# SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

POLICY STATEMENT

This Safeguarding Children and Young People policy outlines Women’s Empowerment And Recovery Educators (WE:ARE’s) responsibilities in relation to Safeguarding Children (aged up to 18 years).

The policy has been adapted from Birmingham and Solihull Women’s Aid policy which has been drawn from the West Midlands Safeguarding Partnership Procedures and Practice Standards, as adopted by the Local Safeguarding Children Partnerships in Birmingham and Solihull, and from Working Together 2018.

The policy seeks to clarify WE:ARE’s role as part of a wider, multi-agency response to Safeguarding Children in Birmingham and Solihull in addition to clarifying staff roles and responsibilities in relation to safeguarding.

CONTEXT

* 7% of children suffer serious physical abuse at the hands of their parent or carer
* 52% of one-year olds are hit weekly, or more frequently, by their parents
* 25% of all rape victims are under 16 years old
* In the last five years there was an average of 58 child deaths by assault or undetermined intent a year in the UK. (NSPCC Statistics Briefing, December 2021)
* Child homicides are most commonly caused by the child’s parent or step-parent. (NSPCC Statistics Briefing, December 2021)
* Police made almost 245,000 referrals to social services for domestic abuse in 2020/21, with an average 669 child protection referrals a day to social services. (NSPCC News, February 2022)
* Two in five children (41%) in families where there is domestic abuse have been living with that abuse since they were born. (SafeLives; Children’s Insights National Dataset 2014-17)

POLICY PRINCIPLES

Ethos

* WE:ARE believes that all children have the right to be protected from all forms of abuse, whether this be physical, sexual or emotional abuse or neglect.
* WE:ARE holds a feminist perspective on abuse which places responsibility for the abuse solely on the adult abuser.
* WE:ARE adopts a child-centred approach to working with children and believes strongly that children are never to blame for any abuse they may experience.
* WE:ARE recognises that there is a very high correlation between the experience of domestic abuse and child protection.
* WE:ARE recognises that living with domestic abuse is abusive in itself. The definition of “harm” as used in the Adoption and Children Act 2002 includes impairment caused by seeing or hearing the ill treatment of another person.
* WE:ARE recognises that one of the most effective ways to support a child living with domestic abuse is to provide support for the mother/carer. WE:ARE acknowledges that there may be occasions where this is either not possible or inappropriate. On such occasions WE:ARE is clear that the welfare of the child is paramount.

Staffing and Service Provision

* WE:ARE will operate the requirements of Safer Recruitment as set out in LSCP procedures and WE:ARE’s Recruitment Policy.
* WE:ARE will ensure all staff undergo a DBS check that is regularly reviewed (at least every 3 years).
* WE:ARE will ensure all staff undergo safeguarding children training as part of their induction into post. Plus, regularly attend safeguarding children training provided by Birmingham Safeguarding Partnership.
* WE:ARE will ensure all staff are familiar with this policy and are trained in its implementation.
* WE:ARE will ensure that all staff have access to WE:ARE’s policies namely the Whistleblowing policy in order that they can take the appropriate steps should they be concerned that a member of staff is behaving inappropriately towards children and young people.
* WE:ARE will engage in the Early Help Assessment process.
* WE:ARE will ensure all staff explain to women using our services about this Safeguarding Children Policy and Procedures, with particular reference to limitations to confidentiality.
* WE:ARE will ensure that women using WE:ARE services understand how to make a complaint should they have any safeguarding concerns.
* Where we are asked to provide a service to a woman who has been convicted of offences against children WE:ARE staff will complete a comprehensive risk assessment to ensure suitability for the service.

DEFINITIONS
(Taken from Working Together 2018)

A Child in Need of Protection:

* A child needs protection if s/he is suffering, or is likely to suffer, significant harm which is attributable to the child not receiving the standard of care which it would be reasonable to expect a parent to give her/him.
* A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Significant Harm

Harm refers to the ill-treatment of a child or impairment of a child’s health (physical or mental) or development (physical, intellectual, emotional, social, or behavioural). It also includes harm caused by seeing or hearing the ill-treatment of another person.

There are no absolute criteria for judging when harm is significant. Relevant consideration would include: the degree of any physical harm; the extent of any physical harm; the duration of abuse and neglect; the frequency of abuse and neglect; the extent of premeditation and the degree of threat and coercion. On occasions a single event may constitute significant harm e.g., a violent physical assault, sexual abuse, attempted suffocation, enforced starvation.

On other occasions significant harm may be a compilation of significant events which hinder a child’s physical and / or emotional health and development.

What is Abuse and Neglect?

Abuse and neglect are 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 an institutional or community setting, by those known to them, or more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

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 or carer feigns the symptoms of, or deliberately causes ill health in a child in their care.

Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause adverse effects on the child’s emotional development. It may involve conveying to children 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, 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 the child’s developmental capability, as well as over protection 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 cyberbullying), 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

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 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 also commit acts of sexual abuse, as can other children.

Financial Abuse

Financial abuse is not easy to detect since children do not manage their own money, they are especially vulnerable to this form of abuse. Financial child abuse is the act of using money as a weapon to take advantage of a minor. This is often done to children by stealing and exploiting a child’s money or using their personal information for some economic gain.

Online Abuse

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

Neglect

Neglect is the persistent failure to meet a child’s basic physical and/ or psychological needs, likely to result in the impairment of a child’s health or development. Neglect may occur during pregnancy because of maternal substance abuse. 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 caregivers)
* Ensure access to appropriate medical care or treatment

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

In addition, WE:ARE recognises that living with domestic abuse is abusive in itself.

The definition of “harm” as used in the Adoption and Children Act 2002 includes impairment caused by seeing or hearing the ill treatment of another person. WE:ARE may also be involved in working with families who are also at risk of the following issues:

Sexually Exploited Children and Young People
This may involve children and young people who have been coerced into sexual activity by gangs or may be the victims of trafficking. Risks to young people in such situations are likely to be high.

Female Genital Mutilation (FGM)
FGM is reportedly practised in 28 African countries and in parts of the Middle and Far East. It has been estimated that up to 24,000 girls under the age of 15 are at risk of FGM in the UK (Working Together 2018). Birmingham is home to several practising communities. FGM is a criminal offence in the UK. According to Equality Now and City University London, an estimated 103,000 women and girls aged 15–49 were thought to be living with female genital mutilation (FGM) in England and Wales as of 2011.

Forced Marriage
This may involve children and young people under the age of 18 being taken out of the UK and forced into marriage overseas. As well as following safeguarding procedures Birmingham’s Forced Marriage Protocol should be adhered to.

Violent Extremism (the PREVENT agenda)
This may involve children and young people under the age of 18 being exploited and coerced into risky and illegal behaviour based around ideology. It is important to be cautious in assessing Violent Extremism to avoid inappropriately labelling or stigmatising individuals because they fit a specific profile.

Honour Based Violence
A term used to describe violence committed within the context of the extended family which are motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim. Most victims of HBV are women or girls, although men may also be at risk.

DEALING WITH CHILD PROTECTION ISSUES

Everyone within WE:ARE has a responsibility to safeguard the physical and emotional heath of children however WE:ARE acknowledges the importance of having named personnel that staff members can refer to where possible safeguarding children concerns arise.

Within WE:ARE, the Project Manager has the lead responsibility around safeguarding, and within this policy is referred to as the designated safeguarding lead.

Debby Edwards is the nominated Board member who has overall responsibility for safeguarding.

PROCEDURES

Responding To Suspicions of Abuse

* Staff are expected to pro-actively work with mothers/carers to ascertain any risks to children within the household. This is particularly important for services who do not come into direct contact with children. In these services staff are expected to be hyper vigilant of the link between domestic violence and child protection; to pro-actively talk to mothers/carers about any safeguarding concerns and to ensure that any information is documented in accordance with WE:ARE procedure.
* Where appropriate, any safeguarding concerns should be discussed immediately with relevant colleagues.
* WE:ARE’s designated safeguarding lead should be informed as soon as possible. Where the designated lead cannot be contacted the Trustee safeguarding lead or another Trustee should be approached.
* In consultation with the staff member, the designated safeguarding lead will decide what action will be taken, including a decision on whether to involve safeguarding colleagues from other relevant organisations and/or to report the matter to Children’s Services and/or the police. It is expected that the safeguarding lead will consider the risks posed to children both inside and outside the immediate family.
* If a decision is made to make a safeguarding referral, the safeguarding lead or Trustee should ensure they approve any completed paperwork before it is sent off.
* All concerns and any action taken should be documented using the appropriate WE:ARE paperwork (see appendix 1 for safeguarding incident/concern form).
* Wherever possible staff should inform women and children of any concerns and any action that is taken. The exception to this would be where a staff member, in conjunction with the designated safeguarding lead, feels to do so would place a child at further risk of significant harm. Wherever possible staff should encourage women to make their own referrals to Children’s Services.
* In situations of emotional abuse or neglect it is important to be pro-active in promoting better care for the child. Concern may not be isolated to a particular incident, so it is vital that concerns are documented over a period of time. In such situations it may be decided to offer additional support internally or involve external agencies via the EHA process before making a child protection referral.

Responding To a Child Abusing Another Child

* If WE:ARE is engaged in work that brings children together in a group setting and it is discovered that within that group one child is abusing another WE:ARE staff will work with the parent of that child to manage the behaviour and, in extreme cases, may need to terminate the service.
* WE:ARE recognises that a child who abuses another child is themselves in need of support and would refer both children into appropriate services wherever possible. At all times WE:ARE staff will provide support to the abused child and mother.

Responding To Allegations of Abuse Against Persons in a Position of Trust

* Where an allegation of abuse is made against someone in a position of trust (i.e. someone whose job role involves regular contact and/or caring/supervisory responsibility for children or young people) the designated safeguarding lead, in conjunction with the Trustee safeguarding lead, should make a decision whether to make a “position of trust referral”. This would be done to the Local Authority Designated Officer (LADO).
* Where an allegation of abuse is made against a staff member within Children’s Services and a decision to report is made, the designated safeguarding lead should ensure that the referral is made directly to LADO.
* It is not the responsibility of anyone within WE:ARE to investigate whether or not a child is being abused. This is the responsibility of Children’s Services and the police.

Responding To Allegations of Abuse Against a WE:ARE Staff Member

* Information and allegations of this nature should be reported to the designated lead for safeguarding and to a member of the Trustee Board as soon as possible in order for a full investigation to be carried out and to enable WE:ARE to follow relevant local authority procedures.
* During the period of investigation, a risk assessment will be undertaken to establish whether the staff member is suspended from work or reassigned other duties. At all times the safety and welfare of children and families will be the primary consideration.
* Full records of any allegation made and any subsequent investigation should be kept using the appropriate paperwork.
* If a criminal offence appears to have been committed or if it is felt other children are at risk, the matter will be referred to the police and/or the Local Authority Designated Officer and the Charity Commission.
* If a staff member is found to have behaved inappropriately or abusively in any way, in addition to the matter being reported to the police and/or the LADO, this will be dealt with in accordance with WE:ARE’s disciplinary procedures and consideration given as to whether a referral to the Disclosure and Barring Service (DBS) and other regulatory bodies is required.
* Where a staff member is under suspicion of behaving abusively to a child or young person they are encouraged to contact [acas](https://www.acas.org.uk/) for support.

Recording Information

* The written recording of allegations of abuse, suspected abuse and actual abuse of children and action taken is vital.
* When documenting anything in relation to safeguarding children, staff should only record factual information, not opinion.

Information Sharing

* Research has shown that keeping children safe from harm is more achievable if organisations work together and share relevant information.
* Sharing of information must be set within a risk assessment framework where the specific safety issues connected with Domestic Abuse are fully explored including whether inappropriate disclosure may lead to increased risk.
* Before information is shared WE:ARE expect staff to consider the following questions: Is a child at risk of significant harm? If you do not share information is the welfare of a child potentially jeopardised? What is the purpose of sharing a piece of information? Should the consent of the mother be gained prior to sharing information? If not, why not? What will you do if the service user withholds consent?
* WE:ARE needs to balance its duty to protect children from harm with organisational policy regarding confidentiality and data protection legislation. Where there are concerns regarding a child’s wellbeing the overriding objective must be to safeguard that child.
* In line with organisational policy, information should normally only be disclosed with consent from the service user. However, there may be situations where this is either not possible or to obtain consent would place a child a further risk. On these occasions, and following discussions with the designated safeguarding lead, information should be shared without consent.
* Where a family engages with our services and we know that children are currently on a child protection plan WE:ARE will contact Children’s Services to let them know of our involvement with the family and share relevant information to support multi-agency working. Wherever possible WE:ARE will encourage women to make that contact herself.
* Where WE:ARE are working with a mother where there are safeguarding concerns for the family and the mother disengages from the service, WE:ARE will inform safeguarding colleagues from other statutory organisations including Children’s Services and the police.
* WE:ARE will have due regard to the relevant data protection principles which allow to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).
* WE:ARE is confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as ‘special category personal data’. Where WE:ARE need to share special category personal data, WE:ARE staff are aware that the Data Protection Act 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Escalation

* Occasionally a situation may arise when WE:ARE have raised a safeguarding concern in relation to a child/children and it is felt the response from statutory services is not a safe one. The safety of individual children is the paramount consideration in any professionals’ disagreement and workers should feel able to challenge decision making in a timely fashion to best safeguard the child.
* Where a staff member feels a decision has been made that is not safe or is inappropriate, she should raise it internally with the designated safeguarding lead or a Trustee to clarify thinking and identify a course of action.
* If it is felt the decision needs to be challenged this should be done between the worker and the relevant front-line practitioner in the first instance.
* If the problem is not resolved the designated safeguarding lead will raise the problem with the equivalent manager in the other agency.
* If the problem continues the issue will be escalated to a member of WE:ARE’s Trustee Board who will raise at a more senior level and, if agreement cannot be secured, may consider referring to the Chair of the LSCP, in line with LSCP Escalation Guidance.
* In all cases the primary focus will be on ensuring the safety and welfare of the child concerned and all stages of the process will be recorded.

MONITORING

The effectiveness of this policy will be reviewed regularly, after each major incident and at least annually, which will include analysis to ensure there is no detrimental impact on any group of women or children during its’ implementation.

For further information, including contact details for making a safeguarding referral see:

[Birmingham Children’s Safeguarding Partnership](https://lscpbirmingham.org.uk/)