

Document Title:	Safeguarding Children Policy
Document Purpose:	To ensure that CAVS complies with the statutory law, national legislation and guidance in respect of safeguarding children, promoting their welfare and protecting them from maltreatment and sexual abuse.
Document Statement:	CAVS - Castle Point Association of Voluntary Services is an organisation committed to safeguarding and promoting the welfare of children and adults and expects all staff to share this commitment.
Document Application:	Organisation wide.
Responsible for Implementation:	All staff (Trustees, Employees and Volunteers)

Main Imperatives of the Document:

The CAVS Safeguarding Children Policy and Procedure applies to all children and young people under the age of 18 years regardless of their age, gender, ethnicity, disability, sexuality or religion.


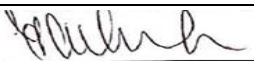

HM Government Document Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children 2018 defines safeguarding and promoting the welfare of every child as:

- Protecting children from maltreatment
- Preventing impairment of children’s mental health and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best possible outcomes

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Associated Documents:

CAVS Safeguarding Adults Policy
Data Protection Policy and Procedures
Information Governance Policy
Safer Recruitment and Selection Policy
IT Operations and Security Policy
Whistleblowing Policy
Concerns and Complaints
Disclosure and Barring Service (DBS) Information sheet

APPROVAL RECORD		
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DOCUMENT HISTORY

Revision History

Revision Date	Previous Revision Date	Summary of Changes
June 2011	June 2010	Update and addition of policy statement
May 2012	September 2011	Updated Designated Persons details
November 2012	May 2012	No changes – Annual Review
July 2013	November 2012	Changes to reflect new DBS requirements
July 2014	August 2013	Updated and Reviewed. Addition of Child Sexual Exploitation and Existing Injuries Form
January 201	July 2014	General Review
June 2016	January 2016	Included 'Lost or Missing Child Procedure' as an associated document, reference to always following latest SET procedures, information on participating in a review process, details of FGM and details of Prevent.
June 2017	June 2016	Update to reflect staff changes and policy review in keeping with CAVS protocol arrangements
December 2018	July 2017	Annual Review
January 2020	December 2018	Annual Review
February 2022	February 2021	Annual Review. Fully Updated and Reviewed. Emotional Wellbeing and Mental Health added.
February 2024	May 2022	Annual Review. Content added as requested by the Contract Support Officer, Contract Management Team Mid and South Essex CCGs
July 2024	July 2023	Update Policy with new staff changes and associated responsibilities. Review annually unless change is required sooner to account for compliance considerations.

Safeguarding Children Policy and Code of Practice

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1. **Introduction**

CAVS, Castle Point Association of Voluntary Services is a registered not for profit charity and operates as a Council for Voluntary Services, commissioned to deliver schemes and projects that provide support to others in the community.

CAVS objectives are:

- To promote any charitable purpose for the benefit of communities primarily in the East of England and in particular, the advancement of education, the protection of health, promotion or wellbeing and the relief of poverty, distress and sickness.
- To promote and organise co-operation in the achievement of the above purpose and to that end to bring together in council, representatives of the voluntary organisations and statutory authorities within the area of benefit.

Castle Point Association of Voluntary Services is an organisation committed to safeguarding and promoting the welfare of children and adults and expects all staff and volunteers to share this commitment.

SOUTHEND ESSEX THURROCK SAFEGUARDING AND CHILD PROTECTION PROCEDURES

SET Publication October 2022

Ref: <https://www.escb.co.uk/working-with-children/safeguarding-polices-procedures>

The Southend, Essex and Thurrock Child Protection Procedures are underpinned by Working Together to Safeguard Children (February 2019) which sets out what should happen in any local area when a child or young person is believed to be in need of support. These procedures relate to any child and this is defined as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, is in Foster Care or is in an adoptive placement does not change their entitlements to services or protection. Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: This policy applies to all CAVS staff and volunteers. For services to be effective each individual and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Working Together to Safeguard Children (2018) introduction: (last updated 9 Dec 2020) Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment
- Preventing impairment of children's mental health and physical health development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children without exception to have the best outcomes

Reference: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

Children are best protected, when professionals are clear about what is required of them individually and how they need to work together.

This policy is committed to upholding the rights of children, including but not limited to protection from violence, abuse and neglect, as per the UN (United Nations) convention for the rights of the child.

Ref: www.unicef.org.uk/what-we-do/un-convention-child-rights/?gclid=CKHqhNDnuM4CFUg8GwodvjULdw&sisr=1

All agencies and professionals should:

- Be alert to potential indicators of abuse or neglect
- Be alert to the risks that individual abusers, or potential abusers, may pose to children
- Share and help to analyse information so that an assessment can be made of the child's 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
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety

Referral Criteria

Professionals in all agencies have a responsibility to refer a child to local authority children's social care when it is considered or suspected that the child:

- Has suffered significant harm
- Is likely to suffer significant harm
- Has a disability, or developmental and welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent) under the Children Act 1989 and 2004
- If a Child in Need whose development would be likely to be impaired without provision of services

HM Government Document `Working Together to Safeguard Children (2018) stipulates that:

“Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts (as amended by the Children and Social Work Act 2017) which make this clear, and this guidance sets these out in detail. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found under sections 17 and 47 of the Children Act 1989. The Director of Children’s Services and Lead Member for Children’s Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions. Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.”

Ref: <https://www.workingtogetheronline.co.uk/>

Ref: <https://www.trixonline.co.uk/articles/update-to-working-together-to-safeguard-children-2018/>

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

Supporting Families

Part of safeguarding is supporting families to enable them to meet the needs of the child. Further guidance on supporting children and families for safeguarding practitioners is found at this website:

Ref: www.essexeffectivesupport.org.uk

2. **Definitions Of Child Abuse and Neglect**

a) **Physical Abuse**

Physical abuse is the deliberate causing of hurt to a child causing physical harm. Physical harm can include a parent/carer fabricating symptoms of, or deliberately inducing, illness in a child. It can also include peer on peer violence. Physical Abuse includes some forms of Honour Based Abuse, such as breast flattening/ironing and Female Genital Mutilation. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

The United Nations Convention on the Rights of the Child (1990 & 2006) states that children should be protected from physical and mental violence, including physical punishment.

i) **Peer on Peer Abuse and Violence**

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate).

Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or gender-based violence.

Some children can experience significant harm beyond their families with harmful relationships online, with peers and in their neighbourhoods and community. Extra-familial abuse can undermine parent-child relationships and a parent's capacity to protect their child. Assessing harm of children should recognise children are vulnerable to abuse in a range of social contexts.

b) **Domestic Abuse**

The Home Office definition of domestic violence and abuse of March 2013 cites:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality". (Home Office 2013, p.2)

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Ref: ([Home Office, March 2013](#))

Ref: Home Office. 2013. *Information for Local Areas on the Change to the Definition of Domestic Violence and Abuse*. Available at:

assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

On the 16th July 2019, a landmark bill was introduced into the House of Commons called The Home Office Domestic Abuse Bill introducing Government commitment to the prevention of abuse and protection of victims.

Home Office Domestic Abuse Bill (updated 31 January 2022)

Ref: www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet (Latest update 31 January 2022)

More information can be found at the Southend, Essex and Thurrock Domestic Abuse website: www.setdab.org

Domestic Abuse - Multi-Agency Risk Assessment Conferences (MARAC)

The MARAC is a regular meeting to discuss how to help victims at high risk of murder or serious harm. A domestic abuse specialist (IDVA), police, children's social services, health and other relevant agencies all share information about the victim, the family and perpetrator, to enable them to devise an action plan to reduce risk for each victim. Three new Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) arrangements were put in place from July 2016 across Southend, Essex and Thurrock.

More information on how to make referrals is available at the Southend, Essex and Thurrock Domestic Abuse website: www.setdab.org

If any agency wants to make referrals into the MARAC process please contact the relevant MARAC (below) to obtain the appropriate form. Discussion with the Safeguarding Lead before taking action is appropriate.

Essex: EssexMARACReferrals@essex.pnn.police.uk

Southend: Southenddfpsafeguarding@southend.gov.uk

Thurrock: ThurrockMARAC@thurrock.gov.uk

Compass 24/7 Domestic Abuse helpline – 0330 333 7 444

Compass provides information, advice and guidance to the public and professionals who have concerns about family, friends and people they work with who may be victims of Domestic Abuse.

Women's Aid helpline – www.womensaid.org.uk/about-us/contact/

Work together against domestic abuse until women and children are safe.

If a child or young person is in immediate danger, call 999. If you are worried that a child is being abused or neglected contact Essex County Council on 0345 603 7627. Out of hours or bank holidays, call the emergency duty team on 0345 606 1212.

c) Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child, leading to severe and persistent effects on the child's emotional development and may involve: conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person; or imposing age or developmentally inappropriate expectations on children, such as 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; seeing or hearing the ill-treatment of another. For example; where there is domestic violence and abuse; serious bullying, causing children frequently to feel frightened or in danger, including online; exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

d) **Sexual Abuse and Harmful Sexual Behaviour**

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, this does not necessarily involve a high level of violence. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse includes non-contact activities, such as involving children in the viewing, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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 adults. Other children can also commit acts of sexual abuse. In addition; sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.

Harmful Sexual Behaviour

The NSPCC state that "harmful sexual behaviour is developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive" (derived from Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour (NSPCC 2022). This definition recognises that children's sexual behaviour is on a continuum and should be considered in relation to their age and stage of development.

Harmful sexual behaviour in children can often be an expression of other problems or vulnerabilities. Children with harmful sexual behaviour will need a coordinated multi-agency response to assist them and their family. Many children may have specific needs that need to be identified and support offered whilst ensuring other children remain protected. A risk management plan should be agreed with all agencies supporting the child, which is developed and regularly reviewed separately from any child victims.

Child Sexual Exploitation (CSE)

CAVS nominated member of staff to undertake the role of Child Sexual Exploitation (CSE) Champion. The CSE Champion will ensure that all concerns of CSE are assessed and referred to Essex Police and/or the Children and Families Hub.

Sexual exploitation is an horrific form of sexual abuse that affects thousands of children and young people every year in the UK, when young people under 18 receive 'something' (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) in exchange for performing, and/or others performing on them, sexual activities. It can happen to any young person from any background and affects boys and young men as well as girls and young women.

CSE can occur through the use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and /or economic or other resources.

There are three important and recognisable elements of child sexual exploitation:

- Children are 'groomed' and there is power and control held by the perpetrator/s
- An 'exchange' (such as gift, food, money, drugs etc.) is present, this could be to a third party and not always to the child themselves
- Sexual acts or the exchange of sexual images is present

Impact: Sexual exploitation can seriously affect a victim's life into adulthood. Victims may also suffer sexual and reproductive health problems as a result of the exploitation they have suffered. Even when children or young people appear to have recovered or overcome the psychological, physical and emotional effects suffered from the sexual exploitation, they may still be unable to stay in the area where they live if it has associations with the abuse against them.

More Information can be found at the Essex Safeguarding Children Board: www.escb.co.uk

e) **Honour Based Abuse**

Defended as a justification by many cultures of abuse or violence, honour based abuse is a crime or incident committed in order to protect or defend the family or community 'honour'. Honour based abuse will often go hand in hand with forced marriages, although this is not always the case. Honour crimes and forced marriages are already covered by the law, and can involve a range of criminal offences.

Honour Based Abuse includes Female Genital Mutilation and Forced Marriage.

f) **Forced Marriages**

A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

The 'Anti-Social Behaviour, Crime and Policing Act' 2014, made it a criminal offence to coerce a person into marriage or to be involved in the deception of entering a person into a marriage in or outside the UK.

Forced Marriage Protection Orders can be sought under section 4A of the Family Law Act 1996 which is tailored to support anyone at risk of being forced into marriage.

g) **Hate Crime**

'Hate Crime' is the generic term used to discuss both Hate Crimes and Hate Incidents.

Hate Crimes are any crimes perceived by the victim or any other person, to be motivated by hostility or prejudice.

Hate Incidents feel like crimes and often escalate to crimes or tensions in a community.

Both are committed because of a person's actual or perceived:

- **Race:** including ethnicity, nationality, national origin and colour. 'Race' also covers Gypsy, Roma and Traveller communities.
- **Religion or belief:** including all recognised religions and belief systems, including no belief.
- **Sexual orientation:** including all sexual orientations such as gay, lesbian and bisexual.
- **Gender identity:** including transgender, non-binary and gender fluid.
- **Disability:** including learning, mental health, physical and sensory disabilities

Reporting Hate Crime

It is important to report Hate Crime so that people affected by it can get help and support. Reporting Hate Crime can also help the police and other agencies deliver a response. Anyone can report Hate Crime, regardless of whether they are the victim, witness or are reporting on behalf of someone else.

CAVS is a HIRC, Hate Crime Reporting Centre and nominated trained staff are displayed on the main Notice Board. Support is provided to those who require help around Hate, Crime, including members of the community, CAVS volunteers or CAVS team members if they are affected. All Hate Crime is reported and recorded.

Hate Crime, by individuals or groups, can take many forms, such as:

- Bullying
- Threat of, or actual physical assault
- Verbal abuse
- Intimidating behaviour and harassment (including via email, online and on social media)
- Damage to property
- Offensive leaflets, posters or graffiti
- Inciting others to commit Hate Crime

Hate Crime can be any action or behaviour, as long as someone perceives the action or behaviour as motivated by hostility or prejudice.

It does not matter if the victim actually has the characteristic(s) they think they were targeted for. It only matters that the perpetrator believes they have that characteristic.

The Essex Hate Crime Prevention Strategy

More information on the Essex Hate Crime Prevention Strategy can be found at this link:

www.victimsupport.org.uk/wp-content/uploads/documents/files/Essex_Hate_Crime_Prevention_Strategy_2018-2021_0.pdf

h) **Neglect and Substance Abuse**

Neglect remains the most common form of child maltreatment in this country, and is the most common reason for a child being subject to child protection measures. Neglect is extremely damaging to children in the short and long term, affecting physical, cognitive and emotional development, behaviour and opportunities. Key to effective help for neglected children is that their plight is spotted early and that something is done to help them.

Chronic neglect impacts on a child's development in the long term and can cause trauma reactions as children mature. NSPCC video 'Brain Builders' explains how adverse childhood experiences in the first years of a child's life affects how their brains form. Toxic stress from abuse or neglect damages structures of a child's developing brain and can put them at risk of health problems as well as developmental issues and addiction. It shows how nurturing 'serve and return' experiences will create positive development.

Anyone working with children who suspects that a child is being neglected must report their concerns immediately to the Children and Families Hub and seek their guidance on how to proceed in keeping the child safe and discussing the allegations further.

If the child is at immediate risk of significant harm, then call the Children and Families Hub between 8:45 and 5:15 Mon-Fri on 0345 603 7627 and ask for the 'Priority Line'.

Out of hours, weekends and bank holidays number: 0345 606 1212

Email: Socialcaresdirect@essex.gov.uk

i) **Female Genital Mutilation**

The Law:

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practice FGM in the UK and makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country. It makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad and has a penalty of up to 14 years in prison and/or a fine.

Multi-agency statutory guidance (updated July 2020) can be found here: Ref:

www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

To address this issue, the Home Office is championing a proactive approach and has this free online FGM training package:

Ref: www.virtual-college.co.uk/resources/free-courses/recognising-and-preventing-fgm

This e-learning is available for professionals with safeguarding responsibilities. It provides an introduction to FGM and the action that must be taken to protect girls who may be at risk.

If you have concerns that a girl or young woman may be taken overseas for FGM then please contact the Foreign and Commonwealth Office (FCO) on **0207 008 1500** or email fgm@fco.gov.uk

From October 2015, the new duty for professionals working in the "regulated professions", to notify the police if they discover that an act of FGM appears to have been carried out on a girl who is under 18 will come into force. Regulated professionals will cover healthcare professionals, teachers and social care workers. A failure to report the discovery in the course of their work could result in a referral to their professional body.

Breast Flattening

"Breast Flattening" is the process whereby young pubescent girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. Much like FGM, it is a harmful practice, child abuse and is illegal in the UK. It is classified as physical abuse and therefore professionals must follow the [SET Procedures](#).

Child Abuse linked to Faith or Belief

The National Female Genital Mutilation Centre provides information on child abuse linked to faith or belief. www.nationalfgmcentre.org.uk

j) **Prevent, Radicalisation**

Prevent

Radicalisation is comparable to other forms of exploitation and is therefore considered a safeguarding issue that all staff must be aware of. The **Prevent Concern** promotes a multi-agency approach, and CAVS will continue to work alongside the Local Safeguarding Children and Adults Boards.

Prevent Duty Guidance last updated 1 April 2021

Ref: <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>

Definitions

- **Prevent Concern** does not have to be proven beyond reasonable doubt; it should be based on something that raises concerns, which is assessed by using professional judgement.
- **Extremism** - is defined in the [Prevent Strategy 2011](#) as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
- **Terrorism** - [The Counter-Terrorism and Border Security Act 2019](#), amends certain terrorism offences for the digital age and reflects contemporary patterns of radicalization, increases the maximum penalty for certain offences, ensuring the punishment better reflects the crime and better prevents re-offending. It manages offenders following their release from custody, strengthens powers of the police to prevent and investigate terrorist offences, hardens the UK's defences at the border against hostile state activity.
- **Radicalisation** - is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. [The Working Together to Safeguard Children Guidance 2018](#), chapter 5.6 scopes out all relevant guidance. There is no obvious profile of a

- person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas.

Indicators for vulnerability to radicalisation can be similar to those for other forms of abuse and may particularly include:

- Distance from cultural heritage
- Experience of migration
- Experience of racism and discrimination
- Family members or friends associated with extremist groups
- Family tensions

It is important to note that not all individuals at risk of radicalisation and acts of terrorism are susceptible or vulnerable and they may be acting out of choice.

If it is suspected that a child/adult is at immediate risk or actually engaged in the planning or implementing of an act of terrorism, take the following course of action immediately:

- a) Contact the Designated Safeguarding Lead and make a referral to Police on 999 or Anti-Terrorist Hotline on 0800 789 321
- b) All actions must be recorded.

If it is suspected that a child/adult at risk may be under the influence of radicalisation or extremism but not in immediate danger, the following actions must be taken:

- a) Raise your concern directly with the Designated Safeguarding Lead in the first instance; informing them the nature of your concerns.
- b) Contact the Police on number 101 to discuss the next steps, requesting to speak to officers with responsibility in relation to Prevent duties. Clarify the next steps and whether/how feedback will be provided.

k) **Online abuse**

Online abuse (or online child exploitation) occurs when a child suffers abuse through the internet. Online child exploitation is a growing issue, highlighted even more since the COVID-19 pandemic began. The internet and social media has become so important in our daily lives, as we socialise and work online. For children, the internet has become the new classroom and playground. Sadly, there are people out there that take advantage of this. It is vital to understand the way children view the digital world. A world that, to them, is becoming more and more their reality.

The COVID-19 pandemic has changed the fight against exploitation. For example, a child could be recruited to a gang from hundreds of miles away. More and more often young people are being groomed remotely to carry out 'jobs' in their community, for their exploiters who live on the other side of the country.

It is important to remember that the victim, the child, is NEVER to blame. Victims are always the victims. Online groomers can be very persuasive and children should never be made to feel they did anything to encourage their exploitation. The best response an adult can provide a child who has been a victim of online exploitation is to comfort them, be supportive and help them address the issues they have encountered. Online abuse can happen anywhere online, including:

- Social media
- Text messages and messaging apps
- Emails
- Online chats
- Online gaming
- Live-streaming and video sharing sites

Online safeguarding is not just necessary for teenagers, it is important that any child with access to the internet, including those as young as preschool age are protected. Online abuse can take the form of various other kinds of abuse, including but not limited to:

- Bullying
- Radicalisation
- Sexual exploitation

It is important that children are monitored on their use of the internet and that they are aware of the potential dangers of using the internet, so that online abuse can be prevented as much as possible and recognised where it occurs. More information is provided at the following links:

<https://learning.nspcc.org.uk/safeguarding-child-protection/social-media-and-online-safety> or

<https://www.escb.co.uk/campaigns/online-safety/>

Concerns regarding a child's safety online can be reported to the NSPCC at 0808 800 5000 or by email: help@NSPCC.org.uk

l) **Fabricating or Inducing and Illness**

Fabricating, or inducing, an illness in a child is usually carried out by the child's primary caregiver and in three ways; fabricating signs/symptoms of illness, falsifying records or bodily specimens, and/or actually inducing illness by various means. Fabricated or induced illness of a child can have lasting physical and psychological impacts and children can suffer physical as well as emotional harm. Fabricated or induced illness of a child requires a multi-agency response, however Consultant Paediatricians take a lead role in evaluating the signs and symptoms to confirm if fabricated or induced illness is present. Social workers and police, assist key health professionals in investigating the reasons for the child's symptoms and will consider safeguarding arrangements for the child throughout this process. Follow the SET guidance for safeguarding children whose caregivers are suspected of fabricating or inducing illness in the child.

m) **Advocacy**

An advocate is a person who can support and speak on behalf of the client/patient. Advocacy services help individuals to access information and ensure the clients/patient voice is heard when decisions are being made.

For more information: <https://www.essex.gov.uk/advocacy>

n) **Human Rights**

The Human Rights Act is a UK law passed in 1998.

This lets you defend your rights in the UK courts and compels public organisations- including the Government, police and local councils to treat everyone equally, with fairness, dignity and respect.

Examples of Convention or human rights include:

- The right to life
- The right to respect for private and family life
- The right to freedom of religion and belief.

The Human Rights Act means you can take action in the UK courts if your human rights have been breached.

Ref: www.legislation.gov.uk/ukpga/1998/42/contents

o) **Young Carers**

Who is a young carer?

Young carers are children and young people under 18 years old who provide regular and on-going care to another person who is physically or mentally ill, disabled or misuses substances. Many young people don't see themselves as carers and may not realise there is practical and emotional support available in Essex.

You may be a young carer if you:

- care for a family member, because of illness, disability or old age
- help someone with bathing or dressing, going to the toilet or getting into/out of bed
- need to cook for your family
- look after money or organise the family budget
- help anyone to take medication regularly
- collect prescriptions or benefits on behalf of someone else or go shopping for the family
- look after brothers or sisters, by taking them to school, doing their laundry, or cooking their meals
- take care of housework, such as dusting, hoovering, washing or ironing
- speak on behalf of someone who has difficulty speaking or communicating for themselves
- translate or interpret for someone at home

Ref: www.escb.co.uk/young-people/im-a-young-carer/

p) **Private Fostering**

Private Fostering is when a child/young person under 16 (18 if disabled) lives with someone who is not a close relative for more than 28 days. It is a legal requirement for parents and private foster carers to notify the Local Authority about private fostering arrangements.

Once notified, the Private Fostering Team will regularly visit the arrangement, undertake safeguarding checks and complete an assessment to ensure that the child is safeguarded and that the private foster carers are able to provide a reasonable standard of care.

Private fostering arrangements are frequently under reported, so please contact the team if you become aware of one or are concerned about anything affecting an arrangement.

Contact: 0345 603 7627 to make a referral or visit the [private fostering website](#).

Ref: www.escb.co.uk/young-people/im-a-young-carer/

q) **Gangs/County Lines**

County lines is the name given to drug dealing where organized criminal groups (OCGs) use phone lines to move and supply drugs, usually from cities into smaller towns and rural areas. They exploit vulnerable people, including children and those with mental health or addiction issues, by recruiting them to distribute the drugs, often referred to as 'drug running'.

Ref: www.essex.police.uk/advice/advice-and-information/cl/county-lines/

Ref: www.escb.co.uk/media/1908/junior-smart-gangs_leaflet_parents.pdf

r) **Chaperones (Medical Consultations/GP Practice)**

A chaperone is an impartial observer present during an intimate examination of a patient.

Ref: www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-15-chaperones

s) **Looked After Children (LAC)**

What is a local authority looked after child?

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care, a term which many children and young people prefer.

Ref: schools.essex.gov.uk/pupils/Essex_Virtual_School/Pages/From-care-to-adoption.aspx

Ref: www.essex.gov.uk/children-in-care

Ref: cicc.essex.gov.uk/

t) **Mental Health Services**

CAVS staff are aware of the different agencies they need to refer clients/patients to. For more information please ask Ways to Wellness or CAVS Wellbeing Link Coordinators.

<https://www.nelft.nhs.uk/services-ewmhs/> The service covers Southend, Essex and Thurrock and is open to young people between the ages of 0-18, or up to 25 for those with special educational needs.

u) **Professional Disagreement (SET Safeguarding Adults Guidelines)**

Problem resolution is an integral part of professional co-operation and joint working to safeguard adults. Concern or disagreement may arise over another professional's decisions, actions or lack of actions, in relation to a referral, an assessment or an enquiry. It is important to:

- Avoid professional disputes that put the adult(s) at risk or obscure the focus of the adult
- Resolve difficulties (within and) between agencies quickly and openly
- Identify problem areas in working together where there is a lack of clarity and to promote resolution via amendment to protocols and procedures.

The safety of adult(s) are the paramount considerations in any professional disagreement and any unresolved issues should be escalated with due consideration to the risks that might exist.

Ref: www.essexsab.org.uk/media/2168/set-safeguarding-guidelines-v43-oct17.pdf

v) **Data Protection Policy**

For information on GDPR, Data Protection, the Caldecott Principles and Information sharing, staff are to refer to the CAVS Data Protection Policy.

w) **Fraser Guidelines and Gillick Competence**

Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

For more information see link below

Ref: learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelinesor

x) **Partnership Working**

Responsibility for safeguarding adults, children and young people at risk is shared amongst a number of agencies. We recognise the role we have to play in taking all reports of abuse and neglect seriously and that many organisations share our desire to tackle and eradicate abuse. To this aim, we work with other organisations to achieve our aims and recognise our legal requirements.

Local authorities have specific duties to organise and plan services in order to safeguard and promote the welfare of adults, children and young people at risk. They also have expertise in handling cases of abuse, providing support and counselling to victims of abuse, and in assisting the police with any criminal investigations.

In adult safeguarding, the local authority will apply the three-part 'test' as to whether safeguarding duties apply. Where the three part-test is met, a Section 42 enquiry is triggered, and the local authority must make enquiries, or cause others to do so, in order to establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. CAVS will cooperate with the local authority in any such enquiry.

It is the responsibility of local authorities to arrange advocates for any adults who are deemed in need of this. We do not perform this function.

We work with our partners to safeguard people who need care or support who are at risk of radicalisation, in all its forms. If we suspect that a person is drawn into terrorism, we make a referral into Channel, an early intervention multi-agency panel designed to assess the risk to individuals and decide whether intervention is necessary.

y) **Professional Curiosity**

Professional curiosity is the capacity and communication skill to explore and understand what is happening within an adult rather than making assumptions or accepting things at face value. It can require practitioners to think 'outside the box' beyond their usual professional role and consider circumstances holistically. Curious professionals will spend time engaging with adults.

SET guidelines – Section 3.1 page 34.

z) **The Caldicott Principles**

CAVS supports compliance of the seven Caldicott Principles in relation to personal confidential data (PCD).

- Principle 1: Justify the purpose(s) for using confidential information
- Principle 2: Only use confidential information when absolutely necessary
- Principle 3: Use the minimum information that is required
- Principle 4: Access to confidential information should be on a strict need-to-know basis
- Principle 5: Everyone must understand their responsibilities
- Principle 6: Understand and comply with the law
- Principle 7: The duty to share personal information can be as important as the duty to have regard for patient confidentiality

3. **Listening to the Child and Parental Consultation**

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:

- Clarify the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.
- Additional measures may be required for a child with communication difficulties e.g. in consequence of a disability.
-

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse. If the child can understand the significance and consequences of making a referral to local authority children's social care, they should be asked their view. However, it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

For further guidance on responding to an abuse disclosure, see the NSPCC's advice:
<https://learning.nspcc.org.uk/child-abuse-and-neglect/recognising-and-responding-to-abuse>

Parental Consultation

Where practicable, concerns should be discussed with the parent and agreement sought for a referral to local authority children's social care unless seeking agreement is likely to:

- Place the child at risk of significant harm through delay or the parent's actions or reactions
- Lead to the risk of loss of evidential material. For example, in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place.

Where a professional decides not to seek parental permission before making a referral to local authority children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to local authority children's social care. A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a designated safeguarding lead or deputy and the outcome fully recorded.

If, having taken full account of the parents' wishes, it is still considered that there is a need for referral:

- The reason for proceeding without parental agreement must be recorded
- The parent's withholding of permission must form part of the verbal and written referral to local authority children's social care
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

Urgent Medical Attention

If the child is suffering from a serious injury, the professional must seek medical attention immediately from **emergency services** and must inform local authority **children's social care, and the duty consultant paediatrician** at the hospital. Where abuse is alleged, suspected or confirmed in a child admitted to hospital, **the child must not be discharged until:**

Local authority children's social care local to the hospital and the child's home address (may be two different local authority children's social care) are notified by telephone that there are child protection concerns; A strategy meeting/discussion has been held, if appropriate, which should then include relevant hospital and other agency professionals.

4. Young People and The Mental Capacity Act (MCA)

Young People (individuals aged 16-17) are considered to have the capacity to make their own decisions under the Mental Capacity Act 2005 (MCA). In these instances, considerations regarding a young person's capacity to make decisions must adhere to the MCA and the Five Principles of Mental Capacity. Information regarding mental capacity and the Five Principles is raised upon in the Adults Safeguarding Policy and this also should be referred to.

The Mental Capacity Act 2005: Ref: www.legislation.gov.uk/ukpga/2005/9/contents

5. **Missing Children**

Most children and young people who go missing return the same day and some incidents concern children and young people who are late home and for whom there are no other concerns. However, very often running away/ going missing is an indicator of underlying problems which need further intervention such as:

- Problems at home / family conflict
- Abuse or neglect
- Placement issues if Looked After by the Local Authority
- Wanting to harm themselves
- Issues at school including exclusion & bullying
- Pressure from friends/ associates
- Sexual exploitation/ trafficking
- Wanting to buy / use alcohol or drugs

Young people who run away may be at risk of significant harm whilst away from home or care placement e.g. those who remain missing overnight or for several days, sleeping rough and in contact with people posing a risk to them. Young people may also only be missing for a short time period and risk may still be significant.

Essex Police Advise that 999 should be called if it is suspected that a young person is missing and in immediate danger. They also offer a step-by-step process to reporting a missing person here: Ref: www.essex.police.uk/ro/report/mp/v1/report-missing-person/?q=Missing

The Missing Person Safe Call Team

The Missing Person Safe Call Team provide a debrief service to children and young people who have recently been missing and have potentially come into contact with gangs or involved in county lines.

The team accept self-referrals from children and young people and referrals from external professionals and agencies (police, social services, schools, charities, youth organisations etc). They work closely with children, young people and their parents/carers to ensure that the risk of exploitation is minimised and ensure that information is shared between social workers, youth workers and other services that they may be receiving support from.

They aim to offer a non-judgemental service to ensure these children/ young people have a safe space to talk about their experiences in confidence. They also support the families and carers of those who have missing episodes; providing them with emotional support and guidance.

Operating hours for the Safe Call Team are Monday to Friday, 9am to 6pm. There is also a free 24 hour helpline which is available should support be needed out of hours.

Professionals can complete [online referral form at www.missingpeople.org.uk](http://www.missingpeople.org.uk). Or, send an e-mail to the Safe Call Team with the name of the young person, DOB, telephone numbers and reason for referral with any concerns highlighted.

SafeCall Telephone: 020 8392 5710

SafeCall E-mail: SafeCall@missingpeople.org.uk

24/7 Helpline: 116 000

24/7 Helpline E-mail: 116000@missingpeople.org.uk

More information can also be found in Chapter 20 of Part B of SET Safeguarding and Child Protection Procedures Ref: [/www.escb.co.uk/media/2086/set-procedures-oct-2019-updated-southend-logo.pdf](http://www.escb.co.uk/media/2086/set-procedures-oct-2019-updated-southend-logo.pdf)

Or in the SET Missing People Strategy [Ref: www.escb.co.uk/media/2153/set-missing-people-strategy-2019-24-final.pdf](http://www.escb.co.uk/media/2153/set-missing-people-strategy-2019-24-final.pdf)

6. **Roles and Responsibilities**

All staff, trustees and volunteers regardless of their active involvement in the service accessed by a child at risk of harm have a duty to safeguard children and promote their welfare. They should familiarise themselves with the CAVS Safeguarding Children's Policy.

Professionals in all agencies, including all CAVS staff, trustees and volunteers, who come into contact with children, who work with adult parents/carers, or who gain knowledge about children through working with adults, should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to gather and analyse information as part of an assessment of the child's needs.

The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. Accordingly, professionals in all agencies should take appropriate action wherever necessary to ensure that no child is left in immediate danger, e.g. a teacher, foster carer, child-minder, a volunteer or any professional should take all reasonable steps to offer a child immediate protection (including from an aggressive parent). Children Act 1989 S.3 (5) (a) and (b).

a) **Designated Safeguarding Lead and Designated Deputy Safeguarding Officers**

Responsibility for the safeguarding of children promoting their welfare and ensuring compliance to the CAVS Safeguarding Children's Policy lies with the Designated Safeguarding Lead and two Deputy Designated Safeguarding Officers all of whom report into the Chief Executive Officer.

Where necessary the Designated Safeguarding Lead will work in conjunction with the specific safeguarding practice guidance of any agency where delivery is from a non-CAVS site. This role undertakes responsibility and manages provision of safeguarding functions and services.

The CAVS Safeguarding Children's Policy and Safeguarding Code of Practice is reviewed annually. Review of the CAVS Safeguarding Children's Policy & Code of Practice will be reviewed by the Designated Safeguarding Lead or Deputy Safeguarding Officers in her/his absence and ratified by the Board of Trustees.

The Designated Safeguarding Lead will:

- Ensure that the CAVS Safeguarding Children Policy and Code of Practice are complied with by CAVS staff
- Make referrals as necessary to Social Care or to assist staff and volunteers in contacting Social Care Direct or nominated member of the team
- Ensure that correct safeguarding procedures (SET guidelines as issued by Essex Safeguarding Children's Board) regarding allegations against children are adhered to.
- Regularly update themselves on practice guidance and information issued by the Essex Safeguarding Children's Board (ESAB) and accesses appropriate training
- Access appropriate training for CAVS staff who work with children at risk of harm
- Carry out Audits to monitor compliance and the effectiveness of the policy.
- Complete an annual Safeguarding Audit which the findings are fed back to the CEO.
- Provide effective supervision arrangements for staff which is varied depending on the individual role.
- Review and monitor KPI's and performance of the contracts.
- Work closely with other senior managers who lead other team to review safeguarding standards.

- Work closely with other senior managers who lead other teams to review safeguarding standards.

b) **CAVS Trustee Lead for Safeguarding**

CAVS Trustee Lead for safeguarding is a volunteer from the Board and has the skills and qualifications to undertake this role. To ensure good governance at every Trustee meeting, safeguarding is an agenda item and any circumstances that may have arisen are reported at that time for recording purposes, or confirmation of nothing to report is also noted. The Lead has been approved and appointed by the Board.

The Lead Trustee has governance oversight and the day-to-day operational safeguarding management is led by a Designated Safeguarding Lead and in her/his absence, there are two, experienced and qualified Deputy Designated Safeguarding Officers.

c) **Named Safeguarding Lead**

Where CAVS have any delivery or outreach sites that provides services for children at risk of harm they will have in place a named person on site who is responsible for leading on safeguarding for that site. Duties of staff undertaking this role will include:

- Ensuring that every member of staff is competent in their knowledge of safeguarding and knows how to act if faced with safeguarding issues including the reporting and recording of such issues
- Liaison with local statutory services agencies
- Making sure that service users are aware that CAVS staff have a duty to share safeguarding issues with other professionals and agencies

d) **All Staff Trustees and Volunteers**

All staff, trustees and volunteers who work directly with children at risk of harm have a duty to safeguard and promote their welfare. They should familiarise themselves with the CAVS Safeguarding Children's Policy.

CAVS staff, trustees and volunteers who work directly with Children at risk of harm should make themselves aware of the SET guidance available from ESCB to assist in the general recognition of circumstances where a child may be suffering abuse or neglect.

Ref: www.escb.co.uk/media/1578/escb-neglect-practice-guidance-may-2018.pdf

Ref: www.escb.co.uk/media/2086/set-procedures-oct-2019-updated-southend-logo.pdf

Further guidance from The UK Government on what to do if you are worried that a child is being abused can be found here:

Ref: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_are_worried_a_child_is_being_abused.pdf

7. **Information Sharing and Confidentiality**

All staff should be fully conversant with CAVS Data Protection Policy and compliant with the General Data Protection Regulation (GDPR)

Further guidance on information sharing for safeguarding practitioners is found at this link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/information_sharing_advice_practitioners_safeguarding_services.pdf

8. **Recruitment of Employees, Volunteers and Trustees**

All staff are recruited, following safer recruitment guidelines as set out in our Safer Recruitment and Selection Policy. All recruiting Managers must be fully conversant with Safer Recruitment and Selection Policy.

9. **Recruitment of Ex-offenders**

- CAVS adhere to all stages listed in the section of CAVS *Safe Recruitment and Selection Policy*
- Follow the guidelines of the Rehabilitation of Offenders Act 1974 within the Disclosure & Barring (DBS) Information sheet.

Please refer to the Disclosure & Barring Service (DBS) Information Sheet:

Ref: <https://www.gov.uk/government/publications/dbs-application-forms-guide-for-applicants>

10. **Training for Staff, Trustees and Volunteers**

The Designated Safeguarding Lead and Deputy Safeguarding Officers will complete Safeguarding Level 1 and 2 every 3 years. They will also undertake the ESCB e-learning course and multi-disciplinary training every two years.

Safeguarding Level 1 E-Learning training is provided for all staff who work directly with children.

Staff will be required to attend safeguarding training delivered by the Essex Safeguarding Children Board or nominated provider.

All Staff Who Work with Children:

- Safeguarding Level 1 Training is provided with the CAVS Induction training.

Front Line staff:

- Safeguarding Children Level 2

Designated Safeguarding Lead and Designated Deputy Safeguarding Officers

- Safeguarding Children Level 3 - Designated Person Training

CAVS Senior Staff (If applicable to their role)

- Safer Recruitment

Staff who access the Safeguarding Level 2 training will be required to refresh their training every three years.

Staff who access the Safeguarding Level 3 training will be required to refresh their training every two years.

Volunteers who are working with children and their families are required to refresh Safeguarding Level 1 and 2 training every 3 years.

11. Allegations Against Employees, Trustees or Volunteers

If an allegation is made against a CAVS member of staff, the **Designated Person** will seek advice from ESCB and implement their procedures.

If an allegation is made:

- *Do treat the matter seriously and keep an open mind*
- *Do make a written record of the information (where possible in the person's own words, including time, date and place of incident(s), persons present and what was said). Records will be kept in line with UK GDPR and CAVS Data Protection policy*
- **Do report the matter to the CEO, or Board of Trustees in his/her absence or where the CEO is the subject of the allegation.**
- *Do not investigate or ask leading questions if seeking clarification*
- *Do not make assumptions or offer alternative explanations*
- *Do not promise confidentiality*
- *Do not ask the adult involved to make a written statement*
- *Do not speak to the member of staff concerned*

Managing allegations about Adults Working with Children & Young People

Notification/progress and monitoring form to the Local Authority Designated Officer (LADO)

The referral form must be completed and emailed to the Duty Local Authority Designated Officer (LADO) if it is alleged, that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

The manager should then telephone the Duty LADO immediately to discuss the next course of action.

LADO: Duty

Tel: 03330 139 797

Email: LADO@essex.gov.uk (password protect all documents)

The LADO referral form can be downloaded from this link: www.escb.co.uk/working-with-children/safer-recruitment/

Do not assume that the form has been received – telephone the Duty LADO.

For child protection enquiries that are not related to an allegation about a professional, please call 0845 603 7627 or 0345 606 1212 (out of hours)
If you think a child is at immediate risk of significant harm phone the Police.

When receiving an allegation:

- Treat it seriously and keep an open mind
- Do not investigate
- Do not make assumptions or offer alternative explanations
- Do not promise confidentiality
- Record the details using the child/adult's own words
- Note time/date/place of incident(s), persons present and what was said
- Sign and date the written record
- Do not tell the member of staff/volunteer if this might place the child at risk of significant harm or jeopardise any future investigation.
- Do refer to section 7 of the SET Safeguarding and Child Protection Procedures

12. **Emotional Wellbeing and Mental Health**

The **Emotional Wellbeing and Mental Health Service (EWMHS)** is a free service providing both preventative resources and targeted, specialist emotional wellbeing and mental health support for young people aged between 0-18, living in Southend, Essex or Thurrock. EWMHS is also available to anybody with Special Educational Needs (SEN) up to the age of 25.

Ref: www.escb.co.uk/working-with-children/emotional-wellbeing-and-mental-health/

Contact number: 0800 953 0222

CAVS Volunteers should inform their Line Manager in the first instance, in the event of any concerns.

13. **Existing Injuries**

CAVS form (See Appendix 3), which provides staff and service users with a means to record and monitor any visible marks on a child or matters of concern, which may be witnessed when accessing a CAVS service. This will be carried out in line with CAVS Safeguarding Policy and may result in advice sought from social care.

14. **Response to Complaints**

All complaints will be dealt with in accordance, with the CAVS Concerns and Complaints procedure.

15. **Whistleblowing**

All staff must be aware of their duty to raise concerns about inappropriate attitude or actions of colleagues and to understand the support they will be provided (see CAVS Whistleblowing Policy)

Any staff member can insist for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to Essex Social Care directly if they have concerns for the safety of a child.

Contact number: 0345 603 7627

Out of Hours: 0354 606 1212

You can also report a concern at Essex Social Care's online portal:
<https://socialcareportal.essex.gov.uk/s4s/FormDetails/FillForm?formId=1>

16. **Glossary of Contact Resources**

Domestic Abuse: Multi-Agency Risk Assessment Conferences

Essex: EssexMARACReferrals@essex.pnn.police.uk

Southend: Southenddfpsafeguarding@southend.gov.uk

Thurrock: ThurrockMARAC@thurrock.gov.uk

Compass 24/7 Domestic Abuse helpline: 0330 333 7 444

Women's Aid: www.womensaid.org.uk/about-us/contact/

Essex Social Care and The Children and Families Hub

Contact number: 0345 603 7627

Out of Hours: 0345 606 1212

Email: Socialcaredirect@essex.gov.uk

You can also report a concern at Essex Social Care's online portal:
<https://socialcareportal.essex.gov.uk/s4s/FormDetails/FillForm?formId=1>

Foreign and Commonwealth Office

Contact number: 0207 008 1500

Email: fgm@fco.gov.uk

Anti-Terrorist Hotline: 0800 789 321

NSPCC

Contact Number: 0808 800 5000

Email: help@NSPCC.org.uk

SafeCall Team

Contact Number: 020 8392 5710

SafeCall E-mail: SafeCall@missingpeople.org.uk

24/7 Helpline: 116 000

24/7 Helpline E-mail: 116000@missingpeople.org.uk

Missing persons referral form: <https://www.missingpeople.org.uk/get-help/help-services/exploitation-and-county-lines/safecall-form-refer-yourself-or-your-child>

Local Authority Designated Officer (LADO)

LADO: Duty Tel: 03330 139 797

Email: LADO@essex.gov.uk (password protect all documents) The LADO referral form can be downloaded here: <https://www.escb.co.uk/working-with-children/safer-recruitment/>

Appendix 1

CAVS - Castle Point Association of Voluntary Services

SAFEGUARDING POLICY STATEMENT

Castle Point Association of Voluntary Services is an organisation committed to safeguarding and promoting the welfare of children and adults and expects all Employees, Trustees and volunteers to share this commitment.

Responding to Abuse or the Suspicion of Abuse - If you witness an abusive incident you should ensure the immediate safety of the child or adult. Where unacceptable behaviour has been witnessed a CAVS employee should address this verbally with the person in question and the child or adult made safe. If there is an incident of concern, both volunteers and staff members should advise this person that the Designated Safeguarding Lead or Deputy Safeguarding Officers need to be advised, the scenario discussed and actions agreed. In the event that the Designated Safeguarding Lead or the Deputy Safeguarding Officers are unavailable Social Care should be contacted.

If you receive a disclosure you should ensure that the person disclosing is clear that we cannot keep this confidential and that you must contact your Designated Safeguarding Lead or one of the two Deputy Safeguarding Officers to discuss how best to proceed. In the event that the Designated Safeguarding Lead or the Deputy Safeguarding Officers are unavailable contact Social Care as detailed below.

If you have ongoing concerns or are worried about the welfare of a child or adult, discuss your concerns with your direct Line Manager, or the Designated Safeguarding Lead or Deputy Safeguarding Officers.

Children: If it is felt that level 3 services would be required, a Child and Family Assessment (C&F) should be considered and discussed with the family. If you consider the child is or may be a child in need, you should refer the child and family to Social Services. This may include a child whom you believe is, or may be at risk of suffering significant harm. Concerns about significant harm may also arise with children who are already known to social services. Information about these children should be given to the allocated social worker within social services. In addition to social services, the police and the NSPCC have powers to intervene in these circumstances.

In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to social services unless you consider such a discussion would place the child at risk of significant harm

If you make your referral by telephone, confirm it in writing within 48 hours. Children and Families Hub should acknowledge your written referral via the Essex Effective Support Portal within one working day of receiving it, so if you have not heard back within 3 working days, contact them again. This process may be subject to change so you should always check the ESCB website for the current process to be followed at the time of making your referral.

Adults: If needs cannot be met internally or the person is at risk of significant harm, contact Social Care Direct on 0345 603 7630 and follow the advice provided. This may result in a request to complete a referral form to request support from another agency.

Keeping Children and Adults Safe

All CAVS staff will be recruited using safer recruitment practice. Where appropriate CAVS employees, volunteers and Trustees will have a valid Enhanced Disclosure and Barring Service check and will wear current CAVS ID at all times when in the company of clients be they children or adults or where visits are made to partnership organisations.

All CAVS staff, Trustees and volunteers will receive training appropriate to their level of contact with children and adults in relation to Safeguarding and Health and Safety.

The Children and Families Hub continue to offer a consultation line for professionals providing advice and guidance. This can be accessed by calling 0345 603 7627 and asking for the Children's Line.

CAVS Designated Safeguarding Team

Trustee Lead for Safeguarding; Wayne Johnson

Chief Executive Officer; Janis Gibson

Designated Safeguarding Lead; Kellie Wright

Deputy Designated Safeguarding Officers; Bobbie Pettit and Joanne Potter

The White House, Kiln Road, Benfleet, 887 1BU

Telephone: 01268 214000

Email: safeguarding@cavsorg.uk

A Safeguarding Folder is kept at The Whitehouse, which contains the Safeguarding Process Flowchart which staff are asked to follow, including other important and useful safeguarding information. The Chart is also displayed in the Canvey office location.

Safeguarding concerns are recorded in line with CAVS procedures.

If you have concerns about a child or adult and cannot contact your designated person or their Deputy, call the following:

For Children: Children and Families Hub.

Tel: 0345 603 7627 and ask for the Children's Line

Alternatively, if you deem your concern to be of an extremely serious nature please ask for the `Priority Line` and visit the website: www.essexeffectivesupport.org.uk and complete the information via the portal.

Emergency Duty Service (Immediate Out of Hours Response) No: 0345 606 1212

(Mon - Thurs 5.00pm – 8.45am, Fri 4.30pm – Mon 8.45am Inc. Bank holidays)

For Adults:

Social Care Direct on 0345 603 7630 or complete `SETSAF` form online

<https://www.essexsab.org.uk/media/2246/set-saf-guidance-information.pdf>

Textphone: 0345 758 5592

Monday to Thursday, 8:45am to 5pm

Friday, 8:45am to 4:30pm

For out of hour's queries contact the Emergency Duty Service: Telephone: 0345 606 1212

When referring please use the appropriate referral forms available on the Safeguarding websites.

For children

Use the Family Operations Request for Support (FRS) form

<https://socialcareportal.essex.gov.uk/s4s/FormDetails/FillForm?formId=1>

Information on requesting support for a child: <https://www.essex.gov.uk/request-support-from-us>

Essex Safeguarding Children Board: www.escb.co.uk

Appendix 2

Code of Behaviour

The following guidance is to be adhered to in order to safeguard, Children, Adults, and all staff of CAVS. This Code of Behaviour is in all CAVS delivery/outreach sites and head office.

Mobile Outreach Staff:

- All mobile outreach employees should complete a risk assessment for any venues outside of the CAVS offices and also ensure that appropriate processes are put in place to support volunteers' awareness of safety.
- All mobile outreach employees with access to the CAVS S-Drive should keep their outlook calendars up to date at all times and without exception so there is a written record of the location of mobile employees and the address they are attending.
- Employees on home visits use either the People Safe system or the appropriate lone working practice applied to their project to ensure their own safety.

General Rules:

- At no point should any member of staff transport service users in their car unless previously agreed with their Line Manager. A Consent form must be completed by Parent/Carer/Adult/Young person once the staff member's line manager agreement has been obtained.
- Employees should only give out a work mobile number or office numbers for contact; at no time should personal numbers ever be given to clients or families.
- For CAVS Family Services and Befriending Scheme, with prior agreement by the Line Manager, volunteers and their clients may share their phone numbers purely for the purpose of scheduling appointments/visits. A consent form must be completed by both the client and volunteer before numbers are shared.
- No member of CAVS Staff should be left alone with a client/members of the public when it is unnecessary to do so, and/or where they have no prior knowledge or background information about the individual. Please do not put yourself at risk and also follow the Lone working Policy.
- No unnecessary physical contact with a child or adult. If a service user is distressed, ensure that physical contact is appropriate and takes place only with the consent of the child/adult
- Disciplinary methods if needed should be non-violent and should not involve the humiliation of children or adults
- No child or adult to be physically restrained.
- Mobile phones which need to be used by staff should be done so in office only or the appropriate areas away from service users.
- CAVS staff do not provide any personal care for adults or children. e.g changing nappies or cleaning.
- Photography should take place only with consent first being gained.

Appendix 3

Pre-Existing Injury Report Form

Purpose

The purpose of this form is to provide staff and service users with a means to record and monitor any visible marks on a child where there is sessional work and contact; or areas of concerns which staff may witness during the day. This will be carried out in line with CAVS Safeguarding Policy and may result in advice that needs to be sought from children's or adult social care.

The primary aim of CAVS Schemes is to safeguard children and adults through working with and offering services that enable, support and encourage individuals. The completion of this form is part of this process.

These forms will be regularly audited, by the Designated Safeguarding Lead or the member of staff appointed by the Designated Safeguarding Lead to carry this out.

Individuals will be provided with a copy of the report should they wish.

- Staff members are to be aware of any child or adult that they come into contact with visible injuries, displaying inappropriate or concerning behaviour or making a disclosure.
- Staff members are to follow CAVS Safeguarding Policy.
- Staff members are to complete the safeguarding incident report form (where appropriate) with the parent/carer and inform the Designated Safeguarding Lead or one of the two assigned Deputy Safeguarding Officers.
- Staff members are to ensure their line manager is made aware of any incidents should she/he be away on annual leave or absent from the office. An incident report should be completed using the safeguarding incident report form.

Pre – Existing Injury Report Form

Date:		Time:
Service users Name:		DOB:
Parent/Carer Name: (present at time of incident)		DOB:
Address:		
Postcode:		
Tel (home):	Mobil:	ID:

What Happened? (who, what when) – attach another sheet if necessary

Location of incident

Any signs of injury (full details) – also record on body map attached

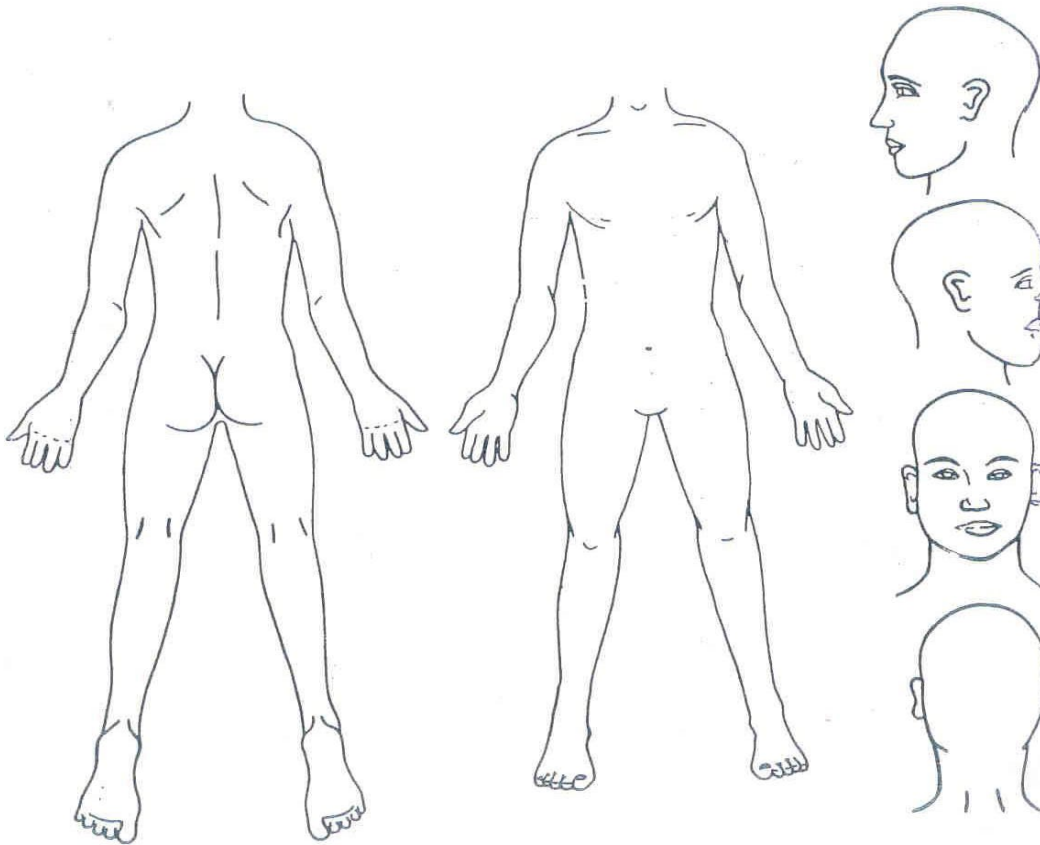
Was there any treatment of accident / injury

Record of conversations held with parent/carers

Parent / Carer Print Name:	Parent / Carer Sign:
Relationship to child:	Date:
Name of staff involved:	Staff Member Signature
	Date:
Name of manager:	Manager’s Signature:
	Date:

Pre – Existing Injury Report Form – Body Map

Please illustrate injuries below



- **
- Essex Sexual Exploitation Arrangements
 - Prevent
 - Honour Based Abuse
 - ESCB
 - ESAB
 - SET Procedures
 - One minute guide to making an SAR Referral

CAVS SAFEGUARDING PROCESS FLOW CHART (April 2023)

This is an internal process. This does not detract for any safeguarding process as part of ECC training or CAVS policies. This is purely as a guidance for CAVS team members. Staff have been provided with safeguarding documents and links appropriate to their role which includes:**

CAVS Internal Grading

Green- cases/concerns do not warrant further action other than support from the services CAVS or other agencies provide - but should be monitored.

Amber - Children and Family Hub or Adult Social Care is the route for referral for those clients who may have support needs that CAVS is unable to provide and where concerns need to be addressed formally.

Red- Individual is at significant risk of harm- URGENT action required

Low Level Risk

Not concerned to take action, however it may become a concern in the future.

Speak to Line Manager for information and advice.

Record the Line Manager's advice on Charity Log.

Line Manager/member of staff to review in Peer Case and record discussion

No further action.

Medium Level Risk

If Line Manager not available, speak with Designated Lead and record actions on Charity Log.

If no Designated Lead, take appropriate action. Email Line Manager and Designated Lead to keep them informed.

Record on Charity log. If appropriate, complete safeguarding spreadsheet. Task on Charity Log to complete follow up once a response has been received

- Safeguarding Designated Leads are-
- Kellie Wright
 - Bobbie Pettit
 - Joanne Potter

Medium Level Risk

Speak with Line Manager and record on Charity Log.
Email Safeguarding Lead

If required, contact the Children and Families Hub/Adult Services for advice.

<https://www.essexsab.org.uk/professionals/reporting-concerns/>
<https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child>

Referral

- Obtain consent
- Speaking to Designated Lead
- Make referral
- Email Designated Lead
- Record on Charity Log
- Complete Safeguarding Spreadsheet
- Copy of Referral emailed to Designated Lead and Line Manager

High Level Risk (Social Care)

If no further action, record on Charity Log and Safeguarding Spreadsheet.

Inform Line Manager and Designated Lead.
Record on charity log

Note:

In the event that a safeguarding lead needs to further consult- They will do so with the CEO

The Safeguarding Leads provide a Safeguarding status in the monthly reporting to the CEO.

The CEO provides a report to the Trustees at every Trustees meeting

High Level Risk (Social Care)

Do you need to call the Police?
Contact Line Manager or use Guardian 24 if you're at risk.

If appropriate, obtain consent.
Record on Charity Log.

Contact the Children and Family Hub/Adult Services.

Copy of referral to Line Manager and Designated lead. Record on Charity Log. Record on Safeguarding Spreadsheet.

Please consider: Can this wait until the next working day and/or when the Line Manager/Designated Lead are available to ask for advice?

Any emails/correspondence with regard to level 3 and 4 cases, the Designated Lead and Line Manager must be copied in to keep them informed with progress. This includes copies of request for support via online portal, CPP, CIN, CIC and /or other Social Care Cases (Including Adults)

Appendix 5: Equality Impact Assessment – Safeguarding Children’s Policy

Question		Outcome Yes/No/Possible
Does the policy/guidance affect one group less or more favourably than another on the basis of:	Race	No
	Religion or belief	No
	Disability	No
	Sex	No
	Sexual Orientation	No
	Gender Reassignment	No
	Marriage & Civil Partnership	No
	Age	No
Is there any evidence that some groups are affected differently?	Race	No
	Religion or belief	No
	Disability	No
	Sex	No
	Sexual Orientation	No
	Gender Reassignment	No
	Marriage & Civil Partnership	No
	Age	No
If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Race	No
	Religion or belief	No
	Disability	No
	Sex	No
	Sexual Orientation	No
	Gender Reassignment	No
	Marriage & Civil Partnership	No
	Age	No
Pregnancy & Maternity	No	

Is the impact of the policy/guidance likely to be negative?	Race	No
	Religion or belief	No
	Disability	No
	Sex	No
	Sexual Orientation	No
	Gender Reassignment	No
	Marriage & Civil Partnership	No
	Age	No
	Pregnancy & Maternity	No
If so can the impact be avoided?	Race	N/A
	Religion or belief	
	Disability	
	Sex	
	Sexual Orientation	
	Gender Reassignment	
	Marriage & Civil Partnership	
	Age	N/A
	Pregnancy & Maternity	N/A
What alternatives are there to achieving the policy/guidance without the impact?	Race	N/A
	Religion or belief	
	Disability	
	Sex	
	Sexual Orientation	
	Gender Reassignment	
	Marriage & Civil Partnership	
	Age	
	Pregnancy & Maternity	
Can we reduce the impact by taking different action?	Race	N/A
	Religion or belief	
	Disability	
	Sex	

Sexual Orientation
Gender Reassignment
Marriage & Civil Partnership
Age
Pregnancy & Maternity