

SAFEGUARDING CHILDREN

POLICY AND PROCEDURE

The Windfall Centre

*Promoting the emotional health of children & families*

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**INTRODUCTION**

The Windfall Centre and all professionals who work within it uphold the right of every child and young person to develop to their full potential. We base our philosophy in the UN Convention on the Rights of the Child and especially Article 3 which states that every organisation involved with children should work towards what is best for each individual child. We support the Welsh Assembly Government’s seven core aims for children in Wales and identify our service as contributing to the overarching aspiration that every child should have a ‘flying start’ in life.

Our safeguarding responsibilities towards the children and young people who use our services are twofold:

1. To take all reasonable measures to ensure the safety of children and young people using our premises or accessing our services, and
2. To respond appropriately to any concerns about a child’s welfare and safety in accordance with these procedures.

These procedures apply to all professionals, students or volunteers (referred to as ‘staff’) providing a service to children and young people either from The Windfall Centre, or on behalf of The Windfall Centre. The document accords with The National Wales Safeguarding Procedures, Working Together to Safeguard Children and the standards set out in part 7 of the Social Services and Wellbeing (Wales) Act 2014.

In all circumstances where there are concerns about the safety or welfare of a child, the *child’s* welfare will be the paramount consideration. All children and young people will be treated equally irrespective of age, gender, nationality or ethnic status, family status, religion, ability or disability, appearance, or developing sexuality. All children and young people will be treated with dignity and respect. Similarly we will not discriminate against family members on any grounds whatsoever and will endeavour to work closely and honestly with them at all times.

1. **SAFEGUARDING MEASURES :**

When children or young people are being cared for or supervised by those other than their parents it is essential that adequate measures are in place so that the children can be safe, parents and carers can be assured of the care their children receive and staff can feel supported and confident in the expectations of their role. These measures fall into five main categories:

* 1. **A Designated Person:**

The role of the designated person is:

* to have the overview of safeguarding practice and the implementation of these procedures
* to view and assess DBS (Disclosure and Barring Service) criminal records checks, maintaining appropriate confidentiality
* to be a point of contact for those with concerns about the safety or welfare of a child or young person; to discuss and consider the information and be responsible for taking, or co-ordinating, further action. This would include, where necessary, passing concerns to the statutory authorities; social services or the police – *see below for reporting procedures*
* To identify and ensure provision of training needs in relation to the safeguarding and protection of children.

**1.2**

**Suitability to work with children:**

* All those who meet the criteria of the Disclosure and Barring Service for an enhanced criminal record disclosure are required to provide evidence of their criminal record check and its contents before commencing any unsupervised work with a child, children or family. This record will be checked with the DBS by The Windfall Centre as and when appropriate, to ensure its accuracy.
* Where indicated, staff will provide evidence of any qualifications claimed and if requested, furnish a full curriculum vitae including chronology of employment and times of non-employment
* All staff providing a service on behalf of The Windfall Centre will sign up to the Code of Practice
* All professionals and students providing a service from or on behalf of the centre will undertake and record on-going professional development activities and maintain accreditation to the appropriate professional body
* All professionals providing a therapeutic service from or on behalf of the centre will access clinical supervision and adhere to the supervision ratios stipulated by their professional body
* Staff joining The Windfall Centre will complete an initial probationary period. The duration of this will be determined in accordance with the individual’s previous experience and any other factors considered relevant
* All staff, and professionals using the Centre, will sign these procedures ensuring they are fully understood.

**1.3. General child safety:**

* Children and young people will be treated with dignity and respect at all times
* Written consent from a parent/carer or other with parental responsibility (PR) must be given once it is determined the child will receive a service. Where social services holds PR for a child and a signed contract is in place, the consent form can be signed by the child’s foster carer
* Parents will be given a copy of the complaints procedure at the commencement of the service
* The child should be encouraged to sign the child consent form which includes the children’s complaints procedure. This should be verbally explained to the child if necessary.
* The rules/boundaries of what is permissible within the playroom or session should be clearly explained to the child. A child will be given 3 warnings with a clear consequence if there is deliberate disregard of this. Where the consequence needs to be enforced this is done in a non-punitive way and it is made clear to the child that s/he is still welcome for therapy. *It is not the role of the therapist or any other staff member to discipline a child.*
* Parents/carers will remain at the centre for the duration of the child’s session. Occasional absence needs to be specifically negotiated and agreed to by both the therapist and the child (but see Lone Working Policy). Children will not be prevented from returning to their parent/carer if distressed.
* The limits of the child’s confidentiality within therapeutic sessions will be explained to the child in the presence of the parent/carer and at other times when necessary. The child should be clearly informed that s/he can tell anyone what has happened or been talked about within sessions and the difference between confidentiality and secrecy explained.
* Regular reviews of the progress of therapy will be held with the child (where appropriate) and with the parents/carers, and where involved, professionals, as indicated.
* Where children are included in groups the adult/child ratio will be sufficient to ensure adequate supervision and flexibility to respond to unexpected circumstances and will depend on the ages and needs of the children.
* Personal/intimate care of a child will only be undertaken by a parent/carer.
* All staff, volunteers or students will be alert to signs of possible abuse or neglect and will respond in accordance with The Windfall Centre child protection procedures – see below.

**1.4. Practical/environment safety:**

* Staff will be vigilant to possible hazards or risks to the safety of children and their families or to staff and other personnel and take steps to minimise these
* Toys and other resources should be regularly checked for breakages and should be kept clean. Anti-bacterial/sterilising cleaning materials should be used if applicable.
* Where a service is provided to a child/children outside of the centre, a comprehensive risk assessment will be undertaken (see Lone Working Policy and Risk Assessment). Specific and informed PR consent is required in these circumstances.

**1.5. Training:**

All staff joining the Windfall Centre will receive induction into the Wales Safeguarding Procedures by the designated person or Service Manager. Refresher training in safeguarding children will be accessed every 3 years either in-house, or, if not available, via external accredited training, or sooner if there are significant legislative changes or following a procedural review.

1. **CHILD PROTECTION :**

As a member of staff, a therapist, or a volunteer with The Windfall Centre you have a duty of care to the children and young people using our services. You should be aware of and alert to, signs that may indicate a child or young person is being subjected to bullying, or may be suffering abuse or neglect. The safety and welfare of the children and young people who use our services **must** be your first consideration.

**2.1**

Children can be abused or neglected by someone inflicting harm, or failing to act to prevent harm. This can happen within a family, in an organisational or community setting, by those known to them or, more rarely, by a stranger. Children from all walks of life, cultures and religions may suffer abuse or neglect. *For the purpose of child protection, ‘a child’ is considered to be anyone up to the age of 18.*

**2.2:**

Abuse may **be *physical*** eg, being hit or deliberately burnt; ***emotional*** eg, being scapegoated or continuously criticised; ***sexual*** eg, being used for someone else’s sexual satisfaction; or a child may be ***neglected*** eg, not being adequately cared for, not getting necessary medical or dental treatment. Children themselves report that they find ***bullying*** by other children or young people extremely hurtful. The effects of bullying, like abuse, can last into adulthood and affect someone’s emotional well-being. The ***sexual exploitation*** of children and young people is an increasing concern and we need to be aware of signs that may indicate a child or young person is at increased risk of this kind of hidden abuse. Similarly, ***domestic abuse***within young people’s relationships is recognised as a significant problem that needs to be addressed. Finally, ***sexually harmful behaviour*** by young people towards other children or young people is both harmful to victims but is also likely to indicate severe emotional or other trauma in the young perpetrator.

(Fuller definitions and possible signs or indicators are given in Appendix A)

**2.3:**

**How might you become concerned about a child’s safety?**

* A child or young person may tell you something that makes you worried about their safety or the safety of another child.
* Someone else may report that a child has told them, or they are very worried that a child may be being harmed.
* A child may show physical injury for which there appears to be no satisfactory explanation
* A child’s behaviour may make you concerned that the child may be being harmed.
* Something in the behaviour of an adult, or another young person, or the way they relate to a child, makes you feel uncomfortable and anxious
* Something about the child’s/young person’s use of social media might make you concerned.
* You may become aware of a child abusing or bullying another, or of being bullied

**2.4:**

**All concerns about a child’s safety or welfare must be shared with the Designated Person as soon as possible**. The designated person will consider the information and any other information we may have and make a decision about what action to take, if any. You do not have to decide if a child is being abused, you simply have to pass on your concerns.

**2.5:**

 If your concerns are about the behaviour of a colleague within The Windfall Centre, or about another adult who has professional responsibility for a child:

* Do **not** dismiss your concerns
* do not confront the person about whom you have concern
* contact the designated person and ask to speak to her in confidence:

**Maggie Fearn- Senior Practitioner 07884 065299** **maggie@windfallcentre.co.uk**

**Marilyn Hinks- Chair of Trustees, 01938 820303** **M.Hinks@sky.com**

* If your concern is about the designated person, you should contact the relevant contact for the area:

**Powys Front Door – 01597 827666, For out of hours please call - 0845 054 4847**

**Vale of Glamorgan Child protection- 01446 725202 / Out of hours: 029 20 788570**

**Swansea Single Point of contact- 01792 635700**

**Carmarthenshire Children's Services Department, Central Referral Team on 01554 742322 or** **CRT@sirgar.gov.uk**

**This team covers the whole of Carmarthenshire and is based in Ty Elwyn, Llanelli. Office opening times are 8:45am - 5.00pm Monday to Thursday and 8:45am - 4:30pm Friday.**

**If you are concerned that someone you know may be at risk of harm outside of these hours you should call Delta Wellbeing on 0300 333 2222 (available 24hrs, 7 days a week).**

 Even if your concerns prove to be unfounded you will not be penalised as long as there was no malicious intent. The Windfall Centre recognises that safe organisations are open organisations that listen to and take seriously worries about the safety of children and young people. (Look also at ‘What to do if your concerns are not being taken seriously’ below).

**2.6:**

 If a child or young person tells you s/he or another child is being harmed:

* Stay calm,
* Listen carefully to what is said and allow the child to proceed at his or her own pace.
* Keep your questions to a minimum – only ask questions to help you understand what the child has chosen to tell you. Don’t ask about explicit details and don’t ask questions that imply a particular answer.
* Don’t promise to keep secrets. Remind the child of the limits of confidentiality explained at the beginning of therapy. Explain that any information that indicates that a child may be being harmed by other people needs to be passed on so that something can be done about it. It is not alright that children are hurt by adults who are supposed to look after them, or by other children.
* Check any immediate or short-term safety needs with the child.
* Reassure the child or young person that they have done the right thing in telling you.
* Tell the child or young person what you will do next and who you have to share the information with.
* As soon as you can, record in writing what was said, using the child’s own words. If appropriate, this can be done in the presence of the child so you can check you understand correctly.
* Note the date, time and any names mentioned, to whom the information was given and make sure your record is signed and dated.
* Report your information to the designated person as outlined above.

**2.7:**

If a parent/carer, or other member of the public tells you of concerns they have about a child (whether or not the child is receiving a service from us):

* Do not ask them to make their own referral to social services.
* Take adequate details to be able to identify the child and report the concerns to the designated person.

Members of the public can remain anonymous when making referrals to social services, or when a referral is made from their information.

**2.8:**

**Confidentiality:**

Any concerns or reports about possible harm to a child must be treated in the strictest confidence and respect for the privacy of the child and family involved and should only be discussed with those who ‘need to know’ in order to decide on any safeguarding action.

**2.9:**

**Emergency Action**

It is extremely rare but if you are confronted with a situation where emergency action is needed to treat a child who has been intentionally harmed, or to prevent imminent abuse to a child, and it would cause an unacceptable delay to contact a designated person, then **you should contact Dyfed Powys police, immediately by dialling 999.**  You should then contact the designated person without delay so that further action can be decided on.

**2.10:**

**Children on the Child Protection Register:**

A child’s name is placed on the Child Protection Register when a multi-agency child protection conference decides that the child needs a protection plan to ensure his/her safety. You should inform the designated person if the following apply:

* you become aware that a child whose name in on the Register is going to move to another local authority
* you become aware that a child who has recently moved into the area is on the Child Protection Register in another local authority
* a child whose name is on the Child Protection Register goes missing - in this case you should inform the designated person *immediately* you become concerned.

*Even if you think someone else or another agency has the information already, you must still report what you know to the designated person who will pass the information to the Custodian of the Register.*

**2.11:**

**What to do if you think your concerns are not being taken seriously:** If you have reported concerns about a child or about the behaviour of an adult towards a child and you feel that:

1. your concerns have not been taken seriously, or
2. the action agreed has not been taken quickly enough, you should, in the first instance, raise this with the designated person to allow her to provide an explanation. If this is not possible, or your concerns remain, then you can contact the NSPCC Helpline on 080 800 5000 for advice on appropriate action.

**3. THE ROLE OF THE DESIGNATED PERSON :**

3.1: The designated person for child protection is there to help and support you as well as ensuring that any necessary correct action is taken to safeguard a child. The role is to:

* receive information from staff, volunteers, children or parents and carers who may be worried about a child, or the behaviour of an adult towards a child, and to record that information
* assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate
* consult initially with social services children’s services or the NSPCC (telephone : 0808 800 5000) to test out any doubts or uncertainties about the concerns as soon as possible
* where necessary, make a formal referral to social services or the police without delay, and follow this up in writing within 24 hours
* liaise with social services or the police, if necessary, following a referral
* ensure that all written records relating to concerns about a child are completed, signed and dated, and kept securely until no longer needed
* discuss information that may relate to unprofessional, or inappropriate behaviour by a member of staff or volunteer with the child protection Trustee to decide on appropriate action
* advise and support staff or volunteers in relation to child protection concerns.

**3.2**: The designated person must also:

* be familiar with the statutory child protection system and keep up to date with contact details and telephone numbers
* be aware of the All Wales Child Protection procedures and the role of the Local Safeguarding Children Boards
* identify training needs relating to child protection within The Windfall Centre and obtain suitable training courses
* collate management information relating to child protection activity and report on this as necessary
* ensure that these procedures are reviewed at least every three years to incorporate any new guidance or legislation.

**3.3: Procedures for the Designated Person – receiving and reporting information:**

Therole as a designated person for child protection is summarised above. The following sets out the detailed procedures to be followed if someone reports concerns about a child or young person, or concerns about the behaviour of an adult towards a child.

**3.3.1:** When you receive concerns or information about a child or young person, or about inappropriate behaviour by an adult, *(but see below re members of staff),*

 **You should:**

* listen carefully to ensure you understand what is being said
* ask questions to clarify your understanding but remember it is not your role to investigate
* check that you have all the necessary factual information to allow you to identify the child and family, ie, names, addresses, date of birth etc.
* reassure the person reporting the concern that they have done the right thing
* make a written record of the conversation, including anything the child may have said, using the child’s own words as reported to you
* check the written account with the person reporting to you to ensure that it is accurate and that nothing significant is left out
* sign and date the written account and ask the person reporting to you to sign the record also
* assess the information you have received and check whether there is previous information available to you that has a bearing on the situation, eg previously recorded observations or concerns about a child’s behaviour or presentation
* if someone has been alleged to be the abuser, consider what contact the child or other children may be having with this person and assess if any immediate action needs to be taken to safeguard any child or children.
* *(If a child or children are at immediate risk of significant harm then the police should be called by dialing 999)*
* decide whether you should inform a child’s parent or carer about the concern or that you are going to make a referral to social services *(this should not be done if the concern is about sexual abuse or fabricated or induced illness, or if it would place the child at increased risk of harm.)*
* If you feel unsure about the significance of the information, and/or whether you should talk to the child’s parent or carer, clarify this by either contacting the NSPCC (0808 800 5000) or social services to discuss the information
* Maintain the privacy and confidentiality of the child and family by only sharing the information with those who ‘need to know’.

**You should not:**

* Dismiss concerns reported to you without considering them, and taking advice if need be ~ *remember taking no further action is a decision and needs to be made carefully*
* Go and talk to the child/young person yourself
* Confront the alleged abuser
* Delay in taking appropriate action.

**3.3.2:**  When you report information -

 **You should:**

* State clearly that you are reporting a child protection matter
* Write down the name and status of the person you speak to (eg, Paul Jones Duty social worker)
* Give a concise account of the information you have received, including how and when it was reported to you
* Inform of any communication or other difficulties the child may have, and give a brief description of the child, if you can, to assist the person making contact with the child.
* Ask for any advice you may need eg, what to do if the child does not return as expected to the centre
* Make a written note of any decisions made or action to be taken, either by you or by social services, including what you should or should not say to the child’s parent or carer
* If social services request on-going monitoring of a child, ensure you are clear exactly what should be monitored, for how long and how the information should be reported.
* Complete the multi-agency assessment form, ensuring that you provide the necessary factual information to identify the child and family, and any alleged abuser**.** Keep a copy of this completed form before sending to the appropriate social services office
* Ask for the name of the team manager and ensure you have the correct address for the office
* Make a written record of your referral including any decisions made or action taken or to be taken. Sign and date this record.
* Ensure all recording relating to the concerns is stored in a secure place
* Inform the person who first reported the concerns, of the action you have taken. Offer any support that may be needed.
* Within two weeks, if necessary, follow up with social services to ascertain what action has been taken in response to your referral. Make a written record of this and store securely with the other information.

**3.3.3:**

Social services is obliged by [The Social Services and Well-being (Wales) Act 2014](https://www.legislation.gov.uk/anaw/2014/4/contents) to acknowledge your referral and decide on what action they might take within 24 hours. [The Social Services and Well-being (Wales) Act 2014](https://www.legislation.gov.uk/anaw/2014/4/contents) came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support. The Act is made up of 11 Parts with Part 7 relating to Safeguarding specifically. It is this legislation that provides the framework for the Wales Safeguarding Procedures. They are also obliged to inform you of the outcome of the referral within 10 working days. If this does not happen, you should contact social services yourself, to ascertain the outcome of the referral. A signed and dated record should be kept of the outcome of the call. *(See also ‘What to do if you think your concerns are not being taken seriously’ above).*

**3.4: Concerns about staff or volunteers**

If the concern involves a member of staff or volunteer, it is NOT our role to decide internally, whether this is a disciplinary issue or a child protection matter. These considerations should take place with the involvement of social services and the police, and so should be referred to social services or the police in the first instance. Further action will be decided following a strategy meeting.

**3.5: Legal Duty to Refer to the DBS** :

Organisations working with children have a duty to refer individuals to the Disclosure and Barring Service where:

* there are concerns that the individual has harmed or poses a risk of harm to a child **and**
* following an internal investigation the individual is dismissed from the service or moved to a position that does not involve direct contact with children, **or**
* where the individual resigns or voluntarily leaves the post in response to allegations of abuse or concerns about a risk posed to a child or children.
* Or where the employer/manager becomes aware that the individual has been convicted or cautioned for serious sexual or violent crimes.

Guidance in these cases can be accessed from the DBS website [DBS barring referrals flowchart - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/dbs-referrals-referral-chart)

**APPENDIX ONE**

**DEFINITIONS OF ABUSE AND HARMFUL BEHAVIOUR**

[The Social Services and Well-being (Wales) Act 2014](https://www.legislation.gov.uk/anaw/2014/4/contents) give the following definitions of abuse as they relate to children and young people. Remember, children can be abused or neglected by someone inflicting harm, or failing to act to prevent harm.

**Particular Vulnerabilities:** Sometimes sympathy for a parent’s or carer’s circumstances can prevent us from considering the impact of these circumstances on the child or children. It is very important to always remember the child if you become aware of instances of domestic abuse, substance misuse or where a parent or carer may have mental health problems that might impact on the child in their care. Disabled children have the same rights as non-disabled children to protection from abuse yet can be left particularly vulnerable due to a number of factors. These may include an over-identification with a parent’s or carer’s supposed difficulties in caring for the child. Similarly, children from minority or socially excluded groups can be overlooked due to assumptions we may make about the customs or culture of that group.

**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 fabricates or induces illness in a child whom they are looking after. *(See All Wales Protocol on Fabricated or Induced Illness)*

**Emotional Abuse:** Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent 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 feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. *(An environment of ‘low warmth and high criticism’ can be very damaging to a child.)*

**Sexual Abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve 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, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Neglect may also occur during pregnancy as a result of maternal substance misuse.

**Other harmful Behaviour:**

**Abuse of Trust :** A relationship of trust exists where a member of staff or volunteer is in a position of power or influence over a service user by virtue of the work or nature of the activity being undertaken. It is a criminal offence for a person in a position of trust to engage in any sexual activity with a person aged under 18 with whom they have a relationship of trust, irrespective of the age of consent even if the basis for their relationship is consensual.

**Bullying :**  is not defined as a separate category by the authorities but the following definition is useful:

Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can be:

* Physical ~ hitting, kicking, theft
* Verbal ~ racist or homophobic remarks, threats, name calling
* Emotional ~ isolating an individual from the activities and social acceptance of their peer group.
* The inappropriate use of mobile phones and other social media to emotionally harm another.

Children from minority ethnic groups, disabled children, young people who are gay, lesbian or trans-gender or those with learning difficulties are more vulnerable to this form of abuse and may be targeted. Bullying may be child to child, adult to child, child/children to adult, or adult to adult. Bullying in all circumstances is unacceptable

**Sexual Exploitation :** is the coercion or manipulation of children and young people into taking part in sexual activities. It involves an exchange of some form of payment, which can include;

* money, mobile phones and other items
* drugs, alcohol
* a place to stay, ‘protection’, affection

The vulnerability of the young person and the grooming process employed renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent. It includes:

* Abuse through prostitution
* Abuse through using children to produce child sexual abuse images and material
* Abuse through grooming whether via direct contact or the use of technologies such as mobile phone or the internet
* Abuse through trafficking for sexual purposes.

**Sexually Harmful Behaviour :** A referral to social services should be made if a child or young person is displaying sexually harmful behaviour towards other children. The following can help you distinguish the behaviour from non-abusive sexual experimentation.

* The power difference between the alleged abuser and his or her victim
* The sophistication and age-appropriateness of the activity, given the age and understanding of the young person
* Any evidence of overt violence, sexual bullying or exploitation
* Whether consent/choice could not be exercised because of the victim’s age, social or economic vulnerability (children under the age of 13 are considered in law, to be unable to consent to sexual activity)
* Whether there was secrecy or denial of the activity
* How was the sexual activity revealed – was it observed by an adult, revealed by the victim? What was the context of the behaviour?
* How persistent is the sexual behaviour? Does it stop when addressed or is it repeated again?
* Is there evidence of the behaviour getting worse eg, an increase in intrusiveness/extent/number of victims/frequency?

**Domestic Abuse :** can occur in any family or couple relationship, including same-sex, elder, teenage or vulnerable adult couples. Domestic abuse includes physical, sexual, psychological or economic harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty. Exposure to domestic abuse can have many long term negative effects for children or young people and is recognised as a significant factor in emotional abuse. Domestic abuse often begins or escalates during pregnancy and the unborn child can be targeted directly.

**Internet abuse**

Pornographic or, more accurately, child abuse images of children on the internet are images of children who have been abused. They also encourage the abuse of other children. It is a criminal offence to view child abuse images and if you suspect that someone may be accessing these images you should report the circumstances immediately to designated person, or directly to the police if outside of your work environment. It is also a criminal offence to ‘groom’ children via chat-rooms and other internet activities.

Young people ‘sexting’ can be inadvertently committing a criminal offence by sending compromising photos. *(For further information see the All Wales Child Protection Procedures 2008 Protocol on Protection of Children from Abuse via Information Technology)*

**Some indicators that might lead you to become concerned about a child/young person**:

The following are given to help and guide you, and there may be other indicators that are not included here. One or more of these indicators does not definitely mean that a child is being abused. Remember, you don’t have to decide if a child is being abused. That is the role of social services. But if you are worried about the child you do have the responsibility to pass on your concerns to the Designated Person.

**Physical Abuse**

Bruises that may be indicative of possible physical abuse are:

* Bruising in babies
* Bruising in children who cannot move on their own
* Bruising that is not on the bony parts of the body
* Bruises to the face, back, stomach, arms, buttocks, ears and hands
* Bruises in clusters
* A number of bruises of a regular shape – eg, fingertip bruising
* Bruises that carry an imprint – of an implement or cord or hand
* Bruising where the explanation seems unlikely

Other signs of physical abuse might be:

* Cigarette burns
* Adult bite marks
* Broken bones
* Scalds, especially if of a regular shape or where the explanation seems unlikely
* A child flinching when touched or approached
* Fear of parents being asked about a bruise or other mark

**Emotional Abuse**

Emotional abuse can be difficult to detect as a child may appear well cared for yet receive little or no love, affection or positive attention and/or be constantly put down or belittled. A child living in an environment of low warmth and high criticism is likely to suffer emotional abuse.

Indicators may include:

* a failure to thrive or grow, especially if the child puts on weight when not in the care of his or her parents
* developmental delay in physical or emotional progress
* nervous behaviour, eg, rocking, hair twisting
* being unable to play and interact with others
* self harming behaviour, eg severe scratching, cutting etc.

**Sexual Abuse**

Adults who use children for their own sexual gratification abuse both boys and girls of all ages, including babies and toddlers. Often a child’s behaviour might make you worried, but physical signs might also raise concern. Children may try to tell about sexual abuse by dropping hints. It is important that they are listened to and taken seriously. (*See above ‘What to do if a child tells you …. ‘)*

Indicators may include:

* sexual knowledge beyond the child’s age or developmental stage
* inappropriate sexualised behaviour
* sexualised language or drawings
* stomach pains or pains when using the toilet
* urinary infections
* pain or itching in the genital area
* bruising or bleeding in the genital area
* referring to a secret they can’t tell anyone about
* self harming behaviour
* nightmares

**Sexual Exploitation**

See the All Wales Child Protection Procedures protocol on ‘Safeguarding and Promoting the Welfare of Children who are at risk of Sexual Exploitation’ for risk factors and vulnerabilities, including the risk assessment tool (SERAF)

**Neglect**

Children who are neglected can suffer long term physical and emotional damage. Neglect can also be life threatening. However, it can be difficult to recognise especially where families are living in poverty.

Indicators may include:

* being constantly hungry, possibly stealing food from other children
* constantly dirty and/or smelly
* being very underweight or losing weight
* clothes not appropriate for the weather conditions
* being constantly tired or appearing depressed
* not getting appropriate medical or dental attention
* talking about being left alone
* frequently being left unsupervised especially if in risky or dangerous situations.

[The Social Services and Well-being (Wales) Act 2014](https://www.legislation.gov.uk/anaw/2014/4/contents) came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support. The Act is made up of 11 Parts with Part 7 relating to Safeguarding specifically. It is this legislation that provides the framework for the Wales Safeguarding Procedures.

Accompanying the Act, the Welsh Government has published statutory safeguarding guidance [Working Together to Safeguard People](https://gov.wales/safeguarding-guidance).

 This Code of Safeguarding Practice sets out Welsh Government expectations in relation to safeguarding arrangements and all staff are required to read this: <https://www.gov.wales/sites/default/files/publications/2022-01/working-together-to-safeguard-people--code-of-safeguarding-practice_0.pdf>

[Working Together to Safeguard People.](https://gov.wales/safeguarding-guidance)website has a link to the All Wales Practice Guides that provides specific practical advice for staff in relation to the diverse range of safeguarding issues including: child sexual exploitation, online abuse, harmful sexualised behaviour, radicalisation, trafficking, home education, religious and cultural exploitation. They are available here:  <https://www.safeguarding.wales/en/chi-i/chi-i-c6/>

**APPENDIX TWO**

**1. PARENTAL RESPONSIBILITY CHECKLIST**

An adult may hold parental responsibility by any one of the following means

* being the biological mother
* having legally adopted the child

Being the named person on;

* a Residence Order
* a Guardianship Order
* a Special Guardianship Order
* being a step-parent and holding an

 Acquisition of Parental Responsibility Order

By virtue of being the biological father AND;

* being married to the biological mother
* being named on the birth certificate

(only applies if child born after 1.12.2003)

* having a Parental Responsibility agreement

 with the mother

* Holding a Parental Responsibility Order.

Where a child is the subject of an Interim Care Order or a Care Order then Parental Responsibility resides with the Social Services Department.

**APPENDIX THREE**

**FRASER GUIDELINES/GILLICK COMPETENCY CHECKLIST**

**What is Gillick competency? What are the Fraser guidelines?**

Professionals working with children need to consider how to balance children’s rights and wishes with their responsibility to keep children safe from harm. When deciding whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

Gillick competency and Fraser guidelines refer to a legal case which looked specifically at

whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions about their life and to understand the implications of those decisions. In assessing Gillick competence the following guidelines apply:

Lord Fraser stated that a doctor could proceed to give advice and treatment "provided he is satisfied in the following criteria:

* that the girl (although under the age of 16 years of age) will understand his advice
* that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice
* that she is very likely to continue having sexual intercourse with or without contraceptive treatment
* that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer
* that her best interests require him to give her contraceptive advice, treatment or both without the parental consent." [(Gillick v West Norfolk, 1985)](https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/#pageref11214)

Underage sexual activity should always be seen as a possible indicator of child sexual exploitation or sexual abuse. Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

RISK ASSESSMENT

General safeguarding measures relating to children and young people are set out in the Windfall Centre’s Safeguarding policy and procedures, specifically paragraphs 1.3 and 1.4. This policy addresses possible risks arising from aggressive, intimidating, disruptive or violent behaviour directed at staff, students or therapists, children or family members or visitors, attending the Centre or receiving a therapeutic service at another location.

**APPENDIX FOUR**

**1. Lone Working Policy : Lone working** refers to any circumstance where a member of staff is the only representative of the Windfall Centre present in the premises while a child or family is attending for a session. Where a staff member is working at a remote location and other professionals or responsible adults are present, this would not necessarily constitute lone working. Lone working also applies to therapists or other staff visiting clients’ homes without another staff member also present. Due to the structure of our organisation it is inevitable that staff will, on occasion, be working alone in providing a service. Staff are expected to adhere to this policy but are reminded that at all times, they retain responsibility for their own safety and that of others.

 To ensure the safety of both staff and children and families, the following applies.

**1.1** Students and volunteers should never be working without another member of staff present in the building. During a probationary period, new staff will not work alone in the premises except in circumstances where this has been agreed in advance.

**1.2** Where a member of staff or therapist is working alone, *no exceptions* will be made to the rule that parents/carers remain on the premises during a child’s session.

**1.3** It is the responsibility of the member of staff or therapist who will be lone working, to ensure that another member of staff is aware of their location and circumstance and is available to be contacted if necessary.

**1.4** Where a member of staff or therapist who lives alone islone working, then safe practice would indicate a short message to another member of staff (see above) to confirm their safe homecoming.

**1.5** If there are concerns about possible aggression or violence from a child or parent/carer then the therapist will not work alone unless a formal risk assessment has taken place with another member of staff. This would include any emergency action that might need to be taken.

**Signed- **

**Name and Role- Marilyn Hinks, Chair of Trustees**

**Date-**

Author: B. James

Version 4

Date: August 2023

To be reviewed by August 2024

Responsibility: Service Manager/Safeguarding Officer