

Parent Carers Together Safeguarding Policy

The purpose of this policy document:

“Safeguarding is everyone’s responsibility”

Working Together 2018.

Parent Carers Together (PCT) works with parents, and carers of children and young people with SEND. It is the responsibility of PCT that all representatives have an understanding of safeguarding and are able to follow the procedures outlined within this document to safeguard the wellbeing of children.

PCT does not undertake direct activities with children or young people in the absence of their parents/carers, however, representatives may find themselves in situations where they have concerns about the welfare of a child or young person. Parent Carers remain responsible for their children’s welfare throughout all the work undertaken by PCT.

Any child or young person can be vulnerable to abuse. The purpose of this policy is to make sure that the actions of any adult in the context of work carried out by PCT are transparent and safeguard and promote the welfare of all children and young people.

Definitions:

Safeguarding and promoting the welfare of children and young people means:

- Protecting children and young people from abuse
- Ensuring health and development is not harmed
- Ensuring safe and effective care within their environments
- Promoting best possible life chances and entering into adulthood successfully.

Abuse can be split into 5 categories and these describe how harm can be sustained. Children and young people can be abused by each other and adults. Abuse occurs when harm is inflicted or when it fails to be prevented. Children and young people with SEND are particularly vulnerable. Children can be harmed in a variety of settings; it is often the case they are harmed by people they know, and although rare, they can also be harmed by strangers.

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or young person. Physical harm may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill-health, to a child whom they are looking after. This situation is

commonly described using the term fabricated illness. Physical harm may also be as a result of the failure to act to protect.

- Emotional Abuse is the persistent emotional ill-treatment of a child or young person such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children or young people. It may involve causing the children and young people to feel frequently frightened or in danger, or involve exploitation or corruption of children and young people. Some level of emotional abuse is involved in all types of ill treatment, although it may occur on its own.
- Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child or young person is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may involve non-contact activities such as involving children in looking at or in the production of pornographic material, or watching sexual acts or encouraging them to behave in sexually inappropriate ways. Sexual abuse is not gender specific and can be carried out by children and young people as well as adults.
- Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child or young person's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. It may involve a parent or carer failing to provide adequate food, shelter, and clothing, failure to protect from physical harm or danger, failure to ensure adequate supervision or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child or young person's basic emotional needs.
- Financial abuse mainly relates to adults, but is important to understand in terms of abuse especially as the work of PCT supports those parents and carers of individuals aged up to 25. It includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property and having money or other property misused. Financial abuse is defined within the Care Act 2014.

Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children and young people in England. Legislation includes:

Children Act 2004; Children Act 1989; Children and Families Act 2014; Human Rights Act 1998; Sexual Offences Act 2003; Data Protection Act 2018; Children and Social Work Act 2017.

Working Together to Safeguard Children 2018 provides guidance for those working with children and young people it can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

There is clear evidence that disabled children and young people have an increased vulnerability and heightens risk of abuse. It is important that all those who work with children and young people with SEND understand this and know what to do in the event of abuse being disclosed.

We Believe that:

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

We Recognise that:

- The welfare of children and young people is paramount.
- All children and young people, regardless of age, disability, gender, race, religion, 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 is essential in promoting children and young people's welfare.

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

- Ensuring the Steering Group receives up to date safeguarding training and that there is a designated safeguarding person within the membership.
- Ensure that there are appropriate recording and monitoring systems in place.
- Operate safe recruitment procedures.
- Organise safeguarding training for all members, volunteers and workers (where appropriate)
- Confirm that any activities/projects are adequately supervised.
- Set up a reporting procedure with information about when and how to contact Children's Services.

- Provide guidance on how to respond to a person disclosing abuse.
- Provide contact details for local support services.

Procedures:

It is necessary that action is taken to safeguard the child in all cases.

Immediate action:

- If medical attention is required an ambulance should be called via **999** or the child/young person should be taken to A&E.
- If a child is in immediate danger, the police should be called via **999**. It is only the police that have the power to remove a child immediately, via a Police Protection Order.

Recognition of Abuse:

It is important that all members of PCT are alert to the potential of abuse to children and young people. It is good practice to be as open and honest as possible with parents and carers about your concerns.

However, you **MUST NOT** discuss concerns with parents or carers in the following circumstances:

- if sexual abuse is suspected.
- where Fabricated Illness is suspected.
- where organised or multiple abuse is suspected.
- where contacting the parents or carers would place a child, yourself or others at immediate risk.

Guidance on how to respond to a disclosure of abuse:

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously, individually or in groups, when you are present.

- Do treat allegations seriously, listening carefully to what is being said.
- Do allow a spontaneous account of information. **Do not** interrupt. **Do not** directly question the child. **Do not** change the subject.
- Make an accurate record of the information given, recording time, setting and those present, the presentation of the informer as well as what was said. **Do not** throw this away; it could be needed in future as evidence.
- Do make sure that the words recorded are those of the informer.
- Ensure they are aware that you cannot promise to keep this secret, but reassure them they have done the right thing in talking to you.
- Explain what you are going to do next and who you need to speak with and why, ensuring they understand their safety is paramount.



- Do not ask the child to repeat their account of events.

Consulting on your concern:

The purpose of consultation is to determine what actions are necessary. It is good practice to ask a child or young person why they are upset, or how they injured themselves or to respond to someone who wants to speak with you. This can help to clarify concerns.

If you are concerned about a child or young person you must share your concerns. This can be through discussion with the designated safeguarding person within PCT.

BCP Social Services can be contacted –

Multi agency safeguarding hub **Children:**

Poole	01202 735046	Mon- Fri 9am-5pm
	01202 738256	Out of Office Hours
Bournemouth and Christchurch	01202 458101/458102	Mon-Fri 9am–5pm
	01202 738256	Out of Office Hours

Email:

MASH@bcpcouncil.gov.uk	Mon- Fri 9am-5pm
childrensOOHS@bcpcouncil.gov.uk	Out of Office Hours

If the concern is regarding someone aged **18 +** please contact:

Bournemouth and Christchurch	01202 454979	Mon – Fri 9am-5pm
	01202 657279	Out of Hours
Poole	01202 633902	Mon-Fri 9am-5pm
	01202 657279	Out of Hours

Email:

Bournemouth and Christchurch	caredirect@bcpcouncil.gov.uk
Poole	sshelpdesk@bcpcouncil.gov.uk

It is possible to contact the NSPCC with concerns and they will inform the relevant professional agencies.

NSPCC Child Protection Helpline: 0808 800 5000 email: help@nspcc.org.uk

Consultation is not the same as a referral, but should enable a decision to be made as to whether a referral to the police or Social Services is needed.

Consult Social Services if:

- after internal consultation it is still not clear if a child protection concern exists.
- if there is a disagreement about whether a child protection concern exists.
- when it is not possible to consult internally.
- if the concerns relate to a member of the Steering Group.

Referrals:

A referral involves giving the police or Social Care information about concerns to enable enquiries to be undertaken by the appropriate agency and any necessary action taken.

Parents and carers should be informed of the referral, except in circumstances outlined on page 4. Inability to inform parents should not halt a referral but the relevant agencies will need to know that this is the case.

If the concern is regarding risk of abuse or abuse from someone not known to the child or family, a referral should be made directly to the police (01202 222222, 101, MASH@dorset.pnn.police.uk email only to be used if non-urgent) in consultation with the parents/carers.

If the concern is about risk of abuse or abuse from a family member, or someone known to the children, referrals should be made to Social Care.

Information Needed:

Be prepared to provide as much of the following information as possible, lack of information however, should not prevent a referral.

- Your name, contact details and role. Make a note of who you are speaking with.
- Details of person the concerns relate to, DOB, address, family etc.
- Names of other professionals known to have contact with the family.
- Nature of the concern and the foundation for it.
- An opinion as to whether there is a need for urgent action to make the individual safe.

- Your view as to what appears to be the needs of the family, child or young person.
- Whether consent has been obtained from a person with parental responsibility for the referral.

After Referral:

- Keep an accurate record of concerns that led to the referral.
- Keep accurate record of agreed actions from referral and reasons for the decisions taken.

Confidentiality:

All records made will be kept in a confidentially secure place. Information on Child Protection concerns will only be shared on a need to know basis. However, confidentiality is secondary to a child or young person's need for protection.

Approved by: PCT Steering Group

Approved on: 22nd July 2019

To be reviewed: July 2020