



RADCLIFFE-ON-TRENT COMMUNITY YOUTH PROJECT SAFEGUARDING CHILDREN POLICY AND PROCEDURES VERION 1

This policy and procedures have been informed by Youth & Play Services of Nottinghamshire County Council templates provided in September 2015. Updates and further information included changes to practice guidance can be found on [Nottinghamshire and Nottingham City Safeguarding Children Boards' website](#) and appendix 1 contains extracts from the procedures accessed on 1st February 2016.

1 Definitions

- 1.1 In accordance with the Children Act 1989 and 2004, a child is any person who has not yet reached their 18th birthday. For the purpose of these procedures the reference to children therefore means 'children and young people' throughout.

2 Policy Statement

- 2.1 Radcliffe-on-Trent Community Youth Project is committed to protecting the welfare of all children as they participate in Radcliffe-on-Trent Community Youth Project's services and/or activities. Radcliffe-on-Trent Community Youth Project understands its responsibility to comply with legislation, particularly to ensure that the welfare of children and young people is paramount, and will constantly monitor developments in this field. However, Radcliffe-on-Trent Community Youth Project recognises that the best protection for children participating in our programmes is the vigilance and forethought of staff and volunteers in preventing circumstances where abuse of trust could occur. To that end, Radcliffe-on-Trent Community Youth Project will strive to create a safe and secure environment where service users, volunteers and staff can work together confidently in mutual respect.
- Radcliffe-on-Trent Community Youth Project also recognises its responsibility to take appropriate action when a child discloses that they are experiencing abuse or neglect, or if staff / volunteers have a concern about the welfare of a child, and to ensure staff / volunteers have an understanding of what might indicate this and what action to take.
- 2.2 This policy should be read in conjunction with the Nottingham City & Nottinghamshire Safeguarding Children Procedures. These procedures reflect and are compliant with Working Together to Safeguard Children 2015 and current national policy and guidance.
- 2.3 Radcliffe-on-Trent Community Youth Project staff and volunteers are required to abide by the staff member/volunteer Code of Practice and, as part of that Code of Practice, are required to notify Radcliffe-on-Trent Community Youth Project of any police record or other factor which may make that person unsuitable to work with children or young people aged 18 or above, with care and support needs.
- 2.4 Radcliffe-on-Trent Community Youth Project will ensure that the Code of Practice, and the organisation's safeguarding children and procedures are continually monitored, developed and maintained and are appropriately communicated throughout the staff and volunteer network. Volunteers and staff throughout the organisation are responsible for ensuring that they are

familiar with the codes, guidelines and procedures of the organisation, and that new staff and volunteers are appropriately inducted.

- 2.5 Radcliffe-on-Trent Community Youth Project have appointed a Designated Safeguarding Person who will be responsible for the above, and will also be the person to whom any safeguarding children concerns will, in the first instance, be reported to and who will then discuss and agree the appropriate action to take.

Radcliffe-on-Trent Community Youth Project's Designated Safeguarding Person is:

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In the event the Designated Safeguarding Person is not able to resolve the safeguarding concern or the concern is about that person, the Trustee who has the executive lead is:

.....

- 2.6 Radcliffe-on-Trent Community Youth Project will maintain policies and procedures geared towards abuse prevention that include, but are not limited to the following topics:

- selection and vetting of staff and volunteers including DBS checks
- employee and volunteer disciplinary procedure
- staff and volunteer induction and training
- staff member and volunteer Code of Practice
- whistleblowing policy/confidential reporting procedure.

- 2.7 All staff and volunteers will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure. Relevant training and support will be provided on an ongoing basis, and will cover information about their role, and opportunities for practising skills needed for the work.

- 2.8 Training on specific areas such as safeguarding children, identifying and reporting abuse, and confidentiality of personal information will be given as a priority to new staff and volunteers, and will be regularly reviewed.

3 Action to be taken on hearing and observing the Child/Young Person

3.1 Paragraphs 3.1 to 3.4 have been taken from the Nottinghamshire updated procedures. These state that whenever a child or young person reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify and document the concerns;

- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe;
- Listen carefully to what the child says and observe the child's behaviour and circumstances.

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

3.3. The child or young person should be given information and asked their views about the referral to children's social care in a way appropriate to their age and developmental level unless to do so is felt likely to cause increase risk of harm to them or others. If the child can understand the significance and consequences of making a referral to LA children's social care the possible outcomes and the different stages of the process should be explained to them. Their views and comments should be recorded.

3.4. It should be explained to the child that whilst their views will be taken into account, the practitioner/ volunteer has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

3.5 The Radcliffe on Trent Community Youth Project Staff/Volunteer Code of Practice specifies that a staff member/ volunteer should not place him/herself in a situation where he/she is alone with a service user who is a child. However, it is possible that a service user will be unwilling to make disclosures of this nature in anything but a one-to-one situation. The service user's needs must take priority in this situation. Ask if the service user would like someone else to be present – an adult or a friend - but if he/she declines; proceed with the hearing what it is they want to tell you, taking extra care with your behaviour and body language.

3.6 Without stopping the child from disclosing, but if possible before the child goes into detail, explain the consequences of you knowing and the action you will take. Assure them that you will offer support but must pass any information to another professional who may take appropriate action. Explain that this may be the Designated Safeguarding Person, as identified in section 2, and Social Care.

3.7 Keep calm and listen to the child - do not have physical contact at any time. Allow the child to speak without interruption, accepting what is said.

3.8 Do not make judgements or offer opinion, and as soon as is practically possible make an accurate written record of what the child has said, being careful to use their own words as accurately as possible.

3.9 Explain again what will happen next. Find out when the child is next due to see the individual who is the subject of the complaint. (You will then be able to make a judgement as to the appropriate timing of your follow-up actions to ensure that the child remains safe.)

- 3.10 If the complaint concerns a situation not related to Radcliffe-on-Trent Community Youth Project (e.g. at home or at school), refer the complaint directly to the Designated Safeguarding Person. Pass on all information disclosed to you by the child.
- 3.11 If the complaint concerns a Radcliffe-on-Trent Community Youth Project staff member/volunteer, staff member or adult where the contact between that individual is a direct result of Radcliffe-on-Trent Community Youth Project activity, immediately inform the Named Senior Officer as identified in section 4 who will then initiate the procedure.
- 3.12 Concerns about the welfare of a child, including the possibility of abuse or neglect, may also be raised by behaviour or other indicators noticed by a member of staff/volunteer, but not disclosed by the child. In these instances, it is equally important to take action, and these concerns should be raised and discussed with the Designated Safeguarding Person.

4 Procedures for dealing with suspected abuse by staff members/ volunteers:

- 4.1 When dealing with issues concerning abuse by an adult in a position of trust, Trustees/Committee Members must remember that the welfare of the children participating in Radcliffe-on-Trent Community Youth Project is paramount, but that we also have a responsibility to ensure that our staff & volunteers are treated fairly and with respect. This procedure is designed to meet both those objectives. The management committee or Board of Trustees should ensure that every member is fully aware of these procedures.
- 4.2 The Nottinghamshire and Nottingham City Safeguarding Children Procedure have a clear procedure for managing concerns in relation to adults who work with children, (see [Nottinghamshire and Nottingham City Safeguarding Children Boards' website](#)) and Radcliffe-on-Trent Community Youth Project will adopt these procedures in the event of an appropriate concern.
- 4.3 The first requirement of these procedures is for each organisation to identify a Named Senior Officer to whom such concerns should be, in the first instance, reported. (Wherever possible, this should be a different person to the Designated Safeguarding Person).

4.4 Radcliffe-on-Trent Community Youth Project's Named Senior Officer is

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If this person is unavailable or is the subject of the allegation, then the alternative person to contact is:

Safeguarding Executive lead/ Trustee

.....

- 4.5 On receipt of a concern when an individual may have:

- 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 in a way that indicates s/he may not be suitable to work with children

the Named Senior Officer will contact the LADO (Local Authority Designated Officer) who will consider, with the Named Senior Officer, the most appropriate way forward. **It is essential that nothing is done to investigate the concern before contacting the LADO as this can contaminate evidence if a police investigation is deemed appropriate.**

- 4.6 If the concern meets the above criteria, then the procedure outlined in Chapter 7 - managing concerns in relation to adults of the NCSCB Safeguarding Children Procedures June 2012 will be followed with guidance from the LADO.

Nottingham City LADO contact number: 0115 8764727

Nottinghamshire County LADO contact number: 0115 9773921

- 4.7 **If the concern does not meet the above criteria, but involves other inappropriate behaviour by the staff member / volunteer then this will be dealt with through the Radcliffe-on-Trent Community Youth Project Disciplinary Procedure or as appropriate, Nottinghamshire Adult Safeguarding or domestic abuse procedures.**

- 4.8 It is also important to ensure that both the child and the alleged perpetrator receive appropriate support through this procedure. For the child this should in the first instance be provided by their parents/carers who may need some support to do this. The staff member/volunteer should be encouraged to get support from a union representative, friend, or another identified member of staff/volunteer.

5. Action to be taken if you receive an allegation about yourself.

- 5.1 Keep calm. Do not get involved in an argument which is likely to make the situation worse.
- 5.2 Immediately inform your line manager and the Named Senior Officer. The quicker that action is taken to investigate the allegations, the sooner the situation will be resolved.
- 5.3 Record the facts as you understand them.
- 5.4 Ensure that no-one is placed in a position which could cause further compromise. Do not contact another agency involved with the child or young person concerned.

6. Confidentiality

- 6.1 Whatever the nature of the complaint, it must be kept confidential. You must not discuss the disclosure with any individual or party other than those identified in the above procedure.

This policy was adopted by Radcliffe-on-Trent Community Youth Project Trustee Board at a meeting on: 8th September 2016

Review date: September 2018

APPENDIX 1

1. What is Abuse and Neglect?

Working Together to Safeguard Children (2015) provides the following definitions:

http://nottinghamshirescb.proceduresonline.com/core/p_respond_abuse_neg.html#def_ch_abuse

Physical abuse Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child.

Emotional abuse

See [Guidance to Support Practitioners with Emotional Abuse](#).

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations 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;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

See [Guidance to Support Practitioners Working with Sexual Abuse](#).

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 [Sexual Offences Act 2003](#).

Neglect

See [Practice Guidance on Neglect](#).

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

Once a child is born, neglect may involve a parent failing to:

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

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

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic violence and abuse in the household or a cluster of problems faced by the adults.

Professional and Agency Response

All practitioners, whether paid or voluntary, in all organisations, where they come in to contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers, should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to gather and analyse information as part of an assessment of the child's needs.

Each agency and the Local Safeguarding Children Board have child protection procedures in place to support and provide information about how and what action to take when there are concerns about a child. Those child protection procedures will include information about how to:

- Identify potential or actual harm to children;
- Discuss and record concerns with a first line manager / in supervision;
- Analyse concerns by completing an assessment;

- Discuss concerns with the agency's named or designated safeguarding children advisor (able to offer advice and decide upon the necessity for a referral to LA children's social care).

When concerns arise, practitioners in all organisations should use their knowledge and agency resources to contact local children's social care or the police about their concerns directly and to complete the appropriate referral form, if there are urgent concerns.

In such circumstances a formal referral to LA children's social care, the police or emergency medical services (if the child requires urgent medical attention) must not be delayed by the need for consultation with management or the nominated safeguarding children adviser, or the completion of an assessment.

All practitioners in organisations with contact with children and members of their families must make a referral to LA children's social care if there is evidence that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect;
- Is likely to suffer significant harm in the future.

The timing of such referrals should reflect the level of perceived risk of harm as soon as possible and not longer than within one working day of identification or disclosure of harm or risk of harm.

In urgent situations, out of office hours, please see the [Referrals Procedure, 'Making a Referral'](#).

For Nottingham City: **all referrals for both Social Care and Early Intervention Services**, should now be made to the **Children & Families Direct Telephone number and e-mail address: 0115 876 4800**
candfdirect@nottinghamcity.gov.uk

For Nottinghamshire: The MASH is the **single point of contact for all professionals** to report safeguarding concerns.

- **Telephone:** 0300 500 80 90
- **Email:** mash.safeguarding@nottscc.gcsx.gov.uk
- **Online form** - [about a child](#)
- **Online form** - [about an adult \[Word\]](#)
- **Fax:** 01623 483 295
- **Post:**
MASH,
Mercury House,
Little Oak Drive,
Sherwood Business Park,
Annesley,

Nottinghamshire
NG15 0DR

Opening hours: Monday to Thursday - 8.30am to 5.00pm, Friday - 8.30am to 4.30pm

In an emergency outside of these hours, contact the Emergency Duty Team (EDT) on 0300 456 4546.

Making a Referral

Referrals should be made to the Local Authority for the area where the child is living or is found. More detailed guidance on the referral processes for Nottingham City and Nottinghamshire can be accessed by following the these links:

[Are you worried about a child's well-being? \(Nottingham City Council website\)](#)

[Contact Social Care Services for Children and Young People \(Nottinghamshire County Council website\)](#)

Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.

Children's social care should within one working day of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. The referrer should be notified of the outcome of this decision within 3 days and if this does not occur, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

If the child is known to have an allocated social worker, the information should be passed to that worker, the duty children's social worker in the allocated team or the social worker's manager without delay. In all other circumstances referrals should be made to the duty officer.

In the event of nobody being available from the allocated team the information should be given to the initial points of contact in the responsible authority.

For further details see [Referrals Procedure](#).

Nottingham City and Nottinghamshire County Council have standards for the delivery of social care services. Feedback about Nottinghamshire (see [Compliments, Comments and Complaints, Nottingham County Council website](#)) and Nottingham City (see [Complaints Process, Nottingham City Council website](#)) services is welcomed and encouraged from referrers and service users.

12. Concerns Raised by a Member of the Public

When a member of the public telephones or approaches any agency with concerns about the welfare of a child or an unborn baby, the professional who receives the contact should always:

- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
- Take basic details:
 1. Name, address, gender and date of birth of child;
 2. Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), practitioners providing other services, a lead professional for the child.

- Discuss the case with their manager and the agency's designated safeguarding children advisor to decide whether to:
 3. Make a referral to LA children's social care;
 4. Make a referral to the lead professional, if the case is open and there is one;
 5. Make a referral to a specialist agency or professional e.g. educational psychology or a speech and language therapist;
 6. Undertake an assessment.

Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

The opportunity for a face to face meeting or interview should be offered to the member of the public to clarify information and offer advice, if needed.

Referrers in Nottingham City should contact [Children & Families Direct \(Nottingham City Council website\)](#) in the first instance.

The member of the public should also be given the number for their LA children's social care and encouraged to contact them directly. The agency receiving the initial concern should always make a referral to LA children's social care and to the lead professional if there is one, in case the member of the public does not follow through (which can happen).

Some people may prefer not to give their name to LA children's social care, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, practitioners should respect the referrer's request for anonymity. However practitioners should not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

Parental Consultation

Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to LA children's social care unless seeking agreement is likely to place the child or the worker at risk of significant harm through delay or from the parent's actions or reactions; For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or fabricated or induced illness has taken place.

Where a professional decides not to seek parental permission before making a referral to LA children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to LA children's social care. Practitioners should consult with their line manager/named or designated safeguarding advisor, if at all practicable, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

- The reason for proceeding without parental or competent young person's agreement must be recorded;

- The parent's or competent young person withholding of permission must form part of the verbal and written referral to LA children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral from a professional cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

Urgent Medical Attention

If the child is suffering from a serious injury, unwell or in pain the practitioner must arrange appropriate medical attention and must inform LA children's social care, and ensure the safeguarding concerns are communicated with any medical services involved with immediate care e.g. the ambulance service, Accident and Emergency Department. They should also contact the on call consultant paediatrician for child protection at the hospital the child is attending.

Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

- LA children's social care local to the hospital and the child's home address (may be two different LA children's social care) are notified by telephone that there are child protection concerns;
- A strategy meeting/discussion has been held, if appropriate, which should then include relevant hospital and other agency practitioners;
- There is an agreed plan between the responsible Consultant and Children's Social Care as to how those concerns will be addressed and the child adequately safeguarded on discharge.

Adult Services Responsibilities in Relation to Children

Adult services and practitioners working with adults need to be competent in identifying the client or patient's role as a parent. They need to be able to consider the impact of the adult's condition or behaviour on:

- A child's development;
- Family functioning;
- The adult's parenting capacity.

Where a practitioner working with adults has concerns about the parent's capacity to care for the child and considers that the child is likely to be harmed or is being harmed, they should immediately refer the child to the police or LA children's social care, in accordance with their agency's child protection procedures.

Requests for information about a child, which are often made to health practitioners such as GPs or specialist services for mental health or substance misuse, by LA children's social care should be directed to the correct professional and not dealt with by administrative staff or intermediaries although it is reasonable for these staff

to initially obtain demographic information and information about consent arrangements for the information request.

Adult Services, whether commissioning or provider organisations, employ safeguarding children practitioners to provide leadership on safeguarding children matters. The roles and responsibilities of designated and named safeguarding children should be clear and accessible to all staff and made known to partner organisations to assist in the process of sharing information.