

## SAFEGUARDING CHILDREN AND YOUNG PEOPLE

### Child Protection Procedures

Last Review: June 2016

Current Review: December 2017, completed in May 2018

These procedures **MUST** be followed in all cases where there is any suspicion or allegation of abuse of a child or young person

#### I. Rationale for Safeguarding Procedures:

Cruse Bereavement Care provides support to bereaved children and young people in many different ways. Because Cruse volunteers and staff have direct contact with children and young people via phone, email, website, face-to-face, and via bereaved adults seeking support, it is of paramount importance that all volunteers and staff are committed to ensuring the safety and well-being of children and young people. Cruse has a Trustee Board Member responsible for overseeing safeguarding practice at a strategic level, ensuring Cruse complies with all legal and good practice requirements in relation to safeguarding.

These procedures have been drawn up in accordance with the Children Act 1989, the Children Act 2004, Working Together to Safeguard Children 2015, the Children (NI) Order 1995 and Protection of Children & Vulnerable Adults (Northern Ireland) Order 2003. They have been designed to ensure the welfare and protection of any child and/or young person who accesses Cruse services.

Whilst recognising that safeguarding children and young people can be a difficult and emotive subject Cruse believes that protecting children and young people is everyone's responsibility and therefore, the aim of these procedures is to enable all volunteers and staff to act appropriately in response to any safeguarding concerns that arise in respect of a child or young person. Cruse will support volunteers and staff by providing relevant training, supervision and access to Area/Regional Safeguarding Officers as well as the Designated Lead for Safeguarding as appointed by the organisation.

All volunteers and staff intending to support children and young people on behalf of Cruse will be subject to an enhanced Disclosure and Barring Service (DBS) disclosure (Access NI check in Northern Ireland), and are required to successfully complete all relevant training, including the Cruse Safeguarding Training module.

#### Definition of Terms:

- **Designated Lead for Safeguarding** - Named Officer for Child Protection within Cruse.
- **Local Safeguarding Officer (SGO)** –The “Local Safeguarding Officer” refers to the Named Officer appointed to a Cruse Area/Branch.
- **Children (NI) Order 1995** – See <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/northern-ireland/legislation-policy-guidance/>
- **CP** – Child Protection; used interchangeably with Safeguarding in this document.

- **CYP** – Children and Young People who have not yet reached their 18<sup>th</sup> birthday.
- **LADO** – is the Local Authority Designated Officer within Social Services who coordinates information-sharing and monitors investigations.
- **Regional Safeguarding Officer (RSGO)** – holds additional responsibility for safeguarding procedures within a Region. In some Regions, the organisation’s appointed Designated Lead for Safeguarding may also hold the role of RSGO.
- **Soc. Serv.** – Refers to Children’s Social Work Services, Local Safeguarding Children’s Board, Social Services and Gateway (NI), whoever is the Local Authority responsible for giving advice and receiving referrals re: CP concerns.
- **Volunteers** – As most of Cruse’s direct contact with CYP and adults is carried out by volunteers rather than paid staff, the term “Volunteer” is used throughout this Document; it refers to any volunteer **or staff member** who might have concerns about a child’s welfare.
- **Working Together to Safeguard Children 2015** – the Government guide to inter-agency working to safeguard and promote the welfare of children see [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

## II. Recognising Signs and Symptoms:

Cruse will ensure that all volunteers and staff members understand and implement our Safeguarding Policy and undertake training to gain a basic awareness of the signs and symptoms of child abuse.

Abuse of a child or young person can take many forms. These can be physical, emotional, sexual or neglect (omission). It is crucial that volunteers and staff familiarise themselves with the different forms of abuse and are able to recognise potential signs and symptoms. **Please see Appendix 1** for a comprehensive overview of these.

### Possible Sources of Concern

1. **Disclosure/Allegation:** A CYP alleges that abuse has taken place / that they feel unsafe, or that an adult discloses that abuse of a CYP has taken place by another person or themselves. **See Flow Chart 1.**
2. **Observations by Volunteer/Staff:** Observed interactions between a Parent/Carer and CYP cause concerns. Or, a CYP’s appearance, behaviour, play, drawing or statements cause suspicion of abuse and/or neglect. **Flow Chart 2.**
3. **Concerns Raised Through Supervisor:** A Cruse supervisor overseeing the work of a Bereavement Volunteer, has a concern regarding information disclosed about a client. **Use Flow Chart 2.**
4. **Suicidal Risk:** A CYP discloses to a volunteer that he/she is contemplating suicide. **See Flow Chart 4.**
5. **Observation or Allegation against Cruse Staff/Volunteer:** A client, Parent/Carer, volunteer or staff member raises concerns or makes an allegation against a Cruse volunteer or member

of staff. **See Flow Chart 5**

### **Information Sharing Guidance:**

Areas are encouraged to be aware of the national guidance on information sharing, entitled Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

### **Consent to Treatment and Support:**

People aged 16 or over are entitled to consent to their own treatment or support (or indicate that they do not require such assistance), and this can only be overruled in exceptional circumstances, such as when harm may be caused if this treatment or support is not in place.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they are believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being **Gillick competent**.

Being Gillick competent means that for a particular decision, a young person:

- understands the problem and implications
- understands the risks & benefits of treatment
- understands the consequences if not treated
- understands the alternative options
- understands the implications on the family
- is able to retain (remember) the information
- is able to weigh the pros and cons
- is able to make and communicate a reasoned and weighed decision regarding their wishes.

For reference and further information, please

<http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines>

In the context of Cruse's work, volunteers and staff need to assess that competency. A safeguarding referral may be needed if a child or young person is withholding themselves from treatment or support, when it is evident or probable that harm to the child or young person, or someone else, will be caused as a result. Notably, Cruse is a service that people engage with of their own free will, and is not mandated by any statutory authority. Therefore, an assessment of Gillick competency as defined above is needed.

Please see **Appendix 3**, where there is a question on the Concerns Form regarding Gillick Competency.

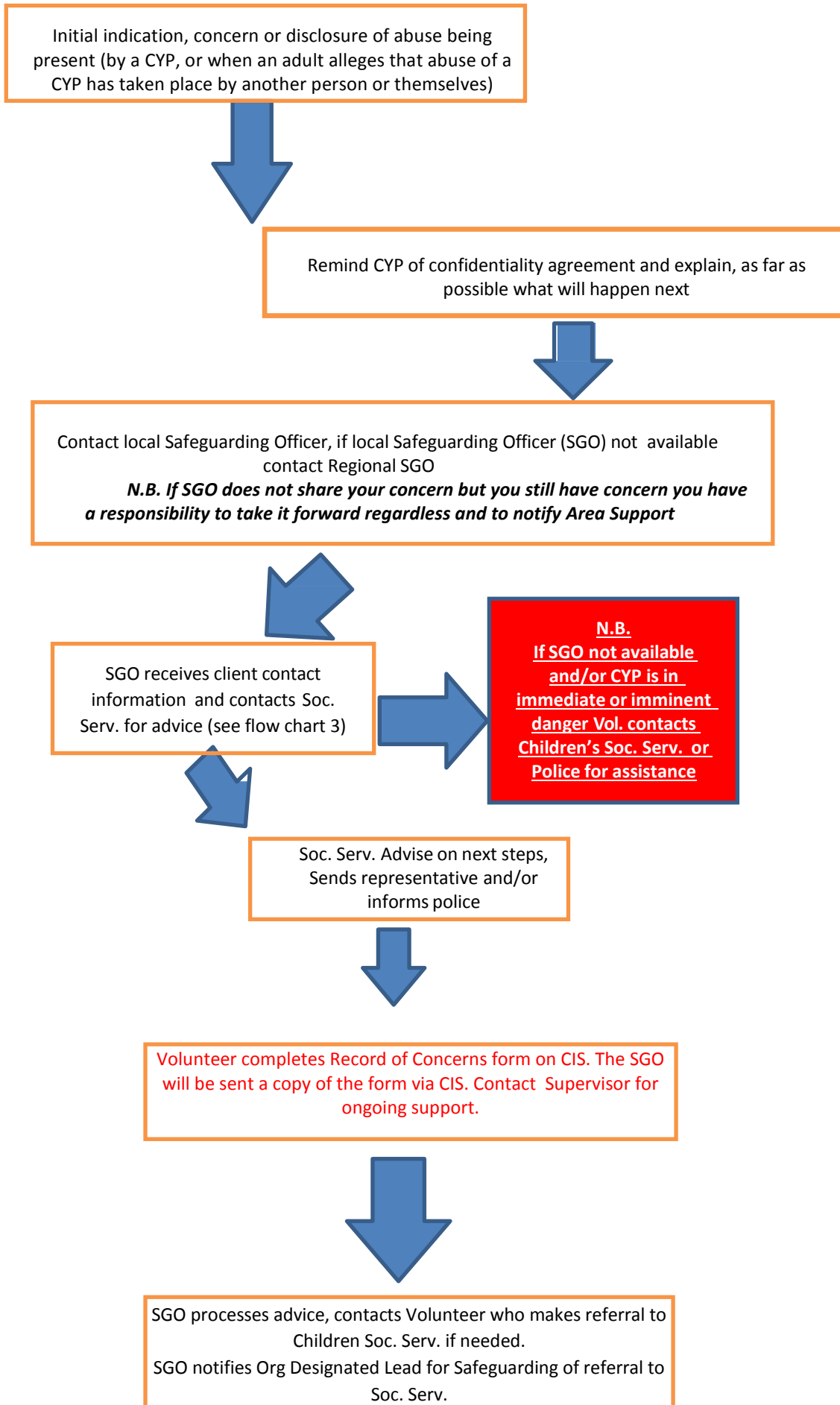
### III. Safeguarding Roles within Cruse Bereavement Care

<b>Role</b>	<b>Safeguarding Responsibilities</b>	<b>Report To</b>
<b>Volunteers</b>	Have direct, face-to-face contact with CYP and adults; Must record and report any concerns re: "significant harm" to a child or young person.	Local SGO or Supervisor
<b>Supervisors (Volunteer)</b>	Primarily a support role for volunteers. First point of contact for volunteers re: CP concerns unless CYP discloses or is in immediate danger. Provides ongoing monitoring and support for volunteer during and after safeguarding issues have arisen.	Local or Regional SGO
<b>Local Safeguarding Officer (Volunteer)</b>	<ul style="list-style-type: none"> <li>▪ Receives and ensures any safeguarding concerns about a CYP are acted upon, clearly recorded and referred on where necessary.</li> <li>▪ Assists volunteers with CP procedures such as completing Record of Concern.</li> </ul>	Liaises with Supervisor and Regional SGO. Consults with Social Services
<b>Regional Safeguarding Officer (Volunteer or Staff NI)</b>	<ul style="list-style-type: none"> <li>▪ Back-up for Area SGO, is available for advice, support and follow-up on any safeguarding issues that arise within the region.</li> <li>▪ Co-ordinates and monitors Cruse Safeguarding policies, procedures and facilities for the protection of both CYP and volunteers.</li> <li>▪ Ensures quality procedures for selection of volunteers, including Access NI/DBS checks.</li> </ul>	Liaises with Area SGO and Supervisors. Reports to Designated Lead for Safeguarding
<b>National Designated Lead for Safeguarding (Staff)</b>	<ul style="list-style-type: none"> <li>▪ Offers safeguarding guidance and support to Areas, staff members and, where necessary, volunteers.</li> <li>▪ Develops training and oversees annual review of relevant Cruse safeguarding policies and procedures in line with legislation and best practice.</li> <li>▪ Offers 24-hour phone line to advice on CP concerns.</li> <li>▪ Works with DBS if a volunteer or member of staff breaches safeguarding policy.</li> <li>▪ Is first point of contact by RSGO, if any safeguarding complaints about staff or volunteers reach referral stage.</li> </ul>	Chief Operating Officer

<b>Trustee Safeguarding Lead</b> (Volunteer)	<ul style="list-style-type: none"> <li>▪ To ensure that Cruse has safeguarding policies for adults and children and young people which are reviewed by the full Board at least annually</li> <li>▪ To ensure that Cruse complies with all legal and good practice requirements in relation to safeguarding, has clear up-to-date procedures and a clear training strategy for staff and volunteers</li> <li>▪ To advise the board on all safeguarding matters and ensure they are up-to date with legislation</li> <li>▪ To support the senior member of staff responsible for safeguarding specifically to discuss safeguarding issues which have arisen since the last review and prepare a suitably anonymised report for the full Board</li> <li>▪ To ensure that safeguarding policies are in place with respect to the recruitment of staff and volunteers</li> <li>▪ To be clear about specific safeguarding issues where the trustee safeguarding lead – and indeed the board as a whole – may need to become more involved</li> <li>▪ To be involved in any reporting of a safeguarding nature to the Charity Commission, as the Board representative in support of the senior member of staff responsible for safeguarding</li> </ul>	Chair of Trustees
<b>Cruse Area Support to be Informed by Safeguarding Officer (SGO) if a Referral is made to Social Services:</b>		
<b>Lead Operations Manager</b> (Staff)	<ul style="list-style-type: none"> <li>▪ Oversees RSGO, who ensures Cruse is working to safeguarding policies and procedures.</li> </ul>	Chief Operating Officer
<b>Area Chair</b> (Volunteer)	<ul style="list-style-type: none"> <li>▪ Is informed of referral (anonymous) by Regional Safeguarding Officer and liaises with local SGO.</li> </ul>	Area Management Committee
<b>Cruse Chief Executive</b> (Staff)	<ul style="list-style-type: none"> <li>▪ May be notified of referral (no details – anonymous) by Designated Lead or Regional Director, if deemed necessary.</li> </ul>	Chair of Trustees

#### IV. Stages to follow if concerned about a Child/Young Person

##### 1) Action Flow Chart 1 – Responding to Disclosure/Allegation



### Notes on Flow Chart 1 – Response to the Client

- Remind CYP of initial agreement (**Appendix 4b of Standard for Supporting CYP**) and explain that any information they give you will have to be shared with others.
- Listen carefully and reassuringly to what the young person has to say and take it seriously. Let them know that you accept what they have said.
- Let the CYP recall what is important to them; do not ask leading questions.
- Remain open to the disclosure; don't appear shocked or disbelieving.
- Never investigate or take sole responsibility for a situation where a CYP makes a disclosure.

### Flow Chart 1 – Immediate Actions

**N.B. IF A VOLUNTEER WHO HAS CHILD PROTECTION CONCERNS ABOUT A CYP AND IS UNABLE TO CONTACT A SUPERVISOR OR SGO THEN IT IS THEIR RESPONSIBILITY TO CONTACT SOCIAL SERVICES FOR ADVICE/ACTION**

**N.B. IF AFTER CONSULTATION WITH SUPERVISOR OR SGO THEY DO NOT SHARE THE VOLUNTEER'S CONCERN BUT THE VOLUNTEER REMAINS CONCERNED THEN THE VOLUNTEER HAS A RESPONSIBILITY TO SHARE WITH AREA SUPPORT**

- Ensure the child is safe; in extreme cases, remain with child while contacting Police/Soc. Serv.
- If local or Regional Safeguarding Officer is not available and you are contacting Soc. Serv. directly, follow through on whatever advice they give you.
- *In most cases if a referral is required to Police/Social Services then the volunteer who has received the disclosure will be expected to make the referral.*
- Remember it is not your job to investigate or to keep the CYP from the parent – leave that to the Police/Social Services.
- Ensure that you keep the client's Parental Consent form (**Appendix 3** of Standard for Supporting CYP) with you at all times during sessions so contact information is available for consulting with Social Services/Police.

NOTE: Further details on responding to and managing this type of situation are covered in the Cruse Safeguarding training.

### Flow Chart 1 – Follow-up Actions after CYP has left

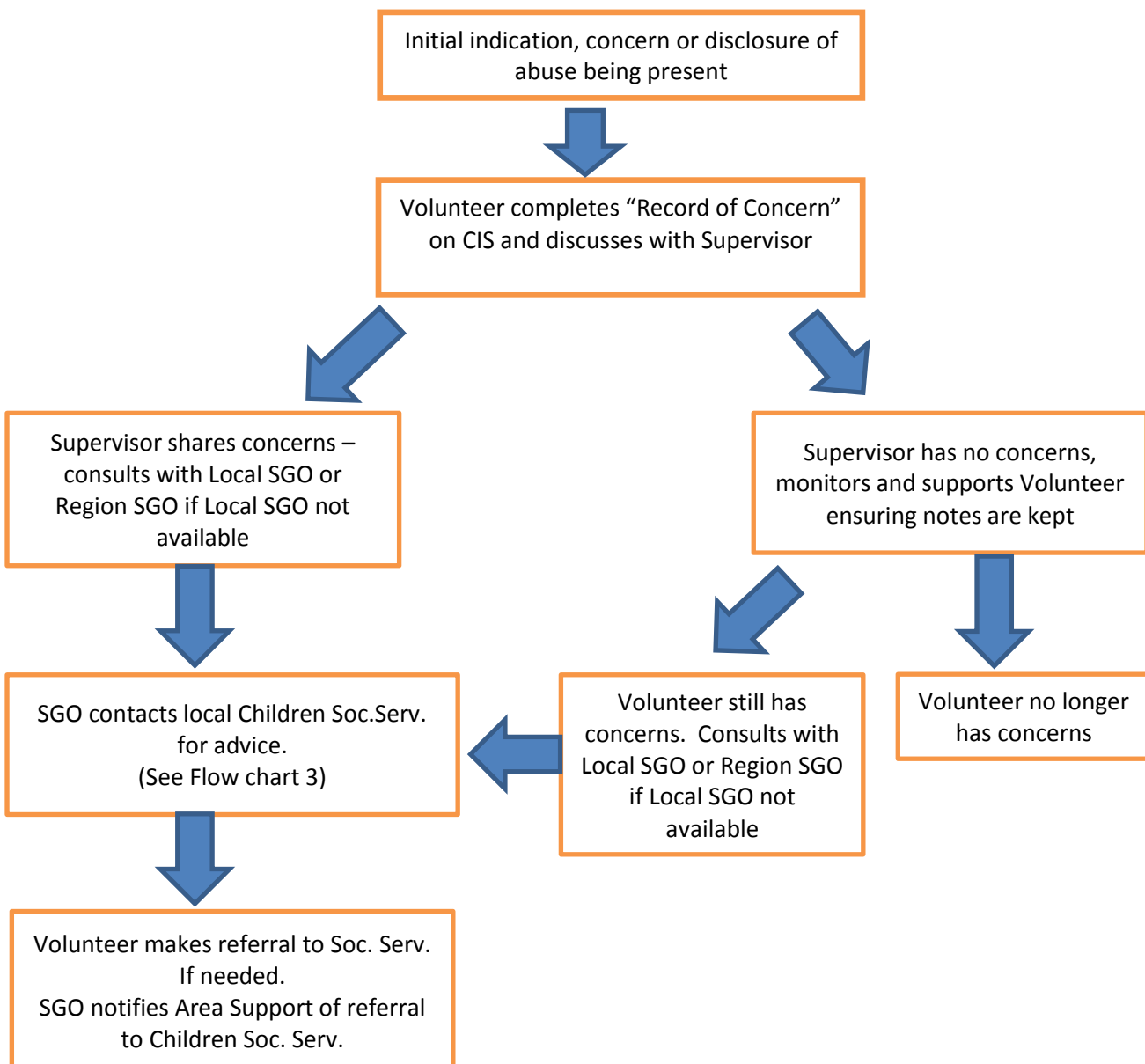
- **As soon as possible, enter what you have been told, using the "Record of Concerns" form on CIS.** The local, regional or lead Safeguarding Officer may help you with this but it must be your report; be sure to complete the form promptly on CIS
- The Lead Safeguarding Officer will receive a copy of your form via CIS
- Contact your Supervisor immediately to get the support you need.
- Apart from sharing concerns with your Supervisor and/or Safeguarding Officer, maintain the highest degree of confidentiality.

NOTE: All volunteers must cooperate with subsequent investigations and any requests for participation in Core Group Section 47 (Child Protection Investigation), Core Group or Common Assessment Framework meetings must be met where possible.

## 2) Action Flow Chart 2 – Observations that Cause Safeguarding Concerns

This is the most likely source of concern for Cruse volunteers providing face-to-face support to children and young people. If a volunteer observes interactions between a Parent/Carer and a CYP that indicate a potential of significant harm (See Appendix 2) to the CYP, the volunteer must complete a Record of Concern and consult with the SGO. Or, if a CYP's appearance, behaviour, play, artwork or statements cause concern, the volunteer must record this and consult with the supervisor. In most cases, observation of safeguarding concerns will not present an emergency; therefore, it is the Supervisor who is the first port of call, not the L.A.D.O. or Social Services.

### Action Flow Chart 2 – Observations





## Notes on Action Flow Chart 2

Cruse recognises that it has a duty to act on reports or suspicions of abuse. It also acknowledges that taking action in cases of child protection is never easy. However, Cruse believes that the safety of the child should override any doubts or hesitations. When worrying changes are observed in a CYP's behaviour, physical condition or appearance:

- It is good practice to ask a CYP why they are upset or how a cut or bruise was caused, or to respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action. But **never** use leading questions.
- In situations where you observe a parent under stress to such an extent that child safeguarding concerns arise, remember to make maximum use of the trust you have built with both the parent and the CYP. It is good practice to communicate with the Parent/Carer as openly as possible about your concerns (except in the conditions listed below in section 3). This can be done without breaking the CYP's confidentiality by including the CYP in the decision process about what can and cannot be shared with the Parent/Carer.

### 3) Action Flow Chart 3 – Safeguarding Officer’s Responsibilities

This flow chart follows on from Flow Charts 1 and 2, beginning at the point where a Volunteer or Supervisor passes on a safeguarding concern to the SGO (Local or Regional). The Local SGO may consult at any time during this process with the Regional SGO, and **must** consult with the Regional SGO and notify Designated Lead for Safeguarding in all cases where a verbal or written referral is made to Social Services.

The SGO will take immediate action if there is a suspicion that a CYP has been abused or is likely to be abused. In this situation the SGO may consult either the local Social Services or the police. If a referral is made to Social Services, this will usually be made by the Volunteer and must be followed up in writing within 48 hours. (In NI, a UNOCINI form may be required by the Social Services team, to be filled in as completely as possible by the SGO in conjunction with the Volunteer.)

***In all cases where there is a suspicion of abuse a formal referral must be made.***

The SGO may seek advice about a situation that is beginning to raise concern from:

- The Regional SGO
- Cruse’s Designated Lead for Safeguarding;
- Social Services, or
- Through NSPCC’s 24-hour National Child Protection Helpline on 0808 800 5000.

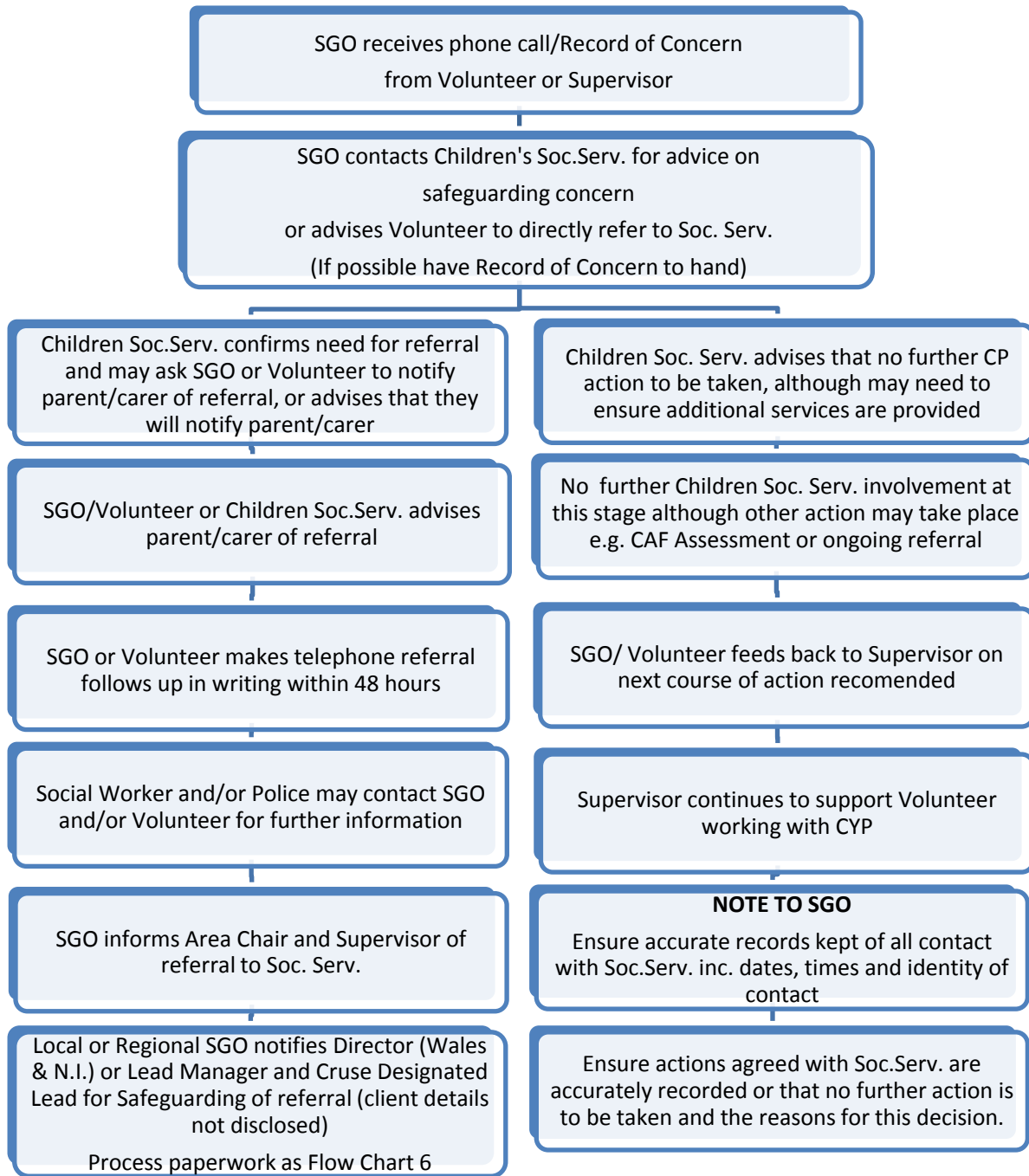
#### **Communication with Social Services**

The purpose of consultation is to discuss your concerns and decide what action is necessary. You should consult externally with your local Social Services in the following circumstances:

- When you remain unsure after internal consultation as to whether a child protection concern exists.
- When you are unable to consult promptly or at all with your designated internal contacts for child protection.

**Please note**, consultation is not the same as making a referral, but should assist a decision to be made as to whether a referral to Social Services or the Police should progress.

### Action Flow Chart 3 – Safeguarding Officer’s Responsibilities

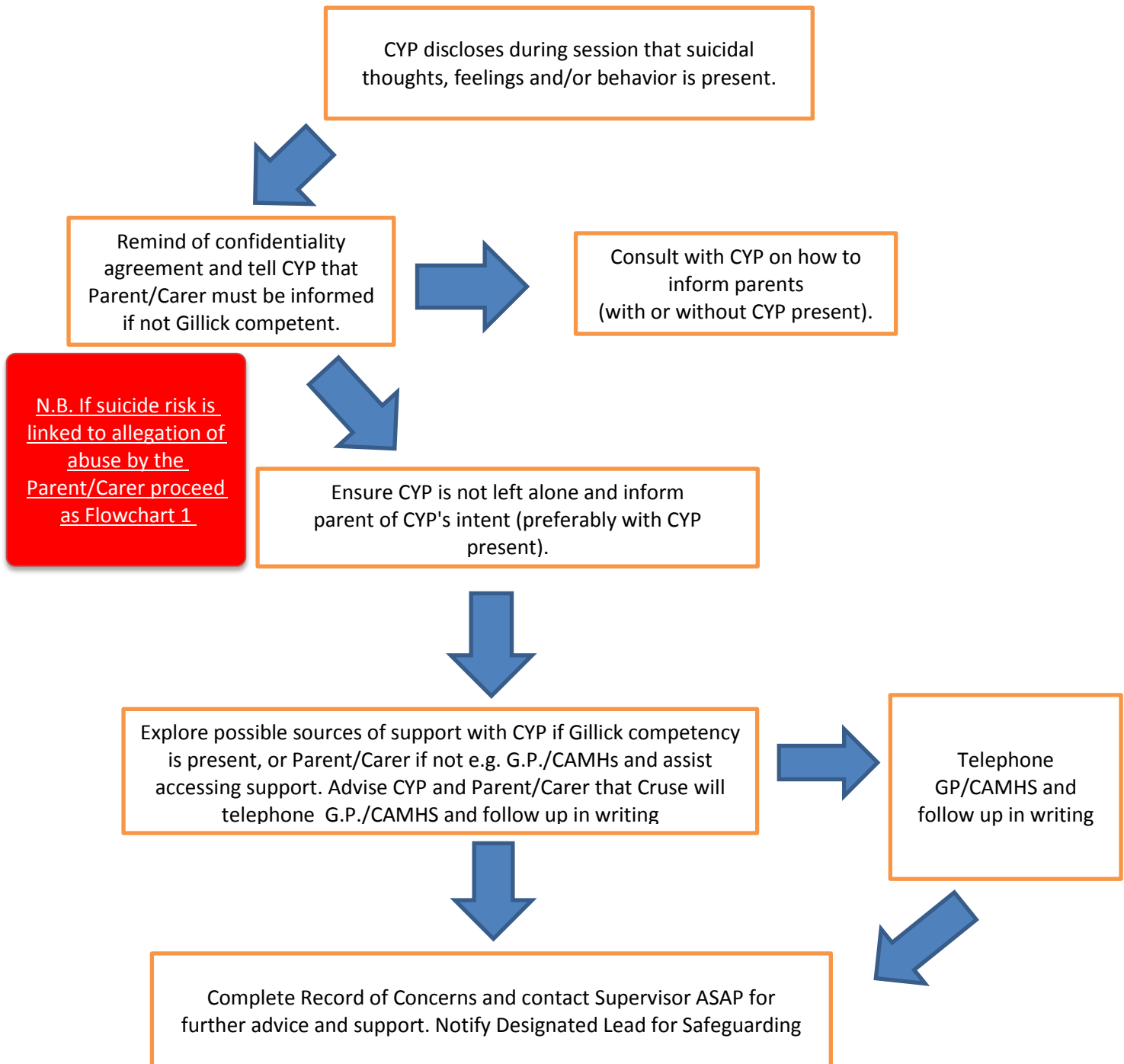


**NOTE RE: Parent Contact:** Parents/Carers should be informed if a referral is being made **except** in the circumstances outlined below:

- Where sexual abuse or organised/multiple abuse is suspected.
- Where contacting Parent/Carer would place a child, yourself or others at immediate risk.
- Where fabricated or induced illness (Munchausen by Proxy) is suspected.
- If a CYP is Gillick competent and does not want the parent/carer involved or made aware.

Remember that informing Parents/Carers you are making a referral should not lead to questioning or investigating of any kind by a volunteer or supervisor.

#### 4) Flow Chart 4 – Suicide Risk



#### Notes on Flow Chart 4

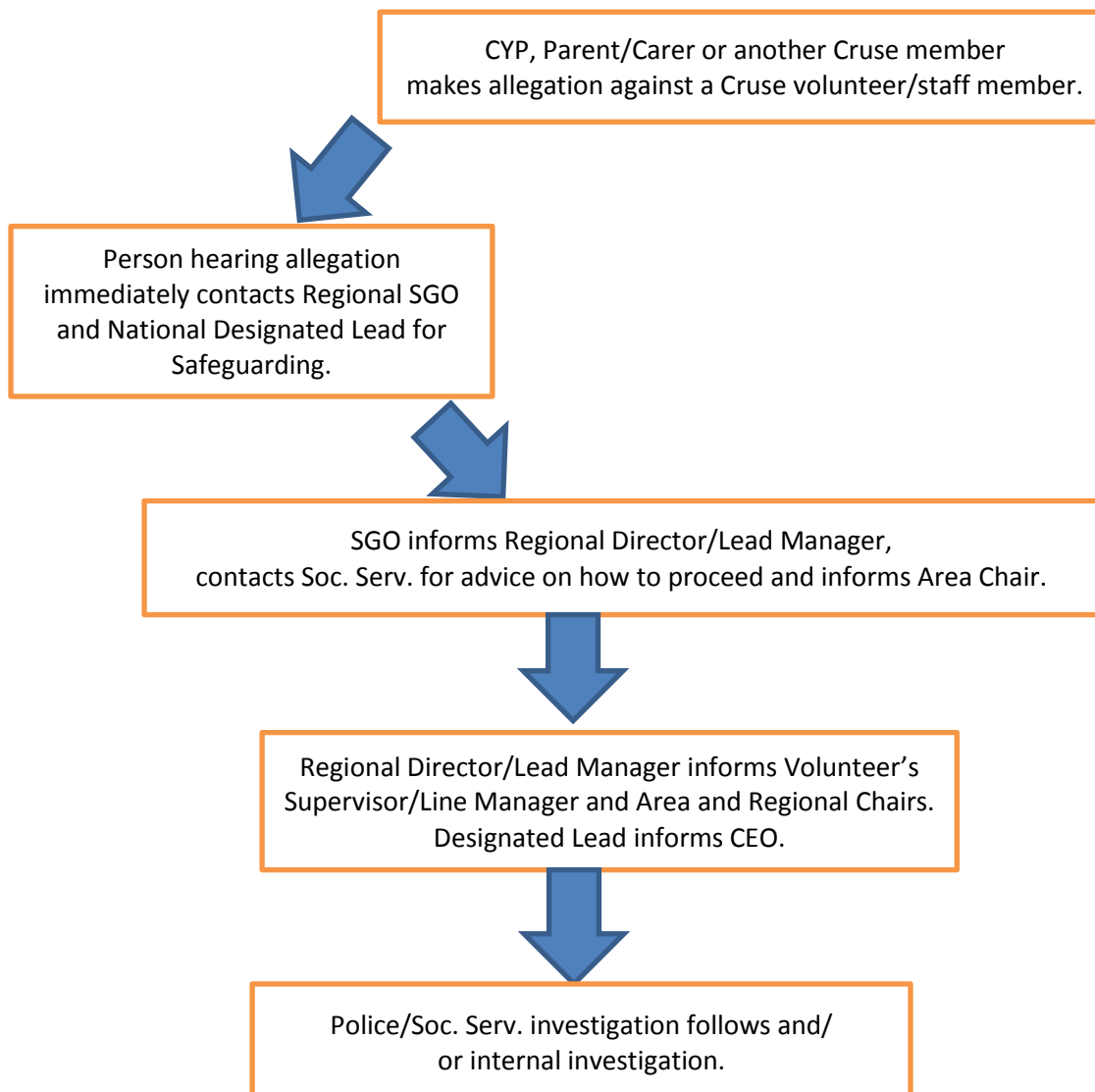
This section of the safeguarding procedure straddles Cruse policies and procedures relating to Safeguarding, Confidentiality policy and 'Guidance on Working with People Who Harm Themselves or are Suicidal'. All Cruse volunteers seeking to work with children and young people must receive adequate training in all these areas.

## 5) Action Flow Chart 5 – Managing Allegations made against a member of Staff or a Volunteer

This procedure works in conjunction with the Cruse Complaints Policy and Procedures. Cruse will ensure that any allegations made against volunteers or members of staff will be dealt with swiftly and in accordance with the procedures outlined below. In addition, we must ensure that:

- We carefully follow the Cruse ethos of listening to children and young people and their Parents/Carers and taking any concerns seriously.
- The CYP is safe and away from the person against whom the allegation is made.
- The supervisor/line manager of the volunteer/staff member is kept informed and equipped to communicate openly with and support the volunteer/staff throughout the process.
- All staff and volunteers cooperate fully with any investigations undertaken by the Designated Lead for Safeguarding and all external agencies. Any internal investigations and disciplinary proceedings will not commence until the investigating statutory authority agrees that they can go ahead. If a police investigation takes place, then this investigation needs to be completed before any internal Cruse investigation can commence.

### Action Flow Chart 5 - Allegations against Cruse Staff or Volunteers



In all cases where safeguarding concerns or allegations arise regarding the behaviour/actions of a volunteer or member of staff, the Designated Lead for Safeguarding must be informed immediately, who will advise DBS as appropriate. The Designated Lead for Safeguarding will also inform the Trustee Lead for Safeguarding, and there will be a decision concerning information that needs to be conveyed to the Charity Commission.

## V. Recording and Storing Safeguarding Information

Cruse is committed to manage confidential information safely and within Data Protection guidelines. The process for disseminating and storing confidential information is outlined in Flow Chart 6.

Cruse fully supports the rights of children and young people to confidentiality unless we consider they could be at risk of significant harm. These principles are outlined in the Initial Agreements which volunteers work through with both children and their Parents/Carers at the beginning of support sessions.

**Flow Chart 6 – Recording and Storing of Information**



**N.B. As written records are scanned into CIS (Cruse’s information database), paper copies will be confidentially shredded/destroyed.**

**NOTE:** Communication to professionals should be undertaken in the most expedient way possible, whether that be oral or in writing via various mediums (email, letter, etc.). All oral communication should be confirmed in writing and then stored as above.

At all times the requirements of GDPR with regard to the safe storage of and access to written information must be followed.

## VI. Dealing with a Written Disclosure

An increased amount of bereavement support is provided in writing, via email or social media. Cruse also receives a number of self-referrals via written correspondence (usually in letter format), and occasionally clients write to Cruse when they are receiving support from us.

If a current client or member of the public shares information in writing that might denote a safeguarding concern for a child (this might be raised by the minor, or a third party), it is recognised that it is challenging to deal with immediately, as the individual is not present. However, there are measures that can be taken, with a view to – as much as possible – maximising the safety of those who may be at risk, or who are being harmed:

- If possible, contact the individual and ascertain the level of current risk (there may

have been a gap of time between the information being written and our receipt of the correspondence). If this is present, then the normal procedures would be followed in terms of risk management/reduction and reporting.

- If it is not possible to contact the individual concerned, then it may be an option to contact a person they have named as an emergency contact. Other support or health contacts may also be provided, in which case they should be contacted and informed of our concerns
- It may be that the person at risk has provided further contact details, such as a home address. If so, then it may be necessary to contact Social Services or emergency services and impart the information provided.
- If the interaction is electronic (e.g. via email or social media), then it is imperative that we respond promptly and encourage further contact with us or other support provision (particularly health services, such as a GP or Primary Care). This may include a request for a phone number, so as to then establish contact that better enables us to gauge levels of risk to the person concerned or others.

In all instances, it is imperative to follow the normal safeguarding reporting procedures detailed in this document.

## **VII. Conclusion**

The key to robust Safeguarding policies and procedures is that *they work* for children and young people, volunteers and staff. It is vital that all volunteers and staff know what to do if they are concerned about a child. It is equally important that Parents/Carers and young people themselves are aware that Cruse takes the safety and welfare of children and young people into consideration in every activity we undertake.

These procedures are designed to be used by everyone within the organisation whenever a safeguarding issue arises. It is essential that our Safeguarding policy and procedures are accompanied by thorough and practical training on when and how to implement these procedures. Cruse will provide this training for any volunteers and staff intending to work with children, young people and adults.

### **What to do if you're worried a child is being abused - advice for practitioners**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)



## VII Appendices

### APPENDIX 1: SIGNS AND SYMPTOMS OF ABUSE

An abused child is a boy or girl under the age of 18 years (CYP) who has suffered physical injury, neglect, emotional or sexual abuse which the person or persons who had custody, charge, care or contact of/with the child either caused or knowingly failed to prevent.

Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

#### **The main forms of abuse are as defined in Working Together to Safeguard Children 2015**

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

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

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

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);

- protect a child from physical and emotional harm or danger;
  - ensure adequate supervision (including the use of inadequate care-givers); or
  - ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Financial** - This may be limiting access to money or other resources, or by forcing all financial responsibility onto an individual while limiting their ability to provide this. Financial abuse may include:

- Taking money from them
- Not allowing them access to shared money
- Making them account for everything spent
- Making them beg for money
- Forcing them to commit crimes for money
- Not allowing them to buy necessities, including sufficient food
- Financial abuse can also be when the perpetrator is spending money needed to maintain the home on themselves

(<http://www.lwa.org.uk/understanding-abuse/abusive-relationships/financial-abuse.htm>)

#### **Possible signs of abuse include:**

- Unexplained or suspicious injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury is does not seem right.
- The child discloses abuse, or describes what appears to be an abusive act.
- Someone else (child or adult) expresses concern about the welfare of another child.
- Unexplained change in behaviour such as withdrawal or sudden outbursts of temper. Inappropriate sexual awareness or sexually explicit behaviour.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.
- Difficulty in making friends.
- Eating disorders, depression, self-harm or suicide attempts.

Examples such as domestic abuse, including factors such as honour based violence (HBV), female genital mutilation (FGM) and forced marriages (FM), can include elements of all of many of the above types of abuse.

#### **What might indicate that someone is being abused?**

Information suggesting that abuse may have occurred or is occurring can come from a variety of sources such as:

- A child / young person saying or showing that they have been abused
- Allegations made by another person
- An admission from someone who says they are harming a child or young person
- Someone noticing signs or symptoms of abuse

There are a number of warning indicators which might suggest that a child may be being abused or neglected.

#### **Physical Indicators of Abuse:**

Research has shown that there are no physical signs that act as definite indicators of abuse. This reflects the individual nature of each abusive situation. However, the following points can help inform awareness that abuse could be occurring.

- Hand slap marks
- Marks made by an implement
- Pinch or grab marks
- Grip marks – could indicate that the child / young person has been shaken or

inappropriately restrained

- Bruised eyes
- Patterns of bruising

**NOTE: it is possible you may be told of harm to intimate areas of the client's body; however, as a Cruse Bereavement Volunteer or member of staff it would not be appropriate to view these.**

### **Other Types of Injury:**

Children and young people do have accidents; however, some types of injury are less likely to be accidental than others. Sometimes children and young people may have 'accidents' because they have not been provided with an adequately safe environment. Such injuries can be burns, scalds, fractures and poisoning. Some indicators are:

- Injuries inside the mouth, inside arms and in the sexual region
- Cigarette burns, burns with an object
- Carpet burns on torso
- Bite marks
- Injuries that have not received treatment

**NOTE: As above, it is again possible you may be told of harm to intimate areas of the client's body; however, as a bereavement volunteer or member of staff it would not be appropriate to view these.**

The physical signs that a professional is able to see will clearly depend upon the type of job that they do and the role that they have.

### **Behavioural Indicators of Abuse:**

The indicators below are provided to alert the volunteer / staff member and enable them to consider reasons for the person's behaviour. However, the signs must be looked at together with other information gained from the person or from others in respect of the person's social circumstances.

Behavioural indicators of abuse may include:

- Uncharacteristic sexually explicit behaviour
- Overly compliant or watchful attitude
- Acting out, aggressive, destructive, irritable and / or generally hostile behaviour
- Depression / signs of withdrawal / regression
- An air of detachment, "I don't care" attitude
- Distrust of others
- Complaints of pain or discomfort with no medical explanation
- Eating problems
- Sleep disturbance
- Displays of unhappiness only in a particular environment
- Fear, anxiety or severe agitation displayed with an unidentifiable cause
- Self-harm
- Increase in or development of obsessive / ritualistic behaviour

### **Signs of Neglect (or Omission) can include:**

- Low weight, sudden weight loss and / or appearing always hungry
- Soreness and chafing to areas of skin due to lack of assistance in maintaining personal hygiene
- Changes in behaviour or interaction with others
- Untreated injuries or medical conditions
- Wearing stained and unwashed clothes
- Appearing constantly disheveled and dirty

A person's emotional and physical development is affected when their need for love, care, food, warmth security and stimulation is neglected.

## APPENDIX 2: THE DEFINITION OF SIGNIFICANT HARM

1. The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children.
2. Section 47 of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. A court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:
  - a. The child is suffering, or is likely to suffer significant harm; and
  - b. That the harm or likelihood of harm is attributable to a lack of adequate parental care or control (section 31).
3. Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:
  - a. 'Harm' means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another;
  - b. 'Development' means physical, intellectual, emotional, social or behavioural development;
  - c. 'Health' means physical or mental health; and
  - d. 'Ill-treatment' includes sexual abuse and forms of ill-treatment that are not physical.
4. 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,
  - the degree of threat, coercion, sadism, and bizarre or unusual elements in child sexual abuse.

Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

5. Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the families' strengths and supports.
6. To understand and establish significant harm, it is necessary to consider:
  - a. The family context, including protective factors
  - b. The child's development within the context of his or her family and wider social and cultural environment
  - c. Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family.
  - d. The nature of harm, in terms of ill-treatment or failure to provide adequate care.
  - e. The impact on the child's health and development; and
  - f. The adequacy of parental care

**APPENDIX 3:  
RECORD OF CONCERNS FORM AND NOTES**

**Record of Concerns**

This form **must** be completed in the event of any child protection concerns being reported to, or observed by, anyone in Cruse Bereavement Care. See attached notes for what to include in this Record. Use reverse side of form if necessary. Please transfer name and parent address and contact details from your parental consent form when completing this form, as these details will be needed in the event of a Referral.

Name of Child/Young Person: ..... D.O.B.....

Address:.....

Tel. No:.....

Parent/Carer(s) Names: .....Relationship to child:.....

Child Bereavement Volunteer's Name and Area: .....

Is the child Gillick competent? Yes/No (please delete as necessary)

Brief description of concerns (including child's words)	By whom	Date

Description of action taken (including who concern referred to, names, times, telephone numbers, etc.)	By whom	Date

If a referral has not been made to Social Services, please give reasons as to why not

**Volunteer's Name:** .....

**Volunteer's Signature:** ..... **Date/Time:** .....

## **APPENDIX 4: RECORDING ALLEGATIONS AND CONCERNS**

- Keep to the facts – never embellish records. Ensure that the record explains the incident as you witnessed it or as it was reported to you. If known, include dates of when and where the incident occurred and who else was present.
- Note any physical evidence shown or observed and the context in which the incident was noted, i.e., disclosure by CYP, physical evidence of abuse, or observation of interactions.
- Under “Actions Taken”, note whether or not your concern has been discussed with the Parent/Carer or, if you have made a referral to Social Services, whether you have informed the Parent/Carer of the referral.
- Use plain English. Try not to use over complicated words or jargon as this can distract from what you are trying to convey and might confuse others.
- All records must be dated. You must compile a written report of any child protection incident as soon as it occurs. Retrospective records are not acceptable.
- You must sign all records. Your records are your responsibility and therefore you have a duty to sign your name on every such document.
- It is imperative that you include in your report anything that a child says to you and in their own language. For example, if a young girl states that “The man touched my tutu”, then that is exactly what you record.
- Keep your records confidential from those who are not concerned.
- If including your own observations, be sure that these are noted as objectively and briefly as possible.

### **DO NOT:**

- Record supposed diagnoses that you have made for example, “Sam was crying hysterically and then become calm; he must be bi-polar”.
- Leave confidential information where it can be seen by others or discuss with anyone other than relevant L.A.D.O. and Supervisor.
- Press the child or young person for further details
- Contaminate evidence

### **REMEMBER:**

If a child protection incident is taken to court your records will be used as evidence and you will more than likely be called to explain what you saw / heard and potentially cross examined. Therefore, you need to ensure that your records are clear and exact and not open to misinterpretation.

**APPENDIX 5:  
KEY CONTACTS FORMAT FOR CRUSE AREAS/REGIONS/NATIONS**

Name of Area:	
Area/Branch Contact Details	<b>Coordinator Name and Office Contact Details</b>
<p><b><u>Cruse Contacts</u></b>  Local Safeguarding Officer (SGO)  <i>Contact immediately in the event of Child Protection disclosure or allegations.</i></p> <p>Regional Safeguarding Officer (RSGO)  <i>Contact if you cannot reach Local Designated Officer.</i></p> <p>Young Cruse Supervisor (N.I.):  <i>Contact in the event of non-emergency, observed Child Protection concerns about a CYP, or if you cannot reach Designated Officers.</i></p> <p>Designated Lead for Safeguarding for Cruse Bereavement Care</p>	<p><b>SGO Name and mobile/land line numbers</b></p> <p><b>RSGO Name and mobile/land line numbers</b></p> <p><b>Name and mobile numbers of any CYP Supervisors in the Cruse Area.</b></p> <p><b>Nicola Dias 07950 531 744</b>  <b>Out of hours 07496 922 358</b>  <b>Contact email</b>  <a href="mailto:safeguarding@cruse.org.uk">safeguarding@cruse.org.uk</a></p>
<p><b><u>*Social Services</u></b></p> <p>Referral Phone number (Social Services or Gateway Duty Social Worker):</p> <p>Emergency out of Hours Service:</p>	<p><b>List numbers for local area services</b></p>
<p><b><u>*Police</u></b></p> <p>In Emergency (if unable to reach Social Services):</p>	<p><b>Central switchboard and/or local police station</b></p> <p><b>999</b></p>
<b>NSPCC (Immediate Advice Helpline)</b>	0808 800 5000 Email: help@nspcc.org.uk
<p><b><u>Other Cruse Contacts</u></b>  Branch/Area Chairperson  Regional Director/Lead Manager  Cruse Policies Link for Volunteers:</p>	<p><a href="https://intranet.cruse.org.uk">https://intranet.cruse.org.uk</a></p> <p><i>Type standard or policy you are looking for into Search box</i></p>



## APPENDIX 4 USEFUL NATIONAL CONTACT DETAILS

### 1. Designated Lead for Safeguarding for Cruse Bereavement Care

**ALL** cases of suspected abuse must be reported immediately to the Organisational Safeguarding Lead –Nicola Dias- in Cruse Bereavement Care.

**Email:** [safeguarding@cruse.org.uk](mailto:safeguarding@cruse.org.uk)

**Telephone:** Mon – Friday 9 – 5pm: 07950 531 744

Out of hours: 07496 922 358

### 2. Local Social Services and Local Safeguarding Children Board (LSCB)

All Local Authorities (i.e. County Councils, Metropolitan District Councils, London Boroughs and Unitary Authorities) operate a Social Services Department and a Local Safeguarding Children Board. The contact details of your local Social Services and Safeguarding Children Board can be located via an internet search engine, at your GP's surgery, your local library and in the front of the local telephone book.

Each Cruse Area office should have a list of all the relevant **local** safeguarding numbers posted in the children's room or within easy access of Cruse volunteers. These should follow the format of Appendix 4A. If you cannot locate your local department, please contact the Designated Lead for Safeguarding.

### 3. Local Authority Designated Officer (LADO)

The LADO works within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children"

The LADO helps co-ordinate information-sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible.

If you need to contact your Local Authority Designated Officer (LADO), please consult your **Local Safeguarding Children Board (LSBC)** or **Local Authority**.

### 4. The NSPCC

The National Society for the Prevention of Cruelty to Children has a free 24-hour Child Protection Helpline that provides information and advice to anyone concerned about a child at risk of abuse

**0808 800 5000**

[help@nspcc.org.uk](mailto:help@nspcc.org.uk)