



PENNYWELL NEIGHBOURHOOD CENTRE

COMMUNITY & HEALTH RESOURCE PROJECT, PENNYWELL SHOPPING CENTRE,
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Safeguarding Children Procedures

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SAFEGUARDING CHILDREN PROCEDURES

Safeguarding Procedures (All staff)

1. RESPONSIBILITIES

The responsibilities for dealing with safeguarding lie with the following:

Safeguarding is everyone's responsibility.

All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding. It is important that Staff are also aware of the Government's PREVENT strategy. The aim of this is to stop people becoming terrorists or supporting violent extremism in all its forms. This can also be a safeguarding issue but has different reporting mechanisms.

The Safeguarding Officer(s) will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the Police or other appropriate external bodies.

The Chief Executive is responsible for supervision of these activities.

2. SAFEGUARDING PROCEDURES

- Safeguarding is everybody's responsibility
- Pennywell Neighbourhood Centre's commitment to keeping children and young people safe is regularly and consistently referenced in all our key policies, procedures, website and appropriate documents.
- Pennywell Neighbourhood Centre communicates its safeguarding policies and procedures to all staff. This is done as part of induction, at supervision for relevant roles and policies and procedures are available on the staff 'shared drive' under policies and procedures: safeguarding
- Pennywell Neighbourhood Centre communicates its safeguarding policies and procedures to all staff and relevant stakeholders, including the children and young people we support through its website, staff and documentation. Safeguarding updates on practice or referral routes etc is a standing item on internal team meeting agendas.
- Pennywell Neighbourhood Centre communicates its safeguarding policies and procedures to its trustees as part of a standing agenda item at trustee meetings.

3. REPORTING OF SAFEGUARDING CONCERNS

If you are worried about a child, talk to the Pennywell Neighbourhood Centre Safeguarding Lead to discuss your concerns at the earliest opportunity.

Safeguarding Officers

Nominated Child Protection Lead Safeguarding Officer

Name: Gary Brooks

Tel No: 0191 5341477

Email: gbrookspnc@outlook.com

Deputy Child Protection Lead Safeguarding Officer

Name: Beverley Bulmer

Tel No: 0191 5341477

Email: receptionpnc@outlook.com

Trustee Senior Lead for Safeguarding and Child Protection

Name: Julie Hanly

Tel No: 07954 186406

Email: juliehanly@sky.com

Making a safeguarding referral

Together for Children - Sunderland

0191 5205560 (available 8.30am to 5.00pm Monday - Thursday, 8.30am to 4.30pm Friday);
or 0191 520 5552 - Out of Hours Team (also available 24 hours Saturday and Sunday)

NSPCC Helpline

0808 800 5000

In an emergency always call 999

Unsure of the referral is a safeguarding or welfare referral?

If we are unsure that a safeguarding referral is needed, we will call the Integrated Contact and Referral Team on 0191 5205560 to speak with a MASH social worker.

Safeguarding referrals are not made via the MASH number above, we will use it for consultation purposes only.

REPORTING Allegations of abuse or malpractice against a member of staff including volunteers

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. **It also includes allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children.**

It must be used in respect of all allegations that are consistent with the guidance in Working Together i.e., cases in which 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 in a way that indicates s/he is unsuitable to work with children.

If the allegation is against a Pennywell Neighbourhood Centre member of staff or volunteer the allegation must be reported immediately, at least within one working day, to the Pennywell Neighbourhood Centre Safeguarding Lead.

If the allegation is against the Safeguarding Lead then the allegation must be reported to the Pennywell Neighbourhood Centre Deputy Safeguarding Lead. The Pennywell Neighbourhood Centre Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

Contact details for LADO's

Local Authority Designated Officers can be contacted for allegations against all staff and volunteers via email on designatedofficer@togetherforchildren.org.uk

4 RECOGNISING CHILD ABUSE

Abuse can take many forms and the examples in the definitions below are not exhaustive. There may be other situations not covered in the examples below that give you concern for a child's safety and wellbeing. If you have a concern follow the reporting flowchart.

4.1 DEFINITIONS OF ABUSE

PHYSICAL ABUSE

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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate... It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving high levels of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, 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 adult males. Women can also commit acts of sexual abuse as can other children.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);

- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment;
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions from *Working together to safeguard children, 2015*

STAFF MUST ALSO BE AWARE OF THE FOLLOWING SAFEGUARDING ISSUES

4.2 DOMESTIC ABUSE

Be aware that a referral must be made direct to Together for Children - Sunderland, following the reporting flowchart below, if it seems reasonable to suspect that:

- a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
- the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

Recognising signs and symptoms of possible and actual abuse can be found at Appendix B of this document.

4.3 PREVENT: VULNERABLE TO RADICALISATION (VTR) OR INFLUENCED BY EXTREMISM

Staff may notice a change in a child's behaviour that may suggest they are vulnerable to violent extremism. We will follow the Sunderland City Council Guidance on Preventing Radicalisation and the Prevent Duty.

After having discussed concerns with appropriate colleagues, being mindful of confidentiality, where the staff member still has concerns that the individual may be vulnerable to violent extremism, a referral form is to be completed at <https://www.togetherforchildren.org.uk/what-we-do-concerned>. For urgent safeguarding concerns call Together for Children -Sunderland on 0191 5205560

UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL

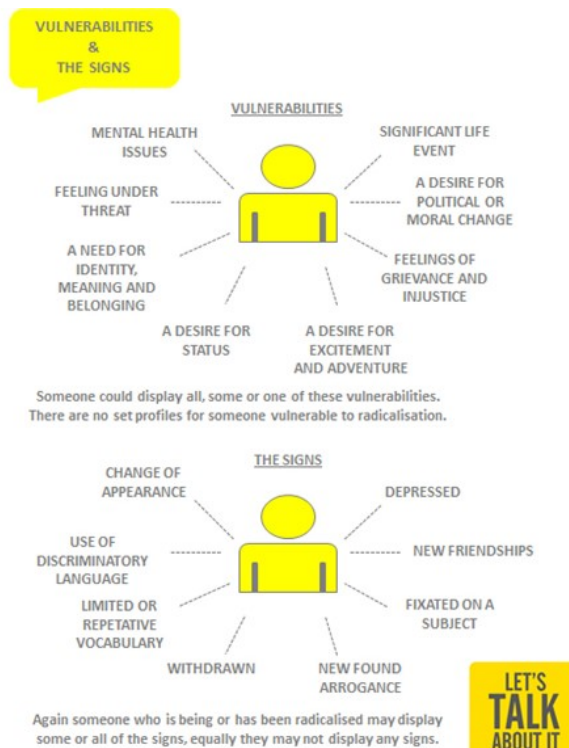
GUIDANCE NOTES FOR RECOGNISING VTR

Who is Vulnerable to Radicalisation?

People who are vulnerable to radicalisation come from all walks of life, genders, ages and social groups, income levels, professions etc.

[There is no profile for someone who could be drawn into terrorism.](#)

Extremism is any form of extremism; this includes extreme right wing views, animal rights issues as well as religious views. It is unhelpful to have a narrow view of who can be VTR. It is important to keep an open mind. Looking at the factors associated with a person who becomes vulnerable to it can be helpful to look at. They include;



This guide is to help you refer concerns about an individual who may be vulnerable to being drawn into terrorism. Below are questions which may help you to quantify and structure your concerns. The list is not exhaustive and other factors may be present but they are intended as a guide to help communicate your professional judgement about what has led you to make a referral.

Faith / ideology

- Are they new to a particular faith / faith strand?
- Do they seem to have naïve or narrow religious or political views?
- Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?
- Have there been specific examples or is there an undertone of “Them and Us” language or violent rhetoric being used or behaviour occurring?
- Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
- Are there particular grievances either personal or global that appear to be unresolved / festering?
- Has there been an increase in unusual travel abroad without satisfactory explanation?

Personal / emotional / social issues

- Is there conflict with their families regarding religious beliefs / lifestyle choices?
- Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration? Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?
- Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?
- Have they got / had extremist propaganda materials (DVD's, CD's, leaflets etc.) in their possession?
- Do they associate with negative / criminal peers or known groups of concern?
- Are there concerns regarding their emotional stability and or mental health?

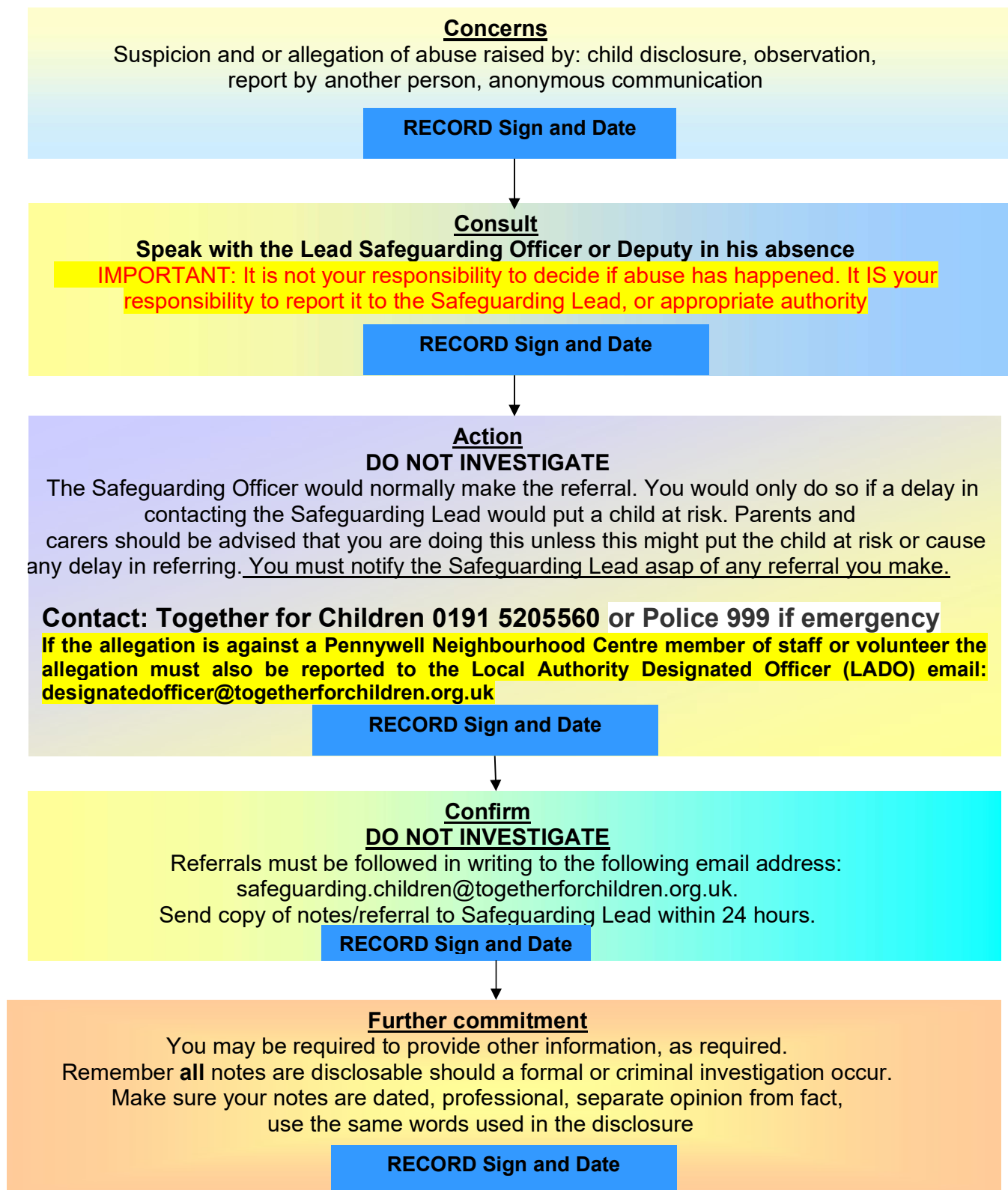
- Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

Risk / Protective Factors

- What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g.; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.
- Is there any evidence of others targeting or exploiting these vulnerabilities or risks?
- What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

4.4 FLOWCHART FOR REFERRAL FOR ACTUAL OR SUSPECTED ABUSE – FOR STAFF WHO ARE NOT SAFEGUARDING LEADS

We are all responsible for reporting concerns about a child's welfare. Legislation and guidance for each of the UK's 4 nations clearly sets out expectations with regard to professionals reporting their suspicions that a child is at risk of harm to the authorities (NSPCC).



4.5 INFORMATION SHARING PROCEDURES RELATING TO SAFEGUARDING CHILDREN

Through the safe and effective sharing of information it aims to ensure that children get the support they require from external services and that the people it works with are protected from harm, abuse or neglect. It also seeks to prevent them from offending.

In many reviews into deaths of children the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. **It is imperative that Pennywell Neighbourhood Centre staff understand the requirement to share safeguarding information in order to protect vulnerable children from harm.**

Confidentiality and information sharing must be integrated across all aspects of Pennywell Neighbourhood Centre services and management as its users have the right to privacy and confidentiality and to understand when “secrets” cannot be protected for their best interests.

INFORMATION SHARING DEFINITIONS

Confidentiality: Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

Pennywell Neighbourhood Centre understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user’s prior expressed consent to disclose such information.

Breach of confidentiality: Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

Even where sharing of confidential information is not authorised, Pennywell Neighbourhood Centre may lawfully share it if this can be justified in the public interest.

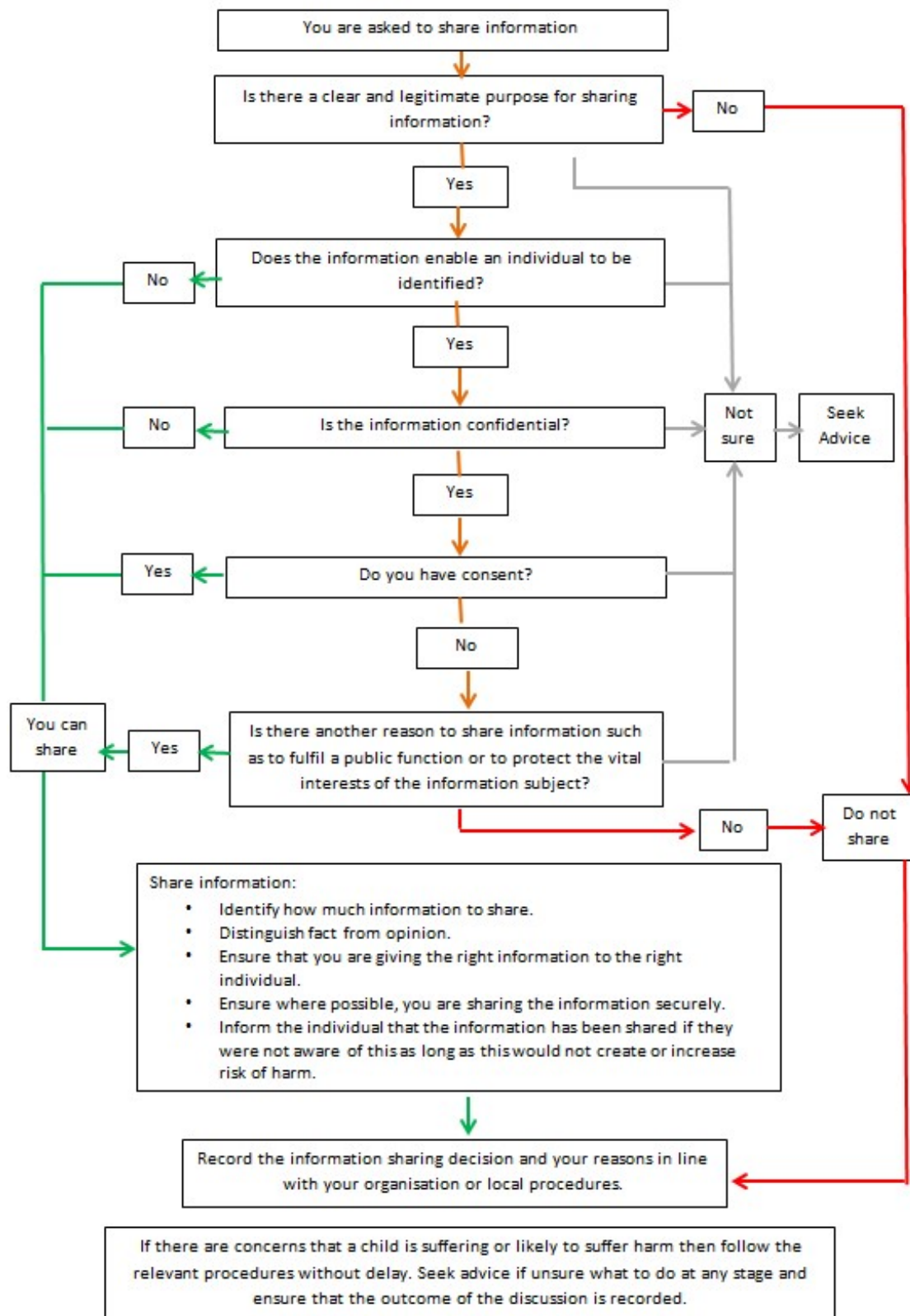
Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the Manager with the CE on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information

Public interest: A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

Serious crime: This means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

4.6 Information sharing flowchart



Appendix A GOOD PRACTICE:

1. HOW TO REACT WHEN A CHILD/YOUNG PERSON WANTS TO TALK ABOUT ABUSE

- **General points**
- Take seriously what the child/young person says (however unlikely the story may sound)
- Keep calm
- Look at the child/young person directly
- Be honest
- Let them know you will need to tell someone else – don't promise confidentiality
- Reassure them they are not to blame for the abuse
- Be aware that the child/young person may have been threatened
- Never push for information
- Ask questions for clarification only; avoid asking questions that suggest a particular answer.

- **Helpful things to say or show**
- Show acceptance of what the child/young person says
- "I am glad you have told me"
- "It's not your fault"
- "I will help you"

- **Avoid saying**
- "Why didn't you tell anyone before?"
- "I can't believe it"
- "Are you sure this is true?"
- Never make false promises
- Never make statements such as "I am shocked!", or "don't tell anyone else"

- **Concluding**
- Reassure the young person that they were right to tell you and that you take them seriously
- Let the young person know what you are going to do next and that you will let them know what might happen Immediately report the matter, as per procedures

Other good practice

Consent forms including medical details should always be used for children and young people attending the activity and should be readily available during the activity.

Never take a group off the premises with fewer than two adults. Consent forms including medical details should always be used for specific outings or activities outside the Pennywell Neighbourhood Centre premises.

As it is good practice to keep a **record of each activity**/session these will be used. This record should include a register of children and staff and details of any significant incidents.

Always keep a register with the address and contact phone number of every child. These records are to be kept securely, in line with the Data Protection policy.

All staff working with children or young people will be subject to a **DBS enhanced check**. While waiting for a DBS check to arrive the person will never be left alone with children unsupervised.

Any photography or filming of children and young people at Pennywell Neighbourhood Centre activities will be subject to the **Photography and filming policy**.

APPENDIX B: RECOGNISING POSSIBLE CHILD/YOUNG PERSON ABUSE

The following behavioural signs *may* be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

Physical signs

- Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- Injuries which have not received medical attention.
- Instances where children/young people are kept away from the group inappropriately or without explanation.
- Self-mutilation or self-harming e.g.. cutting, slashing, drug abuse.

Emotional signs

Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also, depression/aggression.

- Nervousness or inappropriate fear of particular adults.
- Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.
- Persistent tiredness, wetting or soiling of bed or clothes by an older child.

Signs of neglect

- Regular poor hygiene
- Persistent tiredness
- Inadequate clothing
- Excessive appetite
- Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

Indicators of possible sexual abuse

- Any direct disclosure made by a child/young person concerning sexual abuse.
- Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
- Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Preoccupation with sexual activity through words, play or drawing.
- Child/Young person who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse.