In order to reduce the risk of allegations being made against staff, and ensure that staff are competent, confident and safe to work with children, they will be made aware of safer working practice guidance in the staff handbook and termly in the holiday handbooks, and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour.

12. Safer Recruitment and Selection of Staff

12.1 The club has a written recruitment and selection policy statement and procedures linking explicitly to this policy. The statement is included in all job advertisements, publicity material, recruitment websites, and candidate information packs.

12.2 The recruitment process is robust in seeking to establish the commitment of candidates to support the club's measures to safeguard children and to identify, deter or reject people who might pose a risk of harm to children or are otherwise unsuited to work with them.

12.3 All staff working within our club who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications and a satisfactory barred list check, enhanced DBS check and a right to work in the UK.

12.4 Our trustees are subject to an enhanced DBS check through Ofsted during the registration process

12.5 The club maintains a single central record of recruitment checks for audit purposes.

12.6 Any member of staff working in regulated activity prior to receipt of a satisfactory DBS check will not be left unsupervised.

12.7 Volunteers who are not working in regulated activity, will be supervised at all times.

13. Allegations against staff

13.1 We acknowledge that a children/young people may make an allegation against a member of staff.

13.2 If such an allegation is made, the member of staff receiving the allegation will immediately inform the DSL, unless the allegation concerns the DSL, in which case the Chair of Trustees will be informed immediately.

13.3 The Chair of Trustees on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO), prior to undertaking any investigation.

13.4 The club will follow procedures for managing allegations against staff, below.

13.5 The case manager will be guided by the LADO in all matters relating to the case, including suspension, sharing of information and any follow up investigation.

Procedure to be followed in the event of an allegation of abuse against a member of staff, volunteer or Trustee

If an allegation is made (no matter how insignificant it may seem or when or where it occurred) we will treat the matter seriously. The DSL must immediately inform Children's Services Access Centre and make a note of the name of the person spoken to. Advice about the management of allegations is available from the Local Authority Designated Officer (LADO) 01905 752800

- Do not immediately discuss the allegation with the individual concerned
- Do not investigate. (If a child or young person is at risk then Safeguarding Procedures should be followed.)
- Allegations should be confirmed in writing by the person making the allegation wherever possible and should be attached to the Record of Complaints. Actions should not be delayed whilst awaiting written confirmation.

The name and position of the person against whom the allegation has been made should be recorded, plus the date and time of the alleged incident. The full name, age and date of birth of any child/children involved should also be recorded together with the address at which they live with their main carer. All information should be factual. It is also helpful to confirm the level of contact that the alleged perpetrator has had with the child/children and any other minor concerns that have been raised previously. If there are one or more alleged incidents, be as specific as possible about the dates on which they are alleged to have occurred.

The threshold criteria for an independent investigation are met if the alleged perpetrator 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 that he/she is unsuitable to work with children.

Should the thresholds be met, the Access Centre will inform the LADO who will convene a strategy meeting.

- The Line Manager will liaise with the Trustees about whether a suspension is needed. (Suspension should be seen as a neutral act without prejudice.)
- The DSL must also inform the Ofsted Complaints, Investigation and Enforcement Team if an allegation is made as soon as reasonably possible and within 14 days on 0300 123 1231. If the Access Centre decides no further action is required Ofsted may still undertake an investigation to ensure that registration requirements are met.
- A note should be made of any actions advised by the Access Centre or by Ofsted and the date and time that they are implemented.
- The Line Manager or member of the Trustees will inform the named individual as soon as possible and support him/her or advise him/her on how to access support.
- Following discussion with the LADO, the parents or carers should be informed and support offered.
- Every effort will be made to maintain confidentiality.
- The nature and circumstances of the allegation and the evidence will determine the outcome, with the advice of the LADO.
- Even if the individual resigns the allegation must still be followed up.
- A record must be kept of any allegations made and how it was followed up and resolved. This must be kept for 10 years. A copy will be given to the individual.
- If a reference is provided for an individual against whom an allegation has been made, then it must clearly state this even if it was found to be false or unproven.
 - Following an allegation process, we will review our policies and procedures, including risk assessments and follow up on any identified training needs, to help prevent similar events in the future.

14. Whistleblowing

- 14.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 14.2 All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues using the club's confidential reporting (whistleblowing) policy.
- 14.3 Whistleblowing concerns about the DSL should be raised with the Chair of Trustees.

15. Complaints or Concerns expressed by Children/young peoples, Parents, Staff or Volunteers

- 15.1 We recognise that listening to children is an important and essential part of safeguarding them against abuse and neglect. To this end, any expression of dissatisfaction or disquiet in relation to an individual child will be listened to and acted upon in order to safeguard his/her welfare.
- 15.2 We will also seek to ensure that the child or adult who makes a complaint is informed not only about the action the club will take but also the length of time that will be required to resolve the complaint. The club will also endeavour to keep the child or adult regularly informed as to the progress of his/her complaint. The club's complaints procedures are readily available.

16. Positive Physical Intervention

- 16.1 Our policy on positive handling is set out in our behaviour policy and acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury or damage to property.
- 16.2 We understand that physical intervention of a nature that causes injury or distress to a child may be considered under management of allegations or disciplinary procedures.
- 16.3 Staff will be appropriately trained in the TeamTeach technique.
- 16.4 All incidences of physical intervention will be recorded in accordance with the Team Teach recommended procedures.
- 16.5 We recognise that touch is appropriate in the context of working with children and all staff have been given 'safe working practice' guidance to ensure they are clear about their professional boundaries.

17. Abuse of Position of Trust

- 17.1 We recognise that as adults working in the club, we are in a relationship of trust with the children/young peoples in our care and acknowledge that it could be considered a criminal offence to abuse that trust.
- 17.2 We acknowledge that the principle of equality embedded in the legislation of the Sexual Offenders Act 2003 applies irrespective of sexual orientation: neither homosexual nor heterosexual relationships are acceptable within a position of trust.
- 17.3 We recognise that the legislation is intended to protect young people in education who are over the age of consent but under 18 years of age.

18. Radicalisation and Extremism and involvement in Terrorism

- 18.1 We encourage children/young peoples to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. We ensure that partisan political views are not promoted in the teaching of any subject in the club and where political issues are brought to the attention of the children/young peoples, reasonably practicable steps have been taken to offer a balanced presentation of opposing views to children/young peoples.
- 18.2 We value freedom of speech and the expression of beliefs/ideology as fundamental rights underpinning our society's values. Both children/young peoples and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.
- 18.3 We seek to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.
- 18.4 We will safeguard children and young adults from being drawn into involvement in terrorism through staff awareness of the PREVENT agenda, and early intervention to address vulnerabilities, and divert people from harm.

What is the Prevent Strategy?

Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, in all its forms. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

What is Channel?

Channel is an early intervention multi-agency panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour. Channel works in a similar way to existing multi-agency partnerships for vulnerable individuals. It is a voluntary process allowing the individual to leave the programme at any time.

Who is Channel aimed at?

Channel is for individuals of any age who are at risk of exploitation by extremist or terrorist ideologues. Early intervention can prevent individuals being drawn into terrorist-related activity in a similar way to criminal activity such as drugs, knife or gang crime.

How to Report Concerns about Individuals at Risk

If you believe that someone is vulnerable to being exploited or radicalised, please follow the established safeguarding procedures to escalate concerns to the appropriate people who can refer concerns to Channel if appropriate.

19. Racist Incidents

- 19.1 Our policy on racist incidents acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We will maintain a log of racist incidents in club.

20. Anti-Bullying

- 20.1 Our policy on anti-bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. All incidences of bullying, including cyber-bullying, racist, homophobic and gender related bullying, will be dealt with in accordance with our anti-bullying policy. We recognise that children with special needs and/or disabilities are more susceptible to being bullied. We will maintain a log of bullying incidents in club.

21. E-safety

- 21.1 Our Acceptable Use policy recognises that internet safety is a whole club responsibility (staff, children/young peoples, parents).
- 21.3 Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate or possibly illegal.
- 21.4 We therefore recognise our responsibility to educate our children/young peoples, teaching them the appropriate behaviours to enable them to remain both safe and legal when using the internet and related technologies.

22. Photography and use of images

- 22.1 The welfare and protection of our children is paramount and consideration should always be given to whether the use of photography will place our children at risk. Images may be used to harm children, for example as a preliminary to 'grooming' or by displaying them inappropriately on the internet, particularly social networking sites.
- 22.2 For this reason consent is always sought when photographing children and additional consideration given to photographing vulnerable children, particularly Looked After Children or those known to be fleeing domestic violence. Consent must be sought from those with parental responsibility (this may include the Local Authority in the case of Looked After Children).

23. Health & Safety

- 23.1 Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the safeguarding of our children both within the club environment and when away from the club, for example when undertaking club trips and visits.

24. Safe Environment

- 24.1 The club undertakes appropriate risk assessments and checks in respect of all equipment and of the building and grounds in line with local and national guidance and regulations concerning health and safety.
- 24.2 The club has adequate security arrangements in place in respect of the use of its grounds and buildings by visitors both in and out of club hours.

25. Challenge and Escalation

- 25.1 We recognised that professional disagreements may arise between any agencies and resolving problems is an integral part of co-operation and joint working to safeguard children.
- 25.2 As part of our responsibility for safeguarding children, we acknowledge that we must be prepared to challenge each other if we feel that responses to concerns, assessments or the way in which plans are implemented are not safeguarding the child and promoting their welfare.
- 25.3 We are aware of the WSCB escalation procedures for raising concerns in respect of poor practice and recognise our responsibility to utilise these as and when necessary, in the interests of safeguarding and promoting the welfare of children.

26. Monitoring and Evaluation

26.1 Our Safeguarding Children policy and procedures will be monitored and evaluated by:

- Completion of the annual safeguarding audit;
- Children/young people surveys and questionnaires;
- Discussions with staff and volunteers;
- Scrutiny of risk assessments;
- Supervision of staff involved in child protection;

27. Other Relevant Policies, procedures and responsibilities

27.1 The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies, for instance:

- Recruitment and Selection Procedures: All staff including volunteers and young person placements working with the children undergo rigorous recruitment, selection and retention procedures to ensure they are suitable to work with children. Malvern Special Families will provide all potential Trustees, staff and volunteers with Job Descriptions and a Person Specification. All interested parties will be required to complete an application form, we will require two references and proof of identity. All Trustees, Staff and volunteers will be required to attend an interview and complete a DBS disclosure. Once appointed all staff will receive an induction, on-going support and training and confidential records will be kept for each person. Applicants for posts at Malvern Special Families are informed that the post is exempt from the Rehabilitation of Offenders 1974 Act and all convictions, both spent and unspent, must be disclosed. Known offenders are excluded.
- Health and Safety Policy, including risk assessments
- Equal Opportunities Policy
- Code of Staff Conduct; Staff conduct is explained in the staff handbook and given to all new staff on induction. This code includes a commitment to all the provision policies and procedures.
- Visitors; All visitors must sign in a Visitors' Book. No adults, other than staff are ever left unattended with the children. Any person visiting the provision in an official capacity, not previously known to staff, are required to provide proof of identity.
- Collection of Children: No child is ever allowed to leave the provision with an adult who is not the normal collector of the child without prior permission being obtained.
- Complaints Policy: The organisation will make the complaints policy available at every club for parents to be aware of and use where necessary. The organisation will take seriously all complaints, concerns and feedback, from parents, carers, staff and children, and will respond appropriately recording all complaints and outcomes. Records of all complaints are kept for three years.
- Whistle blowing policy: Explaining what a staff member should do if they are concerned about practice within the organisation.
- Anti-bullying Policy; Malvern Special Families is committed to providing a caring, friendly and safe environment for all young people and staff. Intimidation, harassment and bullying will not be tolerated
- Physical Intervention Policy; In order to keep young people safe we use Team Teach as our approved method of Physical Intervention
- Disciplinary procedure: to be implemented in the event of investigation

- **Record keeping:** The Manager will ensure appropriate records are kept up to date and in the right place. Confidential records are to be kept separate and in locked accommodation. Access to records to be limited/controlled e.g. Chairman of Trustees, Manager, Play Services Co-ordinator
- **Information sharing:** We will base our information sharing decisions on considerations of safety and well-being of the person and others who may be affected by their actions. We will ensure that the information we share is necessary for the purpose for which we are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- **Liaison:** We will work in partnership with parents to make every effort to get to know the children in our care and understand their needs and behaviours

27.3 The above list is not exhaustive but when undertaking development or planning of any kind the club will need to consider safeguarding matters.

External

Children's Services Access Centre

(Professional number) 01905 768054
 (Public number) 0845 607 2000
 (e-mail) childrensteam@worcestershire.gov.uk

Out of Hours Emergency Duty Team 01905 768020
 24hrs non-emergency 101
 Emergency 999
 NSPCC Helpline 0808 800 5000
 Local Authority Designated Officer (LADO) 01905 752816

Channel/Prevent contacts:

Local Authority – James Wheeliker (jwheeliker@worcestershire.gov.uk)

West Mercia Police – DS Phil Colley 01386 591835 / 07736 084701

DC Gary Shephard 01386 591816 / 07772 904013

T/DC Jemma Greenhow 01386 591825 / 07890 746662
prevent@warwickshireandwestmercia.pnn.police.uk

What is Child Abuse?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing 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. Children may be abused by an adult, or adults, or by another child or children. There are four main categories of abuse and children may suffer from more than one type at a time:

Definitions of abuse and neglect *Working Together to Safeguard Children*

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.

Emotional Psychological abuse is 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 children that they are worthless or unloved, inadequate, or valued only in-so-far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's 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 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.

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

Discriminatory abuse includes any sort of abuse based on a vulnerable adult's or child's race, gender or impairment such as their mental or physical health

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

Institutional/Organisational Abuse is poor professional practice in an institution designed to safeguard children including neglect, and can take the form of isolated incidents right through to ill treatment or gross misconduct.

Financial or Material Abuse is when a child is exploited for financial gain. It includes theft, fraud, exploitation, misuse or misappropriation of property finance etc.

Domestic Violence is where there are incidents of threatening behaviour and violence between adults who are or have been intimate partners or family members regardless of gender or sexuality. The children living in these households can suffer harm through directly or indirectly witnessing and experiencing domestic violence.

Modern Slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Procedure to be followed in the event of a concern or disclosure of child abuse

- Keep calm. Do not be shocked.
- Listen to the child or young person.
- Accept what you hear without passing judgement.
- Ask questions only for clarification.
- Do not investigate.
- Do not make promises.
- Offer support and understanding explaining that you cannot keep it secret and what may happen. (This gives them the choice to continue telling you or stop.)
- Reassure the child or young person that they were right to talk to you.
- Write down notes – dates, times, facts, who were involved, observations using actual words used if possible on The Cause for Concern Form.
- Report to the designated senior member of staff for Safeguarding as soon as possible (or contact immediately if you believe the matter is urgent).
- If you have a concern about wrongdoing by a colleague or line-manager, refer to our whistleblowing policy and report to the senior member of staff for safeguarding as soon as possible. If your concern is about

the senior member of staff for safeguarding, report to the designated trustee for safeguarding (contacts on page 11)

- Ensure that you have the following information:
 - name(s), address, date(s) of birth of the child/children or young person/people
 - parent/carer's name and contact details
 - name of the person said to be involved
 - names of any witness to the incident (if appropriate)
- Keep notes of your conversation with the designated senior member of staff and any advice offered.
- Sign and date the notes and keep them in a confidential file.
- Act on the advice given.

ALWAYS REMEMBER – IF IN DOUBT – CONSULT

Respect confidentiality of everyone involved in the incident keeping the matter restricted only to those who need to know. Support should be provided for the child or young person making the disclosure.

The most appropriate way of doing this is for the DSL to telephone the Children's Services Access Centre and share the concerns with a customer advisor. It is not necessary to give the child's name at this point. The customer advisor will give you guidance regarding actions to be taken if any.

Procedure to be followed in the event of an allegation of abuse against a member of staff, volunteer or Trustee

If an allegation is made (no matter how insignificant it may seem or when or where it occurred) we will treat the matter seriously. The DSL must immediately inform Children's Services Access Centre and make a note of the name of the person spoken to. Advice about the management of allegations is available from the Local Authority Designated Officer (LADO) 01905 752800

- Do not immediately discuss the allegation with the individual concerned
- Do not investigate. (If a child or young person is at risk then Safeguarding Procedures should be followed.)
- Allegations should be confirmed in writing by the person making the allegation wherever possible and should be attached to the Record of Complaints. Actions should not be delayed whilst awaiting written confirmation.

The name and position of the person against whom the allegation has been made should be recorded, plus the date and time of the alleged incident. The full name, age and date of birth of any child/children involved should also be recorded together with the address at which they live with their main carer. All information should be factual. It is also helpful to confirm the level of contact that the alleged perpetrator has had with the child/children and any other minor concerns that have been raised previously. If there are one or more alleged incidents, be as specific as possible about the dates on which they are alleged to have occurred.

The threshold criteria for an independent investigation are met if the alleged perpetrator 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 that he/she is unsuitable to work with children.

Should the thresholds be met, the Access Centre will inform the LADO who will convene a strategy meeting.

- The Line Manager will liaise with the Trustees about whether a suspension is needed. (Suspension should be seen as a neutral act without prejudice.)
- The DSL must also inform the Ofsted Complaints, Investigation and Enforcement Team if an allegation is made as soon as reasonably possible and within 14 days on 0300 123 1231. If the Access Centre decides no further action is required Ofsted may still undertake an investigation to ensure that registration requirements are met.
- A note should be made of any actions advised by the Access Centre or by Ofsted and the date and time that they are implemented.
- The Line Manager or member of the Trustees will inform the named individual as soon as possible and support him/her or advise him/her on how to access support.
- Following discussion with the LADO, the parents or carers should be informed and support offered.
- Every effort will be made to maintain confidentiality.
- The nature and circumstances of the allegation and the evidence will determine the outcome, with the advice of the LADO.

- Even if the individual resigns the allegation must still be followed up.
- A record must be kept of any allegations made and how it was followed up and resolved. This must be kept for 10 years. A copy will be given to the individual.
- If a reference is provided for an individual against whom an allegation has been made, then it must clearly state this even if it was found to be false or unproven.
- Following an allegation process, we will review our policies and procedures, including risk assessments and follow up on any identified training needs, to help prevent similar events in the future.

Signs of Abuse in Children

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated/named/ lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and/or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-club children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant

upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society’s standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsible with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from club
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones/sim cards and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)

- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people / anti-social groups / with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with club, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

All clubs should ensure that there is a dedicated lead person with responsibility for implementing local guidance in respect of child sexual exploitation. This would normally be the DSL.

The DSL must ensure they are aware of the guidance on Child Sexual Exploitation on the WSCB website: <http://www.worcestershire.gov.uk/cms/safeguarding-our-children/child-sexual-exploitation.aspx>

The DSL must ensure that all staff are aware of signs and symptoms of CSE and know that these must be reported and recorded as child protection concerns. The DSL must follow the Worcestershire Pathway for dealing with issues of CSE, including completion of the screening tool.

ANNEX 2

Effects of domestic abuse on children and young people

The impact of domestic abuse on the quality of a child's or young person's life is very significant. Children and young people who live with domestic abuse are at increased risk of behavioural problems, emotional trauma, and mental health difficulties in adult life.

The impact of domestic abuse on children and young people can be wide-ranging and may include effects in any or all of the following areas:

Physical: Children and young people can be hurt either by trying to intervene and stopping the violence or by being injured themselves by the abuser. They may develop self-harming behaviour, or eating disorders. Their health could be affected, as they may not be being cared for appropriately. They may have suicidal thoughts or try to escape or blank out the abuse by using drugs, alcohol or by running away.

Sexual: There is a high risk that children and young people will be abused themselves where there is domestic abuse. In homes where living in fear is the norm, and situations are not discussed, an atmosphere of secrecy develops and this creates a climate in which sexual abuse could occur. In addition to this, children and young people may sometimes be forced to watch the sexual abuse of their mother/carer. This can have long-lasting effects on the sexual and emotional development of the children/young people.

Economic: The parent or carer of the child or young person may have limited control over the family finances. Therefore, there might be little or no money available for extracurricular activities, clothing or even food, impacting on their health and development.

Emotional: Children and young people will often be very confused about their feelings – for example, loving both parents/carers but not wanting the abuse to continue. They may be given negative messages about their own worth, which may lead to them developing low self-esteem. Many children and young people feel guilty, believing that the abuse is their fault. They are often pessimistic about their basic needs being met and can develop suicidal thoughts. Some children and young people may internalise feelings and appear passive and withdrawn or externalise their feelings in a disruptive manner.

Isolation: Children and young people may become withdrawn and isolated; they may not be allowed out to play; and if there is abuse in the home they are less likely to invite their friends round. Clubbing may be disrupted in many ways, and this may contribute to their growing isolation. They may frequently be absent from club as they may be too scared to leave their mother alone. They may have to move away from existing friends and family – e.g. into a refuge or other safe or temporary accommodation.

Threats: Children and young people are likely to have heard threats to harm their mother/father. They may have been directly threatened with harm or heard threats to harm their pet. They also live under the constant and unpredictable threat of violence, resulting in feelings of intimidation, fear and vulnerability, which can lead to high anxiety, tension, confusion and stress.

This clearly highlights that living with domestic abuse has a significant impact on a child's ability to achieve the five outcomes as outlined in the *Every Child Matters* agenda:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well being.

What you might see in club

- Unexplained absences or lateness
- Children and young people attending club when ill rather than staying at home;
- Children and young people who are constantly tired, on edge and unable to concentrate
- Children and young people whose behaviour and personality changes dramatically;
- Children and young people who become quiet and withdrawn and have difficulty in developing positive peer relations;
- Children and young people displaying disruptive behaviour or acting out violent thoughts with little empathy for victims;
- Children and young people who are no trouble at all.

What we can do

Staff can create an environment which both promotes their belief and commitment that domestic abuse is not acceptable, and that they are willing to discuss and challenge it.

For many victims, the club might be the one place that they visit without their abusive partner.

NSPCC **0800 800 5000** and ChildLine **0800 11 11**; Parentline **0800 800 2222**; Worcestershire's Forum Against Domestic Abuse and Sexual Violence (WFADSA) 24 hr. helpline: **0800 980 3331**,

website: <http://www.worcestershire.gov.uk/cms/domestic-and-sexual-abuse.aspx>

West Mercia Constabulary - Police Domestic Abuse Units 101.

Staffs can support individual children and young people by:

- Introducing a **whole-club philosophy** that domestic abuse is unacceptable;
- **Responding to disclosures** and potential child protection concerns; recognising that domestic abuse and forced marriage may be a child protection concern; policies and procedures must include domestic abuse;

Advice for clubs on receiving notification of a Domestic Abuse incident

Club action

On receiving this information, the DSL should:

- Log the information and keep the record alongside other information/concerns that the club has on this child/family, with all other confidential records in a secure place.
- Inform any staff of notification on a 'need to know' only basis
- Monitor children/young persons behaviour in club and should concerns arise which may be attributed to the impact of the incident, consult with Social Care through the Access Centre as the concerns may be significant and lead to new safeguarding action, or to seek advice on how to proceed.
- Provide appropriate support for child, **if required** – do not question children/young people about the incident. Respect the child's decision on whether or not they wish to discuss the situation.
- Provide appropriate support for adult, **if asked** – e.g. helpline number (0800 980 3331) or website address: <http://www.worcestershire.gov.uk/cms/domestic-and-sexual-abuse.aspx>

If in doubt, consult with either the Access Centre (01905 768054) Evenings and weekends 01905 768020

ANNEX 3

Forced Marriage – a form of Domestic Abuse

Forced Marriage should be recognised as a human rights abuse – and should always invoke child protection procedures within the club.

A forced marriage is a marriage conducted without the full consent of both parties, and one where duress is a factor. A forced marriage is not the same as an arranged marriage – in an arranged marriage the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people.

Religion and Culture

Forced marriage can never be justified on religious grounds: every major faith condemns it and freely given consent is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriage.

Often parents believe that they are upholding the cultural traditions of their home countries, when in fact practices and values there have changed. Some parents come under significant pressure from their extended families to get their children married.

The law

Although there is no specific criminal offence of 'forcing someone to marry' within England and Wales, forced marriage may involve criminal offences.

Sexual intercourse without consent is rape, regardless of whether this occurs within the confines of a marriage. A girl who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.

In addition, the Forced Marriage (Civil Protection) Act (2007) makes provision for protecting children, young people and adults from being forced into marriage without their full and free consent through Forced Marriage Protection Orders. Breaching a Forced Marriage Protection Order is a criminal offence.

The Anti-Social Behaviour, Crime and Policing Act 2014 makes it a criminal offence, with effect from 16th June 2014, to force someone to marry. This includes:

- Taking someone overseas to force them to marry (whether or not the marriage takes place);
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured into it or not).

What to do if a young person seeks help

- The young person should be seen immediately in a private place, where the conversation cannot be overheard.
- The young person should be seen on her own, even if she attends with others.
- Establish whether there is a family history of forced marriage — i.e. siblings forced to marry.
- Advise the young person not to travel overseas and discuss the difficulties she may face.
- Seek advice from the Forced Marriage Unit.
- Refer to the local Police Child Protection Unit if there is any suspicion that there has been a crime or that one may be committed.
- Refer the young person with her consent to the appropriate local and national support groups, and counselling services.

Further guidance is available from The Forced Marriage Unit:

Tel: (+44) (0)20 7008 0151 between 9.00 a.m. and 5.00 p.m. Monday to Friday

Emergency Duty Officer (out of hours): (+44) (0)20 7008 1500

E-mail: fmfu@fco.gov.uk

Website: www.fco.gov.uk/forcedmarriage

ANNEX 4

Female Genital Mutilation (FGM) – a form of Human Rights Abuse

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries – including the UK. The Female Genital Mutilation Act 2003 came into force in 2004:

What is FGM?

FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. There are four known types of FGM, all of which have been found in the UK. FGM is sometimes known as 'female genital cutting' or female circumcision. Communities tend to use local names for this practice, including 'sunna'.

Why is FGM carried out?

It is believed that it brings status and respect to the girl and that it gives a girl social acceptance, especially for marriage. It preserves a girl's virginity/chastity and is as a rite of passage. It upholds the family honour. It is thought to cleanse and purify the girl, gives the girl and her family a sense of belonging to the community and perpetuates a custom/tradition. Religion is sometimes given as a justification for FGM, however, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic.

Within which communities is FGM known to be practised?

According to the Home Office it is estimated that up to 24,000 girls under the age of 15 are at risk of FGM. UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leone, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani. Obviously, this not to say that all families from the communities listed above practise FGM, however, a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.

Is FGM harmful?

FGM is extremely harmful and is often described as brutal because of the way it is carried out on children between the ages of 0 and 15, often without any form of sedation and without sterile conditions. The girl or young woman is held down while the procedure of cutting takes place and survivors describe extreme pain, fear and feelings of abandonment. Many women have long term health problems and difficulties during pregnancy and childbirth.

Signs, symptoms and indicators

Things that may point to FGM happening:

A child talking about getting ready for a special ceremony, and the family arranging a long break abroad,
A child's family being from one of the 'at-risk' communities for FGM, knowledge that an older sibling has undergone FGM,
a young person talks of going abroad to be 'cut', or get ready for marriage.

Things that may indicate a child has undergone FGM:

Behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued, bladder or menstrual problems, finding it difficult to sit still, and looking uncomfortable, complaining about pain between their legs, mentioning something somebody did to them that they are not allowed to talk about, secretive behaviour, including isolating themselves from the group, reluctance to take part in physical activity, repeated urinary tract infection, and of course disclosure.

What should clubs do if concerned or if there is disclosure

Where clubs have a concern about a child, they should contact Children's Social Care Services. If the concerns are based on more concrete indicators – i.e., the young person says this is going to happen to them, or disclosure that it has happened to them or to an older sister – clubs should make a child protection referral. Staff should **not**:

- contact the parents before seeking advice from children's social care;
- make any attempt to mediate between the children/young people and parents.

Appendix 1.) Proforma for Recording Allegations of abuse against staff

Please read guidance notes (section 11 of this guidance, Yellow Book Edition 5, March 2010) before completing this form.

1. Member of staff who is subject of allegation

Name	
Position	

2. Is the allegation **written** or **verbal**? (Circle as necessary)

3. Who is the allegation made by	
Relationship to child	
4. Name of child	
Age and date of birth	
5. Address of child	
Parent's/carer's name(s) (and address if different from above)	
6. Date of alleged incident/s	

7. Did the child attend childcare provision on this/these date/s? **Yes** or **No** (Circle)

8. Nature of allegation (If received in writing see guidance)

9. Other relevant information

(Continue on separate sheet if necessary– refer to guidance notes for details)

10. Date and time Children's Services contacted

11. Date and time Ofsted informed

12. Further actions advised by Children's Services and/or Ofsted

Name of person completing form	
Position	
Signature	

Appendix 2) Malvern Special Families To be completed annually by the Trustee Safeguarding Champion

The Designated Senior Lead of staff for Safeguarding is

The WSCB training that s/he has undertaken this year is

The alternate designated senior member of staff for Safeguarding is

The WSCB training that s/he has undertaken this year is

The Safeguarding Policy was agreed by the committee on

It will be reviewed on

Recruitment

I confirm that staff and volunteers selected this year were recruited following safeguarding guidance. The qualifications were verified and their identity checked. Reference requests included the person's suitability to work with children/young people. Missing information or vague information is always followed up with the referee. Enhanced DBS Disclosures are undertaken for all new staff. All new staff have undertaken safeguarding training.

Information

Children and young people are aware of the Safeguarding Policy and who they can speak to about a concern. Parents and carers are aware of the Safeguarding Policy and Procedures and who they can speak to about a concern.

Disclosures

The number of safeguarding disclosures this year was

Concerns

The number of safeguarding concerns raised this year was

The outcomes of these concerns were

Allegations

The number of safeguarding allegations against adults made this year was

The outcomes of these allegations were

Safeguarding Complaints

The number of safeguarding complaints made this year was

The outcomes of these complaints were

Referrals

The number of safeguarding referrals to Children’s Social Care and/or the Police this year was

Learning

The learning from these disclosures/concerns/allegations/complaints was

Action for Next Year

As a result of this learning I recommend that

Signed..... Date.....

Designated trustee with responsibility for Safeguarding

Appendix 3) Proforma for recording if there is a disclosure or suspicion of abuse

Child/Young Person Information

Name of child/young person:			
Home address:			
Telephone Home		Mobile:	
Date of Birth:		Age:	

Details of Disclosure or Suspicion

Date:		Time:	
Place:			
Occasion:			
Nature of Concern:			

Actions Already Taken

Child/Young Person spoken to?	Yes/No
Date:	
Outcome:	
Parent(s)/ Carer spoken to?	Yes/No
Date:	
Outcome:	
Designated Senior Member of staff for Safeguarding contacted	Yes/No
Date:	
Outcome:	
Signature of DSL:	Date:

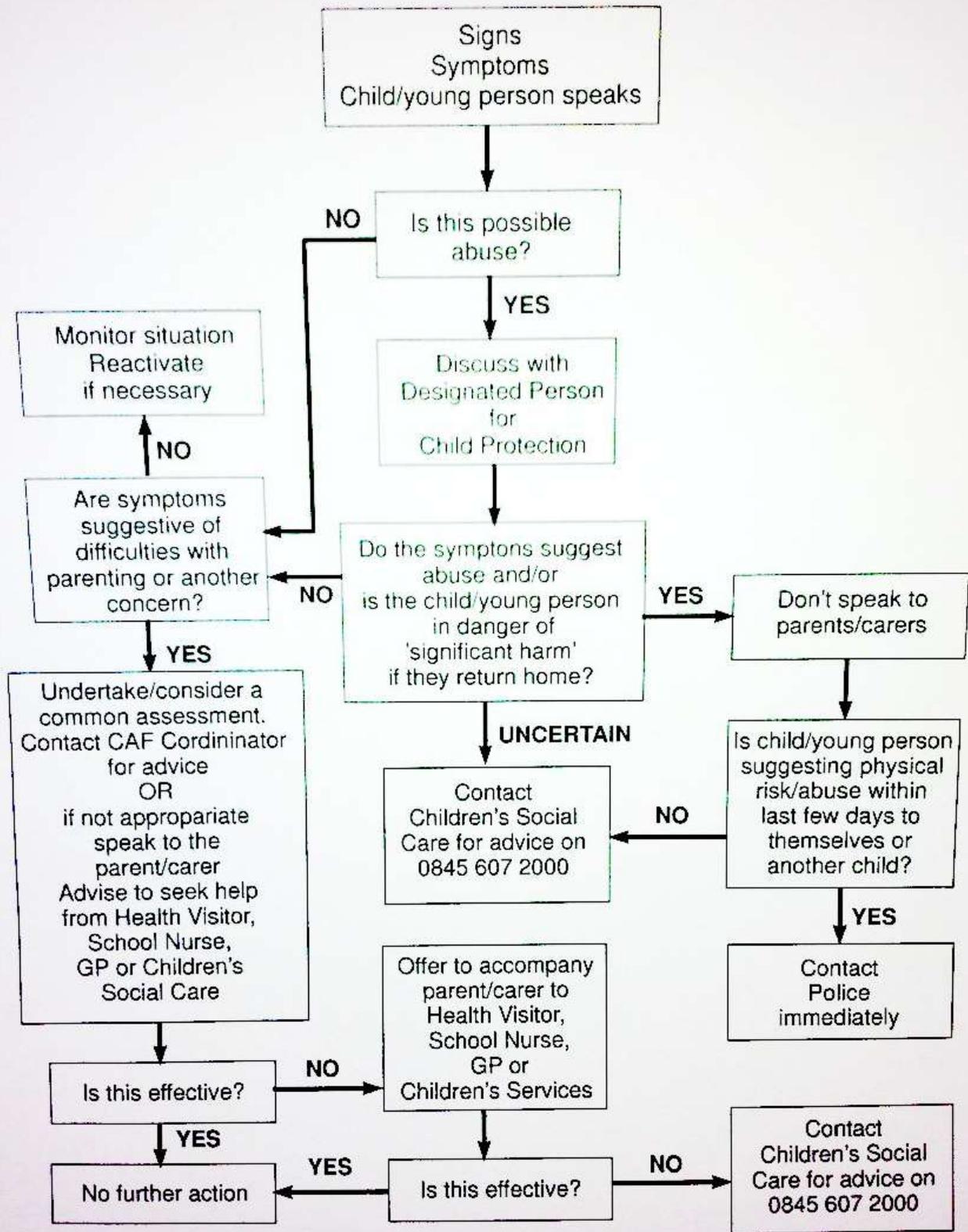
Referral to Children's Services/Police

Name of Contact:			
Position:		Date:	
Feedback			

Worker(s) Details

Name:		Name:	
Role:		Role:	
Signature:		Date:	
Signature:		Date:	

RESPONDING TO A CONCERN OR DISCLOSURE FLOWCHART



Appendix 5) Malvern Special Families – Cause for Concern Reporting Form

This form is to be completed on all occasions when there is cause for concern in relation to the welfare of a child and given to your Designated, Senior Manager for Safeguarding.

Name of Child/ Young Person:

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Details of the staff member reporting concerns
Full Name:
Post Held:

Details of Child/ Young Person
Full Name:
Date of Birth:
Home Address:
Post Code:
Name of Parent/Carer:

Do these concerns relate to a specific incident?
If Yes complete Section A If No complete Section B

Section A
Date and Time of Incident:
Club attended at time of incident:
Place of Incident:
Date this form completed:
Form completed by (please print):
Brief circumstances of incident, to include any precipitating factors and injuries sustained (if applicable, use body map form)

