

Safeguarding Children Policy

1. Safeguarding Children Policy Statement

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

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

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

2. Introduction

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

WCT works with the principle that safeguarding and promoting the welfare of children is paramount – and in particular protecting them from significant harm, as set out within the Children Act 1989 & 2004, and in accordance with Working Together to Safeguard Children 2010 issued by HM Government.

Effective child protection is essential as part of wider work to safeguard children. All services and individuals should aim proactively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

3. Aim of this Policy

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

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

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

4. Good Practice

4.1 Recruitment

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

- Completion of the Wessex Cancer Trust application form
- Satisfactory checking of two references, at least one of which is from a person who has experience of

the applicant's paid work or volunteering with children

- Criminal Record Bureau (CRB) Disclosure will be required at a level appropriate for the role.
- Successful completion of a probation or introductory period.

All staff and volunteers have a duty to declare any existing or subsequent convictions, adverse child protection or care proceedings. Failure to do so will be regarded as gross misconduct possibly resulting in dismissal or termination of volunteering.

4.2 Management and supervision

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

Regular supervision for staff and volunteers will monitor the work of the project and offer the opportunity to raise any issues. For those working directly with children, a like-minded professional currently practising with children and young people may be made available for regular supervision.

4.3 Training

Everyone who works or has contact with children, parents and other adults in contact with children should be able to recognise, and know how to act on, evidence that a child's health or development is, or may be impaired, and especially when they are suffering, or at risk of suffering significant harm.

It is the responsibility of Wessex Cancer Trust to ensure that up to date and adequate training on Safeguarding issues is available to all staff and volunteers, where relevant to their position or role.

4.4 Record keeping

Records kept by workers about children and young people should only include:

- contacts made
- referrals made, including date, time, reason and referral agency

Confidential information regarding a child or young person must be kept in a locked drawer by the appropriate person for an agreed period. (e.g. the lifetime of the project or piece of work).

If staff or volunteers have concerns about a child but feel they need to discuss informally, they should contact Children Services.

4.5 Planning

Wherever possible, paid staff and volunteers should avoid lone working with a child. If possible, any one-to-one contact should take place in an environment where other staff, parents or volunteers are also present, or within sight. Other measures to reduce opportunities for abuse include:

- ensuring children can walk to an organisation's premises in good lighting, along safe paths
- not meeting with children away from the usual base or meeting place without a parent or other adult being present

Some projects cannot operate effectively without adults working with individual children or young people in an unsupervised setting. Paid or voluntary workers who have unsupervised contact with children must have additional questions around Child Protection during their interview and close supervision following their appointment.

4.6 Access to an independent person

Any child or young person who comes into contact with Wessex Cancer Trust staff or volunteers for more than just the odd occasion should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration process.

The independent person for Wessex Cancer Trust is:

Sally Hall (Chief Executive)
Wessex Cancer Trust

Junior staff and volunteers may also be given this information as part of their induction training. This should include guidance on how and with whom they should share their concern if they observe a superior acting suspiciously.

5.0 Identification of abuse

There are different types of abuse, which may include:

Physical abuse

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Neglect

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

Sexual abuse

Activities Involving physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Emotional abuse

Appendix 5

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

6.0 Signs and symptoms

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children may show symptoms from one or all of the categories.

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

PHYSICAL ABUSE	Bruises in places that are not usually harmed in normal play; Bruise or marks consistent with either straps or slaps; Undue fear of adults; Aggression towards others; Unexplained injuries or burns – particularly if they are recurrent.
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PHYSICAL NEGLECT	Exposure to danger/lack of supervision; Inadequate/inappropriate clothing; Constant hunger; Poor standard of hygiene, and; Untreated illnesses.
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EMOTIONAL ABUSE	Overly withdrawn child; Overly aggressive child; Constant wetting or soiling; Frequent vomiting; Persistent rocking movement; Very poor language development, and; Inability to relate to peers or adults.
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SEXUAL ABUSE	Language and drawing inappropriate for their age; Sexual knowledge inappropriate for their age; Wariness on being approached; Soreness in the genital area; Unexplained rashes or marks in the genital areas; Pain on urination; Difficulty in walking or sitting; Stained or bloody underclothes; Recurrent tummy pains or headaches, and; Bruises on inner thigh or buttocks.
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Remember - Signs and symptoms often appear in a cluster, but also many of the indicators above may be caused by other factors.

See Appendix A (bottom of page) for a diagram summarising the main physical signs of abuse.

7. What to do if a child makes a disclosure

- DO NOT PANIC!
- Find a quiet place to talk to the child (if possible)
- Stay calm and reassuring
- Do not appear shocked at anything you might see or hear
- Listen and believe what the child is saying to you

- Do not press the child for details or ask leading questions
- Tell the child you will need to share the information and not keep it a secret
- Reassure the child that they are not to blame for what has happened
- Do not make any promises to the child
- Say you are glad the child has told you. Let the child know you are aware that it is difficult to talk about these things
- Seek advice as soon as possible, following the guidance given in Section 7.

8.0 Responsibilities – what to do next

Paid workers

All staff and volunteers are to follow the steps below.

Workers who received a disclosure have a responsibility to that child to raise that concern with the statutory authority that can take action to safeguard them. Contact the children's assessment team at Children Services using the numbers listed in Appendix B. Any concerns can be discussed in confidence with Children Services, who will advise on the subsequent action to be taken. The worker's line manager must be advised **immediately** of any action taken.

Make a note of the discussion with the child, taking care to record when and where it happened and who was present, as well as what the child said (in their words) and what you said, observations of their behaviour and any actions taken. This must be dated and kept confidentially in a safe place by the line manager.

Workers and volunteers with a concern for a child should discuss their concerns with their line manager or the designated member of staff. Within that discussion the decision will be taken to whom a referral should be made, to safeguard that individual. Any concerns can be discussed in confidence with Children Services, who will advise on the subsequent action to be taken.

If somebody believes that a child may be suffering, or may be at risk of suffering significant harm then he/she should always refer their concerns to the local authority's children services dept.

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

9.0 Concerns about colleagues

Paid staff and volunteers having concerns that a colleague's behaviour may be putting children at risk or in danger must pass these concerns on to their line manager immediately. Where the concern is about a Project Worker or more senior member of staff, the Chief Executive must be contacted directly. Any allegations made against a member of staff (paid or unpaid) must be reported to the Local Authority Designated Officer in accordance with local policy.

Appendix 5

Similarly any suspicion or evidence of child pornography should be reported to the Chief Executive or their deputy. If it is decided to contact the police, this must be done before the computer is used again.

10.0 The role of Wessex Cancer Trust in working with statutory agencies

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

The staff member should note the name, date of birth and address of the child, details of the suspected or actual abuser, whereabouts of parents (if known) and name of GP (if known) and pass that information on to the senior staff member.

Having collated the appropriate information, the manager should contact Children Services assessment team immediately by telephone.

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

10.1 Report Writing

Any written documentation or correspondence must be discussed with and approved by the worker's line manager before sending out. Each individual project or member of staff should consult with their line manager to decide whether a report is necessary and, if so, what it should contain.

11.0 Conclusion

Remember:

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

USEFUL CONTACTS

Local contacts

Southampton City Council, Children's Services & Learning
Children's Assessment Team Tel: (023) 8083 3336
14 Cumberland Place
Southampton
SO15 2BG

Emergency Out of Hours Hotline Tel: (023) 8023 3344 (Evening & Weekends)

Child Protection Specialist

Safeguarding Specialist Nursing Team Tel: (023) 8071 6671

SCPCT

Specialist Child Protection Medical Service Tel: (023) 8071 6629

SCPCT (including Out of hours)

National

NSPCC Main Line Tel: 0808 800 5000

Textphone Tel: 0800 056 0566

Asian Helpline Tel: 0800 096 7719

Cymru/Wales Helpline Tel: 0808 100 2524

Childline Tel: 0800 1111