



Registered Charity No 1063143

Safeguarding Children

Policy Document and Guidelines

REVISED September 2019

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Safeguarding Children

Introduction

Safeguarding at Steps

Steps has a strong culture and awareness of safeguarding, which is key to all work undertaken at both the Centre and within all associated areas and environments with vulnerable children, families, visitors, staff and volunteers. Measures are in place to protect children known to Steps, who are identified as being at possible risk of abuse and neglect.

Operating with transparency and commitment our strong safeguarding culture is apparent through an Organisational Commitment to Whistleblowing; the Appropriate Sharing of Information, Reporting of Bad Practise and Abuse, Robust Governance Arrangements, Strategy and Communication, Organisational and Individual responsibility.

Safe Recruitment

Safeguarding duties are included within all job descriptions and at all levels; including our Trustees and Volunteers.

The recruitment of all staff, volunteers and trustees is robust and follows principles for Safe Recruiting; which include DBS checks, references, employment history and interviews.

All staff, volunteers and trustees undergo safeguarding training relevant to role and are encouraged to lead by example and challenge practice.

We perform our safeguarding duties in alignment with the local safeguarding authority procedures for Leicester, Leicestershire and Rutland.

The Management Committee does not expect its staff to be experts in this field, but simply to be vigilant in watching out for the welfare of each child who comes through The Centre's doors. They should be aware of the Core Competencies as outlined in the Safeguarding Children Competency Framework (Safeguarding Children Board, Leicestershire & Rutland), which include:

- Know how to recognise possible signs and indicators of abuse and neglect.
- Know how to respond and communicate with children, young people or adults when they may be trying to tell you something. This could be verbally, non-verbally or through behaviour.
- Know what to do with important information; how it should be recorded, how it should be shared safely and with whom it should be shared.
- Understand what might make some children more vulnerable taking into account diversity, difference and promoting equality.



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Running safe activities and events

Arrangements are in place to ensure that the physical risks associated with the activities undertaken by the children/families are identified and managed.

Mobile Phones

Staff are not permitted to use mobile phones in the main classroom. Photographs will not be taken by staff on their personal mobile phones.

Photographs of children must not be used for Steps publicity purposes without written consent from parents/guardians.

Parents and mobile phones

We ask that mobile phones are not taken into the teaching areas as they are disruptive and are a serious safeguarding issue. If you wish to take a photo of your own child, please ensure that you do not include other people's children in the picture.

Parents

Please do not leave your child in sole care of any other person at Steps other than a member of staff whilst you leave the room for any reason. If you wish to go out of the room, then please inform a member of staff and they will look after your child whilst you are away.



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Suspected Abuse Procedure

All staff have a responsibility to report cases of actual or suspected abuse of any kind, to any child, by any person, at any time. This also includes unintentional abuse, which might arise from inappropriate parenting skills. They should report to the Designated Safeguarding Lead or Senior Manager. In the case of a member of the Senior Management Team being suspect, contact should be made directly with the Trustees of Steps.

Recording and storing information

Arrangements are in place to ensure that personal or sensitive information about children, young people and families is recorded appropriately and stored securely.

Clear and accurate records are an absolute necessity, should you need to report a case of suspected abuse; they should identify your areas of concern and your response to them. Precise written records must be kept giving clear, concise, factual evidence. Records must be correctly dated, signed in full and filed in the appropriate file in the staff office for future referral.

Staff should seek to reassure the child but must not ask any 'leading' questions, except to clarify what they have just heard. There are precise guidelines surrounding the interviewing of children and alleged perpetrators and staff specifically trained to undertake this task. It is therefore important that members of staff do not seek to investigate or question beyond what has been revealed to them or what they can observe themselves.

A Child Requiring Urgent, Immediate Medical Attention

The Designated Safeguarding Lead or senior member of staff present must ensure that the child is sent to whichever hospital is available to deal with accidents and emergencies. Normally this will be the **Royal Infirmary 0300 303 1573**

Where possible the child should be accompanied by the parent/carer, senior member of staff or Lead Conductor.

The hospital must be notified of the circumstances in which the injury occurred and of any suspicion of abuse

Reporting Abuse or neglect of a child.

A Child Who is in Immediate Danger

Phone **999** if a crime is being committed or if a child is in immediate danger.

Contact Leicestershire police on 101 if you think a crime has been committed but there is no immediate danger.

Contact First Response Children's Duty Team 0116 305 0005 Leicestershire if you think a child is being:

- Neglected



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- Physically Abused
- Sexually Abused

Contact First Response Children's Duty and Advice Service for children living in Leicester City – 0116 4541004

(You will be expected to provide the following information, where possible)

- Parents details
- Home Address
- Ethnic Origin
- Religion
- Details of any other key agencies involved.

Cases of Suspected Abuse

Having considered all the evidence, the Manager will:

- Discuss if possible, with the parent / carer, unless they feel that this puts them and/or the child at further risk, or the concerns are around sexual abuse or fictitious illness.
- Record in the child's confidential file giving accurate information
- Thereafter, proceedings will follow the guidelines laid down in the Local Safeguarding Children file which can be found in the staff office

Staff Responsibilities

Staff must be aware that checklists can provide support when making difficult decisions, but they need to be used in a thoughtful way. Child abuse presents in a wide variety of ways. The decision that the Designated Safeguarding Lead/Manager must make is whether they have reasonable grounds for suspecting that child abuse is taking place. If unsure it will always be safer to act or to discuss with a qualified person than to wait.

The Role of Staff

Everyone who works with children has a responsibility for keeping them safe. All staff have a responsibility to report cases of actual or suspected abuse of any kind, to any child, by any person, at any time.

They should report any concerns through the Designated Safeguarding Lead, or in the case of this person being suspect, they should report directly to the Chair of Trustees.

Precise records must be kept giving clear, concise, factual evidence.

Staff are advised that if they are not satisfied that the case has been dealt with adequately by the Designated Safeguarding Lead, they should report to the Chair of Trustees. (Where the staff member and the DSL are not satisfied that their concerns have been dealt with adequately, the DSL will follow the legal procedures within Social Care Services and keep the staff member updated as far as possible).



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Records must be correctly dated, signed in full and filed in the appropriate file in the main office for future referral.

Staff should always seek to reassure the child.

Staff should be supportive but should not question the child.

Staff should not discuss issues relating to the suspected abuse in the presence of the children.

Staff under suspicion of abusing a child

Any member of staff under suspicion of abusing a child in any way will be suspended immediately, without bias, until an investigation has taken place.

Staff suspecting another member of staff of abuse

If a member of staff suspects another member of staff of abuse of any kind, then they should follow the guidelines below:

- Take any concerns directly to their Line Manager.
- Allegations will be recorded and kept in the staff members confidential file.
- The Chair of the Trustees will be informed.
- The staff member will not have knowledge of who has made the complaint.
- The staff member in question will be suspended on full pay until the case has been resolved.

Recognising Abuse

All staff should be aware of the different forms of abuse and their implications. Staff should be aware of the particular vulnerability of babies to harm and abuse (including premature babies). Not Independently Mobile Children with a disability – older children who are not independently mobile by reason of a disability should be considered. Disabled Children may have a higher incidence of abuse whether they are mobile or not.

Safeguarding Disabled Children

Disabled children are recognised as the most vulnerable group in respect of safeguarding their wellbeing. They may have physical, sensory and learning disabilities and difficulties.

Severely disabled children often rely on parents and carers to meet most or all of their needs. They may have limited mobility and may find it hard to make their feelings and wishes known because of communication or language difficulties. Children with complex needs may receive services in a range of settings from a number of care providers leaving them vulnerable to ill or cruel treatment, to neglect and abuse. If they have been harmed or ill-treated, they may find it difficult to know how they can express their own concerns about their welfare, and they may not even know that the care they are receiving is not safe or appropriate. Disabled children trust their caregivers and rely on them to be sensitive to their personal care needs, their health, their emotional well-being and their safety and it can also have long term effects on their physical and mental wellbeing.



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Definition of Child Abuse

“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.”

Physical Abuse

Physical abuse – a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual Abuse

Sexual abuse – involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether 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.

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 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. Online grooming refers to the deliberate actions taken by an adult to form a trusting relationship with a child with the intent of later facilitating sexual contact.

Emotional Abuse

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



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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.

Neglect

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.

Physical neglect

A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.

Educational neglect

A parent doesn't ensure their child is given an education.

Emotional neglect

A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.

Medical neglect

A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Grave Concern

Children whose situations do not currently fall into any of the above categories, but where social and medical assessments indicate that they are at significant risk of abuse. These could include situations where another child in the household has been harmed or the household contains a known abuser.

Child abuse is a major social problem that occurs in all races, religions, cultures, genders, and social backgrounds. It affects both able-bodied and disabled children. It can happen to:

- any child up to the age of 18
- at any time, in any situation, by any person

Other forms of Abuse

Bullying- this can take many forms, such as:

- Verbal teasing or making fun of someone.
- Excluding children from games and conversations.
- Pressurising other children not to be friends with the person who is being bullied.
- Spreading hurtful rumours or circulating inappropriate photographs, images or drawings.
- Shouting at or verbally abusing someone.
- Stealing or damaging someone's possessions.
- Making threats.
- Physical or sexual assault.
- Forcing someone to do something embarrassing, harmful or dangerous.
- Harassment on the basis of race, gender, sexuality, culture, or disability.

Domestic Abuse- when dealing with DV/DA we must always be very mindful of the emotional impact and long-term damage or effect this has on children and must be careful not to focus only on the parents' behaviour or needs. The physical, psychological and emotional effects of domestic violence on children can be severe and long-lasting. Some children may become withdrawn and find it difficult to communicate. Others may blame themselves for the abuse. All children living with abuse are under stress. Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme.

Child Trafficking- is where children and young people are tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold.

Female Genital Mutilation (FGM) and the law- FGM has been illegal in the UK since 1985. This means that it is now mandatory for all health professionals to notify the police when they are informed by a girl under 18 that an act of FGM has been carried out on her; or observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Radicalisation- is the way a person comes to support or be involved in extremism and terrorism. It's a gradual process so young people who are affected may not realise what's happening.

Signs and Symptoms

General Signs of Stress and Distress Associated with Child Abuse

All the following signs and symptoms need to be considered in the light of a child's 'normal' development.

- lack of concentration and a falloff in school performance
- aggressive or hostile behaviour
- moodiness, irritability, fearfulness, tiredness and temper tantrums
- difficulties in relationships with peers
- regression to more immature forms of behaviour
- low self-esteem
- undue wariness
- running away, truancy; experience shows that children who persistently run away from home may be fleeing from sexual or physical abuse

Physical Abuse

Injuries such as bruises and abrasions, especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury:

- outline bruises (prints of hands, belts, shoes etc)
- twin bruises on either side of mouth or cheeks can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking
- bruising on both sides of the ear is often caused by grabbing a child as s/he runs away (it is very painful to be held by the ear, as well as humiliating and this is a commonly presented injury)
- babies who are handled roughly or held down in a violent way will have grip marks on arms or trunk
- one of the most serious injuries to a child is done by shaking which can cause haemorrhage to the brain as it bangs inside the skull. This can only be diagnosed by an expert, but the gripping bruises on arms or trunk would be a warning signal
- black eyes are most commonly caused by an object such as a fist coming into contact with the eye socket. A heavy bang on the nose, however, can cause bruising to spread around the eye and a doctor will be able to tell the difference
- damage or injury to the mouth of a child, eg bruised or cut lips or torn frenulum (this is the skin which joins the inside of the upper lip to the mouth)
- bruises of different ages in the same place
- bruises without obvious and verifiable explanation
- bruises to non-mobile babies
- bite marks (more than 3 cms across are likely to be adult)
- fractures in children under 1 year
- poisoning, injections, ingestion or other applications of damaging substances including drugs, alcohol and overuse of sedatives
- burns and/or scalds; a round red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted, maybe from a cigarette

- some types of scalds known as 'dipping scalds' are always cause for concern (an experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea); in contrast, a child who has been deliberately 'dipped' in a hot bath will not have splash marks
- unusually shaped scars
- scars that indicate the child did not receive medical treatment
- female genital mutilation, including female circumcision

Neglect

This is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedures in the case of neglect where the child's development is being adversely affected to a serious degree. A distinction needs to be made between children who may be inadequately clad, dirty or smelly because they come from homes where a high value is not attached to neatness and cleanliness, and situations where the lack of care is having a serious effect on the child:

- underweight
- dirty
- smelly
- frequently hungry
- preoccupied with food
- in the habit of stealing, especially where the stealing is predominantly of food
- inadequately clad
- failure to thrive
- There is cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available, and this is a cause for concern.

Sexual Abuse

- sexually transmitted diseases
- recurring urinary infections
- unexplained bleeding and discharges
- bruising in the genital region
- detailed sexual knowledge inappropriate to the age of the child
- requests for sexual contact with adults or affectionate behaviour inappropriate to the child's age
- unusually explicit or detailed sex play in young children
- sexually abusive behaviour towards other children, particularly those younger and more vulnerable than themselves
- attempts to inform; a child who is aiming to make a disclosure that they have been sexually abused will often make some initial sharing of limited information with an adult; it is also very characteristic of such children that they try to bind the adults they tell to secrecy or confidentiality
- pornographic or sexually explicit drawings

- excessive masturbation; this is especially worrying where it takes place in public
- fear of medical examination
- fear of being alone with friends, relatives, neighbours, baby-sitters
- sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa
- signs of itching, discomfort or pain in the genital or rectal region
- disturbed sleep
- an excessive pre-occupation with secrecy

Emotional Abuse

Emotional abuse is a feature of all forms of child abuse. There are a few children who may present, without signs of physical or sexual abuse or gross neglect, who nevertheless are suffering from severe deficiencies of emotional care at home or whose parents are very hostile to them. They are likely to show signs of stress and distress as listed above. A situation causing particular concern is that of a child who fails to thrive without obvious reason. This situation will require medical investigation to consider the possibility of other causes.

Grave Concern

This is not a separate category of child abuse as such but covers a number of situations where a child might be at risk. Concern may be felt where a child shows symptoms of stress and distress and any one of the following circumstances may apply;

- there is a known child abuser in the family
- another child in the family is known to have been abused
- the parents are involved with pornographic material to an unusual degree
- there is an adult in the family with a history of violent behaviour

General Indicators

The following may occur to any children being abused but are particularly important in cases of sexual or emotional abuse where outward and physical signs may not be present:

- onset on enuresis - day or night
- sleeping and eating disturbance
- recurrent abdominal pain
- recurrent headaches
- social withdrawal
- restlessness and aimlessness
- inexplicable school failure
- poor trust and secretiveness
- indiscriminate and careless sexual behaviour
- self-mutilation and other forms of self-harm



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Parental Behaviour Causing Concern

Abuse of all kinds occurs right across the social spectrum. Child sexual abuse in particular has been shown to occur in families at all levels of socio-economic status and in families with highly overt degrees of conformity to codes of sexual respectability.

Particular forms of parental behaviour which give cause for concern are:

- implausible explanations of injuries
- unwillingness to seek appropriate medical treatment for injuries
- injured child kept away from school until injuries have healed without adequate reason
- a high level of expressed hostility to the child
- grossly unrealistic assumptions about child development
- general dislike of childlike behaviour
- inappropriate labelling of child's behaviour as bad or naughty
- children left unattended in a way inappropriate for their age

Parents with additional needs should be supported to understand and take part in meetings and reports and communications should be tailored to ensure understanding. Wherever possible, information should be produced in an easy read format.

Legislation

This Policy & Procedure has been drawn up on the basis of law and guidance, which seeks to protect children, in particular:

- United Convention of the Rights of the Child 1991
- Every Child Matters 2003
- The Children and Families Act 2014
- Care Act 2014
- Working Together to Safeguard Children 2018
- Data Protection Act 2018



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Contacts

Steps Designated Safeguarding Lead – Jenny Chapman 01509 506878

First Response Children's Duty Leicestershire – 0116 305 0005

First Response Children's Duty and Advice Service Leicester City – 0116 4541004

(You will be expected to provide the following information, where possible)

- Parents details
- Home Address
- Ethnic Origin
- Religion
- Details of any other key agencies involved.

Leicestershire Police (no immediate danger) 101

Police 999 (immediate danger)

LADO (If you are concerned that someone in a position of trust has harmed a child or behaved in a way that indicates that they may be unsuitable to be in a position of trust, please contact the LADO to discuss your concerns).

Leicestershire County Council, Designated Officers

Mark Goddard Tel: 0116 3057597 Kim Taylor 0116 305 5641

Leicester City Tel:0116 454 2440

NSPCC (National Society for the Prevention of Cruelty to Children)

national24hour Child Protection Helpline 0808 800 5000 www.nspcc.org.uk/helpline

NSPCC free 24 national helpline for children, Childline 0808 1111 www.childline.org.uk

Signed: _____ 

Date policy passed by Chair of Trustees: 24th October 2019