



The Windmill Trust
Creative Therapy Service

Safeguarding Children Policy & Procedures



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SAFEGUARDING CHILDREN POLICY

The Windmill Trust is committed to practice which protects and safeguards children and young people from harm.

We will endeavour to protect and safeguard children by:

- Ensuring that the welfare of children and young people is the paramount consideration in all that we do throughout our therapeutic services.
- Adopting Safeguarding guidelines through procedures as detailed below.
- Protecting the rights of children & young people as individuals and treating them with respect and dignity at all times.
- Ensuring effective supervision, consultation and training is available to all our practitioners.

This policy statement applies to anyone working on behalf of The Windmill Trust. This includes staff, contractors, the board of trustees and volunteers.

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in the United Kingdom. The Windmill Trust has used *Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children – July 2018*. We have also used guidance from the Charity Commission.

We have a separate Safeguarding Policy for Adults because:

- Children and adults may each face a different set of issues
- The definitions and terms used differ
- Procedures for reporting abuse and handling cases are not the same
- There is different legislation and policy

Adding safeguarding adults at risk to a safeguarding children policy often dilutes the message about adults. This is particularly likely when organisations base the policy and procedures on those originally written for children.

Self Determination

One important difference between safeguarding adults and safeguarding children is an adult's right to self-determination. Adults may choose not to act at all to protect themselves, and it is only in extreme circumstances that the law intervenes. This will often only happen when an adult is assessed to lack capacity in that area, or where the concerns may extend to children, such as when they are living in the same household.

Children are extremely vulnerable because they cannot act to protect themselves and are reliant on the adults around them to provide them with safe care. This means that they can be trapped in abusive situations, sometimes without the ability to know themselves that what they are experiencing is abuse or to know how to get help.

We believe that:

- Children and young people should never experience any kind of abuse
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to protect them.

We recognise that:

- The welfare of the child is paramount
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them
- Appointing a nominated child protection/safeguarding lead and a lead trustee for safeguarding
- Developing child protection and safeguarding policies and procedures which reflect best practice
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- Sharing information about child protection and safeguarding best practice with children, their families, staff and volunteers via leaflets, posters, group work and one-to-one discussions
- Recruiting staff and volunteers safely, ensuring all potential new members of staff complete an enhanced DBS check
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- Implementing a code of conduct for staff and volunteers
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Ensuring that we have effective complaints and whistleblowing measures in place
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- Recording and storing information professionally and securely.

Safeguarding Training

All staff who work directly with children and families for The Windmill Trust undertake training in Safeguarding Children & Young People and Safeguarding Vulnerable Adults, Level 3, every 3 years. Therapist training is provided by Gretchen Precey, <https://gpsocialwork.co.uk/training/>.

All trustees and administration staff complete Awareness of Safeguarding and Child Protection, Level 1 training via [Cumbria Safeguarding Children Partnership : Cumbria County Council](#) or Cumbria Youth Alliance, www.cya.org.uk.

All members of staff will have been screened with an up-to-date enhanced DBS check prior to being employed at The Windmill Trust. DBS Checks will be renewed or rechecked every three years.

Staff or anyone working on behalf of The Windmill Trust **will never**:

- Engage in sexually provocative activities or games with any child (or adult)
- Make sexually suggestive comments to a child or adult (even in jest)
- Allow or engage in any inappropriate touching of any form
- Allow the use of inappropriate language unchallenged
- Allow allegations a child makes go unchallenged, unrecorded, or not acted upon

In Accordance with *Working Together to Safeguard Children* – Chapter 2, section on voluntary, charity and private sectors, point 61 on page 72, “*Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children from harm, how they should respond to child protection concerns and how to make a referral to local authority children’s social care or the police if necessary.*”

Therefore, The Windmill Trust has drawn up procedures to ensure that every precaution is taken to ensure the safety of children attending, or who are engaged in activities with The Windmill Trust, and to ensure that staff are trained and supported to be aware of indicators which may suggest that further action should be taken.

Recognising the signs of abuse

Staff/volunteers may be particularly well placed to spot abuse and neglect. The NSPCC says that “Child abuse is when a child is intentionally harmed by an adult or another child – it can be over a period of time but can also be a one-off action. It can be physical, sexual or emotional and it can happen in person or online. It can also be a lack of love, care and attention – this is neglect. Signs of abuse may come in the form of a complaint, or an expression of concern, in something a child says directly or indirectly or demonstrates through their behaviour or be noticeable in the way the child presents. Everyone within The Windmill Trust should understand what to do, and where to go locally to get help, support and advice. It is vital that everyone within The Windmill Trust is vigilant on behalf of those unable to protect themselves, including:

- Knowing about different types of abuse and neglect and their signs;
- Supporting children to keep safe; or supporting adults to keep children safe;
- Knowing who to tell about suspected abuse or neglect;

The NSPCC uses the following definitions and signs of child abuse:

General Signs of Abuse

Children experiencing abuse often experience more than one type of abuse over a period of time. Children who experience abuse may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend.

Many of the signs that a child is being abused are the same regardless of the type of abuse. Anyone working with children or young people needs to be able to recognise the signs. These include a child:

- being afraid of particular places or making excuses to avoid particular people
- knowing about or being involved in ‘adult issues’ which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour
- having angry outbursts or behaving aggressively towards others
- becoming withdrawn or appearing anxious, clingy or depressed
- self-harming or having thoughts about suicide
- showing changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes
- running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries.

These signs do not necessarily mean that a child is being abused. There may well be other reasons for changes in a child’s behaviour such as a bereavement or relationship problems between parents or carers. If you have any concerns about a child’s wellbeing, you should report them following your organisation’s safeguarding and child protection procedures.

Physical Abuse

Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating. It’s also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don’t need, making them unwell. This is known as fabricated or induced illness (FII).

Spotting the Signs of Physical Abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern. Injuries that are more likely to indicate physical abuse include:

Bruising

- bruises on babies who are not yet crawling or walking
- bruises on the cheeks, ears, palms, arms and feet
- bruises on the back, buttocks, tummy, hips and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- large oval-shaped bite marks.

Burns or scalds

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times. If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

Neglect

Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development.

Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem. Some of these signs include:

- children who appear hungry - they may not have lunch money or even try to steal food
- children who appear dirty or smelly
- children whose clothes are inadequate for the weather conditions
- children who are left alone or unsupervised for long periods or at a young age
- children who have untreated injuries, health or dental problems
- children with poor language, communication or social skills for their stage of development
- children who live in an unsuitable home environment.

Sexual Abuse

Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and non-contact abuse.

Contact abuse happens when the abuser makes physical contact with the child. It includes:

- sexual touching of any part of the body whether the child is wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals.

Non-contact abuse involves non-touching activities. It can happen online or in person and includes:

- encouraging or forcing a child to watch or hear sexual acts
- making a child masturbate while others watch
- not taking proper measures to prevent a child being exposed to sexual activities by others
- showing pornography to a child
- making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images.
- meeting a child following online sexual grooming with the intent of abusing them.

Online sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped. Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

Spotting the signs of sexual abuse:

There may be physical signs that a child has suffered sexual abuse. These include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge
- sexually transmitted infections (STI)
- pregnancy.

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age. For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- they might become sexually active or pregnant at a young age.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online. Some children and young people

are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs (Berelowitz et al, 2013). Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

Spotting the signs of child sexual exploitation

Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may:

- go missing from home, care or education
- be involved in abusive relationships
- hang out with groups of older people • be involved in gangs or anti-social groups
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- be involved in petty crime such as shoplifting
- have access to drugs and alcohol
- have new things such as clothes and mobile phones, which they aren't able to easily explain
- have unexplained physical injuries.

Harmful Sexual Behaviour

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards. HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older - particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't (Davies, 2012). However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled (Rich, 2011).

Spotting the Signs of Harmful Sexual Behaviour

It's normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

Emotional Abuse

Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names

- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

Spotting the Signs of Emotional Abuse

There aren't usually any obvious physical signs of emotional abuse but you may spot changes in a child's actions or emotions. Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development.

Babies and pre-school children who are being emotionally abused may:

- be overly-affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious
- be unable to play
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- fear making mistakes
- fear their parent being approached regarding their behaviour
- self-harm.

Domestic Abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse. Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect. Spotting the signs of domestic abuse It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around. Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour

- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

Bullying and Cyberbullying

Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. Bullying includes:

- verbal abuse, such as name calling
- non-verbal abuse, such as hand signs or glaring
- emotional abuse, such as threatening, intimidating or humiliating someone
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual or homophobic bullying
- physical assaults, such as hitting and pushing
- making silent, hoax or abusive calls.

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

Spotting the signs of bullying and cyberbullying It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault. No one sign indicates for certain that a child's being bullied, but you should look out for:

- belongings getting 'lost' or damaged
- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

Child Trafficking

Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Children may be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect. Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering (Europol, 2011). Child trafficking can also be organised by individuals and the children's own families. Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation, so child trafficking only requires evidence of movement and exploitation.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014). The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

Spotting the signs of child trafficking:

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. Children who have been trafficked may:

- have to do excessive housework chores
- rarely leave the house and have limited freedom of movement
- not have any documents (or have falsified documents)
- give a prepared story which is very similar to stories given by other children • be unable or reluctant to give details of accommodation or personal details • not be registered with a school or a GP practice
- have a history with missing links and unexplained moves
- be cared for by adults who are not their parents or carers
- not have a good quality relationship with their adult carers
- be one among a number of unrelated children found at one address
- receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation.

There are also signs that an adult is involved in child trafficking, such as:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- having previously acted as the guarantor on visa applications for visitors who have not left the UK when the visa expired.

Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016). FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

Spotting the signs of female genital mutilation

A child at risk of FGM may not know what's going to happen. But they might talk about or you may become aware of:

- a long holiday abroad or going 'home' to visit family
- relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- missing school repeatedly or running away from home.

A child who has had FGM may:

- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help but may not be explicit about the problem due to embarrassment or fear.

Reporting Requirements

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under-18s to the police (Home Office, 2016).

The Care Act 2014 defines the following areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. They relate more specifically to abuse that could be experienced by an adult although there are things to consider here, such as radicalisation, which could also affect children. This includes:

Physical Abuse

The physical mistreatment of one person by another which may or may not result in physical injury, this may include slapping, burning, punching, unreasonable confinement, and pinching, force-feeding, misuse of medication, shaking, inappropriate moving and handling.

Signs and indicators

Over or under use of medication, burns in unusual places; hands, soles of feet, sudden incontinence, bruising at various healing stages, bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

Sexual Abuse

Any form of sexual activity that the adult does not want and or have not considered, a sexual relationship instigated by those in a position of trust, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Signs and indicators

Signs of being abused may include recoiling from physical contact, genital discharge, fear of males or female, inappropriate sexual behaviour in presence of others, bruising to thighs, disclosure, and pregnancy. Abusers may take longer with personal care tasks, use offensive language, work alone with clients, or show favouritism to clients.

Financial or Material Abuse

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Signs and indicators

This may include not allowing a person to access to their money, not spending allocated allowance on the individual, denying access to their money, theft from the individual, theft of property, misuse of benefits. There may be an over protection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances, goods purchased may be in the possession of the abuser, there may be an over keenness in participating in activities involving individuals' money.

Psychological and/or Emotional Abuse

This abuse may involve the use of intimidation, indifference, hostility, rejection, threats of harm or abandonment, humiliation, verbal abuse such as shouting, swearing or the use of discriminatory and or oppressive language. A deprivation of contact, blaming, controlling, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. There may be a restriction of freedom, access to personal hygiene restricted, name calling, threat to withdraw care or support, threat of institutional care, use of bribes or threats or choice being neglected.

Signs and indicators

Stress and or anxiety in response to certain people, disclosure, compulsive behaviour, reduction in skills and concentration, lack of trust, lack of self-esteem, someone may be frightened of other individuals, there may be changes in sleep patterns.

Neglect and acts of Omission

Behaviour by carers that results in the persistent or severe failure to meet the physical and or psychological needs of an individual in their care. This may include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health-care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, wilful failure to intervene or failing to consider the implications of non-intervention in behaviours which are dangerous to them or others, failure to use agreed risk management procedures, inadequate care in residential setting, withholding affection or communication, denying access to services,

Signs and indicators

There may be disclosure. Someone being abused may have low self-esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be seemingly uncertain attitude and cold detachment from a carer, denying individuals request, lack of consideration to the individuals request, denying others access to the individual health care professionals

Self-Neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Discriminatory Abuse

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, and religion or health status and may be the motivating factor in other forms of abuse. It can be personal, a hate crime or institutional.

Signs and indicators

There may be a withdrawal or rejection of culturally inappropriate services e.g. food, mixed gender groups or activities. Individual may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying " I treat everyone the same", have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

Institutional or Organisational Abuse

Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Signs and indicators

This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person's disability, misuse medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

Domestic Abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological
- Sexual
- Financial
- Emotional

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

Signs and indicators

May include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities, work or volunteering, not being in control of finances, or decision making.

Modern Slavery

Encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Signs and indicators

There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address. Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off/collected for work on a regular basis either very early or late at night. Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

Radicalisation to Terrorism

The Government through its PREVENT programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process, by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and indicators

May include being in contact with extremist recruiters; articulating support for violent extremist causes or leaders; accessing violent extremist websites, especially those with a social networking element; possessing violent extremist literature; using extremist narratives to explain personal disadvantage; justifying the use of violence to solve societal issues; joining extremist organisations; and significant changes to appearance and/or behaviour.

PROCEDURES

These procedures provide direction on the course of action to be followed in relation to concerns about children which may arise in the following circumstances:

- Something is reported to us that gives concern about a child's safety.
- A child wants to disclose to one of us something that concerns them.
- An individual discloses that they were abused or neglected as a child.
- We are concerned about the behaviour of an individual known to the child that might be placing a child at risk.
- A child directly discloses to us or implies that they are feeling suicidal or will injure themselves
- A child makes allegations to one of our practitioners

Something is reported to us that gives concern about a child's safety

When concerns about a child are told to us we will not agree to keep the information confidential. If we are given information which indicates that a child may be abused or neglected, then we will pass the information on to parents/carers if appropriate and to make a safeguarding referral.

A child wants to disclose to one of us something that concerns them.

In the case of a child disclosing information to us in the course of our work we will be guided by the following principles:

- Acknowledge how much courage it has taken for the child to confide
- Listen very carefully to what the child is saying showing that we are taking it seriously.
- Explain that we have to tell other people in order to help and we cannot keep it secret.
- We will avoid asking questions. If we want to clarify something, we will ask open questions which will encourage the child to use their own words.

We will pass the information on to our contractual partner and if we feel appropriate action has not been taken, we will make a referral to the appropriate Children's Services. We will consider carefully

if the information that the child gave us means that other children may be at risk of serious harm and act accordingly. Further details on Reporting Abuse can be found below.

We are concerned about the behaviour of an individual known to the child that might be placing a child at risk

We will immediately inform the appropriate manager of that individual followed up by a written account of what we have seen or heard. This information will be provided to the Designated Person/Director of The Windmill Trust immediately.

A child directly discloses to us or implies that they are feeling suicidal or will injure themselves

We will take seriously any statement from a child that they may harm themselves in some way. We will pass this information on to the social worker / appropriate manager immediately and if we feel it appropriate, a referral to the appropriate Children's Services will be made. No child expressing a wish to harm themselves will be left alone. The Safeguarding Lead should be informed of any statement from a child that they intend to harm themselves. The Chair of Trustees (Lesley Ritchie) of The Windmill Trust should be informed of any statement from a child that they intend to harm themselves.

A child makes allegations about our practitioners

We will take all allegations involving concerns about our practitioners very seriously. It is of paramount importance that such concerns are investigated independently and rigorously. The Safeguarding Lead, Philippa Chapman, will be the person designated to co-ordinate the investigation and make the referral to Cumberland Safeguarding Hub should allegations be made. The referral will be made within 1 working day to the Local Area Designated Officer (LADO) for Cumbria by contacting **Cumberland Safeguarding Hub** on **0333 240 1727** or **safeguarding.hub@cumberland.gov.uk**. Please note if you are worried that a child is at **risk of immediate harm**, please contact the **Cumberland Safeguarding Hub** on **0333 240 1727** or call **999**. In the event of Philippa being the person whom the allegations are made, the Chair of Trustees for the Windmill Trust, Lesley Ritchie, will carry out the investigation.

In the case of a child making an allegation about one of us we have agreed that one of us would be designated to support that individual throughout the period of the investigation. This will be through support phone calls/attendance at meetings. The individual can access independent support if they wish to do so. The individual concerned will be suspended without prejudice until the allegation is resolved and therapy will be put on hold.

REPORTING ABUSE

System for Recording Allegations

A clear and comprehensive summary of the following will be recorded by the designated person and kept on the child's file:

- Details of what the allegation is and when it took place
- Details of what action has been taken
- Details of how the allegation will be resolved

- Decision clearly stated about what happens to the staff member concerned in the allegation
- Outcome of investigation

Confidentiality and Information Sharing

Where information is shared without consent, this should be done in line with the Information Sharing and Confidentiality Policy and the child's case file should reflect that this was done and the decision to share the information should be recorded:

- what information was provided and to whom
- the reasons why it was shared
- evidence that a thorough risk assessment was undertaken
- who authorised the disclosure of the record.

Mandatory Reporting

It is mandatory for all regulated health and social care professionals and teachers in England to report 'known cases' of female genital mutilation (FGM) in under 18s to the police (Home Office, 2016).

How to report concerns about a child's welfare

If you think a child is in immediate danger, contact the police on **999**. If you're worried about a child but they are not in immediate danger, you should share your concerns. You must contact the child's local child protection services. Their contact details can be found on the website for the local authority the child lives in. Services will risk assess the situation and take action to protect the child as appropriate either through statutory involvement or other support.

For further information detailed guidance on how to make a referral can be found in *Working Together to Safeguard Children* under *Referral* on page 17.

What do I do if I have concerns about a child?

From 1 April, the current Cumbria-wide Safeguarding Hub will be replaced by Cumberland Safeguarding Hub and Westmorland and Furness Safeguarding Hub.

If you are concerned about a child in Allerdale, Carlisle or Copeland, you will contact the Cumberland Safeguarding Hub.

If you are concerned about a child in Barrow, Eden or South Lakeland, you will contact the Westmorland and Furness Safeguarding Hub.

Information on how to make a referral will continue to be accessed via the current page on the CSCP website, the changes will go live on 1 April 2023:

<https://www.cumbriasafeguardingchildren.co.uk/professionals/hub/whattodoifyouhaveconcernsabotachild.asp>

Each new hub will have its own single contact form, phone number and email address:

Cumberland Safeguarding Hub

Telephone Number - 0333 240 1727

Email Address – safeguarding.hub@cumberland.gov.uk

Westmorland and Furness Safeguarding Hub

Telephone Number - 0300 373 2724

Email Address – safeguarding.hub@westmorlandandfurness.gov.uk

Until 1 April 2023 you will continue to contact the current Cumbria Safeguarding Hub

Local Authority Designated Officer - LADO

Cumbria LADO service will continue to cover both local authority footprints - Cumberland and Westmorland and Furness.

If you have concerns regarding someone who works with a child including foster carers and volunteers these should be reported to the Local Authority Designated Officer (LADO). This applies to all paid, unpaid, volunteers, casual, agency employees or anyone working in a self-employed capacity.

Information on LADO including how to contact and the referral form will still be accessed via the CSCP website: <https://www.cumbriasafeguardingchildren.co.uk/professionals/lado.asp>

CONTACT DETAILS

Nominated lead for safeguarding and child protection

Name: Phillippa Chapman (Manager)

Phone: 07708 650696

Email: pip.chapman@thewindmilltrust.org

Designated Trustee lead for Safeguarding

Name: Lesley Ritchie

Phone: 07891 032793

Email: lesleyritchie@aboutchildren.org.uk

This policy came into force on: July 2021

This policy statement and accompanying procedures were last reviewed on:

25th July 2024

We are committed to reviewing our policy and good practice annually.

The next review date for this policy is: 25th July 2025

Signed: 

Date: 25th July 2024