

M13 YOUTH PROJECT

Safeguarding Children and Vulnerable Adults Policy: May 2024

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Appointment of Safeguarding Lead/Deputy & Trustee Safeguarding Lead

M13 Youth Project has appointed **Helen Gatenby** as the Safeguarding Lead ("SL"), Gabriel Oyediwura as the Safeguarding Deputy Lead ("SDL") and **Louise Kenyon** as the Trustees' Safeguarding Lead ("TSL"). The following statement and policy were agreed at the M13 Youth Project Trustees meeting held on 22nd March 2022 and accepted at the M13 AGM on 26th July 2023. It was last reviewed in May 2024, and was updated as a result, to be adopted at the AGM. Next review due in May 2025.

1 Introduction

- 1.1 This policy is concerned with safeguarding and promoting the welfare of children and young people who have not yet reached their 18th birthday and vulnerable young adults (up to the age of 25yrs), in line with national vulnerable adult and children's safeguarding and protection procedures. It provides a framework for all M13 Youth Project's work with children, young people and young adults; and for partnership working with other agencies to promote, support and safeguard the welfare of children, young people and young adults.
- 1.2 See our separate signed and dated [Safeguarding Policy Statement](#), which summarises our commitment to children's and young people's safety from harm and welfare.
- 1.3 The procedures outlined cover emotional, physical and sexual abuse and neglect. See **Appendix 1** for definitions of sexual, emotional, physical abuse and neglect.
- 1.4 This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance for England is available from <https://learning.nspcc.org.uk/child-protection-system/england> .
- 1.5 Copies of the above documents are to be kept in the M13 Youth Project office for reference.

2 Key Definitions

Children and Young People

- 2.1 *Working Together* defines a child as follows:

"In the Children Acts 1989 and 2004 respectively, a **child** is anyone who has not yet reached their 18th birthday. 'Children', therefore, means 'children and young people'. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders' Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989."
- 2.2 **Terminology:** M13 primarily works with children aged 10yrs and over, including with young adults aged 18-25yrs; although our holiday activities and detached youth work more regularly now brings us into contact with children aged 5 upwards. As our primary work is with young people, in this document the term "young people" will be used to refer to children, young people and young adults; and "children" used specifically to refer to children and young people who have not yet reached their 18th birthday.

Safeguarding and Child Protection

- 2.3 *Working Together* defines safeguarding and child protection as follows:

Safeguarding and promoting the welfare of children is:

- protecting children from maltreatment;
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

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

For further definitions from *Working Together* of 'children in need' and 'significant harm', please see Appendix 3.

Vulnerable Adults

- 2.4 The Care Act 2014 says specific adult safeguarding duties apply to an adult who:
- a) “has needs for care and support (whether or not the authority is meeting any of those needs),
 - b) is experiencing, or is at risk of, abuse or neglect, and
 - c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.”
- 2.5 Harm can also refer to financial abuse and domestic abuse in the case of vulnerable adults.

Workers, Staff and Volunteers

- 2.6 Both employed staff and volunteers from local communities may be involved in M13 work with young people. The term “worker” will be used to refer to any person, working in a paid or volunteer capacity, with young people on behalf of M13 Youth Project. Where we need to distinguish, “staff” will refer to paid workers and “volunteers” to unpaid workers.

3 Procedures for Recruitment of Staff, Volunteers and Trustees

- 3.1 Recruiting the right workers, whether paid or voluntary, and offering them good management, supervision and training is vital in ensuring the safety of young people with whom M13 works.
- 3.2 When recruiting workers, the following person specification should be followed as a minimum. Before offering work involving direct contact with young people (particularly to volunteers), workers must first check with the Project Manager the suitability of the candidate for the work proposed. Person specification:
- the worker must demonstrate a commitment and ability to work within M13’s aims, ethos and policies, particularly the Good Practice Guidelines, Equal Opportunities Policy and Health and Safety Policy.
 - the worker should have appropriate previous experience of working with young people
 - if there is no previous experience or qualification in a relevant field, the worker may only participate in appropriate, supervised work with young people and the worker should be willing to undertake training within the first twelve months
 - the worker must be in good physical and mental health appropriate to the work they will be undertaking with young people, and be a person of integrity and flexibility (note: this does not debar people with a disability)
 - the worker must be willing to undergo an enhanced DBS check, providing the necessary supporting documentation to enable this, or have registered with the appropriate Safeguarding authority (eg. ISA) and offer names of two referees.
- 3.3 When recruiting workers (paid or voluntary), all would-be workers must fill in and sign an appropriate application form, giving, amongst other things:
- their full name, current and recent address, and date of birth;
 - details of previous experience, voluntary or paid, of working with young people
 - permission to request references from two people, at least one of whom has experience of their work, or knowledge of their suitability to work with children and vulnerable adults;
 - details of any convictions or cautions for criminal offences against children/vulnerable adults, including any spent convictions under the rehabilitation of Offenders Act 1974;
 - details necessary to run an enhanced DBS check.
- 3.4 All workers will then have an appropriate interview, where their experience of working with young people will be explored. Details of their role, tasks, management and supervisory structures and conditions of work, including a probationary period, will be discussed.
- 3.5 A newly appointed staff worker or volunteer will go through an induction appropriate to their role and will be offered a probationary period of not less than six weeks.

- 3.6 References for all workers will be taken up, and appropriate checks for previous criminal convictions will be made through the Disclosure and Barring Service (DBS).
- 3.7 The information given regarding criminal records will be confidential and held by the Project Manager or member of the Trustees. The application form will be seen by the Project Manager and members of the Trustees. Candidates refusing DBS checks will not be offered a position to work with young people.
- 3.8 Workers will receive an appraisal at the end of their probationary period, where their suitability for continuing work and other relevant matters and questions will be discussed. The Project Manager will then make a recommendation to the Trustees regarding the workers suitability for continued work, and the Trustees will make the final decision regarding their continued appointment.
- 3.9 Trustees shall also be recruited with a view to the care and protection of young people. Although contact with young people would not be part of a Trustee's regular duty within M13, it is likely that their role as a Trustee will bring them into contact with young people and may enable them easier access to young people. Therefore, appropriate references shall be taken up for all Trustees and Trustees shall undergo a DBS check.

4 Induction, training, supervision and support of staff and volunteers

- 4.1 The Trustees of M13 are responsible for all play and youth work done in the name of M13 Youth Project. Therefore, the Trustees together with the Project Manager shall regularly review all play and youth work to ensure it is of a satisfactory quality.
- 4.2 Regular management and supervision of workers is vital in ensuring safe working practices for both workers and young people. It is in this setting that workers can report back on their work and can explore their actions and attitudes, in order to better understand their work and learn from it. This is also an appropriate place for workers or line managers to raise any concerns they have about working situations, relationships with young people and the quality of work done. All staff and volunteers shall receive regular line management and supervision from the Project Manager or his/her representative. The Project Manager will be accountable to the Trustees through their line manager and Trustees' meetings.
- 4.3 The Project Manager shall hold a list of all authorised youth workers in the project and of those people on a probationary period, and shall regularly inform the Trustees of updates to this list. A list of the authorised workers shall also be displayed in the Project Office.
- 4.4 Job descriptions, roles and tasks of workers shall be clearly outlined on paper.
- 4.5 All work with young people shall be recorded and evaluated in an appropriate way
- 4.6 The agreed working procedures for protecting young people shall be applied to all staff, volunteers and Trustees.
- 4.7 All staff, volunteers and Trustees engaged with the project shall undergo a further DBS check every 3 years if they are not enrolled in the update service.

5 Support and Training of Staff & Volunteers

- 5.1 All staff & volunteers shall undergo training in safeguarding children and vulnerable adults, child protection and the prevention and detection of harm to children and vulnerable adults appropriate to their roles, covering issues such as:
 - safeguarding and good practice
 - recognising signs of harm
 - dealing with situations of disclosure and referral procedures

- working with other agencies and statutory procedures, including the Common Assessment Framework

Workers shall undergo refresher training every three years.

- 5.2 Workers without previous youth work experience shall undergo appropriate training within the first twelve months of work, and will always work alongside an experienced worker.
- 5.3 Inexperienced workers shall never work on their own, or be given responsibility for young people in an unsupervised setting.

6 Safeguarding Lead

- 6.1 M13 Youth Project shall appoint annually a Safeguarding Lead (“SL”), a Safeguarding Deputy Lead (“SDL”) and a Trustees Safeguarding and Child Protection Lead (“TSL”) to ensure the Safeguarding Children and Vulnerable Adults Policy procedures are up-to-date, are followed and to monitor and evaluate the implementation of these procedures. These people shall be made known to all staff, volunteers, children and young people. The SL may be the Project Manager.
- 6.2 If the SL is the Project Manager, staff should talk with the TSL or SDL if their concerns or an allegation involves the Project Manager.
- 6.3 The SL/TSL should also be responsible for supporting workers dealing with issues of harm to children and vulnerable adults and should meet regularly with a worker in this situation to provide support and guidance until the issue is resolved or has been passed over to Police or the appropriate agency, currently Manchester Safeguarding Partnership (“MSP”). The SL/TSL also has a responsibility to ensure that appropriate referrals are made and to liaise with other agencies.
- 6.4 The SL/TSL should have an acceptable level of skill, knowledge and experience to fill this role. They should undertake appropriate training in order to maintain their level of competence, which should be refreshed every three years. This should be reported on to the Trustees.
- 6.5 Any young person that the organisation works with has the right to contact the Project Manager and / or the SL and TSL should they feel that they have been physically, sexually or emotionally harmed by an adult or by another young person within M13’s work with young people. The Project Manager and SL/TSL will regularly make themselves known and available to the young people. Workers also have the right to contact the Project Manager or SL/TSL if they believe someone within the organisation is perpetrating harm. If the Project Manager is the cause for concern and is also the CPL, the Trustees Safeguarding Representative must be approached. This procedure shall be made known to all young people and workers.
- 6.6 The SL’s and Manager’s names, photos and phone numbers, and the phone numbers of Childline and the NSPCC shall be displayed in view of the young people during building based activities.
- 6.7 Contact details of referral agencies and agencies offering advice and support in Safeguarding and Child Protection shall be displayed in the office for staff.

7 Summary of Working Practice Guidelines

- 7.1 M13 Youth Project’s **Good Practice Guidelines** and other policies, e.g. Equal Opportunities, Health and Safety, Detached Youth Work, Residentials, Transport policies, outline in detail specific procedures for planning, delivering and evaluating our youth and play work. Workers should follow the procedures laid out in these documents, which take safeguarding young people into consideration.

- 7.2 It is the policy of M13 that workers do not work alone on regular sessions, e.g. detached work, clubs, small group work, residentials, play work, etc. On all youth work sessions, workers should work in pairs as a minimum and should minimise and avoid all situations where they might be left alone with a young person e.g. at the end of a session, club, meeting etc.
- 7.3 Where a worker plans to offer support to a young person on a one-to-one basis, this should happen at the request and consent of the young person, and therefore the worker must ensure the young person is of an appropriate age to give reasoned consent to meeting up outside of a regular session (usually age 13yrs, but this is child dependent). The worker should inform their line manager in advance of this and of any planned meetings with the young person. One-to-one work should normally happen with a worker of the same gender as the young person and must happen in a public place or where there are other adults / young people around (i.e. NOT in a building on their own.) Any unplanned one-to-one encounters should be conducted in the same manner, ensuring the worker and young person are not alone, and the worker should inform their line manager about the meeting as soon as possible during or after the event.
- 7.4 It is our intention that all our relationships, activities and work with young people and each other reflect trauma-informed practices.
- 7.5 All work (including one-to-one support) should be recorded, evaluated and monitored.

8 Managing Concerns about a Young Person's Welfare

Support for the Child and Vulnerable Adult

- 8.1 M13's first concern and priority is for the welfare of the young person, and the protection and well being of all young people in its care.
- 8.2 M13 is concerned for those who have been harmed or may be harmed as a result of any abuse or neglect to children and vulnerable adults or allegations of harm, abuse or neglect. Wherever a worker is aware of a conflict between the duty of care to the young person and other adults, the duty to the young person always takes priority.
- 8.3 The Project Manager, SL and/or the Trustees will satisfy themselves that proper **pastoral support** is offered to the young person and the young person's family if appropriate. A suitable person from M13, or an appropriate representative, will be found to do this.

The guidance in the following parts of Section 9 follows the guidance given in the HM Government 2006 Booklet ***What to do if you're worried a child is being abused – Summary (What to do)***.

Young Person in Immediate Danger

- 8.4 If a worker has concerns about the well-being of a young person, and believes the young person is in danger of imminent exposure to significant harm, they must act quickly and carefully to protect the child, young person or vulnerable adult.
- 8.5 The worker should:
- (i) contact the Project Manager, SL, SDL or TSL immediately for support
 - (ii) offer appropriate pastoral support to the young person
 - (iii) think clearly about the cause of their concerns
 - (iv) make brief notes about what has caused their concern, the situation, their observations and anything the young person and they have said (see *Section 12 on Recording*)
- 8.6 If the worker cannot contact the Project Manager, SL, SDL or the TSL, this should not delay their action to protect the young person.

- 8.7 In an emergency, where the worker believes that immediate action is necessary to protect a young person, the worker should explain their concerns and proposed actions to the young person as appropriate to the young persons' age and understanding, ideally gain consent from the young person for their proposed actions, (and if appropriate and possible, their parents as well), taking the young person's wishes and feelings into account, and then contact the police.

Non-urgent concerns about a young person's welfare

- 8.8 If a worker has non-urgent concerns about the well-being of a young person, the worker should:
- (i) first think carefully about the cause for the concerns
 - (ii) carefully make notes about their concerns in a recording
 - (iii) include dates and details of any incidents / observations which have caused the concern and anything the young person and worker have said / discussed about the concerns
 - (iv) sign and date the recording.

The worker MUST refer these concerns to the Project Manager or SL within 24 hours of the concern arising (unless this would place the young person at an increased risk of significant harm) and discuss their concerns with them.

- 8.9 If, after this discussion, the Project Manager / SL / worker still have concerns, they may discuss the concerns with a senior colleague in another agency, without necessarily identifying the young person in question, in order to develop an understanding of the young person's needs and circumstances.
- 8.10 If after these discussions, the Project Manager / SL / worker still have concerns which merit referral, the Project Manager should appraise the TSL of this situation and consider making a referral to an appropriate safeguarding agency or Children's Social Care, using the relevant procedures, see <https://www.manchestersafeguardingboards.co.uk/resource/referral-form-guidance/>
- 8.11 In general, a worker (in consultation with the Project Manager) or the Project Manager should seek to discuss the concerns with the young person, as appropriate to their age and understanding, and also with their parents, (if the Project Manager considers this appropriate), and seek their agreement about making a referral to Child or Adult social care, unless the Project Manager or worker considers such a discussion would place the young person at an increased risk of significant harm.
- 8.12 If a decision is made to refer the concern, the Project Manager shall determine the appropriate agency to refer to in the first instance and shall support the worker to make the referral. A recording should be made detailing the reasons for making a referral. If a decision is made not to refer the concern, this also must be recorded with the reasons for the decision.
- 8.13 When the worker makes the referral, agreement must be made with the recipient of the referral what the child and parents will be told, by whom and when.
- 8.14 Telephone referrals must be followed up by written confirmation of the concerns within 48 hours. Children's social care should acknowledge written referrals within one working day of receiving it. If the worker / Project Manager has not heard back within 3 days, they should contact children's social care again.
- 8.15 In the case of strong suspicions or a clear allegation, the Project Manager / SL or TSL must contact the appropriate agency; that is the Manchester Safeguarding Partnership, Social Services, NSPCC or Police immediately, and must notify the Trustees of this action. The Contact Centre number is 0161 234 5001.

9 Procedures for Dealing with a Young Person's Disclosure of Harm

What to do if a Young Person Discloses Harm or Abuse

- 9.1 A worker may be the first person the young person has discussed the harm or abuse with. The worker's response to the young person at this stage is crucial. Recovery from the experience of abuse begins at the point of disclosure, so it is important that workers are able to help begin this process, drawing on trauma-informed practices to support their actions. Whatever the age and understanding of the child/ young person/ vulnerable adult, it is important to tell them that what they say will be taken seriously by the worker and any other people involved.
- 9.2 Sometimes a young person will ask a worker not to pass on what they are saying about harm. A WORKER MUST NEVER PROMISE A CONFIDENCE when talking with a young person. The young person's (and other children's) protection and welfare may require this information is shared with appropriate safeguarding agencies/representatives. The worker should always put the young person's interests and well-being before those of anyone else, and before any other considerations.
- 9.3 As soon as a worker suspects that a young person is about to disclose harm, they must gently stop the young person and either remind the young person or establish that they may need to talk to someone else in order to be able to help them. The worker should explain that in this instance, they will tell the young person who else needs to be informed. If the young person chooses not to tell the worker, the worker should make sure the young person knows of organisations who operate in confidence (e.g. Childline, Incest Survivors).
- 9.4 For this reason, (ie. that it is highly unhelpful, disruptive and distressing to a young person for a worker to have to explain this for the FIRST time when they are about to disclose) it is vital that all workers regularly explain their role and professional responsibilities to young people before they find themselves in a situation of disclosure with a young person.
- 9.5 When a young person is disclosing harm, a worker should:
- (i) Listen to the young person. Allow the young person to express their feelings and views, without interruption or correction, accepting what is said. The worker should tell the young person they believe what they have said. Express regret at the harm, e.g. "I'm sorry that this has been / is happening to you."
 - (ii) Say and do things that show they are listening; e.g. look at the young person directly, keep eye level equal to or lower than the young person's.
 - (iii) Reassure the young person as far as possible, alleviating feelings of guilt and isolation while passing no judgement, emphasising the abuser is at fault, the young person has done nothing wrong.
 - (iv) Explain that together, the worker and young person must pass the information on to someone who can help, in a way the young person can understand and work with. It is useful to explain to the young person that even if the worker makes the initial referral to Police / appropriate agency, the young person will need to speak for themselves at various points during the referral procedure and that the worker will support them through this if the young person would like that.
- 9.6 There are a number of things a worker should NOT do. A worker must:
- (i) NOT show shock, disbelief or horror.
 - (ii) NOT agree to keep a secret. (see 9.2 – 9.4)
 - (iii) NOT make any promise or suggestion that they can stop the harm.
 - (iv) NOT investigate any allegations. A worker must NOT ask probing questions. A worker must not ask leading or suggestive questions. A worker must not "correct", add to or qualify the young person's story. Asking questions that may be deemed as suggestive, leading or tampering with the young person's evidence can seriously jeopardise the

possibilities of successfully prosecuting an abuser. Investigation must be left to qualified professionals.

- (v) NOT discuss what the young person has said, with the person they have alleged has harmed them. If this guideline is not observed, any evidence the young person may subsequently give may be contaminated. This may leave the young person unprotected against further harm.

9.7 It is important that the worker recognises and works appropriately with the autonomy, age and stage of development of the young person, whilst also seeking to ensure all safeguarding procedures are adhered to. With older children and young people, the worker should always take their views into consideration and seek to work together with them in acting on allegations of harm. The young person should be assured that the youth worker will support them in getting further information about the referral process and will continue to support them through it. The worker should always be mindful that there may be other children who are at risk of harm from the same alleged perpetrator.

10 Action after a Disclosure, Making Referrals

- 10.1 The worker must follow the procedure for referral, which in the first instance is contacting the Project Manager/SL or TSL if the Project Manager/SL is the cause for concern. The SL and Trustees shall assist the worker in deciding on the appropriate course of action, taking into account the wishes and feelings of the young person in the light of their age and understanding. If the young person is in immediate danger, the police should be contacted at once.
- 10.2 In considering a course of action, it must be remembered that perpetrators are often harming other children/young people/vulnerable adults at the same time, and although the worker may not be in contact with these young people, their safety is also of concern.
- 10.3 The worker / Project Manager must NOT, at any stage, approach or discuss the harm with the person alleged to have caused the harm, whoever they are, or however well-known or trusted they are deemed to be by the organisation.
- 10.4 The worker should continue to offer appropriate trauma-informed support to the young person, in consultation with the Project Manager or SL. Where the project offers ongoing support to a young person through an investigation, thought must be given to the gender and ethnicity of the supporting worker. Good Practice Guidelines must be followed.
- 10.5 A supporting worker should receive regular guidance and pastoral support from the Project Manager, the SL or TSL.
- 10.6 At all times, the confidentiality of the young person should be respected. The information given should not be discussed with anyone who does not need to know. It is enough to say the worker is involved in a safeguarding issue, without giving names and details.
- 10.7 The Trustees must be informed of any allegation of harm. They should also be available for consultation if the SL is unsure of what action to take.

11 Information Sharing and Seeking Consent

The guidelines in this section are taken from *MSCB Safeguarding Children Procedures, Section 2 Information Sharing*, all of which, for reference, is reproduced in **Appendix 4**. *Although the term 'child' is used to refer to those under the age of 18yrs, these guidelines apply also to 'vulnerable adults'.*

- 11.1 It is best practice to seek the child's [vulnerable adults'] or parent's consent to share information unless, there are concerns that a child is, or may be, at risk of harm. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or

inappropriate to do so.

- 11.2 Where there are concerns that a child is, or may be, at risk of harm, the needs of the child or young person must always come first - priority must be given to safeguarding the child and information may be shared without consent if a worker considers this necessary for the child's safety.**
- 11.3 A young person aged 16 or 17, an adult aged 18 and over, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to share information. Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. A worker / SL will need to assess whether the child has sufficient understanding to give or refuse consent.
- 11.4 If a child, young person or vulnerable adult is judged to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent or carer disagrees.
- 11.5 In most cases where a child under 18yrs cannot consent or where a worker has judged that they are not competent to consent, a person with parental responsibility should be asked to consent on behalf of the child. Where parental consent is required, the consent of one such person is sufficient. In situations where family members are in conflict, the worker / SL will need to consider carefully whose consent should be sought. If the parents are separated, the consent of the resident parent would usually be sought.
- 11.6 It is good practice to obtain explicit consent either orally or preferably in writing.
- 11.7 If in any doubt, it is appropriate and acceptable for a worker to seek advice about information sharing.
- 11.8 A clear record should be kept of decisions made and the reasons for it, whether it is to share information or not. If a worker decides to share information, then they must keep a record of what they have shared, with whom and for what purpose.

12 Recordings, Storage and Retention

- 12.1 Recordings can play a key role in safeguarding young people, protecting them from significant harm and in convicting adults of crimes against children and vulnerable adults; therefore extreme care should be taken over recording generally, recording concerns about harm to children and vulnerable adults in particular and recording action taken or not taken.
- 12.2 It is important any recordings or notes made are written in **LEGIBLE** handwriting and in **BLACK** ink, as the notes may be used as evidence and may need to be photocopied. All recordings should be dated and signed by the worker(s) involved.
- 12.3 These notes/recordings should be kept securely in a designated Safeguarding folder kept by the SL, as they may be required in future, along with records of all action taken. Notes should be kept for ten years and then destroyed, or until any investigation / criminal proceedings have been concluded.
- 12.4 As part of the regular recording of sessions, workers should record information or observations they have about the general well-being of young people, which may provide a 'base-line' observation if required. Standard recordings may be kept in the regular work recording folder.
- 12.5 If a worker has any specific concerns or observations about a young person's welfare, including any comments young people make about their own or another young person's welfare, these **MUST** be recorded in a separate recording and brought to the attention of the Project Manager within 24 hours and discussed (as in 11. above). These recordings should be kept in the designated Safeguarding folder.
- 12.6 In the case where a young person discloses harm, the worker must make brief notes as soon as possible after the conversation (not during; the worker should give their full attention to the

young person), writing down *exactly* what was said (using the same words) *by both the worker and the young person and when*. Dates and times of events the young person has spoken of should be recorded. It is important that the recording is as accurate and objective as possible, using the young person's words not the workers own, and avoiding the workers assumptions.

- 12.7 All action taken (or not taken) must be recorded, along with reasons, times, dates, referrals made and names of people spoken to, again, legibly and in black ink and signed by the CPL or worker / Trustee leading the case.
- 12.8 Workers and the Project Manager / SL MUST always record in writing any discussions about a child's welfare (whether with another M13 worker, another professional, a young person or a member of the community); including who was involved in the discussion, what was said, whether agreements were made about action to be taken and who is to take that action. Any disagreements should also be recorded. Wherever possible, these should be signed by the participants in the conversation, but at the very least, by the M13 worker concerned.
- 12.9 At the close of a discussion about a young person's welfare, participants should seek to reach a clear and explicit recorded agreement about cause for concern, action to be taken (or if not taken, why it was decided not to take action) and who will be taking what action.
- 12.10 Recordings should also be made of any discussion / consultation with a young person and / or their parent and their views on the situation, and any consent given or withheld in relation to action taken.
- 12.11 Where a case is referred to the MSP, Police or other appropriate agency, the worker and/or SL will submit a written report of what has happened to the Trustees, drawing on the workers notes.
- 12.12 In line with our practice and the requirements of funders to keep recordings safely for seven years, and then destroying them appropriately, we will keep safeguarding recordings in a locked filing cabinet, separate from our activity recordings, for seven years and shall destroy them appropriately after seven years..

13 Procedures for Managing Allegations against a Person within the Organisation

- 13.1 If an M13 worker (paid or voluntary) is the subject of the allegation, the Trustees will follow the MSP procedure and make a referral within 1 working day to the Local Authority Designated Officer (LADO), using the appropriate LADO Referral Form, sending it to qualityassurance@manchestster.gov.uk
- 13.2 At the point that the investigating team contact the accused person, the Manager and Trustees will ensure that pastoral support is offered to the accused person and their family, if they are within the organisation's responsibility. Contact must not be made with the accused person about the allegation UNTIL after the investigating authorities have made contact and ideally should be done with the knowledge of the LADO / investigating team. The person offering this pastoral support shall have no contact with the person who offers pastoral support to the young person making the allegation, or the victim of alleged harm, or their families.
- 13.3 Those offering pastoral support on behalf of M13 to any of the parties shall not take any action, which might be construed as contaminating evidence.

Working Together defines abuse and neglect as follows:

What is abuse and neglect?

1.32 Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

1.33 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

1.34 Emotional abuse is 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 children 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 the 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

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

Neglect

1.36 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'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.

Summary of National Policies and scope of statutory policy on voluntary sector organisations

Section 10 of the Children Act 2004 creates “a statutory framework for local co-operation between local authorities, key partner agencies (‘relevant partners’) and other relevant bodies (‘other bodies or persons’), including the voluntary and community sector, in order to improve the well-being of children in the area. The duty to make these arrangements is placed on the local authority and a duty to co-operate with the local authority is placed on the relevant partners”. (**Explanatory Notes.**)

Section 11 of the Children Act 2004 “imposes a duty on specified agencies to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children”. (**Explanatory Notes.**) The named agencies are all statutory bodies and do not include voluntary sector organisations.

Key Principles in Safeguarding

Safeguarding is everyone’s responsibility. **Working Together** states:

1.12 Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of suffering harm and social exclusion, will need co-ordinated help from health, education, early years, children’s social care, the voluntary sector and other agencies, including youth justice services.

1.14 For those children who are suffering, or likely to suffer, significant harm, joint working is essential to safeguard and promote their welfare and, where necessary, to help bring to justice the perpetrators of crimes against children. All agencies and professionals should:

- be alert to potential indicators of abuse or neglect;
- be alert to the risks of harm that individual abusers, or potential abusers, may pose to children;
- prioritise direct communication and positive and respectful relationships with children, ensuring the child’s wishes and feelings underpin assessments and any safeguarding activities;
- share and help to analyse information so that an assessment can be made of whether the child is suffering or is likely to suffer harm, their needs and circumstances;
- contribute to whatever actions are needed to safeguard and promote the child’s welfare;
- take part in regularly reviewing the outcomes for the child against specific plans; and
- work co-operatively with parents, unless this is inconsistent with ensuring the child’s safety.

Sections 1.6 and 1.7 of **Making Arrangements** state the following;

1.6. Where private or voluntary organisations are commissioned to provide services on behalf of one of the persons or bodies listed at paragraphs (a) to (m) of section 11(1), the agreement under which the arrangements are made should require that the private or voluntary organisation concerned takes this guidance into account in the provision of the services and, if they decide to depart from it, have clear reasons for doing so.

1.7. Where private or voluntary organizations come into contact with or offer services to children otherwise than under contract with a person or body listed under section 11(1) they should as a matter of good practice take account of this guidance and follow it as far as possible, but they are not required to have regard to this guidance.

The following is taken from **Working Together**:

Children in need

1.25 Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- what will happen to a child's health or development without services being provided; and
- the likely effect the services will have on the child's standard of health and development.

Local authorities have a duty to safeguard and promote the welfare of children in need.

The Concept of Significant Harm

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

1.28 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. 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. Sometimes, a single traumatic event may constitute significant harm, for example, 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 maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports¹, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'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;

'development' means physical, intellectual, emotional, social or behavioural development;

'health' means physical or mental health; and

'ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under section 31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

¹ (For more details see Adcock, M. and White, R. (1998). *Significant Harm: its management and outcome*. Surrey: Significant Publications.)

- 1.29 To understand and identify significant harm, it is necessary to consider:
- the nature of harm, in terms of maltreatment or failure to provide adequate care;
 - the impact on the child's health and development;
 - the child's development within the context of their family and wider environment;
 - any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family;
 - the capacity of parents to meet adequately the child's needs; and
 - the wider and environmental family context.
- 1.30 The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and the local authority should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding. (*Section 53 of the Children Act 2004 amended section 17 and section 47 of the Children Act 1989, so that before determining what, if any, services to provide to a child in need under section 17, or action to take with respect to a child under section 47, the wishes and feelings of the child should be ascertained as far as is reasonable and given due consideration.*)
- 1.31 To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, an impairment, or their particular psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children. It is necessary to create the right atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers or others. Children will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children living in families as well as those in institutional settings, including custody. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults².

Appendix 4

The following is reproduced from Section 2 of Manchester Children Safeguarding Board **Safeguarding Children Procedures, 2010**. This is reproduced for reference **ONLY**.

INFORMATION SHARING INTRODUCTION

- 2.1. Information sharing is essential in working to safeguard children and young people. Workers and agencies are required to share information about
- Children and their health, development and exposure to possible significant harm;
 - Parents who may not be able to care adequately and safely for children;
 - Individuals who may present a risk to children.
- 2.2. It is important to find out who else is working with a child and/or other members of their family and, where appropriate, to contact them. Often it is only when information from a number of sources is shared that it becomes clear that a child or young person is at risk of or suffering from harm.
- 2.3. Children's Social Care Services Safeguarding and Improvement Unit (see Useful Contact Numbers) will be able to provide information on whether the child is already subject to a child protection plan. Where a Common Assessment Framework (CAF) has already been completed, the CAF Information Team (CAFIT) (see Useful Contact Numbers) will be able to provide the identity of any lead professional or social worker involved with the child.
- 2.4. Failing these, it may be appropriate to make direct contact with any other agencies that might be involved.

² Jones, D. P. H. (2003). *Communicating with Vulnerable Children: a Guide for Practitioners*, pp.1-2. London: Gaskell

- 2.5. Personal information held by agencies and their workers is subject to a legal duty of confidence and will normally only be disclosed to third parties with the consent of the subject of the information. In some circumstances however, the safety and welfare of a child dictates that information must be shared, without seeking consent, or where consent has not been given.

Where there are concerns that a child is, or may be, at risk of harm, the needs of the child or young person must always come first - priority must be given to safeguarding the child and information must be shared.

- 2.6. If you are not sure about sharing information in a particular case, talk to a colleague, a manager, a lead person on child protection, or a Caldicott Guardian, to help you decide.

GOVERNMENT GUIDANCE IN INFORMATION SHARING

- 2.7. Detailed government guidance concerning information sharing is available from the Every Child Matters website. The following are the 'seven golden rules for information sharing' given in the government's pocket guide for practitioners and managers.

- Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

CONSENT TO INFORMATION SHARING

- 2.8. It is best practice to seek the child's or parent's consent to share information unless, as stated above, there are concerns that a child is, or may be, at risk of harm.
- 2.9. A young person aged 16 or 17, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to share information. Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. You will need to assess whether the child has sufficient understanding to give or refuse consent.
- 2.10. If you judge a child or young person to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent or carer disagrees.

- 2.11 In most cases where a child cannot consent or where you have judged that they are not competent to consent, a person with parental responsibility should be asked to consent on behalf of the child. Where parental consent is required, the consent of one such person is sufficient. In situations where family members are in conflict you will need to consider carefully whose consent should be sought. If the parents are separated, the consent of the resident parent would usually be sought.
- 2.12 It is good practice to obtain explicit consent either orally or preferably in writing.
- 2.13 As stated above, seek advice if you are in doubt about information sharing.

Appendix 5

USEFUL CONTACTS NUMBERS - LOCAL

Contact Centre & Children's Social Care Out of Hours Service	0161 234 5001
Local Authority Designated Officer	0161 203 2393
CAF Information Team	0161 234 7285 / 7214
Homeless Families Unit	0161 234 4714
Out of hours contact number	0161 255 8250
Safe in the City – Missing from home scheme	0161 202 0977
Police Public Protection & Investigation Units	0161 856 6137 / 6135 / 6053 / 3707
Vulnerable Baby Service	0161 232 0629
Unaccompanied Asylum Seekers Service	0161 226 8137
Eclipse – drug & alcohol support for young users	0161 273 6686
Community Alcohol Team	0161 882 1300
Manchester Drug Service Central	0161 232 7359 / 273 0404
Manchester Drug Service – Stimulant Service	0161 819 2020
Alcohol & Drug Abstinence Service (ADAS)	0161 484 0000
Lifeline	0161 839 2054
Addiction Dependency Solutions (ADS)	0161 831 2400
Manchester Specialist Midwifery Service	0161 226 6669
School Nurse Team: Central Manchester	0161 226 0101
Manchester Women's Domestic Abuse Helpline	0161 636 7525
St Mary's Sexual Assault Referral Centre	0161 276 6515
Independent Domestic Violence Advisors	0161 234 5393
Manchester Women's Aid	0161 660 7999
Connexions: Longsight	0161 248 7864
Website info for both professionals and survivors of DA	www.endthefear.co.uk

NATIONAL CONTACTS

Childline (for children and young people)	0800 1111
NSPCC Child Protection Helpline (for concerned adults)	0808 800 5000
Forced Marriage Unit	020 7008 0151
Protecting Children & Uniting Families Across Borders (CFAB, previously International Social Services)	020 7735 8941 Fax: www.cfab.uk.net
24 Hour Domestic Violence Helpline	0808 2000 247
MALE Men's Advice Line & Enquiries	0808 801 0327
Respect – info for those working with perpetrators of DA	0845 122 8609