



# Safeguarding Children Policy

September 2020

<b>This document is relevant to:</b>	
Staff	✓
Volunteers	✓
Trustees	✓

<b>Policy Owner</b>	Chair of Trustees
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## *Change History*

Version	Date	Author	Reason
1.1	Sept 20	Sheridan Hammond	Substantive changes made to document to bring it into line with current legislation.

## *Reviewers*

Name	Position
Penelope James	Chair of Trustees
Steve Inett	Interim CEO



# Safeguarding Children Policy

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## 1. Introduction

This policy draws on and is aligned with the following policies, procedures, protocols and guidance:

- ✓ **Kent Safeguarding Children Board and Medway Safeguarding Children Board - KentandMedwaySafeguardingChildrenProcedures:**  
[www.proceduresonline.com/kentandmedway](http://www.proceduresonline.com/kentandmedway)
- ✓ **Working Together to Safeguard Children 2018 – statutory guidance on child safeguarding:**[www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2)
- ✓ **NHS England – Child sexual exploitation: advice for health care staff:**  
[www.england.nhs.uk/publication/child-sexual-exploitation-advice-for-healthcare-staff](http://www.england.nhs.uk/publication/child-sexual-exploitation-advice-for-healthcare-staff)
- ✓ **NSCPC – Child abuse and neglect:** [www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect](http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect)
- ✓ **Kent County Council - A Guide to Managing Allegations against Members of Staff:** [www.kscb.org.uk/procedures/local-authority-designated-officer-lado](http://www.kscb.org.uk/procedures/local-authority-designated-officer-lado)

Nothing is more important than children's welfare. A childhood that is free from harm and abuse is a fundamental right of every child.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the child in need of protection has a voice. All South Kent Mind staff, volunteers and subcontractors, in whatever setting, have a key role in preventing harm or abuse occurring and in taking action where concerns arise. The policy and procedures set out here are designed to explain simply and clearly how we should work together to protect children.

Children are defined as people who have not yet attained their 18th birthday. Safeguarding and promoting the welfare of children is defined for the purposes of this policy and procedure as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties (set out in the Children Acts of 1989 and 2004) to safeguard and promote the welfare of all children in their area. However successful responses also require multi-agency and multi-disciplinary working, to which South Kent Mind is committed.

## 2. Child abuse

For the purpose of this policy and procedure child abuse is defined as any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can also be about a lack of love, care and attention. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. Abuse can take place anywhere: a child's home, children's homes, educational establishments, hospitals and other community locations. Abuse can also take place online, for example via social media, online gaming and messaging services. A number of abusive acts are crimes and informing the police must be a key consideration.

## 3. Who abuses and neglects children?

Abuse can occur in any relationship. Anyone can perpetrate child abuse or neglect, including:

- paid staff or professionals and volunteers
- another child
- parents and other family members
- friends, acquaintances or neighbours
- carers
- strangers
- a person who deliberately targets children at risk in order to exploit them.

## 4. Categories of child abuse

Child abuse and neglect can take many forms. Individuals and organisations must always consider the circumstances of each individual case, and not be constrained to the categories listed below. Many situations may involve more than one type of abuse. The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be made. All suspected abuse must be investigated. Many abusive behaviours constitute a criminal offence.

### Physical abuse

Physical abuse includes hitting, slapping, pushing, kicking, throwing objects, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, and inappropriate methods of restraint. It can also include fabricated or induced illness, when a carer either fakes or creates illness in a child.

Possible indicators are:

- Unexplained or inappropriately explained injuries.
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia.
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body.

- Unexplained burns on unlikely areas of the body (for example soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance.
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.
- Medical problems that go unattended.
- Sudden and unexplained urinary and/or faecal incontinence
- Evidence of over-/under-medication.
- Child flinches at physical contact.
- Child appears frightened or subdued in the presence of particular people.
- Child asks not to be hurt.
- Child may repeat what the alleged abuser has said (for example 'Shut up or I'll hit you').
- Reluctance to undress or uncover parts of the body.
- Child wears clothes that cover all parts of their body or specific parts of their body.

### **Sexual Abuse**

Sexual abuse occurs when a child is forced or persuaded to participate in sexual activities. There may not be contact, and the abuse may occur online. Contact abuse involves physical contact with the abuser and will include any kind of sexual touching (clothed or otherwise), rape or penetration, and forcing or encouraging a child to participate in sexual activity such as masturbation.

Non-contact abuse involves activities without physical contact such as grooming, displaying pornography, encouraging children to perform or witness sexual acts online, and the making and distribution of images of child abuse.

Possible indicators are:

- Child avoids being alone with, or exhibits fear of, certain people.
- Child has sexually transmitted infection or anal/vaginal soreness not otherwise explained.
- Child exhibits sexual knowledge, language and/or behaviour that is not age-appropriate.

Sexual exploitation of children involves situations, contexts and relationships where the child receives 'something' (for example affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur through the use of technology without the child's immediate recognition. This can include being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. Sexual exploitation can also be used by gangs to exert power and control or to exchange status and protection for sexual activity.

### **Psychological abuse**

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting and/or swearing), and isolation or withdrawal from services or support networks. Often there are no physical symptoms, and because changeable emotions are a normal part of a child's development it can be difficult to spot emotional abuse.

Possible indicators are:

- Inappropriately affectionate towards strangers or others they have not known for long.
- Child appears wary, anxious or withdrawn.
- Shows unexplained aggression toward other children or animals.
- Displays knowledge, language or behaviour around topics that are not age-appropriate.
- Seem isolated from their carers, lack social skills and have few friends.

### **Domestic abuse**

This includes any type of violent, threatening and bullying behaviour between people in a relationship. It also includes psychological, sexual and financial abuse. Allowing a child to witness domestic abuse is child abuse. Because domestic violence takes place in a private home and abusers can act very differently when others are around, it can be difficult to tell if a child is witnessing domestic violence.

Possible indicators are:

- Child is aggressive and displays anti-social behaviour.
- Suffers from depression and/or anxiety.
- School work may be impaired because of moving or conditions at home. LSEP Neglect and acts of omission This is the most common form of child abuse. It is the failure to meet the child's basic needs for food, shelter, hygiene, medical or physical care, access to education, supervision and so on.

### **Neglect**

Neglect also includes a failure to intervene in situations that are dangerous to the child. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect can be intentional or unintentional.

Possible indicators are:

- Child has poor appearance and hygiene – smelly, dirty, hungry, inadequate or unsuitable clothing.
- Health problems such as untreated issues, dental problems, recurring illnesses and infection, failure to thrive.
- Family issues such as the child caring for others or being left alone for long periods.
- Poor home environment such as lack of heating, fleas, pet excrement in the house.

### **Discriminatory abuse**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse. Possible indicators Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, exploitation, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

### **Online abuse**

This includes any type of abuse that is perpetrated online via media such as online games, social media, messaging and so on. The abuse can be from people known to the child or from strangers. It can be related to real world abuse, or be exclusively online. A particular fear with online abuse is that the child can feel like there is no escape. Intrusion can occur at any time and any place, including a supposedly safe place like the child's bedroom. Also material from the abuse can be widely shared and disseminated.

Possible indicators are:

- Child spends much more or much less time in online activities.
- Seem upset or outraged after time online or messaging.
- Secretive about what they are doing or who they are in contact with when online or messaging.
- Many new contacts appear in their online devices.

### **Bullying and cyberbullying**

Bullying is hurtful and damaging behaviour, usually protracted, perpetrated by another person or group of people who are in a more powerful position and who abuse that power. It can happen anywhere. Bullying that happens online is called cyberbullying. Children sometimes believe that they deserve to be bullied, or fear that if they disclose bullying it will get worse. This can make it hard to detect bullying.

Possible indicators are:

- Possessions getting damaged or 'lost'.
- Being afraid to go to school, making up excuses or unexplained illnesses.
- Unexplained physical injuries.
- Trying to obtain money or goods that might be given to a bully.
- Poor performance at school, losing confidence and becoming nervous.
- Bullying others, such as younger siblings or peers.

### **Child trafficking**

Children who are trafficked are somehow obtained, transported and then exploited. The exploitation can include sexual exploitation, domestic service, forced labour, forced marriage, organ removal, benefit fraud, or criminal activity such as pickpocketing, shop-lifting, drug transportation and begging.

Possible indicators are:

- Rarely leaves the house and lacks freedom and time for play.
- Seems unsure about where they are, and might be seen in inappropriate settings such as factories or brothels.
- Unable or reluctant to offer personal details, has no documents or forged documents.
- Lives in cramped, dirty, overcrowded accommodation, and appears to wear the same or unsuitable clothes with few personal possessions.
- Shows old/untreated injuries or health issues, or delays seeking medical care with vague or inconsistent explanations for injuries.
- Tells an apparently prepared story which is similar to that told by other children.
- Lacks access to parents, carers, siblings.
- Not registered with a school or GP practice.

## Female genital mutilation (FGM)

The partial or total removal of external female genitalia for non-medical reasons – social or cultural. FGM is most often performed on girls from infancy to about 15. It is sometimes referred to as ‘cutting’, ‘female circumcision’, ‘Sunna’ and ‘infibulation’. FGM is child abuse and is a criminal offence in the UK.

Possible indicators of risk are:

- Talk about a ‘special procedure’ or a celebration to ‘become a woman’, or a long holiday to a country where the practice is present.
- A mother or daughter known to have undergone FGM.
- Girl’s community is less integrated into UK society and her country of origin practices FGM.
- Relative or cutter visiting from abroad. Possible indicators of FGM
- Difficulty walking, standing or sitting.
- Spending a long time in the bathroom or toilet.
- Display unusual behaviour after prolonged absence from school, withdrawn or depressed.
- Reluctant to undergo normal medical examinations.

## Terrorism

Prevent is the part of the government’s anti-terrorism strategy CONTEST that aims to stop people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation amongst all public service organisations. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Prevent works in what is described as the ‘pre-criminal’ space. It’s about identifying people and behaviour before it becomes criminal. Behaviour in the ‘criminal’ space is a matter for the police and statutory organisations. Possible indicators are a change in an individual’s behaviour should not be viewed in isolation and you will need to consider how reliable or significant these changes are. However some indicators might include:

- Parental/family reports of unusual changes in behaviour, friendships or actions and requests for assistance.
- Accessing extremist material online.
- Use of extremist or hate terms to exclude others or incite violence. Statutory guidance on Prevent is published by the government and available from: [www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance)

## Grooming

Grooming is when a person sets out to build an emotional connection with a child in order to gain their trust. The trust will then be abused for the purposes of sexual abuse or exploitation, or trafficking. Groomers may be known to the child or may be strangers. They can be men or women of any age. They may be prepared to invest a lot of time and effort in grooming, and they may work on grooming an entire family or group of colleagues in order to get time alone with the child. Groomers may be highly skilled at disguising the signs of grooming and hiding their own identity. Tactics used may include:

- Pretending to be of a different age and/or gender in online communications.

- Exploiting their professional status or reputation.
- Offering trips, outings, holidays, gifts, or advice and understanding.

Online, the groomer may use social media to find out about a child's interests or seek out a child whose poor self-esteem makes them more vulnerable. They may manage an abusive relationship without ever meeting the child. When trust has been established, the groomer may try to isolate the child from friends and family and develop dependency. They may use 'secrets', shame and blackmail to exert and retain control over the child.

Possible indicators are:

- Child is very secretive about what they are doing online.
- Boyfriends or girlfriends are significantly older.
- Arrange to meet 'friends' in unusual places.
- Unable to explain new items such as clothes or mobile devices.
- Access to drugs and/or alcohol.

### **Non-recent abuse**

This policy and procedure is concerned with the current risk of abuse. However situations may arise when non-recent (or 'historic') abusive episodes are disclosed. This may be to prevent the abuser perpetrating further abuse, or to assist the abused in achieving a sense of closure. It is never too late to report abuse, and help and support is available. The NSPCC has more information and guidance on non-recent child abuse on their website: [www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/non-recent-abuse/](http://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/non-recent-abuse/)

## **5. Responsibilities of staff, volunteers and sub-contractors**

The first priority of all staff, volunteers and subcontractors must always be to ensure the safety and protection of the child at risk. All staff, volunteers and subcontractors should be aware of the multi-agency and local safeguarding policy and procedures and have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff, volunteers and subcontractors have a duty to act in a timely manner on any concern or suspicion that a child who is at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated. Always act whenever abuse is suspected including when your legitimate concern is not acted upon. Whistle blowers are given protection under the Public Interest Disclosures Act 1998.

## **6. Concerns about suspected abuse**

Any suspicion that a child has been abused should be reported to a manager or the child safeguarding lead who will take such steps as considered necessary to ensure the safety of the child in question and any other person/s who may be at risk.

Immediate action is rarely necessary or advisable. Consultation is the best way to ensure that clients receive the appropriate support. Calling external agencies without consultation should only ever be in an emergency situation where there is significant risk of immediate harm.

If a manager is the subject of the suspicion/allegation, the report must be made to the child safeguarding lead or the CEO. If the child safeguarding lead or the CEO is the subject of the suspicion/allegation, the report must be made to the chair of the Board of Trustees. The person



receiving the suspicion/allegation must alert the Local Authority Designated Officer (LADO). Suspicions/allegations about the staff of other organisations must also be reported to the LADO. The LADO may also be contacted by email at [kentchildrenslado@kent.gov.uk](mailto:kentchildrenslado@kent.gov.uk) or by phone on 03000 410888. More information about the LADO and guidelines for managing allegations against members of staff are available from the KSCB website: [www.kscb.org.uk/procedures/local-authority-designated-officer-lado](http://www.kscb.org.uk/procedures/local-authority-designated-officer-lado)

**See the appendix for a procedural flow chart and relevant contact details.**

## 7. Disclosure by a child

If a child begins to disclose information about abuse, the following guidelines are important:

- Stay calm and listen carefully. Allow them to tell you as much as they want but do not force them. Avoid expressing your views or reactions, as shock or disbelief could cause the child to 'shut down', retract or stop talking.
- Let them know they've done the right thing. Reassurance can make a big impact to the child who may have been keeping the abuse secret.
- Tell them it's not their fault. Abuse is never the child's fault and they need to know this.
- Say you will take them seriously. A child could keep abuse secret in fear they won't be believed.
- Don't talk to the alleged abuser. Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child.
- Explain what you'll do next. If age appropriate, explain to the child you'll need to report the abuse to someone who will be able to help. Avoid promising confidentiality.
- Don't delay reporting the abuse. The sooner the abuse is reported after the child discloses the better. Make accurate notes and report as soon as possible so details are fresh in your mind and action can be taken quickly.

## 8. Guidance for completing a child safeguarding consultation report

The brief outline of concern should include:

- Whether or not the child is expressing their own concerns or those of someone else.
- The nature of the allegation, including dates, times, any special factors and other relevant information.
- Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. Also note any indirect signs, such as behavioural changes.

## 9. Guidance for managers

The role and responsibility of the manager is:

- to ensure the child is made safe and to preserve any evidence relating to the abuse
- to ensure that any member of staff, volunteer or subcontractor who may have caused harm is not in contact with the alleged victim, other clients or others who may be at risk (for example whistleblowers)
- to ensure that safeguarding alerts are raised as appropriate
- to ensure that appropriate information is provided in accordance with local policy guidance and timeframes.

The primary responsibility for co-ordinating information in response to a child safeguarding concern is vested in the local safeguarding children board, but the investigation/assessment

may be undertaken by another organisation (for example the police or a health trust). All managers in all organisations have a key role to play.

All managers should ensure that they:

- make staff, volunteers and subcontractors aware of their duty to report any allegations or suspicions of child abuse to their line manager, or if the line manager is implicated, to another responsible person or to the local safeguarding children board, and the procedure for doing so
- meet their legal responsibilities and ensure compliance with registration, outcomes and guidance on compliance, quality, safeguarding and safety standards
- operate safe recruitment practices and routinely take up and check references
- adhere to and operate within their own organisation's whistleblowing policy and support staff, volunteers and subcontractors who raise concerns
- ensure all staff receive training in safeguarding children consistent with their job roles and responsibilities.

## 10. The child safeguarding lead

South Kent Mind has a designated Child Safeguarding Lead, the CEO, who will:

- be available for consultation in the absence of a manager
- be responsible for this Child Safeguarding Policy and Procedure
- ensure that South Kent Mind is compliant with local and national safeguarding policy
- review child safeguarding practice within the organisation
- coordinate completed safeguarding cases and relevant paperwork.

## 11. Information sharing

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. Where there are safeguarding concerns staff have a duty to share information. Information should be shared with consent when possible. However a child's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others.

The General Data Protection Act 2018 (GDPR) is a framework to ensure that personal information about living persons is shared appropriately – it is not a barrier to sharing information. Any information shared should be:

- clear regarding the nature of the problem and purpose of sharing information
- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incidents
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated.

Be open, honest and age-appropriate with the child (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their consent unless it is unsafe or inappropriate to do so. Seek advice if you are in any doubt, where possible without disclosing the identity of the person. Base your information sharing decisions on considerations of the safety and wellbeing of the child and others who may be affected by their actions or the actions of the perpetrator.

## 12. Other information

South Kent Mind will fulfil its legal obligations under the Safeguarding Vulnerable Groups Act 2006 and the Vetting and Barring Scheme as administered by the Independent Safeguarding Authority (ISA). The child safeguarding lead will have a responsibility for making checks on and referring staff, volunteers and subcontractors who have been found to have harmed a child or put a child at risk of harm.

South Kent Mind will ensure that:

- child safeguarding is taken into account in all appropriate HR strategies, systems, policies and procedures
- national safe recruitment and employment practices are adhered to, including the guidelines issued by the Independent Safeguarding Authority
- staff, volunteers and subcontractors in contact with children have regular supervision and support, and appropriate training to help them identify and respond to possible abuse and neglect.

***The equality impact of this policy has been considered and South Kent Mind believes that it complies with its commitment to equality as stated in its Equality Policy***