



<b>Policy title:</b>	<b>Safeguarding Children Policy</b>
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<b>Issue date:</b>	May 2023	<b>Date policy is to be reviewed:</b>	February 2026
	Last reviewed: February 2025		

<b>Version:</b> 4	<b>Issued by:</b>	Rachel Murray (Director of Operations)
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<b>Scope</b>	All staff, volunteers, stakeholders
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<b>Associated documentation:</b>	BWA Code of Conduct BWA Case Management Procedure BWA Supervision Procedure BWA Whistleblowing Policy BWA Confidentiality Policy BWA Disciplinary Procedure
<b>Appendices:</b>	Appendix 1 What is Child Abuse Appendix 2 Making a referral and local referral pathways
<b>Approved by:</b>	BWA Board of Trustees
<b>Date:</b>	January 2022

<b>Review and consultation process:</b>	Reviewed annually by CEO and verified by Board of Trustees
<b>Responsibility for Implementation &amp; Training:</b>	CEO



## **Principle**

Berkshire Women's Aid (BWA) is committed to safeguarding and promoting the welfare of vulnerable adults, children and young people engaged in the breadth of its activities.

BWA recognises the direct links between domestic abuse and child abuse and the harm experienced by children.

## **Purpose**

The purpose of this policy is to outline BWA's commitment to protect and safeguard children experiencing abuse and the principles underlying our approach.

The accompanying procedures are intended to assist BWA staff and volunteers to understand their roles and responsibilities when dealing with concerns of a safeguarding or child protection nature and to feel confident about the necessary action to take.

## **Introduction**

- BWA believes that all children and young people have a right to be protected from all forms of abuse or neglect, whether this is physical, sexual, emotional, neglect or extra-familial harm.
- BWA believes that the child is never to blame for any abuse that they may suffer. The welfare of the child is paramount.
- BWA recognises that all adults, including staff and volunteers, have a duty to create safe environments and protect children from harm.
- BWA will ensure that all staff, volunteers, trustees, and service users are made aware of and understand BWA's safeguarding and child protection procedures.
- BWA will ensure that all staff and volunteers who work with children receive safeguarding children training. Mandatory induction for new staff and volunteers includes safeguarding children level one and child protection responsibilities, plus procedures to be followed if anyone has concerns about a child's safety or welfare.
- All those with line management responsibility receiving enhanced adult safeguarding training up to Level 2/3, also refreshed every two years. All team members will also receive internal training by the Designated Safeguarding Lead on how BWA respond to child safeguarding concerns and the processes that must be followed.
- BWA appoint a named Safeguarding Lead for the organisation.
- BWA will ensure that all adults with access to children are appropriately vetted, trained and supervised.
- BWA will respond to any concern about abuse to children promptly.



- BWA will usually only share information with a service user's consent but will share information without consent (subject to the necessary internal approvals) if there are good reasons to believe that a child is a risk of significant harm.
- BWA will record concerns about child abuse fully and accurately, as well as any decisions made and the reasons for making them.
- BWA recognises the need to maintain good working relationships with lead agencies for safeguarding children issues.
- BWA will ensure volunteers are always supervised by a member of staff.
- BWA will take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to children.

### **The role of the safeguarding lead**

The role of the Designated Safeguarding Lead is to lead on operational safeguarding practice across the organisation and liaise with the CEO in relation to strategic and governance arrangements related to safeguarding. The Safeguarding Lead will receive specific safeguarding and child protection training, will be aware of local statutory arrangements (particularly with regard to police and social care) and will ensure they remain up to date with legislation, regulations and good practice.

The Designated Safeguarding Lead is able to provide support and information to staff when a potential safeguarding concern has been identified and ensure the appropriate processes are followed; they provide this support in the absence of the staff member's senior manager, or advise the senior manager if further advice or guidance is required, liaising with the CEO as appropriate.

**The Designated Safeguarding Lead for BWA is Director of Operations who provides operational and strategic oversight for concerns and enquiries, with governance oversight from the CEO.**

### **Definitions and legal context**

The **Children Act 1989** introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

'Harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of domestic violence and abuse.



Harm can be determined 'significant' by "comparing a child's health and development with what might be reasonably expected of a similar child" (Children Act 1989).

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Sometimes, a single traumatic event may constitute significant harm. More often, significant harm is a compilation of significant events, both acute and longstanding, which cause trauma and interrupt, change or damage the child's physical and psychological development.

Safeguarding is a term which is broader than 'child protection' and relates to the action the organisation takes to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility and is defined in 'Working together to safeguard children 2023' as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

Voluntary organisations have legal responsibilities under The Children's Act 2004 Section 11 - duty to safeguard & promote welfare. Trustees of charities that work with vulnerable groups, including children, must always act in their best interests and ensure they take all reasonable steps to prevent harm to them. Having safeguards in place within an organisation not only protects and promotes the welfare of children but also it enhances the confidence of trustees, staff, volunteers, parents/carers and the public.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. BWA will work with agencies and individuals to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.



### *Liaison with other agencies*

- We work within the Safeguarding Children Partnership Board guidelines.
- We have a copy of 'What to do if you're worried a child is being abused' for parents and staff and all staff are familiar with what to do if they have concerns.
- We have procedures for contacting the local authority on child protection issues, including maintaining a list of names and telephone numbers of social care departments, to ensure that it is easy, in any emergency, for the setting and social care to work well together.
- We have a process around the requirement to refer to the Local Authority Designated Officer (LADO) if we have concerns about a staff member or volunteer who has access to children, or someone known to BWA through our service provision that we have reason to believe may present a risk to children in a professional or voluntary context.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also available.
- If a referral is to be made to the local authority, we act within the areas of the Safeguarding Children and Child Protection guidance in deciding whether we must inform the child's parents at the same time.

## **PROCEDURES**

### **A concern about or allegation of abuse**

Safeguarding Children is a multi-agency responsibility, with the statutory Social Care and Police services having lead responsibility. There will be different responses depending on whether a child is still in a situation of danger.

All staff and volunteers must be aware of the procedures to follow when dealing with safeguarding children cases, and will receive training in safeguarding children and confidentiality. It is the responsibility of staff to report concerns, NOT to decide whether or not something is child abuse. If any member of staff or volunteer has reason to believe that a child is being abused or has been abused, they must discuss this immediately with their team's senior manager or, if their designated manager is not available, with the BWA Designated Safeguarding Lead or other senior manager if they are also unavailable.

All of the BWA Senior Management Team are trained to be able to provide support and guidance in relation to child and adult safeguarding concerns. The role of the senior manager is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed.

All documentation related to reporting a safeguarding concern must be sent to the BWA Senior Manager for that team for review and quality assurance. A report or a referral is not a betrayal of trust, it is necessary, so that wider enquiries can be carried out and informed decisions made for the most effective course of action to protect the child and promote her/his welfare.



Staff should not wait until they are one hundred per cent certain about their suspicions before they act.

We acknowledge that abuse of children can take different forms - physical, emotional, sexual, as well as neglect and extra-familial harm. When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect or extra-familial harm, this may be demonstrated through the things they say (direct or indirect disclosure), or signs that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect.

Where such evidence is apparent, the staff member, supported by their team's senior manager or Safeguarding Lead, makes a dated record of the details of the concern. The information is stored on the child's Oasis record, or parent's Oasis record where applicable.

### **Support to families**

BWA believes in building trusting and supportive relationships with families, staff and volunteers. BWA makes clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, providing information, monitoring of the child, and liaising at all times with the local children's social care team.

BWA will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.

BWA will follow the child protection plan as set by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.

### **Responding to a disclosure protocol**

#### **Possible referral**

The response to a suspicion or allegation of abuse follows four stages:

- Alerting
- Reporting
- Investigating
- Monitoring

#### **Alerting**

BWA expects that all staff will alert their manager and the Safeguarding Lead to suspicion or disclosure of abuse. The **Whistle Blowing Policy** provides reassurance to staff that they will be supported in making an allegation of abuse if that allegation is made in good faith.

Any BWA staff member or volunteer who receives a disclosure of abuse should:



- Stay calm and listen carefully.
- Reassure the child that they were right to disclose what happened and that the abuse is not their fault and the issue will be taken seriously. If it is not part of your role to work with children, then you need to immediately involve someone for whom this is part of their role.
- Give the child time and reassurance so they can say what has happened in their own words. It might be helpful to reassure them that you take what they say seriously, it was not their fault, they were right to tell.
- Discuss the allegations with your team senior manager and/or the Safeguarding Lead immediately, who will decide upon a course of action – dependent upon the nature and seriousness of the abuse. Seek advice from Children’s Social Care, if appropriate.
- Consider whether an immediate referral to the police or social care is required (informed by local statutory pathway arrangements), and whether there is a need to move the child to a place of safety
- Ensure that this decision and the reasons are recorded immediately, recording on Oasis what both the child and the staff member said. Remember to record facts not opinions.
- Keep the child informed throughout the entire process. If the child has sufficient understanding, discuss options realistically. Tell the child what action is likely to be taken, who will be informed and what the consequences may be.
- It is important to reassure the child that the abuse is not their fault and to continue providing reassurance that they were right to tell someone.
- Make a written record that forms an objective record of the observation or disclosure.

BWA staff and volunteers will never make judgmental comments or jump to conclusions. We take care not to influence the outcome either through the way we speak to children or by asking questions of children.

If the disclosure is received from the parent or carer of a child the above principles should be followed, particularly around notifying the parent/care giver that a referral will be made and what steps are likely to be taken, and keeping them up to date during the referral process, provided it is safe to do so and will not increase the risk to the child.

Staff members should actively enquire and respond to any relevant risks when making a safeguarding referral, such as the perpetrator being made aware of a disclosure, and be clear in communicating these risks to Children’s Social Care.

Accurate records should be kept and all information documented on the clients’ Oasis file.

Whilst the principles above are largely applicable when receiving disclosers from an adult about a





child, it is unlikely to be appropriate to provide reassurance that the abuse is not the fault of the parent/care giver. Whilst this applies in its totality to children making disclosures, BWA staff are not in possession of sufficient information to make such statements of this nature towards parents or care givers making disclosures of abuse or harm towards children.

### **Recent or continuing abuse**

If there is a need to ensure the immediate protection of the child the staff member, in conjunction with the team senior manager manager/safeguarding lead, will make a referral to Children's Social Care or the police without delay. If the child would be in immediate danger put in place precautions to protect them until Children's Social Care or the police arrive.

- If the senior manager is absent, contact the Safeguarding Lead or another manager. In the unlikely event of no manager being available, the staff member may need to take action themselves and report on it to a manager as soon as possible.
- Encourage the non-abusive parent to make their own referral to Children's Social Care if the child is at risk.
- If the non-abusive parent resumes a relationship with an abuser, or if it is known that a child has been abused by the partner of the parent/carer or has been seriously affected by witnessing abuse, BWA will discuss the situation with the parent and explain that Children's Social Care will have to be informed if they return to the abuser.
- Concerns should usually be discussed, if appropriate with the parent/carer even if they are the alleged abuser. DO NOT DO this if discussion and agreement seeking will place a child at increased risk of significant harm. If a safeguarding referral needs to be made without the consent of the parent or care giver, complete the 'BWA Information Sharing without Consent form' (see BWA Confidentiality Policy) and upload to the service user or child's Oasis record as required.
- Staff must not question or discuss the alleged incident with the child beyond the details of the disclosure. This could seriously contaminate evidence and hamper any criminal prosecution or protection of the child.

### **Previous abuse when a child is no longer in danger**

Intervention by police or social care may not be necessary when the child is no longer in danger. Under these circumstances an internal safeguarding meeting attended by the Safeguarding Lead, senior manager and staff member should be held and actions and outcomes recorded which should include completing relevant documentation and/or uploading a record of the meeting to the service user or child's Oasis record.

A referral to Children's Social Care will be necessary if the abuse involved a serious physical injury or sexual abuse.





Staff members are required to contact Children's Social Care in the event that concerns relating to significant harm are disclosed but the individual advises social care are 'already aware'. BWA cannot take this unverified information as justification for not making contact when historic/non-recent safeguarding concerns are disclosed.

## **Reporting**

Immediately after an incident of abuse or neglect has been reported or witnessed, a staff member should complete the details on Oasis. The report should record only factual information, not opinions, about the alleged incident including details of conversations with the parent/carer, child, staff members or other service users.

The dates and times of these conversations must be recorded. Discussions between staff and/or BWA senior managers about their concerns should also be recorded. All reports should be signed and include both the child's name and date of birth, so it is clear who has written the report and when it was written. Be sure to include:

- the date and time of the observation or the disclosure;
- the exact words spoken by the child as far as possible;
- the name of the person to whom the concern was reported, with date and time; and
- the names of any other person present at the time.

These are kept in the child's personal Oasis file which is kept securely and confidentially.

If BWA continues to work with the family, regular updates should be completed on Oasis. These can be useful if there are any further allegations or concerns about abuse or neglect.

If a referral has been made to Children's Social Care, monitoring and plans to protect the child should be carried out in consultation with appropriate agencies.

All verbal referrals to Children's Social Care or the police must be followed up in writing within 24 hours.

## **Investigation**

If the alleged incident is of a criminal nature relating to sexual or physical abuse, the investigation will be carried out by the police. The decision of who will investigate is the responsibility of Children's Social Care. Where the police are not investigating Children's Social Care will undertake the investigation

## **Monitoring**

## **Record Keeping**

It is essential that written records are kept of allegations of abuse. These records should be embedded to the client or child's Oasis record. In the unlikely event this is not appropriate, the



relevant documentation may be held separately by the Safeguarding Lead or CEO and authorisation not to record the information on Oasis must be authorised.

The BWA safeguarding monitoring spreadsheet should be completed with a record of the referral.

### **Security and storage of records**

All documents relating to safeguarding will be stored securely either on the shared drive, embedded on Oasis or in a locked filing cabinet.

Documents stored on the shared drive or emailed must be password protected. The Safeguarding Lead will set a new password for BWA each financial year. Only authorised BWA staff will have access to personal records including any record of Safeguarding Children concerns. Documents will be stored in compliance with the Data Protection Policy.

### **Access to records**

Safeguarding children records should only be accessed by staff who work directly with families or by those directly involved in decisions.

If necessary to fulfil ongoing responsibilities staff and volunteers may need to be made aware of ongoing safeguarding issues.

If personal information is to be disclosed, the purpose of any information sharing must be clearly defined. The Data Protection Act 1998 requires that there is a 'legitimate basis' for disclosing sensitive personal data.

It is a general principle of data protection legislation that individuals have a right of access to information recorded about them. Access should only be refused if it could cause harm to a person or might prejudice the prevention or detection of crime.

Staff and volunteers should also be aware that safeguarding children records might be subpoenaed for use in court proceedings.

Personal information relating to safeguarding or child protection matters, will only be shared, or disclosed with the authorisation of the safeguarding lead and CEO.

### **Confidentiality**

All suspicions and investigations are kept confidential and shared only with those who need to know. BWA's Confidentiality Policy identifies that there may be times when BWA staff (with appropriate permission as above) will need to share information with other agencies when a service user's health, safety or wellbeing is at risk.

The law permits the disclosure of confidential information if this is necessary to safeguard a child. Allegations of abuse will require sharing of information with Children's Social Care and other agencies.



## **Confidentiality and service users**

All service users will be informed of BWA Safeguarding Children and Confidentiality policies. It is important that survivors with children understand that there can be limits to confidentiality when Safeguarding Children issues are involved.

## **When a child discloses abuse by BWA staff**

BWA will strive to provide support for the staff member, as one of the best ways to support the child. This may raise a conflict between the interests of the staff member and those of the child, and BWA staff have a duty to ensure that the welfare of the child is paramount where there is serious risk of harm.

If a staff member leaves BWA services in an attempt to prevent further action from being taken, but a child is considered to be at risk, as outlined above, a referral will be made to Children's Social Care or the Police, depending on the nature/urgency of the risk to the child's welfare. A referral to the LADO should also be completed.

## **An injured child**

BWA will ensure that an injured child is immediately taken to hospital or to a doctor. Ideally the parent/carer should be present, a staff member may be there to provide support, but anyone who has care of the child may do what is reasonable to safeguard the child's welfare (Children Act 1989 s.3(5)).

If the injury appears to be non-accidental or due to neglect, the consultant or GP is required to make a referral to Children's Social Care or the Police. BWA staff should inform the GP or consultant if they have any safeguarding children concerns regarding the injury and also report the issue to Children's Social Care.

The staff member should record the injury that the child has sustained as soon as possible, noting anything that was said about how this happened, and should seek to provide support for both the child and the carer.

## **Specific situations leading to suspicions of abuse or neglect**

All the actions below should be carried out in conjunction with the safeguarding procedures outlined above.

In cases of emotional abuse or neglect, it is important to stop the process of abuse and to be proactive in promoting better care for the child. Concern may not be confined to an isolated incident, so it is very important to record observations over a period of time and to discuss with an appropriate manager and/or the safeguarding lead. The staff may decide to involve outside professionals (such as a health visitor or a family centre) or a Safeguarding Children referral may be made to Children's Social Care.



### **A staff member witnesses abuse by carer**

BWA staff should intervene and challenge the behaviour if it is safe to do so. The situation should be calmed down and the child should be offered comfort and reassurance.

The situation should be discussed with a manager or Safeguarding Lead, who may decide that a meeting should be set up with the parent/carers as soon as possible at which it will be made clear that this behaviour is unacceptable. This will be recorded. If concerns continue, appropriate action will be taken as outlined above. If the incident took place in refuge it may be appropriate to discuss the incident at a house meeting, to allay fears.

Depending on the situation (see above) a referral may be made to Children's Social Care.

### **A service user reports abuse by a carer**

BWA staff will:

- Provide reassurance that this will be taken seriously and dealt with;
- Tell the service user that the allegation will have to be discussed with other team members, and offer them support but that the parent/carers does not need to be told who made the complaint;
- Explain the procedure for dealing with disclosures of this kind and encourage the service user not to discuss this with other service users;
- Follow the Safeguarding Policy and Procedure as above.

### **A child abuses other children or adults**

Managing challenging behaviour positively is an intrinsic part of working with children in domestic abuse cases.

In these cases, BWA staff will hold an internal safeguarding meeting and, depending on the level of severity and risk may:

- Inform the child and the carer that this behaviour is abusive and unacceptable;
- In partnership with the carer, work with the child to enable her/ him to cope with emotions and to develop more positive relationships;
- Monitor the situation and keep factual records.

In extreme cases (such as sexual assault) it will be necessary to make a referral to Children's Social Care or the police, explaining the situation clearly. If there is a clear danger to other children, and they are living in refuge, a team decision should be made on whether the family should be required to move to alternative accommodation, and be supported in doing so. At all stages the Safeguarding Lead should be involved.



### **A child abuses their brother or sister**

BWA staff will hold an internal safeguarding meeting (as above) and:

- Inform the children and the carer that this behaviour is abusive and unacceptable;
- Provide support for the children and the carer and work with them to resolve this problem;
- Monitor the situation and keep factual records; and
- Take further action if necessary to protect the abused child.

### **An allegation that a child has been abused by a service user (not a family member)**

BWA staff and volunteers will ensure that:

- This is discussed with the team senior manager or the Safeguarding Lead immediately
- A record will be kept of any comments made
- If the allegation is of a serious nature and staff have reason to believe it is correct, then Children's Social Care should be informed.

If the accused person is in refuge or attending a group session it may be necessary to move the accused resident to temporary accommodation or suspend from the group pending full investigation, which should take place without delay. If the allegations are not substantiated, BWA will try to ensure that the accused service user and family are offered accommodation elsewhere within BWA or with a different refuge and group members can re-join the group if appropriate.

### **A disclosure is received that someone who is alleged to have perpetrated domestic abuse is in a position of trust and working with children**

BWA may be advised that someone who poses a risk to a survivor also works with children or vulnerable adults in a professional or voluntary capacity.

In these instances, BWA must take appropriate steps to identify the relevant local authority in which the individual is working and discuss submitting a referral to the Local Authority Designated Officer (LADO). The LADO gives advice and guidance to employers and others who are concerned about an adult who works with children including volunteers and agency staff.

The concerns may include:

- Behaviour that has harmed or may have harmed a child
- Criminal offences against or involving children
- Behaviour that suggests that a person may pose a risk of harm to children

*What does the LADO do?*

- The LADO is involved in the oversight and management of allegations against people who work with children



- Provides advice and guidance to employers and voluntary organisations about the most appropriate way to manage the concern or allegation
- Helps to establish what the next steps should be
- Makes sure that all relevant specific actions are taken
- Monitors the progress of a case

BWA must follow up on these concerns via a discussion with their line manager within 24 hours, followed by appropriate contact with the relevant LADO.

Further information regarding the role of the LADO and how to refer can be found here:

<https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp/report-safeguarding-concerns/concerned-about-an-adult-working-with-children>

### **An allegation that a staff member or volunteer has abused a child**

Any allegations are reported immediately to a senior manager, Safeguarding Lead and CEO and we refer any such complaint to the Local Authority Designated Officer (LADO) within one working day. We are aware that it is an offence not to do this. LADO guidance is available here:

<https://www.berkshirerwestsafeguardingchildrenpartnership.org.uk/scp/report-safeguarding-concerns/concerned-about-an-adult-working-with-children>

We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.

Where the Board of Trustees and Children's Social Care agree it is appropriate in the circumstances, the member of staff will be suspended on full pay for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process.

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Independent Safeguarding Authority (ISA) of relevant information so that individuals who pose a threat to children (and vulnerable groups), can be identified and barred from working with these groups.

### **A child is on the Child Protection Register**

When a service user is first referred to BWA, they will be asked whether they have any involvement with Children's Social Care. If the answer is yes and the child is on a child protection plan, this is recorded.

The carer should be encouraged to inform Children's Social Care that they are working with BWA, or they and their children are living in the refuge, giving the PO Box address only NOT the actual address of the refuge. If the carer is unwilling to do this, she must be told that BWA will inform Children's Social Care on her behalf.





BWA staff should seek the woman's consent to liaise with the Children's Social Care team which was working with the family to obtain clear information, provide ongoing support and, if necessary, negotiate a support package for the woman and her child(ren) with the local Children's Social Care department, or relevant agencies working with the family.

If the carer has moved to a new area, it is likely that there will be a safeguarding conference. It is possible that her ex-partner will be invited to such a meeting and BWA team members should advocate for split meetings should the client want these. Team members should also be mindful of risks associated with confidential information being disclosed in this forum and make clear the parameters of information shared by BWA and to whom these updates may be provided.

### **Sex offenders and others who may present risk to children**

If someone with a record of sex offending applies for a contact or residence order, BWA staff will ensure that family court professionals are made aware of this risk.

BWA staff have a responsibility to pass information to Children's Social Care when they become aware of potential child abusers having contact with children. Children's Social Care has a responsibility to assess the risk to children where there is significant contact. This would apply if a woman in a refuge is a Risk to Child offender or attending group work sessions or any service user who may have contact with children.

### **Children facing particular situations.**

#### **a. Children or young people who are suicidal, self-harming or abusing drugs or alcohol**

A high proportion of these children are likely to have safeguarding issues, but this may not be immediately apparent.

If concerns emerge about a suspicion of abuse or risk of further harm, the concern should be raised with a manager/Safeguarding Lead.

If the child/young person is a dependent, then the concerns should be discussed initially with the individual, and a request should be made that this also be discussed with the carer.

Depending on the outcomes, and any agreement about addressing the risk, it may be necessary to ask Children's Social Care for an assessment as a child in need and/or in need of protection or an internal safeguarding meeting be initiated.

#### **b. Children with disabilities**

Children with disabilities are at increased risk of abuse and neglect due to their increased vulnerability, particularly when the child has difficulty in communicating. Physical disabilities may mean intimate care is required and this need may have to be met by several adults thus increasing their vulnerability. Children with learning disabilities may not recognise what are acceptable boundaries of behaviour by carers and other adults.



Staff working with children with disabilities should be aware of the above factors and be extra vigilant.

**c. Children of asylum seekers or with ill-defined immigration status**

These children are vulnerable because of the uncertainty of their situation. They may be subjected to racism or bullying by members of the wider community. These children should be entitled to the same standards of personal care, healthcare, parenting, discipline etc. as are applied to other children.

**d. Female Genital Mutilation**

The practice of Female Genital Mutilation (FGM) is an offence under the Prohibition of Female Circumcision Act 1985. It is therefore a Safeguarding issue and the procedures outlined above should be followed.

**e. Children and young people who are abused through prostitution**

Such children are victims of child abuse and neglect and will therefore be in need of services and protection. By its very nature, these children are being sexually abused by adults and may well be experiencing other forms of abuse. They are vulnerable even when there is an apparent “life style” choice, as adults are exploiting them.

Children who are being abused through prostitution are likely to have complex needs.

Depending on whether the child is a service user as a dependent of their parent, or in their own right, will affect the steps to be taken as outlined above.

**Parental responsibility and child minding**

Parents in BWA services are responsible for their children’s care at all times, including health, safety and behaviour.

In refuge services, women should supervise their children in the refuge communal areas and ensure that younger children are never left alone. This obligation is stated clearly in the house rules. Children should never be left in the refuge without proper supervision

Older children in the refuge should not be used as babysitters and one woman should not be left alone in the refuge looking after many children.

**Disciplining children**

The carer has prime responsibility for disciplining children. As an agency providing support to families escaping domestic abuse BWA is well placed to provide information and advice to service users on positive management of children’s behaviour.

Women’s Aid has been promoting alternatives to smacking since the Children’s Rights Policy was



introduced in 1993. This states specifically in section 7: “All children in refuge have the right to safety from violence, which includes the right to safety from physical punishment.” BWA will work directly with families to promote non-abusive methods to resolve conflict and to encourage mothers to consider other forms of discipline.

### **Recruitment, selection and supervision of staff and volunteers**

BWA will take every step to ensure that those in contact with children within its services are suitable and skilled.

- Candidates are informed of the need to carry out 'enhanced disclosure' checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and be able to challenge incorrect information.

Vetting procedures include:

- Using the Disclosure and Barring Service checks (previously CRB checks)
- Checking references and essential qualifications before making appointments
- Making all appointments to work with children subject to a probationary period

BWA Senior Managers are all required to complete Safer Recruitment training and this is refreshed every three years. BWA recognises that this vetting does not guarantee safety and therefore staff and volunteers are always appropriately supervised.

Working with children who have experienced domestic abuse can be very demanding and stressful, particularly when safeguarding children issues are involved. BWA will ensure that all staff and volunteers working with children receive adequate support, training and supervision, as individuals and within teams. All frontline members of staff will complete mandatory children's safeguarding training as part of their induction with BWA and within three months of their employment. This training is renewed once every two years.

### **Direct work with children – protecting staff and volunteers**

BWA children's work is provided on a one-to-one basis or in small groups supervised by one to two adults. It is not always possible to have two staff members present when direct work with children is being carried out.

There are practical steps to reduce the risk of unfounded allegations of abuse against staff. Record keeping is extremely important.

- Keep a written record of any injury that occurs to a child. Ensure that another staff member witnesses the record and that a senior manager and/or the Safeguarding Lead is informed.
- Where possible, children should be encouraged to take responsibility for their own personal care (such as going to the toilet). Personal care should not be provided if children are able to care for themselves.



- If allegations of child abuse are made against any staff member, follow the procedures set out above.
- If a child touches a staff member or volunteer in an inappropriate/ sexual way, a record must be kept of what occurred. Another staff member and a senior manager must witness this record and the CEO and Safeguarding Lead should be informed.
- Carer consent is sought for all work undertaken with children under 16 (also see Care Giver Consent policy) however, a child or young person who has the capacity to understand and make their own decisions may give or refuse consent to participate in programmes with BWA. BWA would always uphold the wishes of the child should they decline to participate in a programme. Where the child or young person's consent to participate contradicts the wishes of the parent, this will be considered on a case by case basis in line with Gillick competency principles: <https://www.nhs.uk/conditions/consent-to-treatment/children/>.
- Where a child or young person is believed to have capacity to consent to engage and is able to fully understand and appreciate what is involved in the programme, they will be permitted to engage even if this contradicts the wishes of the parent. The same principle applies to sharing the information of a child or young person. In all instances, this safeguarding policy will be followed if the information in question relates to risks of significant harm.

### **Working with children aged 16-17**

Young people aged 16 years and over can give consent to their own support and access BWA services without the formal consent of their parent or care giver. This decision is based on NHS Guidelines regarding those aged 16 and over being able to provide informed consent to their own treatment: <https://www.nhs.uk/conditions/consent-to-treatment/children/>. BWA's Children's Safeguarding Policy and obligations to complete a safeguarding referral to those considered to be at risk of significant harm will still apply to children aged 16 and 17 accessing BWA services.

When working with children and young people, it is essential that the term "confidentiality" is explained and that they understand the situations when this would need to be breached. They must also be made aware of the personal information BWA will need to hold about them to provide them with a safe service; and situations where BWA may need to share their information external agencies.

To share information, consent must be gained, unless there is a safeguarding issue. In this case, and if it is safe to do so, BWA should ensure the child or young person is aware of the reason for sharing information.

### **Safety policies**

All children have the right to be safe and to be protected from harm. BWA will ensure that health and safety procedures are followed to create a safe environment for children. Any potential hazards will be drawn to the attention of staff and service users and will be dealt with as soon as possible.



## **The duty of care and Public Liability insurance**

All BWA staff working with children, whether as a paid staff member or a volunteer, are under a legal duty of care to act as a careful parent would. Failure to do so could invalidate the organisation's Public Liability insurance.

BWA will ensure that adequate records are kept of any accidents or injury to children. Staff and volunteers will receive guidance and training in Health and Safety legislation and also regulations concerning the care of children.

## **Safeguarding children conferences**

Multi-agency safeguarding children conferences are a key part of the safeguarding children process.

The key staff member (or the staff member who has been assigned to work with the child and the service user) should contact the family's social worker before the safeguarding children conference takes place to introduce themselves and their involvement with the family, to ask for copies of reports and to request an invitation if staff have relevant information about the child and/or carer(s).

If staff believe they have information that will be valuable to the conference, they should contact the conference chair in advance and ask to be invited. Information should preferably be provided in a written report with sufficient copies for everyone attending the conference; all reports are quality assured by the team senior manager before submission. Safeguarding children conferences allow for the inclusion of positive aspects of parental care as well as concerns.

In cases where there is an apparent conflict of interest between the carer and the child, it may be appropriate for two BWA staff members to attend the safeguarding children conference: one to represent the interests of the child, and the other to provide support for the carer. It is essential that these arrangements should be explained clearly to Children's Social Care, to the service user and to the child beforehand.

As BWA is well placed to assess safeguarding children issues in relation to service users and children in our services, we will seek to establish a relationship with Children's Social Care whereby we can contribute to decision-making at safeguarding children conferences. Before attending safeguarding conferences, a risk assessment and safety plan should be completed.

If a BWA member of staff will be attending a safeguarding conference they should do so with the knowledge of their line-manager and/or the safeguarding lead.

## **Involving the police**

The police, along with Children's Social Care, have a lead role and statutory responsibility in safeguarding children. They also have a general responsibility to protect the public and to prevent crime.



The police have emergency powers to remove a child from a dangerous situation, if there is an immediate threat to the child (such as abduction or threats occurring during a contact visit).

It may also be appropriate to contact the police directly in circumstances where an offence has been committed against a child and urgent investigation is needed to prevent the removal of evidence.

### **Missing children**

The police are the first contact if a child is missing. If all necessary checks have been carried out to ascertain the whereabouts of the missing child, the police should be informed, preferably by the service user, but a BWA staff member may do so on their behalf, passing on information that there is a child at risk due to domestic abuse and giving details of any perpetrators.

### **Forced Marriage**

The Forced Marriage (Civil Protection) Act 2007 contains civil measures to enable a person who is being forced into marriage or has been forced into marriage or a relevant third party to apply to the court for a Forced Marriage Protection Order. The court can order the behaviour or conduct of those forcing another person into marriage to change or to stop, or impose particular requirements on them. Any individual can apply for this order if they have a concern. If a forced marriage is disclosed it must be reported as a Safeguarding issue.

It is vital to remember that Forced Marriage is present across all cultures, religions and is a global issue.

#### **a. How to identify if a child may be being forced into a marriage.**

Individuals forced into marriage do not usually use the term 'Forced Marriage'. Signs that might suggest a risk of forced marriage can include:

- Constantly being escorted
- Being removed from education
- A long holiday abroad
- Parents/carers purchasing material and gold jewellery

## **19. Legal framework**

### Primary legislation

- Children Act (1989)
- Protection of Children Act (1999)
- Data Protection Act (1998)
- The Children Act (Every Child Matters) (2004)





- Safeguarding Vulnerable Groups Act (2006)

Secondary legislation

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Human Rights Act (1999)
- Race Relations (Amendment) Act (2000)
- Race Relations (Amendment) Act (1976) Regulations
- Equalities Act (2006)
- Data Protection Act (1998) Non Statutory Guidance



## **Appendix 1 – What is child abuse?**

### **Working Together 2023 definitions**

#### **Children**

Anyone who has not yet reached their 18th birthday. 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 their status or entitlements to services or protection.

#### **Safeguarding and Promoting the Welfare of Children**

Defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

#### **Child Protection**

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.

#### **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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.



## **Maltreatment**

All forms of physical and/or emotional ill-treatment, sexual abuse, neglect, or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

## **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.

## **Emotional Abuse**

The persistent emotional maltreatment of a child so 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.

## **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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Child sexual exploitation**

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.

### **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 caregivers)
- ensure access to appropriate medical care or treatment
- provide suitable education It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

In addition to the Working Together (2023) definition, a recent child safeguarding practice review drew a distinction between neglect by commission or omission:

*Neglect is often seen as passive (omission); parents unable to provide appropriate care to their children due to their own individual difficulties such as learning disability, poor mental health, substance misuse or being a survivor of domestic abuse and the attendant impact on self-esteem and wellbeing. There are occasions when neglect is an active process (commission); the child is deliberately not cared for by a parent, seen as too difficult and problematic to be able to be parented, and then blamed for the lack of care they receive. This is a serious issue which causes long term harm to children.*

### **Extremism**

Extremism is defined in the Prevent strategy as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.

### **Extra-familial harm**

Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families (see glossary definition of extra-familial contexts). While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children. Examples of extra-familial harm may include (but are



not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, child-on-child (non-familial) sexual abuse and other forms of harmful sexual behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation.

### **Extra-familial contexts**

Extra-familial contexts include a range of environments outside the family home in which harm can occur. These can include peer groups, school, and community/public spaces, including known places in the community where there are concerns about risks to children (for example, parks, housing estates, shopping centres, takeaway restaurants, or transport hubs), as well as online, including social media or gaming platforms.

### **County lines**

As set out in the Serious Violence Strategy<sup>234</sup> published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. This activity can happen locally as well as across the UK; no specified distance of travel is required. For further information see 'Criminal exploitation of children and vulnerable adults: county lines' guidance.



## APPENDIX 2 - Making a referral

Berkshire West Safeguarding Children's Partnership threshold guidance:

<https://berkshirerwestsafeguardingchildrenpartnership.org.uk/scp>

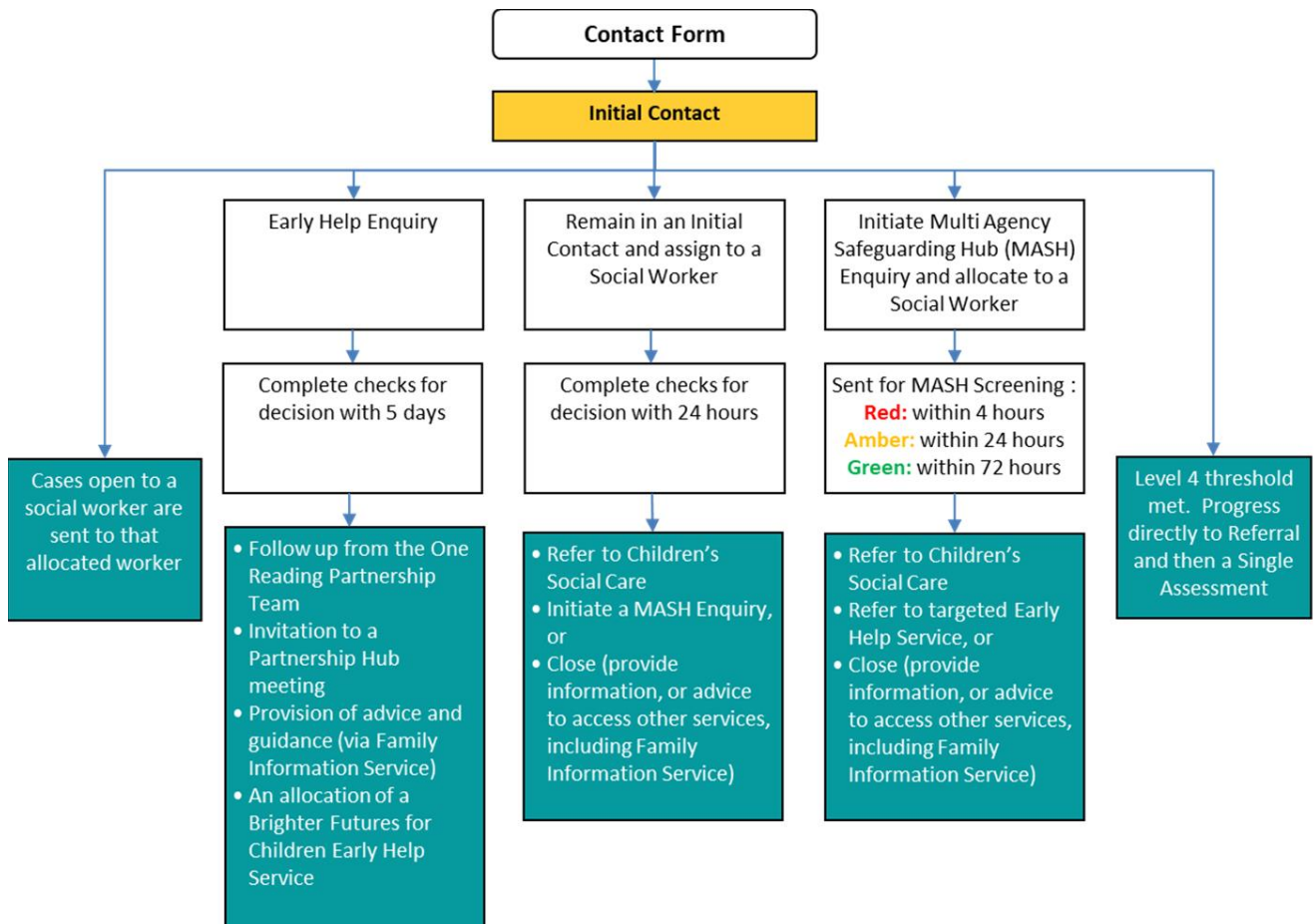
Pan Berkshire Safeguarding Children Procedures Manual: <https://berks.proceduresonline.com/>

<b>Bracknell Forest Council</b>	01344 352000
Bracknell Children's Social Care	01344 351582
Bracknell Local Authority Designated Officer (LADO)	01344 351572
Bracknell Social Care – Disabilities	01344 352052
Bracknell Community Mental Health Team	01344 351850
Bracknell Community Team Learning Disabilities	01344 352000
<b>Wokingham Borough Council</b>	0118 974 6000
Wokingham Social Care, Children and Families	0118 908 8002
Wokingham Local Authority Designated Officer (LADO)	0118 908 8002
Wokingham Social Care, Adult and Disability	0118 9746800
Wokingham Community Mental Health Team	0118 989 0707
Wokingham Community Team Learning Disabilities	0118 974 6832
<b>West Berkshire Council</b>	01635 42400
West Berks Social Care, Children and Families	01635 46545
West Berks Local Authority Designated Officer (LADO)	01635 46545
West Berks, Social Services West Berks Adult & Disability	01635 46545
West Berks, Community Mental Health Team	01635 40558
West Berks, Community Team Learning Disabilities	01635 520120
<b>Reading Borough Council</b>	0118 937 3747
Reading, Social Care Children and Families	0118 937 3641
Reading Local Authority Designated Officer (LADO)	0118 937 2684
Reading Social Care Adult and Disability	0118 9390581
Reading Community Mental Health Team	0118 9605612
Reading Community Team Learning Disabilities	0118 9553742

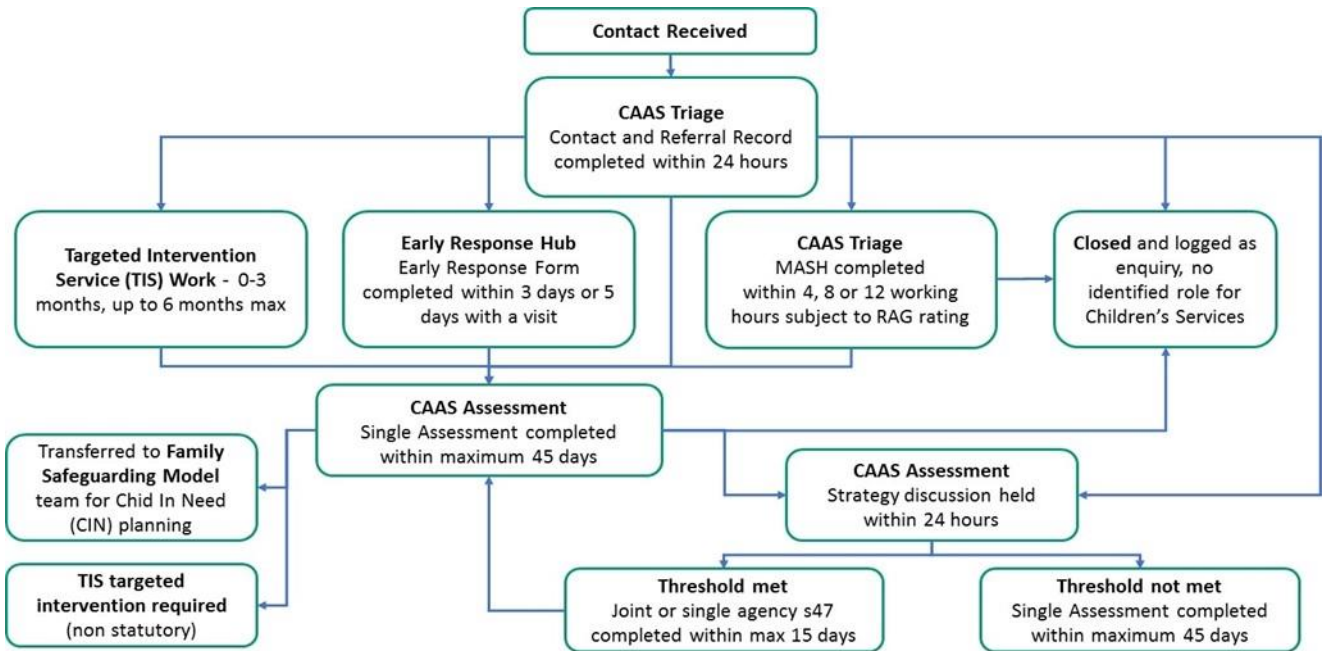
<b>Emergency Numbers</b>	
Emergency Duty Team	01344 786543 Fax 01344 786535
Thames Valley Police 24 hr switchboard	101; 999 in emergency
Adult Protection Coordinator - Reading	0118 9390478
Safeguarding Adults Coordinator – Wokingham	0118 9476903
Safeguarding Adults Coordinator – Bracknell	01344 351500



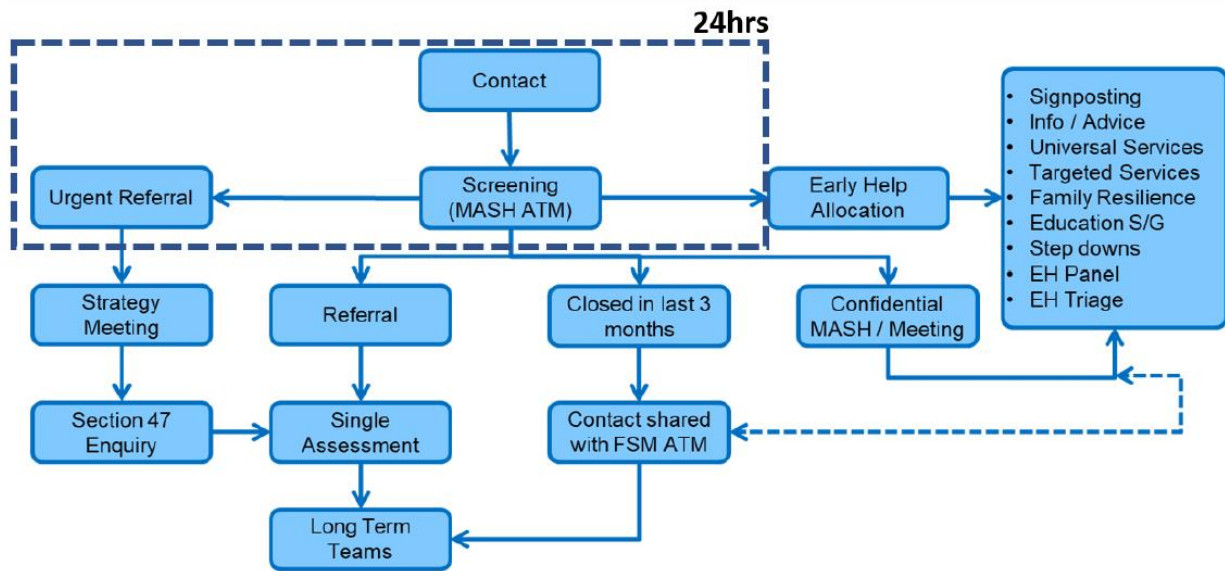
**Reading Borough Local Referral Pathway**



**West Berkshire Local Referral Pathway**



**Bracknell Forest Local Referral Pathway**



**Wokingham Borough Local Referral Pathway**

