



Safeguarding Children Policy

Introduction

There are a wide range of services provided by the Pioneering Care Partnership (PCP) involving children and young people. Some activities are specifically targeted for children and young people, while others are open to the general public and may be accessed by children and young people on this basis.

All children have the right to protection from abuse. All those working within PCP have a duty to act in the best interests of children in order to protect them from all forms of abuse. The intention of this policy is to ensure that staff and volunteers are aware of the safeguarding principles around working with children and young people, and have a framework to operate within.

Through the implementation of this policy, the PCP employees must adhere to the procedures as set out in the Local Safeguarding Children Board's Procedures which can be accessed via the relevant local authority safeguarding procedure.¹

In providing services for children and young people the Pioneering Care Partnership aims to:

- Provide a safe and stimulating environment.
- Promote the wellbeing of children and young people.
- Identify and respond to children who may be at risk of harm.

The Children Act 1989 allocates duties to local authorities, courts, parents, and other agencies in the United Kingdom, to ensure children are safeguarded and their welfare is promoted. Under the Act a child is defined as anyone under the age of 18.² Therefore In this policy the term 'child' includes young people under the age of 18.

PCP takes its safeguarding children duties very seriously, and in all activities is under a duty of care to safeguard and promote the welfare of children and young people.

Safeguarding is defined as³:

- Protecting children from maltreatment;
- Preventing impairment of children's health and development and;

¹ See Appendix 1

² Schedule 1 paragraph 16 Children's Act 1989

³ Working together to safeguard children 2015-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

All PCP employees must:

- Be alert to potential indicators of abuse or neglect.
- Be alert to the risks that individual abusers, or potential abusers, may pose to children.
- Know when and how to share appropriate information.
- Understand how to refer concerns and who to inform.
- Know how to initiate the professional challenge process.

Training

Safeguarding Children training is essential for all PCP staff in order to ensure they are able to recognise and respond effectively to indicators of child abuse. The level of training which employees must access must be commensurate with their role and in accordance with Safeguarding Children and Young People: Roles and Competencies for Health Care Staff Intercollegiate Document (RCPCH 2014)³. All employees and their line managers have a responsibility to ensure they are compliant with their individual training requirements. Further information can also be found in the 'Working together to safeguard children'⁴ document which is a guide to inter-agency working to safeguard and promote the welfare of children.

PCP has an induction process for all staff that includes familiarisation with the contact details and roles of the senior professionals within the organisation, 'What to do if you are worried a child is being abused'⁵, NICE guidance – When to suspect child maltreatment⁶ and Local Safeguarding Children Board Procedures. This should be completed within 2 months of taking up post.

Recruitment and Selection

PCP will ensure that safe recruitment processes are adhered to in accordance with the NHS employers' regulations, the Disclosure and Barring Service Independent Safeguarding Authority, Vetting and Barring Scheme Regulations identified in the Vulnerable Groups Act 2006.

Definitions

There is no standard definition of child abuse. However the Government does provides a definition in its child protection guidelines.⁷ Below is a comprehensive list of the forms that abuse can take.

³ <https://www.rcoa.ac.uk/news-and-bulletin/rcoa-news-and-statements/safeguarding-children-and-youngpeople-roles-and>

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

⁵ <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

⁶ NICE Guidance – When to suspect child maltreatment

⁷ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/legislation-policyguidance/>

Abuse

All forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Neglect

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.⁸

Once a child is born, neglect may involve a parent or carer 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) or
- ensure access to appropriate medical care or treatment.

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

Physical abuse

A form of abuse which 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.⁹

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.¹⁰

Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Emotional

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views,

⁸ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/>

⁹ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical-abuse/>

¹⁰ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/>

deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyber bullying which is an ever increasing form of abuse in these modern times)¹¹, 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.¹²

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 (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, 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.¹³

Child Sexual Exploitation

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.¹⁴

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and is a serious abuse of the person’s human rights.

¹¹ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/>

¹² <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/emotional-abuse/>

¹³ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/>

¹⁴ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/>

Honour- based violence

Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Female Genital Mutilation (FGM)

FGM is a criminal offence but is carried out in parts of Africa, and the Middle and Far East. It is also found in Western Europe – primarily amongst immigrant and refugee communities. It is estimated that 24,000 females under the age of 15 are at risk of FGM in England. FGM is most commonly performed on females aged between 4 and 13 but can also be carried out on babies, younger children and older children. Where a professional or agency believes a child is likely to suffer or has suffered FGM a child protection referral must be made.¹⁵

Sharing of Information with other agencies and limits of confidentiality

Information sharing is an integral and critical part of safeguarding children practice however it is accepted that at times professionals can be anxious about breaching confidentiality. Information sharing for the purposes of safeguarding children should be necessary and proportionate. Consent should normally be obtained from the person to share information about them with relevant partner agencies. However, the right to confidentiality and the person's lack of consent can be overridden if there is a reasonable cause to suspect that a child or other children, or children are, or could be a victim of abuse or neglect. The Information sharing advice for safeguarding practitioners' guide¹⁷ is a useful tool to use when making decisions in regards to the sharing of information. Additionally further guidance should be accessed via the relevant Local safeguarding Children's Board websites.

Information is taken to include personal and sensitive information about:

- The child or young person(s) at risk or experiencing abuse or neglect
- Family members or carers
- Staff
- Members of the public

Recognising abuse and making a referral

You may become suspicious or concerned that a child is at risk or is being abused or alerted to the possibility of risk in the following ways:

- a) By your own observations or signs of abuse.
- b) Because of allegations or reports made by another person.
- c) By an allegation by a young person at risk, saying that they have or are being mistreated.
- d) By an admission from somebody who says they are harming a child at risk.

¹⁵ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/>

¹⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Referring concerns

If any member of staff, volunteer or other agency working on our behalf has knowledge of a child about whose safety they have concerns, or who they believe to be at risk of abuse or neglect PCP's referral procedure should be followed¹⁶ after speaking to their Line Manager.

Referring concerns:

If any member of staff, volunteer or others working on our behalf has knowledge of a child about whose safety they have concerns, or who they believe to be at risk of abuse or neglect it is their responsibility to pass on his or her concerns to their **Line Manager or a Programme Manager, Senior Manager or Chief Executive.**

Carol: 07890 642683	carol.gaskarth@pcp.uk.net
Nigel: 07752 767567	nigel.brough@pcp.uk.net
Lynsey: 07712 090607	lynsey.todd@pcp.uk.net
Claire: 07712 325818	claire.todd@pcp.uk.net
Toni: 07809 342191	toni.mchale@pcp.uk.net
Jane: 07885 463918	jane.buckton@pcp.uk.net
Lindsay: 07710 308865	lindsay.sheridan@pcp.uk.net

If staff identify an actual or potential child safeguarding concern during their course of work, they must follow the relevant Local Authority Safeguarding Children Board Procedure and make a referral to Children's Social Care using the relevant SAFER referral tool/form:

- County Durham: [..\First-Contact-Referral-Form-Durham.docx](#)
- Darlington: [..\Darlington child safe guarding referral form.pdf](#)
- Sunderland: [..\Sunderland Child safeguarding Referral form.doc](#)
- Middlesbrough: [..\Tees SAFER Referral Form - 24 05 16 mbro.docx](#)
- Redcar & Cleveland: [..\Tees SAFER Referral Form - 24 05 16 mbro.docx](#)
- Stockton: [..\Tees SAFER Referral Form - 24 05 16 mbro.docx](#)

If someone discloses abuse to you:

- Stay calm, listen carefully rather than question and be sympathetic.
- Be aware that medical and criminal evidence may need to be preserved so do not attempt to remove torn or soiled clothing etc. or ask probing questions.

¹⁶ See Appendix 1

- Report the disclosure to your Line Manager or Senior Programme Manager, or Chief Executive as soon as possible.
- Write down what was said as soon as possible and who you reported it to. Tell the person that you will take their disclosure seriously and that they are right to talk to a professional. You should explain that you cannot keep the information to yourself but that you will only share the information with relevant professionals.

Do not:

- Put yourself at risk.
- Contact the alleged perpetrator.
- Tell anyone who does not need to know, in line with PCP's Confidentiality Policy.

The Chief Executive or relevant senior manager must be informed of any referral within 24 hours.

Any discussions that take place with a child at risk or their parent/carer should be with the intent of clarifying the situation rather than an investigation. Some children at risk may wish for a referral to be confidential and their parents/carers not to be informed. If unsure about whether the information held necessitates a referral, contact the relevant Children's Social Care Team on the same day as the concerns are raised to discuss the information and any further advice they can offer will be given.

Ensure that the information you share on the relevant local authority Referral Form is:

- **Clear**– particularly about your concerns for the child at risk.
- **Factual**– this does not rule out opinion but this should be separated from fact.
- **Complete**– all known, relevant information should be included.
- **Unambiguous** – ensure that there is minimal scope for your information to be misinterpreted.

A hard copy of the referral form should be sent to the relevant Local Authority Children's Social Care department¹⁷ and a copy should be forwarded to Cath Ferry. The outcome of the referral should be established and documented and if appropriate the professional challenge procedure should be followed as described within the relevant Local Safeguarding Children Board Procedures.

Review Arrangements:

This policy will be reviewed annually or sooner if revisions are required in line with statutory guidance and local arrangements.

¹⁷ See Appendix 2

Appendix 1 – Local Authority Contact details for seeking advice or making a referral

<p><u>Redcar</u> Redcar & Cleveland Childrens Services Seafield House Kirkleatham Street Redcar Redcar & Cleveland TS101SP</p>	<p>First Contact Team: Out of Hours : E mail: Cleveland Police:</p> <p>Threshold Tool:</p>	<p>(01642) 771500 (08702) 402994 firstcontact@redcar-cleveland.gcsx.gov.uk 01642 326326</p> <p>http://www.teescpp.org.uk/Websites/safeguarding130315/images/Documents/R_C_LSCB_Local_Framework_and_Protocol_for_the_Assessment_of_Children_in_Need_and_their_Families_December_2014.pdf</p>
<p><u>Stockton</u> Tithebarn House High Newham Road Stockton-on-Tees TS19 8RH</p>	<p>First Contact Team: Out of Hours : E mail: Cleveland Police:</p> <p>Threshold Tool:</p>	<p>01642 527764 08702 402994 firstcontactchildren@stockton.gcsx.gov.uk 01642 326326</p> <p>http://www.teescpp.org.uk/Websites/safeguarding130315/images/Documents/SH_LSCB_Threshold_Document_V1_Jan_2016.pdf</p>
<p><u>Middlesbrough</u> Middlesbrough Wellbeing Care & Learning Department Vancouver House Gurney Street Middlesbrough TS1 9FU</p>	<p>First Contact Team: Out of Hours : E mail: Cleveland Police:</p> <p>Threshold Tool:</p>	<p>01642 726004 08702 402994 firstcontact@middlesbrough.GCSX.gov.uk 01642 326326</p> <p>https://www.redcar-cleveland.gov.uk/safeguarding.nsf/00ebfeae1e5a8561802576dd00594025/\$File/M'bro%20and%20RC%20Threshold%20Document%20V1%20Apr%202016.pdf</p>
<p><u>Darlington</u> Children's Access Point (CAP) Town Hall Feethams Darlington DL1 5QT</p>	<p>First Contact Team: Out of Hours : E mail: Cleveland Police:</p> <p>Threshold Tool: (currently under review)</p>	<p>01325 406222 08702 402994 childrensaccesspoint@darlington.gcsx.gov.uk 999</p> <p>http://www.darlingtonsafeguardingboards.co.uk/media/1101/indicatorsplusofplusconcernplus-new-plusplusjuneplus2014.pdf</p>
<p><u>Sunderland</u> SSCB Business Unit Room 13 Sandhill Centre Grindon Lane Sunderland SR3 4EN</p>	<p>First Contact Team: Out of Hours : E mail: Cleveland Police:</p> <p>Threshold Tool: July 2015</p>	<p>0191 520 5560 0191 561 7180 0191 520 5552 0191 553 7894 or 566 2182 safeguarding.children@sunderland.gcsx.gov.uk</p> <p>http://www.sunderlandscb.com/user_controlled_lcms_area/uploaded_files/SSCB%20Early%20Help%20Strategy%20V1%20130715.pdf</p>

<p>County Durham 3rd Floor County Hall Durham County Durham United Kingdom DH1 5UJ</p>	<p>First Contact Team: Out of Hours : E mail: Cleveland Police:</p> <p>Threshold Tool: December 2016</p>	<p>03000 267 979 0191 383 5752 03000 267 979 03000 262 960</p> <p>firstcontact-gcsx@durham.gcsx.gov.uk Access to the referral form - http://www.durham-lscb.org.uk/concerned-about-a-child/</p>
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Appendix 2 – PCP Safeguarding Children Referral Procedure Flow Chart

In all cases, if the child is in immediate danger, take preventative steps and call 999.

