
		SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY AND PROCEDURE			
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1. ORGANISATIONS COMMITMENT STATEMENT

1.1 At Gateshead Carers Association we firmly believe that we all have the right to live our life free from abuse.

1.2 The safeguarding of the people who use our services is overseen by the Board of Trustees, the Chief Officer and Team Leaders.

1.3 All staff and volunteers have to work strictly within the policy and procedures set out below and the procedures set out in the Confidentiality Policy.

1.4 This policy and the associated procedures will be reviewed by the Board of Trustees on a three yearly basis and be amended in accordance with legislative changes, changes to locally agreed multi-agency procedures and best practice.

2. INTRODUCTION

2.1 Gateshead Carers Association is committed to practice in a way which protects children from harm. Staff and volunteers accept and recognise our mutual responsibilities to develop awareness of issues, which cause children and young people harm. In all aspects of our work we have a commitment to safeguard the welfare of all children and young people by protecting them from all forms of abuse and recognise our responsibility to safeguard and promote the welfare of children within the legal framework of the Children Acts 1989 and 2004.

2.2 Gateshead Carers Association is a service dedicated to Adult Carers, but in the course of our work in the community, visiting homes and supporting parent carers and kinship carers has the opportunity to observe the young person's/child's welfare. Parents/carers remain responsible for their children's welfare throughout all the work undertaken by the organisation.

2.3 Individuals within the organisation need to be alert to the potential abuse of children both within the children's own families and also from other sources including abuse by members of that organisation. The organisation should know how to recognise and act upon indicators of abuse or potential abuse involving children. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with these procedures.



2.4 We will endeavour to ensure that:

- Children and young people are listened to, valued and respected
- Staff are aware of the need to be alert to the signs of abuse and know that to do with their concerns
- All staff and volunteers are subject to rigorous recruitment procedures and DBS checks
- All staff and volunteers complete a supervised induction, which includes information regarding safeguarding responsibilities and the requirement to complete relevant LSCB Child Protection training at the earliest opportunity. Refresher training will be undertaken by all staff every 3 years or when there is a significant change in the law
- All staff and volunteers are given appropriate ongoing support, supervision and training

2.5 This document is written in accordance with Gateshead Local Safeguarding Children Board (GLSCB) policy and procedures and Working Together to Safeguard Children 2018 statutory guidance.

Please refer to Section 9 of this document for other related GCA policies and procedures.

3. KEY PRINCIPLES OF SAFEGUARDING CHILDREN AND YOUNG PEOPLE

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Safeguarding and promoting the welfare of children is defined for the purposes of this policy 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; and
- taking action to enable all children to have the best outcomes.

3.1 DEFINITIONS

The broad definition of a **child or young person** is:

Anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection. (Working Together to Safeguard Children 2015)

Young Carers

As an organisation who provides services to carers it is therefore of increased likelihood that we will identify Young Carers in the course of our work. Gateshead Local Safeguarding Children Board defines a Young Carer as:

"A young person under 18 who has a responsibility for caring on a regular basis for a relative (or very occasionally a friend) who has an illness or disability, including some-one with mental health or substance misuse problems. A child under 8 who is carrying out significant caring duties should always be regarded as coming within this definition. This can be primary or secondary caring and leads to a variety of losses for the young carer."

As members of the carers partnership in addition to reporting any safeguarding concerns through these procedures where necessary, we will also make a direct referral to **Gateshead Crossroads 01207 549780** to ensure they are receiving the appropriate level of Young Carer support.

What is Abuse?

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. (Working Together to Safeguard Children 2015)

3.2 CATEGORIES AND SIGNS OF ABUSE


(as defined in Working Together to Safeguard Children 2018 and What to do if you're worried that a child is being abused: Advice for practitioners March 2015)

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries
- Children with unexplained or unusual fracture or broken bones; and
- Children with unexplained: bruises or cuts; burns or scalds; bite marks.

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Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Fabricated or Induced Illness by parents or carers (FII) can cause significant harm to children. FII involves a well child presented by a parent or carer as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has in reality, and suffering harm as a consequence. It is becoming increasingly recognised and is a potentially lethal form of abuse.

Behaviours include:

- Deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation.
- Interfering with treatments by overdosing, not administering them or interfering with medical equipment such as infusion lines.
- Claiming the child has symptoms which are unverifiable unless observed directly such as pain, frequency of passing urine, vomiting, or fits.
- Exaggerating symptoms causing professionals to undertake investigations and treatments which may be invasive are unnecessary and therefore are harmful and possibly dangerous.
- Obtaining specialist treatments or equipment for children who do not require them.
- Alleging psychological illness in a child.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Some of the following signs may be indicators of emotional abuse:



- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving their child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name calling or making negative comparisons.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;

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- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.



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

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

4. ACTIONS THAT MUST BE TAKEN IF YOU ARE CONCERNED ABOUT A CHILD'S SAFETY OR WELFARE

4.1 What to do if children talk to you about abuse or neglect

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It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations, you must:

- Listen carefully to the child. DO NOT directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared.
- Reassure the child that: you are glad they have told you; they have not done anything wrong;
- What you are going to do next.
- Explain that you will need to get help to keep the child safe.
- Do NOT ask the child to repeat his or her account of events to anyone.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

4.2 Immediate Action to Ensure Safety

Immediate action may be necessary at any stage in involvement with children and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD/REN ie:

- If emergency medical attention is required, this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.



4.3 Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary.

You may become concerned about a child who has not spoken to you, because of your observations of, or information about that child.

If you are concerned about a child, you must share your concerns. Initially you should talk to your Line Manager or, in their absence, another Team Leader or a person designated as responsible for child protection within your organisation. In this organisation that person is Steve Cowen. If this person is implicated in the concerns, you should discuss your concerns directly with Social Services.

Chief Executive Officer:	Steve Cowen	tel: 0191 4900121 ext 202
Team Leaders:	Janice Hall	tel: 0191 4900121 ext 222
	Mandy Ramsey	tel: 0191 4900121 ext 231
	Brian Pereira	tel: 0191 4900121 ext 204
	Andrea Goodfellow	tel: 0191 4900121 ext 232
	Nikki McCann	tel: 0191 4900121 ext 219

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4.4 You should consult externally with your local Social Services Department in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when you are unable to consult promptly or at all with your designated internal contact for child protection
- when the concerns relate to a member of management or of the Board of Trustees (please refer to section 8.11)

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary.

5. Making a referral

According to the policy of Gateshead Local Safeguarding Children Board (GLSCB)

“Where consultation is sought and Gateshead Children’s Social Care then conclude that a referral is required; the information provided so far must be regarded and responded to as a referral, and the referrer must be advised accordingly and must confirm their referral in writing (using Appendix A: Child in Need / Child Protection Referral Form).

Professionals may seek advice about the appropriateness of a referral from the designated/named professional for child protection within their own agency or Children’s Social Care Referral and Assessment Team.”

A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

5.1 NUMBERS TO BE USED FOR REFERRAL TO GATESHEAD CHILDREN’S SOCIAL CARE


During office hours (Monday - Thursday, 8:30am-5pm and Friday, 8:30am-4:30pm) please contact the Referral and Assessment Team on (0191) 433 2653 or **R&ADuty@gateshead.gov.uk**.

On evenings and weekends please contact the Emergency Duty Team (EDT) on (0191) 477 0844 and ask for the EDT social worker.

5.2 It is good practice to be as open and honest as possible with parents/carers about any concerns, and inform them if a referral is being made and with whom information could be shared. However, you should not discuss your concerns with parents/carers where contacting parents/carers would place a child, yourself or others at significant risk of harm or further harm.

Referral should be made to Gateshead Children’s Service for guidance as to the best way to proceed, or not, in further conversations with parents and carers.

Inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

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IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE CHILD OR CHILD'S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE AND CONSULT WITH THE PARENTS.

If your concern is about abuse or risk of abuse from a family member or someone known to the children, you should make a referral to Gateshead Children's Social Care Team (see contact details in section 5.1).



5.3 Information required

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals' known to be involved with the child/family eg: GP, Health Visitor, School.
- The nature of the concern; and foundation for them.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

5.4 Action to be taken following the telephone referral

- Ensure that you keep an accurate record of your concern(s) made at the time, regardless of whether the concerns resulted in further action. Your records should be documented using the organisations secure CRM system at the earliest opportunity.
- Referrals should be followed up by putting your concerns in writing to Social Services using the Child protection/Child in Need/Child Care Concern Referral Form (Appendix A) within 24 hours.
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.
- Record the incident and/or referral via GCA Safeguarding Incident Log located at reception.

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6. CONFIDENTIALITY

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place.

Information in relation to child protection concerns should be shared on a “need to know” basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child’s need for protection. *If in doubt, consult.*

As set out in our **Confidentiality Policy** when we start working with someone, staff from Gateshead Carers Association will explain how we will keep things confidential and when we may need to breach confidentiality.

7. WHISTLE BLOWING

Gateshead Carers Association has a full **Whistle Blowing Policy** to enable staff and volunteers of GCA to raise concerns relating to malpractice or impropriety.

8. PREVENTING ABUSE BY STAFF AND VOLUNTEERS:

8.1 All staff recruited by Gateshead Carers Association will be required to have a **Disclosure and Barring Service (DBS) check**. Volunteers will be required to have a DBS check where necessary, according to their individual volunteer role, in line with DBS eligibility criteria. All staff and volunteers must also provide appropriate references at the point of recruitment.

8.2 DBS checks will be carried out every 3 years for all staff and eligible volunteers, including Board of Trustees members.

8.3 The Chief Executive Officer or a representative from the Board of Trustees will be responsible for looking at the DBS disclosure form and acquired references, and making a judgement on the contents.

8.4 **Until a satisfactory DBS disclosure has been shown to the Chief Executive Officer or a representative of the Board - No staff member or volunteer (if eligible for DBS check) will be allowed to support or work with anyone who uses our services, unless another member of staff is present.**

8.5 We will not employ someone whom we know has been barred by the DBS to work with children or adults with needs for care and support.



8.6 If we dismiss a member of staff or a volunteer because they have harmed, or posed a risk of harm to a child/ren or adults with needs for care and support, or we would have done so if they had not left, we will refer this information to the Disclosure and Barring Service (DBS).

8.7 A record of the DBS reference number and the name of the employee or volunteer will be kept on a secure data base maintained by the Administrator.

8.8 The DBS document will be returned to the employee or volunteer for safe keeping.

8.9 Staff and volunteers will receive regular supervision with a line manager who is experienced in their area of work in order to monitor performance, to ensure that any relevant support is made available (including both in-house and external training where necessary) and to make sure that Gateshead Carers Association policies and procedures are being followed.

8.10 All paid and unpaid employees and volunteers are given a copy of this policy.

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8.11 ALLEGATIONS AGAINST STAFF AND/OR VOLUNTEERS

Gateshead Carers Association is a service dedicated to Adult Carers, but in the course of our work, staff and volunteers may briefly come into contact with children and young people who attend Gateshead Carers with their parents/carers. In these circumstances, staff will not be responsible for providing care or supervision to children and young people.

Where allegations are made against a member of staff or volunteer of the organisation, this should be reported directly to the immediate line manager of the person involved. Allegations about members of management should be directed to the next level of management. For example, if the allegation is about Team Leader(s) then concerns should be reported to the Chief Executive Officer and allegations against the Chief Executive officer should be reported to the Board of Trustees. Allegations should be reported to the line manager at the earliest opportunity and followed up with a written record of the allegation.

An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

Allegations will then be recorded by the appropriate line manager who will seek appropriate advice and guidance from the Local Authority Designated Officer (LADO) as detailed below.

Gateshead Local Authority Designated Officer:

Nicolas Leon 0191 4333554 email: nicholasleon@gateshead.gov.uk

The LADO role is to provide advice and guidance to employers and voluntary organisations, liaising with the police and other relevant agencies and professional bodies. The LADO monitors the process of organisations response to allegations to ensure the thresholds are applied evenly and the outcomes are proportionate.

Further guidance may be sought by referring to the latest version of Gateshead LSCB procedures online using the following link:

http://www.proceduresonline.com/nesubregion/Gateshead_SCB/p_alleg_against_staff.html#procedures

9. Related Documents:

- GCA Recruitment and Selection Policy
- GCA Safeguarding Adults with Needs for Care and Support Policy and Procedure
- GCA Confidentiality Policy
- GCA Whistle Blowing Policy
- GCA Complaints Policy
- GCA Grievance Policy
- GCA Professional Boundaries Policy
- GCA Training and Development Policy
- GCA Volunteering Policy
- GCA Health and safety policy
- GCA Appraisal and Supervision Policy
- Appendix A Child In Need/Child Protection/Child Care Concern Referral Form

NB. All GCA policies and procedures are available to staff and volunteers on internal IT Netshare folder and hard copies are in files in every office.