



# Broxtowe Women's Project Limited (BWP) Safeguarding Children and Young People Policy

Date: September 2021  
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## Important

Remember it is **everybody's** responsibility to safeguard children and young people. All concerns **must** be reported to your **manger** and **relevant safeguarding** services

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## Safeguarding at BWP

This document explains in detail the guidance and procedures for all employees to safeguard children and young people within BWP services. When using this policy please remember that guidance must be sought from your manager before any other external safeguarding actions are taken unless you need to ring 999 in an emergency.

### **Record**

If you have a safeguarding concern or disclosure, please ensure all relevant information is recorded factually in the event an external safeguarding referral needs to be made.

This will support the manager's decision on whether to refer or not to refer. Furthermore, this ensures if a referral does need to be made it can be done as quickly as possible, without having to collate more information first.

### **Report**

All staff members with safeguarding concerns must discuss this with their line manager who will notify the Designated Safeguarding Lead (DSL) Chris Harris. The line manager must approve all decisions and actions taken, including any documentation or correspondence being sent out.

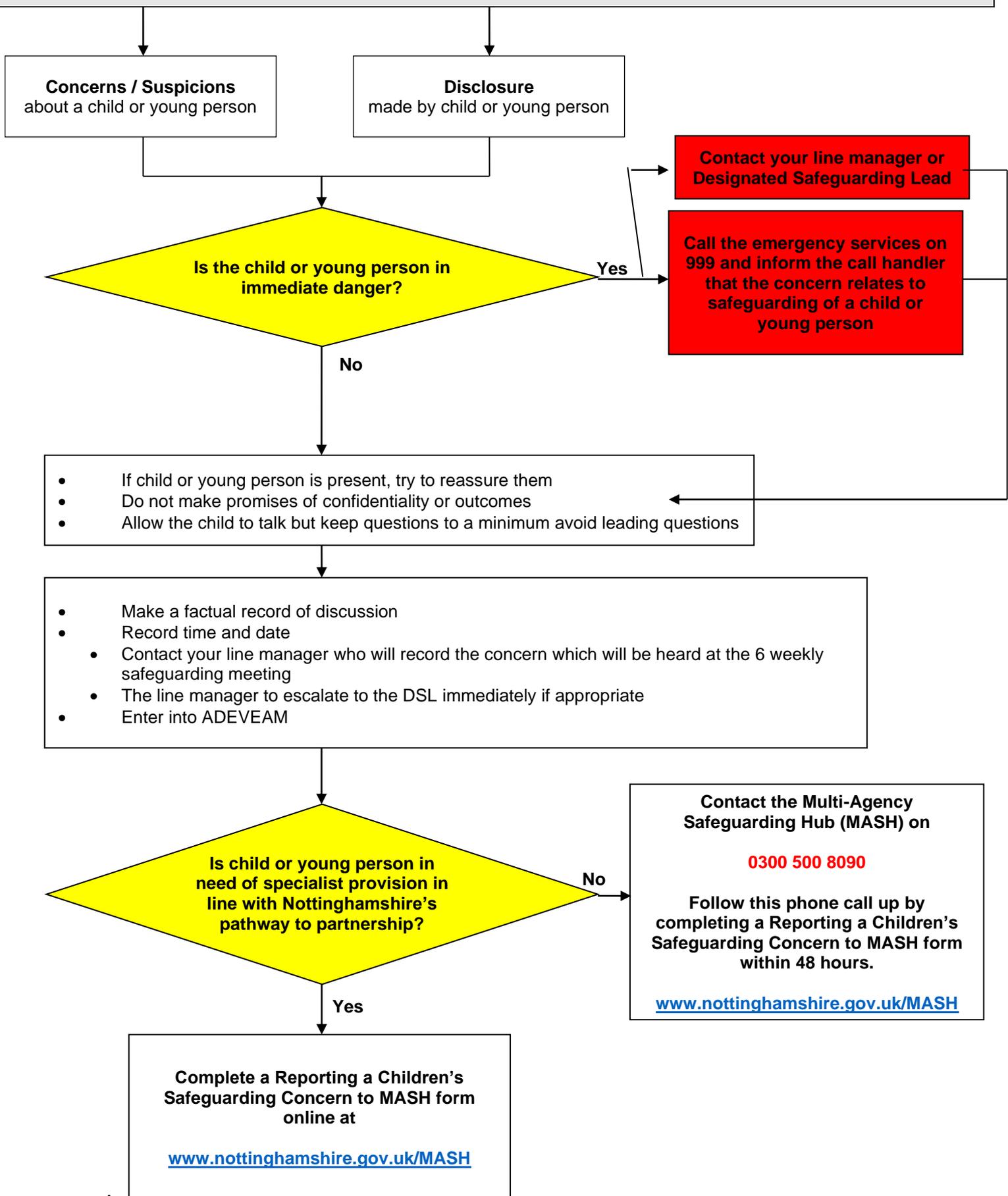
If the DSL is not available, then any concerns should be discussed with the Trustee with responsibility for Safeguarding before any further action is taken. The Safeguarding Trustee is Margaret Coward and is contactable at [margaretc@broxtowewp.org](mailto:margaretc@broxtowewp.org)

The decision to refer to any other agencies will be made by the Line Manager, DSL or Trustee, best able to offer support at the time. The Line Manager and DSL will use their professional judgement alongside consultation with relevant staff members to conclude if external safeguarding procedures are to be evoked.

### **Refer**

After consulting with your manager, if your manager then agrees that an external referral needs to be made, ensure you report it to the relevant safeguarding services detailed within this policy as soon as possible.

## Dealing with Concerns Relating to a Child or Young Person



## 1.0 Introduction

Broxtowe Women's Project (BWP) accepts that it has a legal and moral responsibility to safeguard all children and young people accessing services from harm. This will be achieved through a commitment to good working practices and robust up to date policy and procedures.

### **To whom does this document apply?**

This policy applies to all BWP staff members, including the Board of Trustees, volunteer workers, agency staff and anybody else working on behalf of BWP.

### **What does this policy cover?**

This policy is intended to clarify individual roles and responsibilities reassuring employees that there are clear processes in place should they have any concerns or in the rare event that an allegation is made against an individual employee. While it is not our job to establish whether abuse is taking place, it is our responsibility to report any concerns we have over the welfare of children or young people. This duty extends to the identification of abuse, poor practice by internal members/staff, as well as allegations brought to the attention of BWP by a member of the public/community.

This policy outlines that your primary concern is to ensure that you record relevant information and pass it onto your line manager or DSL as quickly as possible, so that they can discuss any action or referral to the relevant authority.

### **Safeguarding**

***Every child and young person has the right not to be abused***

### **What does 'safeguarding' mean?**

The government guidance on Working Together to Safeguard Children 2018 defines safeguarding children and promoting their welfare as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

The procedures set out in this policy complement those of the Nottinghamshire Safeguarding Children's Board:

[Nottinghamshire Safeguarding Children Partnership](#)

Alongside

Working Together to Safeguard Children, which was first introduced in 2013 and has since been updated in 2015 and 2018:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Reporting safeguarding concerns are in line with Nottinghamshire's reporting a safeguarding concern procedure <http://www.nottinghamshire.gov.uk/care/safeguarding/childrens-mash>

## 1.1 Policy Statement

BWP acknowledges the duty of care to safeguard and promote the welfare of children and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice. The policy recognises that the welfare and interests of children are paramount in all circumstances aiming to ensure that regardless of age, ability or disability, gender reassignment, race, religion or belief, sex or sexual orientation, socio-economic background, all children are protected from abuse. BWP aims to achieve this through:

- Respecting and promoting the rights, wishes and feelings of children and young people
- promoting and prioritising the safety and wellbeing of children and young people
- ensuring everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people
- ensuring that all employees understand and follow the relevant procedures when they have concerns about child abuse or neglect.
- ensuring that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- ensuring that the necessary enhanced Disclosure and Barring Service (DBS) checks are completed, for employees that work with or have significant access to children.
- Responding to any allegations of misconduct or abuse of children or young people in line with this Policy and Guidance and Local Safeguarding Children Board guidance; as well as implementing, where appropriate, the relevant disciplinary and appeals procedures
- Reviewing and evaluating this Policy and Procedures document every 1 year

## 1.2 Definitions

This policy and these procedures are based on the following definitions:

- The term child, or young person is used to refer to anyone under the age of 18yrs
- The term parent is used as a generic term to represent parent, carers and guardians
- The term staff members is a generic term used to represent all BWP employees and volunteers

## 1.3 Types of Abuse and indicators

“Child abuse happens when a person – adult or child – harms a child” (NSPCC 2018).

“Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation” (Working Together to Safeguard Children 2018). See Appendix A for more information

More information in regards to all areas of child abuse including, indicators local procedures and the abuse of disabled children can be found on Nottingham and Nottinghamshire Safeguarding Children’s Board (NSCB) website:

[Nottinghamshire Safeguarding Children Partnership](#)

## 2.0 Roles and Responsibilities

This section sets out the roles and responsibilities of all BWP staff members and volunteers alongside BWP’s commitment to safe staff recruitment and training.

### 2.1 Responsibilities of all Employees

All employees have a responsibility to report any concerns about the welfare of children to their line manager, DSL or the chair of the board of trustees. Safeguarding incident report forms should be completed by the staff member who has concerns, however your line manager can support with this.

<https://broxtowewp.sharepoint.com/:w:/s/administration/EQ5gm8RBv4RLh9nkA-KGUrQBmCk64x6TIUxbLOGLCAq4TQ?e=AnU1YI>

### 2.2 Recruitment

In order to safeguard children coming in contact with the organisation, BWP will take up references from two sources before staff are employed. All staff members will undergo relevant DBS checks. These guidelines are also to be followed for volunteers.

### 2.3 Training

Staff members and volunteers, as part of their induction, are expected to be familiar with adult and child protection issues, a basic overview will be given as part of the BWP Induction session within week 1 of employment. Links will be provided to additional training required that is appropriate to the role. Staff members and volunteers who work with children, must access training on Child Protection for voluntary sector organisations through the Nottinghamshire Safeguarding Children Board Multi-agency training.

[Training Events \(nottinghamshire.gov.uk\)](#)

## 3.0 Procedural Guidance

The procedural guidance gives clear and concise detail of the roles and responsibilities of all BWP staff members to ensure efficient safeguarding practices of children and young people. As stated in the Working Together to Safeguard Children 2018 “*safeguarding is everyone’s responsibility*”. “It is vital that everyone working with children and families, including those who work with parents/carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners” (Working Together to Safeguard Children 2018).

### 3.1 Responding to suspected abuse

You will not be expected to investigate suspicions or concerns; other agencies are trained to do this.

If you have a concern about the safety or welfare of a child or young person:

- Note the concerns and your reasons for being concerned including your professional opinion of the situation using the MASH incident reporting form
- Discuss your concerns with your line manager, DSL or Trustee with safeguarding responsibility
- Maintain confidentiality in line with BWP Confidentiality Policy
- Contact parent for consent to share information with relevant safeguarding services if safe to do so
- If any child or young person under 13 years of age makes any disclosure of a sexual nature (even if they say they’ve consented/with another child or young person of the same age) this needs automatically reporting to social care and/or police dependant on the situation
- If the family or child or young person has a Social Worker or Family Worker you should contact them directly to pass on concerns for non-emergency situations and disclosures
- Contact the Nottinghamshire Multi Agency Hub (MASH) for advice or to make an immediate concerns report

When there are ongoing concerns regarding a parent in relation to the alleged abuse of a child or young person, particularly if you feel the child may be placed at further risk of significant harm, the parent or carer should not be contacted about the allegation of abuse. Social Care Services and/or the Police will do this at an appropriate time.

#### **Disclosures or suspicions about a staff member**

If any members of staff or services users/members of the public have concerns that an employee of BWP may be putting a child’s safety or welfare at risk, they should implement the provisions of the Whistleblowing Policy.

Concerns should normally be raised with:

- The Line Manager
- Designated Safeguarding Lead
- CEO
- Trustee with Safeguarding responsibility
- Any member of the Board of Trustees

However, if the employee is not confident that any of these will deal with the concern properly, then you can raise it with the Local Authority Designated Officer (LADO) who may bring it to the attention of the organisation and ask them to investigate. Details of the LADO can be found here: <https://nscp.nottinghamshire.gov.uk/contact/>

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BWP is committed to investigating any concerns as fully, quickly and confidentially as possible. Please see the Whistleblowing Policy for further advice and information.

### **Do not undertake further investigations.**

- If the alleged incident is of a criminal nature, the investigation will be carried out by the police.
- Where the alleged abuser is someone other than a BWP staff member or volunteer, and the police are not investigating, the relevant Social Services Department will undertake the investigation.
- If a number of agencies are involved, the Multi-Agency Safeguarding Hub will coordinate the investigation
- If the alleged perpetrator of the abuse is a member of staff or volunteer of BWP, an investigation will be carried out under the terms of the BWP Disciplinary Procedure. This may involve the member of staff or volunteer being suspended on full pay while the investigation is carried out. Internal BWP investigations should normally be completed within 10 working days. The outcome of the investigation should be a conclusion about whether the alleged abuse is substantiated and this will determine the outcome of the disciplinary action. The outcome of BWP investigations should be reported to the Multi-Agency Safeguarding Hub.

## **3.2 Responding to Disclosures**

### **Disclosures from a Child or Young Person**

Abused children and young people are more likely to disclose details of abuse to someone they trust and with whom they feel safe. By listening and taking seriously what the child or young person is saying you are already helping the situation. It is key that you reassure the person that they were right to tell and to not make promises to keep secrets.

Action that should be taken in the event of a disclosure of abuse from a child or young person

- React calmly so as not to frighten the child.
- Take what the child says seriously, recognising the difficulties inherent in interpreting what is being said by a person who may have a speech impairment or differences in language.
- Avoid asking direct questions other than those seeking to clarify your understanding of what the person has said. The Police or Adult and Children's Services may subsequently formally interview them and they should not have to repeat their account on several occasions.
- Inappropriate and excessive questioning at an early stage may also impede the conduct of a subsequent criminal investigation.

- Reassure the child but do not make promises of confidentiality that will not be feasible in the light of subsequent developments.
- Explain to them that you will have to share your concerns with your line manager or the Designated Safeguarding Lead or Trustee who have the authority to act.
- Tell them they were not to blame and that they were right to tell.
- Record in writing all the details that you are aware of and what was said using the child's own words, immediately.
- Discuss with your Line Manager, Designated Safeguarding Lead or Trustee and if appropriate, report the matter to the Nottinghamshire Multi agency Safeguarding Hub (MASH)
- In an emergency dial 999

The person receiving the disclosure should NOT:

- Dismiss the concern.
- Panic.
- Allow their shock or distaste to show.
- Probe for more information than is comfortably offered – do not overpressure for a response.
- Speculate or make assumptions.
- Make negative comments about the alleged abuser.
- Make promises or agree to keep secrets.
- Suggest any action/s or consequences that may be undertaken in response to the disclosure.

**Remember:**

- **Listen**
- **Write it down**
- **Report it**

### 3.3 Reporting and Managing Incidents and Concerns

All practitioners have a responsibility to refer a child to children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;

- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.
- If there are concerns about the adult or primary carer refer to the adult at risk policy and any other agencies involved

Please remember the well-being of the child is paramount and if you deem a child to be at immediate risk of harm please follow the procedures set out in the flow chart on page 3, the response needed may include:

- Immediate emergency call to Police (999)
- Immediate contact with Nottinghamshire Multi-Agency Safeguarding Hub (MASH) 0300 500 80 90 (Mon to Thur 8.30am-5.00pm, Fri 8.30 to 4.30pm) or
- Nottinghamshire MASH Emergency Duty Team 0300 456 4546 (Out of office hours)
- Immediate verbal intervention with support from the most senior officer available on site without placing the child or an officer at further risk.
- You need to fill in an Incident Report Form for all concerns, suspicions and disclosures relating to the safeguarding of children and young people. This needs to be done as soon as possible to ensure all the facts are recorded. **Do not delay when reporting concerns as a child's welfare or safety may be imminently at risk.** This form can be accessed via the Nottinghamshire County Council website: <https://www.nottinghamshire.gov.uk/care/safeguarding/childrens-mash/report-a-new-concern-about-a-child>

Information passed on must be relevant necessary and up to date. The type of information needed for a referral will vary based on the nature of the safeguarding incident. Basic information such as name, address, date of birth, parents, school details and nature of the incident should be recorded as a minimum. The following is guide to what other information you will need;

- The nature of the concerns
- How and why they have arisen
- The child's views, if known
- What the child's and the family's needs appear to be
- Whether the family are aware of the referral and whether they are in agreement with it or not
- Whether the concern involves abuse, neglect, CSE, HSM or self-harm

- Whether there is any need for any urgent action to protect the child or any other children in the household or community.

**Parents should always be informed beforehand of any plans to contact Children's Social Care unless this would potentially place the child at further risk of abuse**

through delay or from the parent's actions or reactions; For example, in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or fabricated or induced illness has taken place.

Where a professional decides not to seek parental permission before making a referral to LA children's social care;

- The decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to LA children's social care.
- All staff members should consult with their line manager/named or designated safeguarding advisor, if at all practicable, for advice.

It is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment please refer to the Nottinghamshire County's Pathway to Provision threshold guidance. Which can be found:

<http://www.nottinghamshire.gov.uk/media/129861/pathwaytoprovisionhandbook.pdf>

For more information on reporting incidents and concerns, please contact the Multi Agency Safeguarding Hub (MASH).

Nottinghamshire Multi Agency Safeguarding Hub (MASH)

Office hours Monday to Thursday 8.30am to 5.00pm

Friday 8.30am to 4.30pm

Tel: 0300 500 80 90

Email: [mash.safeguarding@nottscgcsx.gov.uk](mailto:mash.safeguarding@nottscgcsx.gov.uk)

FAX: 01623 483 295

### 3.4 Confidentiality and Information Sharing

See BWP Confidentiality Policy and Procedures

Staff members may have access to confidential information about children and young people in order to undertake their responsibilities. These details must be kept confidential at all times and only shared when it is in interests of the child to do so.

- Confidentiality must be discussed with children, young people and their parents before any assessment/support work takes place.

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- Children young people and parents must be made aware that we are committed to upholding confidential working practices however if a child is at risk of harm then this information will be shared with the relevant services.
- Never promise a child or young person to keep secrets
- Staff members should seek advice from a senior member of staff if they are in any doubt about sharing information they hold or which has been requested of them
- When it comes to reporting safeguarding concerns, Data Protection should not be a barrier to information sharing.

The important statutory duties in relation to safeguarding children cannot be met without effective and appropriate sharing of relevant information, some of which may normally be regarded as confidential between an employee and customer or client.

In making decisions about sharing information, the safety and needs of the child must be the primary consideration. Information can be disclosed without consent where there are well-founded concerns that disclosure is necessary to:

- safeguard a particular child - including disclosure of information about an adult who may pose a risk of significant harm to a child or children
- prevent a criminal act taking place or where seeking consent would interfere in criminal enquiries
- prevent harm to staff
- prevent a child being at increased risk of harm

The storing and processing of personal information about children and young people is governed by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2018. Under the new GDPR service users have the right to;

- be informed about the collection and use of their personal data.
- You must provide individuals with information including: your purposes for processing their personal data, your retention periods for that personal data, and who it will be shared with.
- You must provide privacy information (privacy notice) to individuals at the time you collect their personal data from them
- If you obtain personal data from other sources, you must provide individuals with privacy information within a reasonable period of obtaining the data and no later than one month.
- The information you provide to people must be concise, transparent, intelligible, easily accessible, and it must use clear and plain language.

BWP is committed to the storage and protection of personal data and this is detailed specifically within our Data Protection Policy. To support the new GDPR guidelines BWP will ensure:

- privacy notices are supplied if required and appropriate, to those about whom information is received by BWP. This includes direct disclosures from the parties involved and third party reports about others.
- all staff members should seek advice from their line manager, or local safeguarding services prior to sending a privacy notice to anyone other than the party reporting the issues to ensure that the safety of any children or other parties will not be compromised.
- all service users including children and young people will be made aware of their rights under Data Protection Regulations in plain language ensuring the information given is transparent and concise. This information is also made clear on referral and assessment documentation.

## 4.0 Other Consideration when Working with Children and Young People

### 4.1 BWP Code of Conduct

You will be better placed to avoid any misinterpretation of your actions and ensure the welfare of children and vulnerable adults in your care if you always engage in good practice. Guidance on good practice can be found here: [Behaviour management and codes of conduct | NSPCC Learning](#)

### 4.2 One to One Support

One to one situations have the potential to make children and young people more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one to one settings with children and young people may also be more vulnerable to unfounded allegations being made against them. Due to the possibility of placing children and adults in vulnerable situations, reasonable and sensible precautions should be in place to manage this risk.

Staff must:

- Ensure full and appropriate risk assessments have been conducted and agreed.
- Not attend meetings with a child or young person in remote, secluded, or unsupervised area.
- Only meet children in an appropriate public place, for example a library, a gallery, a university or a classroom, where other adults are regularly present.
- Avoid use of 'engaged' or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy
- If providing support in the family home always ensure there is an adult over the age of 18 present at all times whilst support is taking place.

- Ensure all session notes are recorded on to the secure management system within 24 hours.

### 4.3 First Aid and Treatment of Injuries

If a child requires first aid or any form of medical attention whilst in your care, then the following good practice should be followed:

- Be aware of any pre-existing medical conditions, medicines being taken by participants or existing injuries and treatment required
- Alert appropriate First Aider within the organisation you are working from
- Keep a written record of any injury that occurs, along with the details of any treatment given
- Only those with a current, recognised First Aid qualification should respond to any injuries
- Where possible any course of action should be discussed with the child in language that they understand and their permission sought before any action is taken
- The child's parents/guardians or carers must be informed of any injury and any action taken as soon as possible, unless it is in the child's interests and on professional advice not to
- A notification of Accident Form must be completed and signed (Appendix C)

### 4.4 Photography

BWP do not take images of children.

This means that staff should not:

- display or distribute images of children unless they have consent to do so from parents/carers
- use images, which may cause distress
- use mobile telephones to take images of children
- take images 'in secret', or taking images in situations that may be construed as being secretive.

## **Appendix A**

### **Types of abuse and indicators**

The four main areas of abuse are:

#### **1. Physical Abuse:**

The child is deliberately hurt, causing injuries such as cuts, bruises, burns, broken bones It can involve hitting, kicking, shaking, throwing, poisoning, burning, suffocating

Parents/carers who make children deliberately unwell (known as fabricated illness) is also defined as physical abuse.

*Indicators are:*

##### Bruises

- commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttock
- clusters of bruises on the upper arm, outside of the thigh or on the body
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object.

##### Burns and Scalds

- can be from hot liquids, hot objects, flames, chemicals or electricity
- on the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or both legs
- a clear edge to the burn or scald
- sometimes in the shape of an implement for example, a circular cigarette burn
- multiple burns or scalds.

##### Bite Marks

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth.

##### Fractures or Broken Bones

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

##### Other injuries and Health Problems

- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning

Signs of head injuries:

- There may be visible signs of an impact such as swelling, bruising or fractures.
- being comatose
- respiratory problems
- seizures
- vomiting
- unusual responses – irritable, poor feeding, lethargic, unresponsive.

Not all head injuries are caused by abuse. Sometimes there are other reasons a child may have these symptoms.

### **Fabricated Illness**

- symptoms only appear when the parent or carer is present
- the only person claiming to notice symptoms is the parent or carer
- the affected child has an inexplicably poor response to medication or other treatment
- if one particular health problem is resolved, the parent or carer may then begin reporting a new set of symptoms
- the child's alleged symptoms don't seem plausible – for example, a child who has supposedly lost a lot of blood but doesn't become unwell
- the parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff
- the child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition – for example, they never go to school or have to wear leg braces even though they can walk properly
- the parent or carer has good medical knowledge or a medical background
- the parent or carer doesn't seem too worried about the child's health, despite being very attentive
- the parent or carer develops close and friendly relationships with healthcare staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged
- one parent (commonly the father) has little or no involvement in the care of the child
- the parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary)

(nhs.uk, 2016)

## **2. Sexual Abuse:**

Forcing or enticing a child to take part in sexual activities whether or not they appear to give consent. Child sexual abuse can involve contact and/or non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. Non-contact abuse involves non-touching activities. It can happen online or in person.

Contact Abuse includes

- sexual touching of any part of the body whether the child is wearing clothes or not,
- rape or penetration via the use of an object or any body part,
- forcing or encouraging a child to take part in sexual activity

- making a child take their clothes off, touch someone else's genitals or masturbate.

Non-Contact Abuse includes:

- Encouraging a child to watch or hear sexual acts
- Not taking proper measures to prevent a child being exposed to sexual activities by others
- Showing pornography to a child
- Making, viewing or distributing child abuse images
- Allowing someone else to make, view or distribute child abuse images.
- Persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- Persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- Having sexual conversations with a child by text or online

*Indicators are*

Physical Symptoms

- anal or vaginal soreness
- an unusual discharge
- sexually transmitted infection (STI)
- pregnancy.

Showing sexual behaviour that's inappropriate for their age

- a child might become sexually active at a young age
- they might be promiscuous
- they could use sexual language or know information that you wouldn't expect them to

Staying away from certain people

- they might avoid being alone with people, such as family members or friends
- they could seem frightened of a person or reluctant to socialise with them.

### **3. Emotional Abuse:**

Can be persistent and over time, it severely damages a child's emotional health, wellbeing and development. Emotional abuse may include:

- Humiliating, putting down or constantly criticising a child
- Shouting at or threatening a child or calling them names
- Mocking a child or making them perform degrading acts
- Constantly blaming or scapegoating a child for things which are not their fault
- Trying to control a child's life and not recognising their individuality
- Not allowing them to have friends or develop socially
- Pushing a child too hard or not recognising their limitations
- Manipulating a child

- Exposing a child to distressing events or interactions such as drug taking, heavy drinking or domestic abuse
- Persistently ignoring them
- Being cold and emotionally unavailable during interactions with a child
- Never saying anything kind, positive or encouraging to a child and failing to praise their achievements and successes.

### *Indicators*

Babies and pre-school children who are being emotionally abused or neglected may:

- be overly-affectionate towards strangers or people they haven't known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery etc.
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect them to know for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- may develop risk taking behaviours such as stealing, bullying and running away
- may develop eating disorders
- may self-harm
- may display negative impulsive behaviour

### Parents Behaviour

All parents tell their children off from time to time. And sometimes the relationship between them might seem strained. But if you notice severe or constant harsh behaviour, or that a child seems scared or unfeeling towards their parent, it could be a sign that the child is being emotionally abused.

## **4. Neglect:**

Neglect can be difficult to identify. Isolated signs may not indicate neglect, but multiple and persistent signs over time could indicate a problem. Some signs of neglect are:

- Children who appear hungry - they may come to school without lunch money or even try to steal food
- Children who appear dirty or smelly and whose clothes are unwashed or inadequate for the weather conditions
- Children who are left alone or unsupervised
- Children who fail to thrive or who have untreated injuries, health or dental problems

- Children with poor language, communication or social skills for their stage of development
- Children who live in an unsuitable home environment, for example the house is very dirty and unsafe, perhaps with evidence of substance misuse or violence
- Children who have taken on the role of carer for other family members.

#### *Indicators*

##### Poor hygiene and appearance

Child may:

- be smelly or dirty
- have unwashed clothes
- have inadequate clothing, e.g. not having a winter coat
- seem hungry or turn up to school without having breakfast or any lunch money
- have frequent and untreated nappy rash in infants.

##### Health and development problems

- untreated injuries, medical and dental issues
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations
- poor muscle tone or prominent joints
- skin sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- anaemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills.

##### Housing and family issues

- living in an unsuitable home environment for example dog mess being left or not having any heating
- left alone for a long time
- taking on the role of carer for other family members

Having one of the signs or symptoms above doesn't necessarily mean that a child is being neglected. But if you notice multiple, or persistent, signs then it could indicate there's a serious problem.

(NSPCC, 2018)

In addition, Children and Young people can be exposed to Child Sexual Exploitation and engage in Self harm or Sexual Harmful Behaviour.

### **Child Sexual Exploitation (CSE)**

Young people may be tricked into believing there is a consensual loving relationship through the abuser exploiting situations and giving gifts in exchange for sexual activities. They often trust their abuser and do not understand that they are being abused. They may depend on their abuser or be too scared to tell anyone what is happening. Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators. It can be difficult to spot the signs if a young person is being sexually exploited as these signs can be mistaken for normal teenage behaviour.

Some of the signs include:

- Go missing from home, care or education
- Be involved in abusive relationships, appearing intimidated and fearful of certain people or situations
- Hang out with groups of older people, anti-social groups, or with other vulnerable peers
- Get involved in gangs
- Have older boyfriends or girlfriends
- Spend time at places of concern, such as hotels or known brothels
- Not know where they are, because they have been moved around the country
- Be involved in petty crime such as shoplifting
- Have access to drugs and alcohol
- Have new things such as clothes and mobile phones which they can't or won't explain
  
- Have unexplained physical injuries. Change in physical appearance- new clothes, more/less make up, poor self-image, weight gain/loss
- Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression, appearing drunk or under the influence of drugs/alcohol, suicidal tendencies, looking tired or ill, sleeping during the day.)
- Increased use of online gaming including Xbox
- Getting into cars with unknown adults or associating with known CSE adults
- Reports of being involved in CSE through being seen in hotspots (i.e. in certain flats, recruiting grounds, cars or houses and maybe in company of known CSE adults)
- Being secretive or withdrawn
- Associating with other sexually exploited children
- Unsuitable or inappropriate accommodation (including street homelessness, staying with adults known to be involved in CSE and living in a place where needs are not met)
- Being involved in witchcraft
- Living independently and failing to respond to attempts by workers to keep in touch.
- Having possession of hotel keys/key cards or keys to unknown premises
- Knowledge of towns and cities they have no previous connection with
- Disappearing from the 'system' with no contact or support
- Sexually transmitted infections/ pregnancy
- serious self-harming behaviour
- Exclusion and/or unexplained absences from school or not engaged in education or training. Non school attendance or excluded due to behaviour
- Child under 16 meeting different adults and exchanging or selling sexual activity
- Becoming disruptive at home or school using offensive language
- Regularly coming home late or going missing overnight or longer
- Isolated from peers and social networks; not mixing with their usual friends

- Unusual association with taxi drivers/firms
- Having multiple mobile phones, sim cards or use of a mobile phone that causes concern; multiple callers, more texts than usual
- Being taken abroad by family members (forced marriage)
- Having marks or scars on their body which they try to conceal by refusing to undress or uncover parts of their body
- Multiple miscarriages or terminations
- Being defensive about where they have been and what they have been doing
- Use of the internet that causes concern including possible use of web cam
- Association with gangs
- Removed from known 'red light' district by professionals due to suspected CSE
- Returning home after long intervals but appearing well cared for
- Lack of positive relationship with a protective, nurturing adult
- Overtly sexualised dress
- Disclosure of physical/ sexual assault and then refusing to make or withdrawing a complaint

(STOP CSE -, 2018)

### **Harmful Sexual Behaviours (HSB)**

Children and young people who develop harmful sexual behaviour harm themselves and others. If you are concerned a child may be showing harmful sexual behaviour you should discuss with or refer to BWP Children's Service.

Children and young people who behave in a sexually harmful way may have been abused in the past. Sometimes a child's reaction to past abuse can lead to them developing harmful sexual behaviour.

HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults.

It is normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates therefore, you have to be mindful that behaviours which might be concerning will depend on the child's age and stage of development. Brook sexual health and wellbeing for under 25's has developed an easy to follow traffic light system to help identify healthy, concerning, and unhealthy sexual behaviours. You can find out more about this tool here: <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>

There are 4 phases of childhood sexual development. Just like every other part of growing up, some children mature sooner or later than others. Children with developmental delays may not stick to these age guides. If you're worried about anything you should speak to a health professional about it.

Harmful Behaviours have been taken from the Brook Sexual Behaviour Traffic Light Tool. Normal sexual development can be sourced from their website. <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

Red behaviours are outside of safe and healthy behaviour. They may be:

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- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

### **0-5 Years**

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

### **5-9 Years**

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

### **9-13 Years**

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

### **13-17 Years**

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

(Brook.org.uk, 2018)

## Self-Harm

See Harmless 2021 statistics on self harm below:

[https://broxtowewp.sharepoint.com/:b:/s/children/EQ9jWDQxyfhBl29tuXO7p\\_gB3b14aaeh4a8vzskbyVAZag?e=KCiv0l](https://broxtowewp.sharepoint.com/:b:/s/children/EQ9jWDQxyfhBl29tuXO7p_gB3b14aaeh4a8vzskbyVAZag?e=KCiv0l)

There are links between depression and self-harm. Quite often, a child or young person who is self-harming is being bullied, under too much pressure to do well at school, being emotionally abused, grieving or having relationship problems with family or friends (NSPCC 2018).

Self-harm can take lots of different physical forms such as:

- Cutting
- Burning
- Bruising
- Scratching
- Hair-pulling
- Poisoning
- Overdosing

A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental attitude, are of the utmost importance.

If you have concerns about self harm you should discuss with or refer to BWP Children's Service.

Current guidance from Nottinghamshire Safeguarding Children Board, suggests practitioners should talk **and listen** to the child or young person in a private safe environment, not in the presence of other pupils/friends/family and establish:

- If and how they have self-harmed;
- The immediate trigger and underlying stresses/concerns/issues
- Explore how imminent or likely (further) self-harm might be
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?

- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

**Do not:**

- Panic
- Dismiss what the child or young person says
- Disempower the child or young person
- Ignore or dismiss their feelings or behaviour
- See it as attention seeking or manipulative
- Trust appearances alone, as many children and young people learn to cover up their distress

Staff should always be mindful of the underlying factors, which may lead a child or young person of any age to self-harm. This is particularly the case for children of primary school age as self-harm in this age group is less common.

Professionals should keep parents informed and involve them in any information sharing decisions even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

You can access detailed guidance on the indicators, actions to take and consent in regards to self-harm on NSCB website:

[http://nottinghamshirescb.proceduresonline.com/p\\_self\\_harm\\_suicidal.html](http://nottinghamshirescb.proceduresonline.com/p_self_harm_suicidal.html)

The exact reasons why children and young people decide to hurt themselves aren't always easy to work out. In fact, they might not even know exactly why they do it. Quite often a child or young person who is self-harming is being bullied, under too much pressure to do well at school, being abused, grieving or having relationship problems with family or friends. Self-harm is often used as a coping mechanism. The physical pain of self-harm might feel easier to deal with than the emotional pain that's behind it.

**Please note self-harm on its own is not an indicator that a child/YP is being abused.**

Physical signs of self-harm:

These are commonly on the head, wrists, arms, thighs and chest and include:

- cuts
- bruises

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- burns
- bald patches from pulling out hair

Young people who self-harm are also very likely to keep themselves covered up in long-sleeved clothes even when it's really hot.

Emotional signs of self-harm:

- depression, tearfulness and low motivation
- becoming withdrawn and isolated, for example wanting to be alone in their bedroom for long periods
- unusual eating habits; sudden weight loss or gain
- low self-esteem and self-blame
- drinking or taking drugs

(NSPCC, 2018)

### **References for Indicators of Abuse**

Brook.org.uk. (2018). *Brook | Our work | The Sexual Behaviours Traffic Light Tool*. [online] Available at: <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> [Accessed 4 Sep. 2018].

STOP CSE -. (2018). *NWG Network | What is CSE?* [online] Available at: <http://www.stop-cse.org/what-is-cse/> [Accessed 4 Sep. 2018].

nhs.uk. (2016). *Signs*. [online] Available at: <https://www.nhs.uk/conditions/fabricated-or-induced-illness/symptoms/> [Accessed 4 Sep. 2018].

NSPCC. (2018). *Signs, indicators and effects*. [online] Available at: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical-abuse/signs-symptoms-effects/> [Accessed 4 Sep. 2018].

## **Appendix B**

### **Good Practice Working with Children and Young People**

#### **Good Practice**

- Always put the welfare of the children before any other agenda
- Treat all children equally with dignity and respect.
- Recognise that any role that interacts with children places you in a position of trust, and undertake to uphold that trust at all times.
- Use appropriate language when conversing with children.
- Behave as role models and be suitable examples for children
- Adults who work with children and young people should ensure they take care to ensure they are dressed appropriately for the tasks and the work they undertake.
- Report any suspected infatuations
- Adults who work with children and young people should not seek to have social contact with them or their families.
- Not all children and young people feel comfortable about physical contact, and adults should not make the assumption that it is acceptable practice to use touch as a means of communication.
- Permission should be sought from a child or young person before physical contact is made.
- When physical contact is made with a child this should normally be initiated by them and be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background.
- Always wear appropriate clothing when working with children, e.g. dress according to the duties to be undertaken in a manner befitting the responsible care of children. Name badges must be worn where provided and/or identification that you are representing BWP must be worn at all times
- Ensure a code of behaviour is established at the start of each session so that everyone knows what is expected of them and what is acceptable. If you have to discipline a child, then do so in a positive constructive manner making sure that the child knows it is the behaviour that is unacceptable
- Use appropriate language and explanations. (It is not always what is said but how it is said that can be of concern and of great importance)

#### **Practice that is not acceptable**

- Allowing inappropriate language of all parties to go unchallenged
- Making sexually suggestive comments to or around a child
- Engaging in rough physical or sexually provocative play with a child
- Allowing or engaging in inappropriate touching
- Inviting or allowing a child to stay in your home
- Taking children to your home, for however short a time
- Performing personal care for someone which they can do themselves or that you are not trained to do
- Forming inappropriate relationships with children in your care, N.B Remember this legally means a child up to 18 years of age
- Allowing allegations made by a child to go unchallenged, unrecorded or un-acted upon

- Giving home or mobile number to children or obtaining children's mobile phone numbers unless this is an agreed part of the service/ activity being delivered

## **Appendix C**

### **Broxtowe Women's Project Limited**

#### **Accident reporting form**

**Date of Accident**

**Place of accident**

**Time of accident**

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**Name & address of person affected**

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**Details of Accident including any equipment/machinery involved**

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**Please continue on a separate sheet if necessary and attach to this form.**

**Name & address of Person Notified**

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**Actions taken/recommendations**

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**Signed (person involved in accident)**

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**Signed (manager or health & safety representative)**

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