

Selsey Community Forum

Child Protection & Safeguarding Policy



Introduction

The Children's Act 1989 states that a child's welfare is paramount and that every child has a right to be protected from abuse, neglect and exploitation. The Government's Every Child Matters agenda aims to ensure that every child attains their full potential.

Safeguarding children from harm plays an important part in meeting this goal.

Safeguarding is also relevant to meeting the duty of care that Selsey Community Forum owes towards children (those under 18 years old) with whom it has contact or by working with the parents or carers of those children.

Selsey Community Forum is committed to promoting the welfare of children and young people when they come into contact with the services we provide, or when working with their parents or carers. Selsey Community Forum' Child Protection and Safeguarding Children Policy and accompanying procedures is designed to promote the welfare of children, to protect children from potential abuse and to protect staff and volunteers from potential false allegations of abuse. It complements and is compatible with the Safeguarding Children Policies and Guidance produced by West Sussex County Council and Pan Sussex Procedures.

Scope

The Child Protection and Safeguarding Children Policy and Procedures apply to all staff and volunteers, and those working on behalf of Selsey Community Forum whose work involves contact with children and young people and their parents. Contractors and/or those providing a service on behalf of Selsey Community Forum and its trustees shall comply with the terms of this policy and procedure (in addition to following their own policy, which shall be no less onerous than Selsey Community Forum Policy) and contractors shall ensure that employees and sub-contractors do likewise throughout the duration of their contract with children and young people.

Roles and Responsibilities

Effective Safeguarding practice starts with having in place effective procedures. Lines of responsibility should be clear, with leadership from trustee level. All staff and volunteers from across Selsey Community Forum should be involved in implementation and contributing to a culture where Safeguarding is openly discussed. Responsibility is delegated to the Safeguarding Team as listed in Attachment 1 – 'Essential Contacts' which, for operational purposes, includes the Chair of Trustees for Selsey Community Forum. Final accountability for ensuring Selsey Community Forum fulfils its Child Protection and Safeguarding responsibilities falls to the Chair of Trustees. Members of staff and volunteers with particular responsibilities are required to attend all relevant Safeguarding training, provided and will be responsible for:

- The actions set out in the Child Protection and Safeguarding Children policy
- Maintaining a record of all Child Protection related documents and reports
- Receiving and recording information regarding Child Protection concerns
- Assessing the information promptly and carefully, clarifying or obtaining more

- information as appropriate
- Consulting with the relevant statutory agencies regarding any Child Protection concerns raised
- Making formal referrals to relevant statutory agencies regarding any Child Protection concerns

Legal Frameworks

The Government defines child protection as: 'a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.'

The Children Act 1989

This Act defines the basis for compulsory intervention into family life. It also provides the legal framework for defining the situations in which local authorities have a duty to make inquiries about what, if any, action they should take to safeguard or promote the welfare of the child.

The Adoption and Children Act 2002

The definition of significant harm has been updated by this Act S.120 to include ill-treatment or the impairment of health or development suffered from seeing or hearing the ill treatment of another.

The Children Act 2004

Section 10 of this Act places a duty on local authorities and other key bodies to cooperate and share information with a view to improving the wellbeing of children. Section 11 of this Act places a duty on certain key bodies to make arrangements to ensure their functions are discharged having regard to the need to safeguard and promote the welfare of children. It is important to ensure that intervention from Children's Social Care does not place a child and their family at greater risk, any potential risk factors that could escalate due to referral and should be discussed with the social worker.

Working Together to Safeguard Children 2018

This is the statutory guide to inter agency working for the safeguarding of children and promotion of their welfare. It is the key document that applies to all organisations and agencies who have functions relating to children. The guidance sets out the following two key principles:-

- A child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.
- Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

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.

Safeguarding Children Policy

1. Introduction

This policy is to be used by all staff and volunteers who carry out services under Selsey Community Forum. Contract workers or those delivering services on behalf of Selsey Community Forum shall adhere to the terms of this policy in addition to following their own. The policy describes what constitutes the protection and safeguarding of children and young people and then sets out the process that staff and volunteers must follow to promote the best interests of the child and safeguarding their own position when engaging with young people.

What does safeguarding children mean?

Safeguarding children is: 'the action we take to promote the welfare of children and young people and protect them from harm – this is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.'

The government defines child protection as: 'a part of safeguarding and promoting welfare. This refers to the activity that is under-taken to protect specific children who are suffering, or are likely to suffer significant harm'.

Working Together to Safeguard Children DfE 2015

2. Categories of Abuse

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Grooming and exploitation
- Trafficking and modern slavery
- Exposure to or infliction of domestic abuse
- Bullying or cyber bullying
- Exposure to other inappropriate content or behaviour, such as violence or criminal behaviour
- Self-harm

Even for those experienced in working with child abuse it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

2.1 Recognising physical abuse

- Soft tissue bruising, particularly around the head and neck
- Bruising of different ages
- Bruising or any injuries to an immobile baby
- Injuries to a baby's mouth
- Bruising or marks that reflect the use of an object (e.g. handprints)
- Scalds and burns inconsistent with the explanation given
- Bite marks

- Unexplained fractures
- Any unexplained injuries

The presence of the following factors should be a cause for concern:

- Discrepancy between the injury and explanation
- Conflicting or changing explanations or no explanation for the injury
- Delay in seeking treatment
- Parents taking a child to different hospitals when injured
- Injuries of different ages
- History of previous injuries or concerns
- Previous abuse
- Evidence of substance misuse
- History of aggression and past violence
- An allegation of abuse from the child

Female Genital Mutilation (FGM)

Female genital mutilation (FGM), is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision cutting or sunna.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

A Woman or Girl Who Has Had FGM performed on her may:

- Have difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear

Staff must recognise this practice as a criminal offence and have a duty to pass any information on to the police or relevant agencies in relation to a young person under the age of 18.

2.2 Recognising emotional abuse, including: *radicalisation, FGM, online abuse: sexual exploitation, bullying and cyber bullying, witnessing domestic abuse.*

Radicalisation and Prevent Duty

From 1 July 2015 all children service providers have a duty under section 26 of the Counter-Terrorism and Security Act 2015, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the **Prevent duty**. Selsey Community Forum has regard to the PREVENT DUTY 2015 and this duty works alongside other safeguarding policy and practice as required by Working Together To Safeguard Children – DfE 2015. All Selsey Community Forum key staff have an oversight of the PREVENT DUTY.

Safeguarding children and young people from radicalisation is no different from safeguarding them from other forms of harm. Indicators for vulnerability to radicalisation are the same as those you are already familiar with:

- Family tensions
- A sense of isolation
- Migration
- Distance from cultural heritage
- Experience of racism or discrimination
- Feeling of failure or worthlessness
- Those in the process of being radicalised may become involved with a new group of friends, search for answers to questions about identity, faith and belonging, possess extremist literature or advocate violent actions, change their behaviour and language, or may seek to recruit others to an extremist ideology. (Merton Safeguarding Board, 2016)

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. An emotionally abused child may show some or all of the following characteristics:

- Sudden withdrawal from technology or change in computer or phone usage might indicate signs of cyber bullying.
- Delays in physical, social or emotional development such as poor growth, speech delay, under-achievement in school, difficulty in forming peer relationships, difficulty becoming independent, concentration difficulties or limited ability to explore
- Abnormal attachments between a child and parent/carer e.g. anxious attachment
- Indiscriminate attachment or failure to attach
- Extreme behaviours such as over-compliant or disobedient, over-passive or aggressive
- Inability to accept boundaries
- Scapegoating within the family
- Low self-esteem and lack of confidence
- Problems with habits such as rocking, thumb-sucking, over-eating, disturbed sleeping and excessive masturbation
- Problems with behaviour such as withdrawal, stealing, destructiveness, smearing and bedwetting, attention seeking behaviour and running away
- Problem with emotion such as anxiety, depression, low self-esteem, lack of confidence, inappropriate seeking or avoiding of affection, frozen watchfulness
- Self-harm behaviours such as head banging, scratching or cutting skin, pulling out hair, attempted suicide

It must be understood that these signs may be caused by issues other than abuse in the child's living arrangements, including poverty, bereavement, stressful change, discrimination, concerns at school. They are not in themselves indicative of emotionally abusive acts by parents or carers. It is important to remember that for emotional abuse to be said to be present there must be evidence of a causal link between the sign in the child and specific chronic abusive acts by carers. However, there are certain parental behaviours which unless changed will impact detrimentally on the child and which should meet the threshold for the likelihood of harm.

Such behaviour has been categorised as follows:

- Persistent negative attitude towards the child
- Repeated and persistent denigration, hostility, belittling or blaming of the child

- Holding the child responsible for misfortunes and threats or actually severe punishment
- Conditional parenting, in which the child's secured place within the family is made contingent on his/her good behaviour
- Emotional unavailability, unresponsiveness and neglect
- Maternal depression, parental alcohol abuse and childhood experiences may leave parents unable to recognise or respond to their children's attachment and emotional needs
- Failure to recognise or respect the child's individuality and psychological boundary. This is where a child is expected to fulfil the psychological needs of the parent(s) and is expressed by parental behaviours and attitudes, or deployment or deprivation of the child
- Inappropriate or inconsistent developmental expectations and considerations
- Premature impositions of physical and psychological responsibility on the child
- Inappropriate or inconsistent expectations of a young child
- Failure to protect from inappropriate experiences
- Confusing communications and distortion of objective truth
- Overprotection and failure to provide age appropriate opportunities for cognitive and emotional learning experiences
- Persistent inappropriate socialisation
- Actively overprotecting a child and denying developmental need, preventing participation in normal social interaction

Prevent Duty 2015

Online Emotional Abuse and E-Safety

Online abuse is any type of abuse that happens through the internet, whether that is through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse. Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming) or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online such as sexting). Children can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

It is important for Selsey Community Forum staff and volunteers to familiarise themselves with the stand alone E-Safety document that accompanies this policy. Staff are expected to discuss concerns with Safeguarding Staff which highlights any inappropriate online behaviour which might consider the following:

- Inappropriate use of mobile phones, digital cameras and other communication technologies in the work place
- Misuse or lack of privacy settings on social networking sites
- Media content which both children and staff are and aren't allowed to access online

Reporting upsetting or inappropriate content must be done with Safeguarding Staff who will carry out an appropriate referral to CEOP (Child Exploitation and Online Protection Centre) and/ or MASH (Multi-Agency Safeguarding Hub).

For links to further information and advice as to what to do to protect children from online dangers see www.nspcc.org.uk.

2.3 Recognising sexual abuse including: CSE (Child Sexual Exploitation) FGM, Grooming, Trafficking.

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status. It can affect both young men and young women. Some children are particularly vulnerable. These include:

- those having a history of running away or of going missing from home
- those with special needs
- those in and leaving residential and foster care
- migrant children
- unaccompanied asylum seeking children
- children who have disengaged from education
- children who are abusing drugs and alcohol
- those involved in gangs

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs. Child sexual exploitation is a hidden crime. Young people often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status.

Recognition can be difficult, as there may be no physical signs and indications are likely to be emotional/behavioural for example:

- going missing for periods of time or regularly returning home late
- frequently staying out late or overnight with no explanation
- Going places that you know they cannot afford
- Skipping school or being disruptive in class or getting into trouble with the police

Diagnosis and management in these situations is a complex multi-disciplinary process. A child or young person may have disturbed behaviour or changes in behaviour. Most behaviours associated with child sexual abuse are not specific to sexual abuse, only indicating that a child or young person is distressed. The cause of this distress may have other causes such as parental disharmony or bullying at school.

Those behaviours with a higher but not invariable association with sexual abuse include:

- Sexualised behaviour (particularly in young children)
- Sexual knowledge or awareness beyond that expected for their age
- Prostitution or sexually risky behaviour
- Self-mutilation
- Running away

Some physical indicators which may be associated with this form of abuse are:

- Inappropriate sexualised conduct
- Pain or itching of genital area
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continuous and inappropriate or excessive masturbation
- Blood on underclothes

- Pregnancy in a younger person where the identity of the father is not disclosed

2.4 Recognising neglect, including: witnessing domestic abuse.

Neglect in child protection terms must be viewed as the 'sustained neglect of children in certain dimensions of their lives'. It may be over a long period or it may occur in episodes or 'bad patches' in parents' lives causing harm to childrens' development. Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Typical features include:

- Failure by parents or carers to meet the basic essential needs i.e. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Observed thriving of child away from the home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone
- Developmental delay without other clear cause
- Lack of social responsiveness
- Repeated failure by parent/carer to prevent injury
- Non-organic failure to thrive

3. Children with Disabilities

Children with disabilities are more vulnerable to abuse and/or neglect than children without disabilities. There are a number of reasons for children with disabilities being more vulnerable to abuse including:

- They are likely to be in contact with larger number of service providers than children without disabilities and are likely to receive intimate care from a larger number of people
- They are more likely to spend time away from their families in short break services, residential schools and so on
- Children with disabilities and their families may experience inadequate and poorly co-ordinated support services. This can lead to isolation which is widely recognised as a risk factor for abuse
- They may have greater difficulty in communicating, so cannot tell others what is happening to them
- They may have an impaired capacity to resist or avoid abuse

4. Domestic Abuse

The March 2013 Government definition of domestic violence and abuse now states: 'Any pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual

- Financial
- Emotional'

It is advised that:

Controlling behaviour is: 'a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour'.

Coercive behaviour is: 'an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim". The above definition which is not a legal definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.'

Women's Aid Definition: 'Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can also include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent. Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional wellbeing as well as his/her physical safety. Domestic abuse is one of the potential causes of significant harm to children which may warrant the use of Child Protection procedures.

Procedures relating to Domestic Abuse

All staff and volunteers who receive information or have concerns about domestic abuse must establish if there are any children living in the household. A discussion of the case must take place with Safeguarding staff in the first instance, who will consider whether it is necessary to make a referral as a child in need (defined in Section 17 CA1989) or a child in need of protection (defined in Section 47 CA1989).

A referral must always be made to MASH (Multi-Agency Safeguarding Hub) in the following situations:

- A child was injured
- A child or children present have a child protection plan (in which case the social worker or their manager should be informed immediately)
- A child was involved in the assault, for example used as a physical barrier or tried to intervene
- The woman who was assaulted is pregnant
- A child's behaviour may be affected as a result of seeing or hearing the ill treatment of another

A referral to MASH (Multi-Agency Safeguarding Hub) should be considered in the following situation:

- A child was left unattended as a result of domestic abuse
- A child has seen or heard the ill treatment of another
- There is previous information relating to domestic abuse or child welfare concerns

Other aspects of risk requiring special attention:

- Drugs
- Fabricated or Induced Illness
- Faith Abuse
- Forced Marriage
- Gangs and Youth Violence
- Gender based violence/violence against women and girls
- Mental Health
- Private Fostering
- Teenage Relationship Abuse
- Self-Harm

5. Best Practice. What do staff and volunteers need to do?

Responding to suspicions and allegations

- In the first instance if a child discloses abuse to you, listen carefully to what is being said. DO NOT question the child. Tell the child that you have to share the information they are giving but that they will be safe. Use the **'Flowchart'- Attachment 2** for a step-by-step guide to good practice in dealing with any suspicions or allegations. A discussion with a member of the Safeguarding Team should then take place. In the event that a Safeguarding member of staff is not available then contact the Chair of Trustees.
- After the discussion, make an accurate record of what has been said. Use **Attachment 4 - 'Record Of Concern'** to record brief details, which must be handed to a member of the Safeguarding Team or the Chair Of Trustees on the same day where possible. The written record shall then be filed with The Bridge Administrator.
- Should an adult disclose information to you, which suggests that a child is being abused or is at risk of abuse, you must immediately seek advice from a member of the Safeguarding Team. Remember in law the protection of children is paramount and overrides any confidentiality bound by any other requirements or relationships.
- When there is suspicion of abuse, or actual abuse is disclosed, and this information is shared with Safeguarding Staff, they will, if necessary, liaise with MASH (Multi-Agency Safeguarding Hub) or if this is not possible, the concern should be reported to the Police Child Abuse Investigation Unit. See **Attachment 1 – 'Essential Contacts'**.

6. Making a referral – Safeguarding Staff

Consultation with a Parent

Where possible, concerns should be discussed with the family and agreement sought for a referral to MASH (Multi-Agency Safeguarding Hub) unless it is concluded that the process of discussing the concern may, either by delay or the behavioural response it prompts, place the child at increased risk. If the concerns relate to physical injury it is appropriate to seek an explanation from a parent or carer or from the child directly; the details should be recorded both on the **'Record Of Concern Form' - Attachment 4** and on the **'Body Map' - Attachment 5** if required. It is important that staff should not be seeking to carry out any examinations beyond recording what they see. Additionally, from a safe working perspective staff must not ask the child to undress.

Concern should not be discussed with the parent where:

- Sexual abuse is suspected.
- Where organised or multiple abuse is suspected.
- Where fabricated or induced illness is suspected.

A decision by any professional not to seek parental permission before making a referral to MASH must be shared and the reasons given recorded. Where a parent has agreed to a referral, this must be shared and confirmed.

- In urgent cases where there are immediate concerns, Children's Social Care must be notified immediately by phone via MASH (Multi-Agency Safeguarding Hub) or if this is not possible, then please dial 999.
- Safeguarding staff will make reference to **Attachment 3 - 'Checklist For Making Good Quality Referrals'**. In Child Protection cases parental consent is not required.
- If the child is known to have an allocated social worker, referrals should be made to her/him or in her/his absence the manager or a duty officer to West Sussex County Council Children's Social Care department. See **Attachment 1 - 'Essential Contacts'**.
- When making a referral it is important to ensure that the nature of the concern i.e. a Child Protection matter is fully conveyed.
- MASH (Multi-Agency Safeguarding Hub) must acknowledge all referrals in writing, within one working day of receipt. Where no acknowledgement is received within 3 working days, the referrer must contact MASH again.

7. Safer Recruitment

Selsey Community Forum employs a wide range of skilled staff and volunteers who might come into close working contact with children and young people. Our recruitment guidelines should assist staff to monitor their own standards and practice and reduce the risk of allegations being made against them and be used as the basis for their code of conduct/staff behaviour guidelines. It is essential that all staff are conscious of how they should conduct themselves to minimise the risk of finding themselves as the subject of any child protection processes.

All staff should be aware of the following Code of Behaviour of things to do and not to do when working with children.

DO:

- Read and follow the child protection procedures
- Respond to Safeguarding Staff with any concerns about child welfare/safety
- Respond to Safeguarding Staff regarding any concerns about the conduct of other staff/volunteers/contractors
- Record in writing all relevant incidents
- Work in an open and transparent way
- Discuss and re-open any incidents of concern or that might lead to concerns being raised about your conduct towards a child.
- Report to Safeguarding Staff any incidents that suggest a child may be infatuated with you or taking an above normal interest in you.
- Dress appropriately for your role.
- Only use e-mail contact with children via any authorised system unless your role requires more appropriate form of communication.

- Avoid unnecessary physical contact with children.
- Where physical contact is essential for educational or safety reasons, gain the child's permission for that contact wherever possible.
- Allow children to change clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances.
- Avoid working alone with children. If this is not avoidable or your role requires one to one working ensure management are alerted.
- Avoid volunteering to house children overnight.
- Be careful about recording images of children and do this only when it is an approved activity.
- Fully co-operate with any investigation into child protection issues in your organisation.
- Listen to children when they express concern (rumours) about staff which might appear to be just, and check facts vs fiction.

DON'T:

- Take any action that would lead a reasonable person to question your motivation and/or intentions
- Misuse in any way your position of power and influence over children and/or parents
- Use any confidential information about a child to intimidate, humiliate or embarrass a child
- Engage in activities out of the workplace setting that might compromise your position with children or young people
- Establish or seek to establish social contact with children or parents outside of the workplace or setting
- Accept regular gifts from children
- Give personal gifts to children
- Communicate with children in inappropriate ways, including personal e-mails and mobile telephones.
- Pass your home address, phone number, e-mail address or other personal details to children or young people.
- Make physical contact secretive
- Arrange to meet with children in closed rooms without other staff being made aware of this in advance.
- Use physical punishment of any kind
- Confer special attention on one child unless this is part of an agreed plan or policy
- Transport children in your own vehicle without prior management approval
- Take, publish or share images of children without their parents' permission.
- Access abuse images (sometimes referred to as child pornography) or other inappropriate material
- Allow boundaries to be unsafe in more informal settings such as trips out.

8. Procedure for Allegations of Abuse against Staff

Please refer to the WSCC Guidance: ***'Safer Working Practice For all Staff and Volunteers Working with Children and Young People'*** held in the Selsey Care Shop and The Bridge Youth Support Centre.

Selsey Community Forum takes the matter of allegation seriously and will support both the young person alleging abuse and the accused to resolve the matter in the most

appropriate way. However, try to be vigilant about your own actions with children and young people so that they cannot be misinterpreted e.g. do not be alone with a child without alerting others to the reason. In the event that a young person alleges that they have been abused (verbally or physically) by an adult working on behalf of Selsey Community Forum, the following procedure should be followed to safeguard both the young person and the adult.

- Immediately inform the young person that any allegation is a serious matter that has to be reported.
- Ask another adult to be present while going through the reporting procedure with the young person.
- Reassure the young person that they are not being threatened; it is merely a procedure that has to be followed to make sure all the facts are correct and that everyone is safeguarded from abuse or false allegations.
- Explain to them that their allegations will be investigated and they will have an opportunity to present their case to an independent representative if they want to.
- Write down the nature of the allegation and verbatim details of the conversation, together with details of the circumstances of when and where the allegation was made. The report must be signed by the young person and the adult concerned.
- Within 24 hours contact Selsey Community Forum Safeguarding Staff or Management. Any allegations made by a young person about a member of staff or volunteer must be dealt with promptly by the Chair of Trustees using **Attachment 6 - 'Allegation of Abuse Report Form'**. He or she will make contact with WSCC Local Authority Designated Officer (LADO) (see **Attachment 1 - 'Essential Contacts'**) who will investigate matters further.
- If the allegation is made away from any Selsey Community Forum activity, and there is no opportunity to complete a report form then and there, complete one as soon as possible with details, but without signatures of the young person or witness, and submit this to a the Chair of the Trustees or, in their absence, any trustee. When possible, and with a witness present, advise the young person that a record of the allegation has been lodged with the Management and that the young person will be contacted to ask if they wish to make a statement.

This policy is to be reviewed at least annually.

Attachments:

1. Essential Contacts
2. Flow Chart
3. Checklist for Referrals to MASH
4. Record of Concern Form
5. Body Map
6. Allegation of Abuse Form

Reviewed and Approved by Trustees: October 2022

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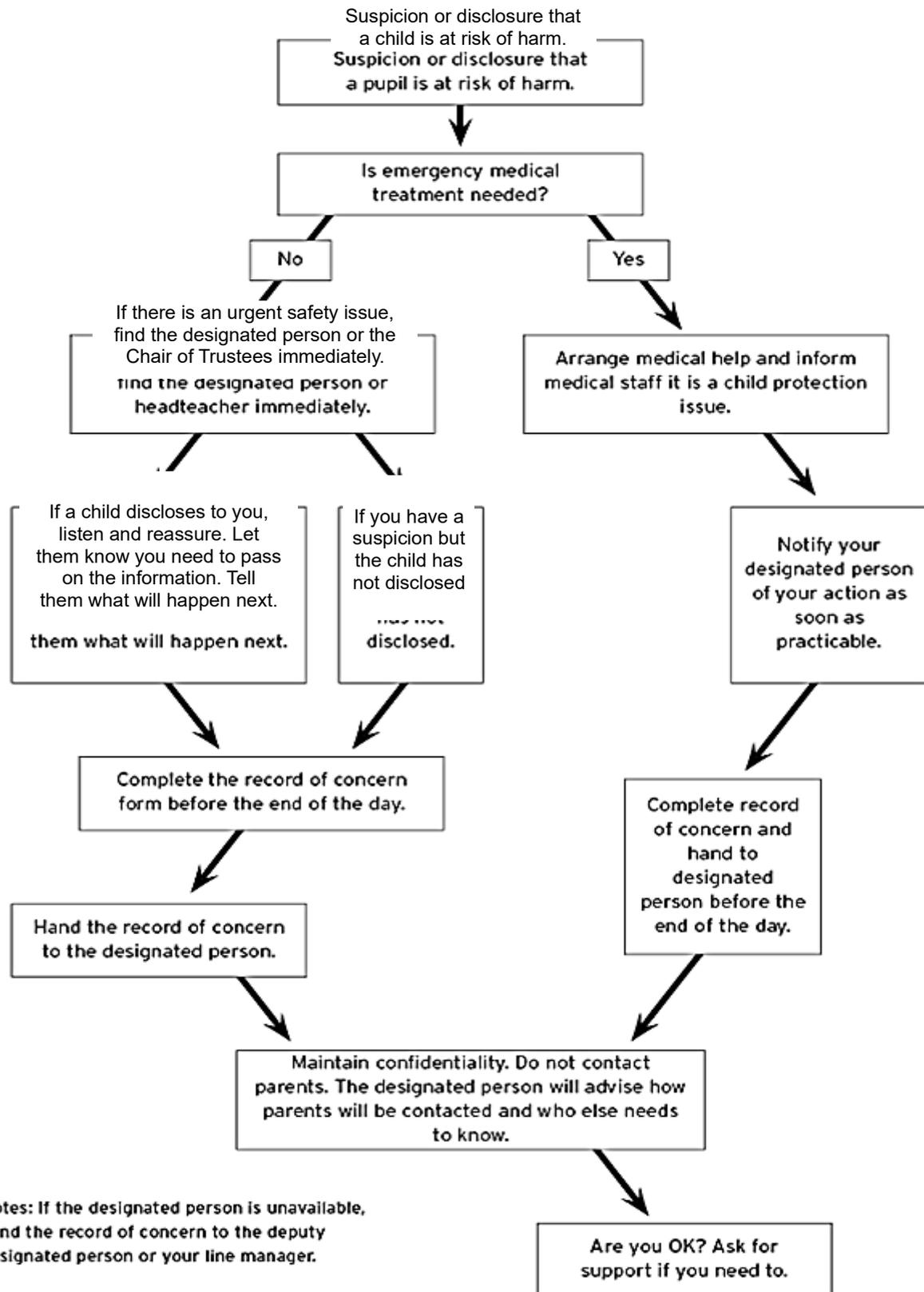
Mike Nicholls, Chair, Selsey Community Forum

Attachment 1 Essential Contacts

Name and Role	Address, telephone and email address
Mike Nicholls, Safeguarding Staff Chair of Trustees Selsey Community Forum	121 High Street, Selsey, West Sussex, PO20 0QB Tel: 07508716037 E-mail: mike@selseycommunityforum.uk
MASH (Multi-Agency Safeguarding Hub) Request for E-Form	Tel: 01403 229900 9am-5pm. M-F E-mail: MASH@westsussex.gcsx.gov.uk http://sussex.procedures.org.uk/
MASH - Out Of Hours	0330 222 6664
The Local Authority Designated Officer (LADO) for West Sussex County Council is Lindsey Tunbridge-Adams The Assistant LADO is Claire Coles	Tel: 0330 2227191 E-mail: Lindsey.Tunbridge-Adams@westsussex.gov.uk E-mail: Anne.Richards@westsussex.gov.uk
Police Child Abuse Investigation Unit	101 ask to be put through to relevant department
Police Enquiry	101
Child Line	0800 1111
NSPCC Helpline	0808 800 5000
Child & Adolescent Mental Health Service Chichester CAMHS Trust Sussex Partnership NHS Foundation Trust	John Grenville House,72 Stockbridge Road, Chichester, PO19 8QJ 01243 813 405

Attachment 2

Flow Chart



Notes: If the designated person is unavailable, hand the record of concern to the deputy designated person or your line manager.

Do not wait for 'evidence'. You do not need proof of your concern. Do not try to investigate.

Attachment 3

Checklist for Making Good Quality Referrals to MASH

- Clear factual information
- Full name of child and date of birth
- Home address and contact numbers
- Details of parents/carers
- Details of siblings and schools/nurseries attended
- Ethnic background, religion and any disability or communication difficulties
- Referrers full contact details and context of setting
- Any other agency involvement?
- Any other difficulties experienced by family?
- What are you worried about?
- Are there any complicating factors – e.g. mental health, substance misuse, learning difficulties, social isolation, young parent etc.
- What works well?
- What is your evidence?
- What has made you refer in today?
- When and where – date, time and location and context of where the child disclosed if a specific incident
- How is the child presenting?
- How long have you had the concerns?
- How have parents/carers been when discussing the concerns?

Attachment 4

Record of Concern Form

Completed By:

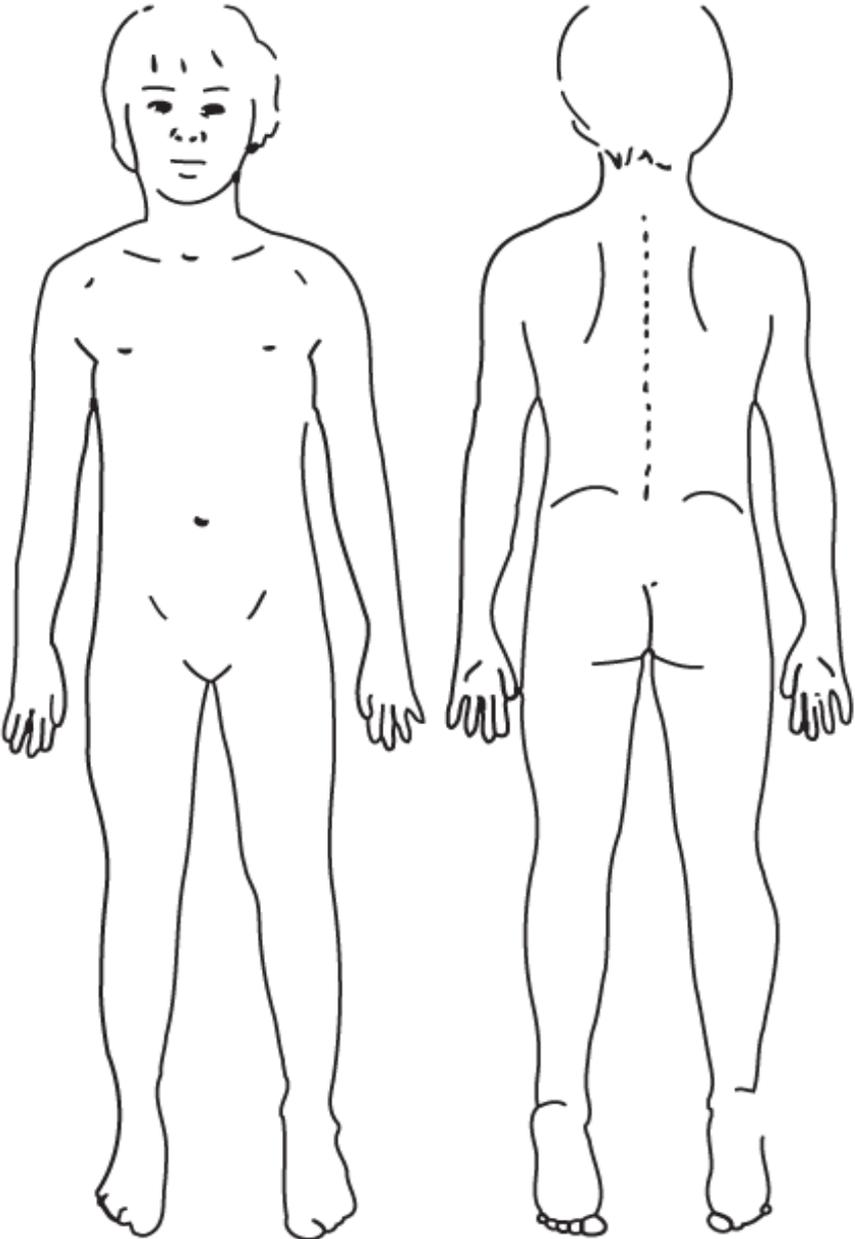
Date:

Time:

Location:

Details of incident:

Attachment 5 – Body Map



Attachment 6

Allegation of Abuse Report Form

Completed by:

Date:

Time:

Location:

Details:

Young Person Making Allegation I confirm that the details contained in this report are a true account of what happened.

Signed:

Print:

Adult I confirm that the details contained in this report are a true account of what happened.

Signed :

Print:

Continued

Witness

I confirm that this report was agreed by both parties as being a true account of the allegations made and the circumstances surrounding the allegations.

Signed:

Print: