



Safeguarding and Child Protection Procedures

Purpose

This document sets out the procedures that Leicestershire Cares staff, volunteers and trustees should follow in order to recognise and report concerns about the safety of the children and young people who participate in our activities.

It is vital that children and young people are able to speak out about abuse or any other concerns they have about their wellbeing, and that whoever they tell takes them seriously and acts on what they have been told. These procedures aim to ensure that anyone working on behalf of Leicestershire Cares is able to recognise the signs of abuse and know how to respond appropriately.

These procedures apply to anyone working on behalf of Leicestershire Cares, including paid staff and associated personnel, such as the board of trustees, volunteers, sessional workers, agency staff and students.

Definitions and signs of abuse

Abuse might be defined as neglect, physical abuse, emotional abuse, sexual abuse, domestic abuse, bullying, modern slavery, or female genital mutilation (FGM). See the '[Appendix: Definitions and signs of abuse](#)' for full definitions and signs of each of these types of abuse.

Disclosures

Disclosure is the process by which children and young people start to share their experiences of abuse with others. Children and young people may disclose abuse in a variety of ways, including:

- directly – making specific verbal statements about what's happened to them
- indirectly – making ambiguous verbal statements which suggest something is wrong
- behaviourally – displaying behaviour that signals something is wrong (this may or may not be deliberate)
- non-verbally – writing letters, drawing pictures or trying to communicate in other ways.

However they disclose and whatever amount they disclose, it is important that all disclosures made by children and young people are taken seriously.

Dealing with disclosures

If a child or young person discloses that they have experienced abuse, it is important that they feel they are being listened to and taken seriously. Staff should ensure they:

- **show they care, help the young person open up:** Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important.
- **take their time, slow down:** Respect pauses and don't interrupt the young person – let them go at their own pace. Recognise and respond to their body language. And

remember that it may take several conversations for them to share what has happened to them.

- **show they understand, reflect back:** Make it clear you are interested in what the child is telling you. Reflect back what they have said to check your understanding – and use their language to show it is their experience¹.
- **reassure the young person:** tell them that they have done the right thing in sharing their experience with you. Make sure they know that abuse is never their fault.

Never talk to the alleged perpetrator about the young person's disclosure. This could make things a lot worse for the young person. However, it is also important that you do not assume that the young person's account is true and accurate. You need to maintain an unbiased approach in your response to disclosures.

How to report a concern

If a child or young person is in immediate danger, staff should **call the police on 999**. If a child or young person is not in immediate danger, staff should report any complaints or concerns **immediately** to the Safeguarding Designated Lead. If the Designated Lead is unavailable, staff may report to any other appropriate staff member, such as their line manager or a senior manager, or the relevant local authority designated officer (LADO).

Concerns and disclosures should be reported using Leicestershire Cares' safeguarding report template. If a child or young person makes a verbal disclosure, staff should record:

- The young person's name, age and address (if known)
- Exactly what the young person said in their own words
- Any information that has been given about the alleged abuser

If there is evidence of physical abuse on the young person's body, a body map can be used to identify where this is and what colour the injuries are.

The information recorded from any disclosures may be shared with the police, local authority designated officer or used in court. It is therefore important that this information is as detailed and accurate as possible.

Consent and sharing information

Staff should always gain consent from children and young people for any information they have disclosed to be shared. Be clear that you will not be able to keep what they tell you a secret, and you may have to share the information with someone else who can help.

In an instance where children cannot consent, the consent should be gained through their parents unless to do so would put them at risk. Disclosed information can be shared without consent if not doing so will put the child or young person at risk.

¹ <https://learning.nspcc.org.uk/child-abuse-and-neglect/recognising-and-responding-to-abuse>

When sharing information about children or young people with other professionals, staff should ensure that the information is kept confidential and secure. There must always be a clear and legitimate purpose for sharing a child or young person's personal information. Only specific information that is relevant and appropriate should be shared with other professionals. Staff should keep a record of the reasons why they are sharing or requesting information about a child, young person or their family.

Child protection records retention and storage

All safeguarding reports should be shared with the Designated Safeguarding Lead for sign off and stored securely on the young person's file.

All child protection records should be stored securely until the young person turns 25 years old. Once this age is reached, the reports should be destroyed.

Enabling disclosures and reports

Leicestershire Cares is committed to ensuring that safe, appropriate, accessible means of reporting safeguarding concerns are made available to staff, volunteers, children, young people, parents/carers and wider agencies we work with.

Leicestershire Cares staff should share information about safeguarding and good practice with children, young people and their families via leaflets, posters, group work and one-to-one discussions to ensure that they know where to go for help if they have a concern.

Leicestershire Cares will also accept complaints from external sources such as members of the public, partners and official bodies. Our safeguarding approach and key contacts are available on our website to facilitate this.

Any staff or volunteers who raise a concern or complaint against another employee (paid or unpaid) will be protected according to Leicestershire Cares' whistleblowing policy.

Managing allegations against staff and associated personnel

Leicestershire Cares takes any concerns raised about its staff or volunteers seriously. Any concerns or complaints raised about paid staff or associated personnel, such as the board of trustees, volunteers, sessional workers, agency staff or students, should be reported to the Designated Safeguarding Lead immediately. If the complaint is about the DSL, it should be reported to the Chief Executive Officer.

Safeguarding complaints against staff and associated personnel will be investigated thoroughly, involving all relevant parties. If appropriate, they will also be reported to the local authority designated officer (LADO) and/or the police. The member of staff about whom the complaint has been raised may be suspended while the investigation is carried out, depending on the nature/severity of the allegations.

The investigation and outcome will be recorded and shared with the member of staff and complainant as appropriate. The record will be stored confidentially on the employee's file for up to 10 years.

Related policies and procedures

These procedures should be read alongside our organisational policies, procedures, guidance and other related documents:

- Safeguarding policy
- Code of conduct for staff and volunteers
- Code of conduct for children and young people
- Photography and sharing images guidance
- Online safety policy
- Anti-bullying
- Managing complaints
- Whistleblowing
- Health and safety
- Induction, training, supervision and support

Contact details

Leicestershire Cares designated safeguarding lead:

Charlotte Robey-Turner

Head of Children and Young People

Charlottert@leicestershirecares.co.uk

0116 464 5215 / 07793 443 973

Leicestershire and Rutland Safeguarding Children and Adults Boards:

<https://lrsb.org.uk/>

Local Social Services Duty Teams:

Leicester: 0116 454 1004

Leicestershire: 0116 305 0005

Rutland:

During office hours: [01572 758 407](tel:01572758407) or childrensreferrals@rutland.gov.uk

Outside of office hours: 0116 305 0005

Leicestershire Police: 0116 222 2222

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Appendix: Definitions and signs of abuse

Definition	Signs
Neglect	
<p>A passive form of abuse in which the perpetrator is responsible to provide care, for someone, who is unable to care for oneself, but fails to provide adequate care to meet their needs. Neglect may include failing to provide sufficient supervision, nourishment, medical care or other needs.</p> <p>Neglect is the most common form of abuse for children, and is found in about 60% of all referred cases of abuse.</p>	<ul style="list-style-type: none"> • Unkempt appearance • Constant hunger • Unattended medical issues • Abuse of alcohol or drugs • Inappropriate clothing for the weather • Frequent illness • Being unsupervised for long periods with no explanation • Becoming withdrawn • Low self-esteem • Failure to ensure that medication is taken • Living in unsafe conditions
Physical	
<p>Contact intended to cause feelings of intimidation, injury, or other physical suffering or bodily harm. Examples include hitting, slapping, pushing, biting and restraining. Physical abuse can also involve exaggerating or deliberately causing the symptoms of illness in a child; this is known as fabricated or induced illness (FI).</p>	<ul style="list-style-type: none"> • Multiple bruises • Fractures and dislocations • Scratches and cuts • Loss of clumps of hair • Black eyes or bruised ears • Scalds or burns • A history of unexplained minor falls or accidental poisonings • Explanations which are not consistent with injuries • Deterioration of health with no obvious cause • Withdrawal and mood changes • Reluctance for the individual to be with specific people • Others not allowing access to the child
Emotional	
<p>Threats or actions to cause mental or physical harm, humiliation or isolation. Emotional abuse can include threatening a child or trying to coerce them through harassment, verbal abuse or isolation.</p>	<ul style="list-style-type: none"> • Reluctance for the individual to be with specific people • Continual references to the individual in a derogatory way by others • Being overly affectionate to strangers • Lack of confidence • Severe anxiety • Aggression towards others • Individual not allowed to speak their opinion • Disturbed sleep patterns.

Sexual	
<p>The forcing of undesired sexual behaviour by one person upon another. This can be direct abuse of the other person such as rape or sexual touching or by making someone watch images of a sexual nature. Sexual abuse comes about when sexual acts have not been consented to.</p>	<ul style="list-style-type: none"> • Bruises around the genital area • Bite marks or scratches • Recurrent sexually transmitted infections • Blood in underwear • Abdominal pain that has no apparent cause • Pregnancy • Provocative and inappropriate sexual behaviour • Self-harming • Aggression towards others • Refusal to undress in front of others • Reluctance for the individual to be with specific people • Sexual abuse of others.
Domestic	
<p>The abuse of one partner within an intimate or family relationship using repeated, random and habitual measures to intimidate or control a partner. Children who are witness to this behaviour are also victims of domestic abuse, and can be significantly affected by what they see and hear. Domestic abuse also involves 'honour-based' violence where children are targeted because they have brought shame to a family or they have violated cultural or religious rules.</p>	<ul style="list-style-type: none"> • Suddenly becoming aggressive without an obvious cause • Displays of anti-social behaviour • Withdrawal with signs of depression • Not doing well at school for no apparent reason • Sleep problems • Minor medical complaints with no obvious source • Hyper vigilance • Increased separation anxiety • Easily distracted • Changes in play behaviour
Bullying and cyber-bullying	
<p>Repeated verbal, physical, social or psychological aggressive behaviour by a person or group directed towards a less powerful person or group that is intended to cause harm, distress or fear. Bullying can be carried out in person or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.</p>	<ul style="list-style-type: none"> • Withdrawal • Reluctance to be with certain individuals • Unexplained injuries • Aggressive towards others • Lowering of confidence and self-esteem
Modern slavery	
<p>This type of abuse encompasses slavery, human trafficking and forced labour. The individuals who perpetrate</p>	<ul style="list-style-type: none"> • Signs of physical or emotional abuse • Rarely allowed to travel alone • Appearing to be under the control of someone

<p>this form of abuse will use whatever they have at their disposal to coerce, deceive and force individuals into a life they have not agreed to, which is likely to be inhumane and abusive. Slavery and trafficking can apply to children equally as much as adults.</p>	<p>else</p> <ul style="list-style-type: none"> • Few or no personal belongings • Hesitation when speaking with strangers
<p>Female genital mutilation (FGM)</p>	
<p>FGM is the partial or total removal of female genitalia, through cutting, injuring or changing when there is no medical reason to do so. It is usually carried out on young girls between infancy and the age of 15, most commonly before the onset of puberty. It is illegal in the UK.</p>	<ul style="list-style-type: none"> • Difficulties with urination • Constant pain • Incontinence • Frequent vaginal, pelvic or urinary infections • Menstrual problems • Kidney damage • Cysts and abscesses • Discomfort when sitting or standing • Appearing anxious or depressed • Reluctance to undress or undergo medical examinations • Unusual absences from school or college