



## **SAFEGUARDING ADULTS' POLICY AND PROCEDURE**

This document should be read in conjunction with, the Berkshire Safeguarding Adults Policy and Procedures 2024, the Social Care Institute for Excellence's Protecting Adults at Risk Report 2017, the Dash Charity Maintaining Professional Boundaries Policy 2025 and the Dash Charity Anti-Abuse Policy 2025.

Safeguarding and the protection of vulnerable adults is everyone's responsibility.

### **Introduction**

Everyone is entitled to live their life free from violence and abuse. Vulnerable people in our care should be protected from abuse from other residents, children, staff or volunteers. This policy aims to enable The Dash Charity's employees and volunteers to recognize, prevent and report abuse.

A vulnerable adult is someone over the age of 18 who is vulnerable by reason of old chronological age, young mental age, infirmity or disability (including mental disorder within the meaning of the Mental Health Act 1983) they may be unable to take care of themselves or to protect themselves from others.

Vulnerable adults may:

- Have communication difficulties
- Suffer from emotional problems
- Have difficulty understanding certain decisions or transactions
- Be victims of discrimination and abuse
- Have low self-esteem
- Be less likely to be served well by the criminal justice system
- Have limited life experience and find it difficult to anticipate abusive situations
- Need help with personal care
- Be dependent on others for their basic needs
- Be socially isolated in terms of friendships, family etc.

The Berkshire Multi-Agency Safeguarding Adults Policy and Procedures (2019) identifies the framework for The Dash Charity. The East Berkshire Safeguarding Adults Workforce Development Strategy 2019 provides the strategic direction to ensure we are able to respond to safeguarding matters. We apply the below into our practice:

- All people within our community have the basic human rights to dignity, freedom and respect.
- 'Safeguarding Adults' relates to all work which enables an adult 'who is, or may be, eligible for community services and who may be at risk of significant harm or exploitation to retain independence, well being and choice and to be able to live a life that is free from abuse and neglect.'
- It is the responsibility of individual agencies to ensure that appropriate levels of training are accessed.
- Each training level has related competencies. Following attendance at training, attendees will be expected to demonstrate these competencies within their work role.
- Safeguarding Adults Level One Training is essential training for all The Dash Charity staff.
- The partnership's training strategy advocates that training is made available to and/or specifically tailored for service users and carers e.g. 'how to make a complaint about abuse or neglect'.

### **No recourse to public funds (NRPF)**

The Care Act 2014 stipulates that adults can now access care and support in the same way that every other adult would and are also subject to the same eligibility criteria. This also goes hand in hand with paragraph 3, Schedule 3 Nationality Immigration Asylum Act 2002 which says that the Local Authority is required to provide care and support if not doing so would breach a person's human rights.

### **Raising issues of suspected abuse or neglect**

Where personnel suspect abuse or neglect has occurred, it should be raised with a line manager in the first instance. The line manager will then initiate the Complaints and Allegations policy and procedure.

### **Multi-agency Approach**

Safeguarding is about preventing abuse and neglect as well as promoting good practice for responding to concerns on a multi-agency basis. Presently, there is no legislation that places a statutory duty to co-operate on any agencies involved in safeguarding adults. However, the Department of Health 'No Secrets' document has been replaced with chapter 14 of the Care Act 2014 which requires the establishment of Safeguarding Adults Boards, thereby enforcing the need for partnership working.

The Safeguarding Adults Partnership Board will conduct a Safeguarding Adults Review (SAR) in cases involving the death of an adult in which abuse or neglect is known or suspected. A SAR will also be held if an adult suffers a life-threatening injury, serious sexual abuse or serious or permanent impairment as a result of known or suspected abuse or neglect, particularly where the Adult was known to services and/or acknowledged to be vulnerable

Organisations represented on the Adults Safeguarding Board include:

- Berkshire Care Association
- Berkshire East Primary Care Trust
- Berkshire Healthcare Foundation Trust
- Bracknell Forest Council
- Commission for Social Care Inspection
- Heatherwood & Wexham Park Hospitals NHS Foundation Trust
- Royal Borough Windsor Maidenhead (RBWM)
- Slough Borough Council
- Thames Valley Police
- South Central Ambulance Service

Multi-agency working is vital to The Dash Charity's processes and encourages coordinated approach to Safeguarding Adults from abuse. Increased understanding of everyone's roles in Safeguarding Adults process and a coordinated approach to Safeguarding adults from abuse.

Where there is cause for concern for an adults safety and wellbeing, practitioners should consult the [Berkshire Safeguarding Adults Policy and Procedures](#) the purpose of which is to support staff to respond appropriately to allegations of abuse. A direct link to these Procedures can be found on the Dash Toolbar.

[Adult Safeguarding and Domestic Abuse](#) The local Government Association and the Association of Directors of Adult Social Services has published a guide that describes the overlaps between safeguarding and domestic abuse with the approaches and legal frameworks for domestic abuse that can be used in the safeguarding context.

Staff members should consult a line manager where there have been allegations of abuse and a decision to share information will be made in the Data Protection Act 2018. All discussion and actions taken should then be recorded on The Dash Charity's central safeguarding log and fully recorded in client case notes.

The Dash Charity is committed to staff training and Level 1 Safeguarding Adults training will be completed by all staff members and volunteers as a core training module. This will be refreshed every three years.

### **Summary of main forms of abuse**

These are examples only and the list is not exhaustive.

## Physical Abuse

- Hitting
- Slapping
- Kicking
- Inappropriate restraint or sanctions

## Emotional/Psychological Abuse

- Intimidation
- Humiliation
- Harassment
- Controlling
- Coercion

## Neglect/Deprivation

- Neglect of physical and emotional needs
- Deprivation of food, clothing or medical attention
- Denial of basic right to make informed choices

## Sexual Abuse

- Unwanted physical and sexual contact
- Intercourse with someone who lacks the capacity to consent
- Rape
- Indecent exposure
- Displaying pornographic literature or videos

## Financial Abuse

- Misuse and/or misappropriation of monies, benefits or property

## Discrimination

- Unfair treatment based on colour, age, disability, sexual orientation, gender definition, religion or status

## Institutional Abuse

- Neglect and poor professional practice may lead to other forms of abuse

## **Indicators of Abuse**

Staff and volunteers should make themselves aware of behaviours which may indicate abuse, including:

- Seeking shelter or protection
- Unexplained reactions towards particular individuals
- Unexplained reactions towards particular settings
- Frequent or regular visits to the GP or hospital
- Unexplained change in material circumstances
- Destruction of physical environment
- Chronic sleep disturbance
- Self-harm
- Obsessive behaviour

- Extreme physical and/or emotional dependence

Organisational factors which may contribute to abuse include:

- Inadequate staffing
- Inadequate staff supervision or support
- Insufficient training
- Rigid routines
- Closed communication channels

### **Risk Assessments**

The Dash Charity conduct Safelives DASH risk assessments at point of referral to service to ascertain the appropriateness of the service to the client. The risk assessment informs the type of support which each individual client receives from the service. This, along with key working sessions, shapes the support plan.

### **Security**

The Dash Charity completes enhanced Disclosure Barring Check (DBS) for all employees and volunteers working with vulnerable adults and children. These checks are renewed every three years.

### **GDPR and Data Protection Act 2018**

It is The Dash Charity's policy to maintain clear and accurate records of all of the information handled within its services. This is important not just for good practice, but also because such records may be used as evidence if there is a case brought with regard to suspected neglect or abuse. The Act covers the recording and sharing of personal information. Personal data must be recorded and shared lawfully and must only be shared if disclosure is either:

- Agreed by the client
- Required by court order or legal duty
- Necessary to protect the clients 'vital interests'
- Necessary to carry out a statutory function e.g. duty to assess

It is important that the client has the capacity to make decisions about data sharing meaning that they are able to understand and retain the information and use it to inform a decision. Clients should be assumed to have capacity unless they are shown not to.

### **Reducing Risk of Allegation**

In order to reduce the risk of allegation of abuse from clients it is important that personnel ensure that they follow the Dash Charity Maintaining Professional Boundaries policy and The Dash Charity Code of Conduct.

### **Important Contact Numbers**

#### *Emergency Duty Services (EDS):*

- Emergency duty team outside of office hours for social care emergencies: 01344 351 999

#### *Royal Borough of Windsor and Maidenhead*

- Adult Services Access team 01628 683 744 . In an emergency and outside of office hours, please call 01344 786543  
[www.berkshiresafeguardingadults.co.uk](http://www.berkshiresafeguardingadults.co.uk)
- Optalis (Adult social care): [info@optalis.org](mailto:info@optalis.org) , text: 18001 0118 9778600
- Learning Disability service 01753 638677
- Mental Health Service: 01628 640 200
- Integrated Hub team: 0300 365 1234 [bks-tr.hub@nhs.net](mailto:bks-tr.hub@nhs.net)
- Physical disabilities and older peoples service: 01628 683 744

#### *Slough*

- Adult Social Care 01753 690444 / [safeguarding.adults@slough.gov.uk](mailto:safeguarding.adults@slough.gov.uk)
- Community Mental Health team 01753 690 950
- Community Team for People with a Learning Disability 01753 690 860
- Out of Hours contact the Emergency Duty Team 01344 786 543

#### *South Bucks*

- Adult Social Care 01895 837200/ [sbdc@southbucks.gov.uk](mailto:sbdc@southbucks.gov.uk)

**The Dash Charity**  
**Live: January 2024**  
**Review: June 2025**



## **Safeguarding Children Policy**

This document has been written based on, and is to be read in conjunction with, the Berkshire Local Children's Safeguarding Boards Child Protection Procedures, Working Together to Safeguard Children 2018, The Dash Charity Maintaining Professional Boundaries Policy and The Dash Charity Anti-abuse Policy.

Safeguarding and the protection of children is everyone's responsibility.

This document offers a comprehensive guide to The Dash Charity duties and its employee's duties to safeguard children and young people. The Safeguarding lead is responsible for updating and circulating new information and changes in legislation for this policy.

All new employees, returning to work employees, students, volunteers, interns and apprentices should familiarise themselves with section 1 and 2 within their induction period and then refresh their understanding periodically. This will be overseen by their supervisor.

Sections 3 and 4 should be read within the first 12 weeks of employment as part of a staff member's induction, and they should discuss the contents with their supervisor to demonstrate understanding.

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#### Section 1 Overview

##### 1.1 Introduction

The Dash Charity has a responsibility for the safety of children under its care. The organisation recognises that good safeguarding policies and procedures are of benefit to everyone; including team members, as they can help protect them from erroneous or malicious allegations.

The welfare of children and young people is paramount to the ethos. The DASH Charity is committed to practices which protect children from harm. All team members who have access to or contact with children and young people are

required to:

- recognise and accept their responsibilities
- develop awareness of the issues which can cause children harm
- report concerns following the procedure below

The organisation will ensure the safeguarding of children by:

- a) adopting Local Children's Safeguarding Boards procedures and The DASH Charity codes of practice for all who work on behalf of the organisation
- b) reporting concerns to the relevant authorities
- c) carefully following procedures for recruitment and selection of staff, students and volunteers
- d) providing effective management for staff, students and volunteers through supervision, support and training

The DASH Charity work in partnership with the Slough and RBWM Local Safeguarding Children's Boards, our Domestic Abuse Co-ordinators, Ofsted, our inspectorate and other relevant agencies to ensure that the information in this document reflects National Policy and Guidelines.

## 1.2 Summary of The DASH Charity Child Protection Policy

- All team members working on behalf of The DASH Charity accept responsibility for the welfare of children who come into contact with the organisation in connection with its tasks and functions, and that they will report any concerns about a child or somebody else's behaviour, using the procedures laid down
- All operational managers, namely Refuge Manager, A and O Manager, and Chief Executive will act as designated safeguarding lead officers who will take action following any expression of concern and the lines of responsibility in respect of child protection are clear.
- All staff know how to make appropriate referrals to child protection agencies.
- All those who are involved with children on behalf of The DASH Charity should adhere to the Standards of conduct, performance and ethics – Health and Care Professions Council.
- Information relating to any allegation or disclosure will be clearly recorded as soon as possible, and there is a procedure setting out who should record information and the time-scales for passing it on.
- The Children Act 1989 states that the "welfare of the child is paramount" (s1

Children Act 1989). This means that considerations of confidentiality which might apply to other situations should not be allowed to over-ride the right of children to be protected from harm. However, every effort should be made to ensure that confidentiality is maintained for all concerned when an allegation has been made and is being investigated

- The organisations and workers 'duty of care' to children will be referred to or included in recruitment, training, moderation and policy materials where appropriate. The policies are openly and widely available to team members and actively promoted within the organisation.
- A culture of mutual respect between children and those who represent The DASH Charity in all its activities will be encouraged, with team members modelling good practice in this context.
- All team members, students, volunteers and anyone in paid or unpaid work on behalf of The DASH Charity will be checked appropriately, through the process of enhanced DBS checks, induction, references and supervision.
- It is part of The DASH Charity acceptance of its responsibility of duty of care towards children that anybody who encounters child protection concerns in the context of their work will be supported through the disclosure when they report their concerns in good faith.

### 1.3 Designated Child Protection Lead

The Refuge Services Manager and the Advocacy & Outreach Manager are designated to uphold all safeguarding practice, policies and procedures.

Their roles are to:

- know which outside (external) child protection agency to contact in the event of a child protection concern
- provide information and advice on child protection within the organisation
- ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing under confidential cover
- liaise with local social care and other agencies, as appropriate
- keep relevant people within The DASH Charity informed about any action taken and any further action required.
- ensure that a proper record is kept of any child protection referral and action taken, and that this is kept safely and in confidence
- co-ordinate training logs and advise Management of safeguarding children

training needs

- Oversee the central organisation safeguarding log and prepare a quarterly update for the Board of Trustees
- Liaise with the Safeguarding Board

#### 1.4 What to do if you are worried a child is being abused<sup>1</sup>

Everyone working with children and young people should be familiar with local procedures and protocols for safeguarding the welfare of children and young people. Team members have a duty to report any child protection or welfare concerns to a designated member of team members in their organisation and/or report any concerns to the local social care office or the social care team that is currently working with that family. Anyone who has concerns or is in doubt should refer to the document '**What to Do If You're Worried a Child Is Being Abused**' and follow that guidance. This guide is available at the office in each house. Confidential advice can be sought from NSPCC on their helpline. Guidance can also be found online at <http://proceduresonline.com/berks/> and '**Working Together to Safeguard Children 2018**'<sup>2</sup>

#### 1.5 What is the Local Safeguarding Children Board?

The establishment of Local Safeguarding Children Boards (LSCBs) is an important element of the improved safeguards for children put in place by the Children Act 2004. The LSCB and its activities are part of the wider context of children's trust arrangements. Each local authority is required to have a LSCB in place.

The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

#### What are the Roles and Responsibilities of the LSCB?

The roles and responsibilities of the LSCB are set out in the Working Together to Safeguard Children 2018.

The LSCB ensures that the duty to safeguard and promote the welfare of children is carried out in such a way as to improve all five outcomes that are of importance to children.

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The work of the LSCBs contributes to the wider goals of improving the wellbeing of all children; it has a particular focus on aspects of the 'staying safe' outcome.

Safeguarding is not just about protecting children from maltreatment. It includes preventing impairment of children's health or development; ensuring children are growing

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<sup>1</sup> What to do If You are Worried a Child is Being Abused HM Government 2015.

<sup>2</sup> Working together to safeguard children HM Government 2018

up with safe and effective care and ensuring that children have optimum life chances and enter adulthood successfully.

Safeguarding children is the responsibility of all, not just those agencies and individuals who work within the child protection field or with vulnerable children as part of their work. All individuals and agencies, organisations, clubs and associations are expected to have a role in safeguarding children and promoting their welfare.

*This means that organisations involved with providing services to children - from hospitals and schools, to police and voluntary groups - are working together and sharing information to protect children and young people from harm and help them achieve.<sup>3</sup>*

## Section 2 The DASH Charity Safeguarding Policies and Procedures

### 2.1 The DASH Charity Procedure for Reporting Concerns

Team members could have their suspicion or concern raised in a number of ways, the most likely of which are:

- the conduct of a member of The DASH Charity team
- a child "disclosing" abuse
- bruising (unexplained/ suspicious/ severe) or evidence of physical hurt; which may or may not be accompanied by
- unusual behaviour by a child
- disclosure from an Adult around a child witnessing/experiencing domestic abuse

If a member of the team has such concerns they should be reported to a Manager (see flow chart on the following page).

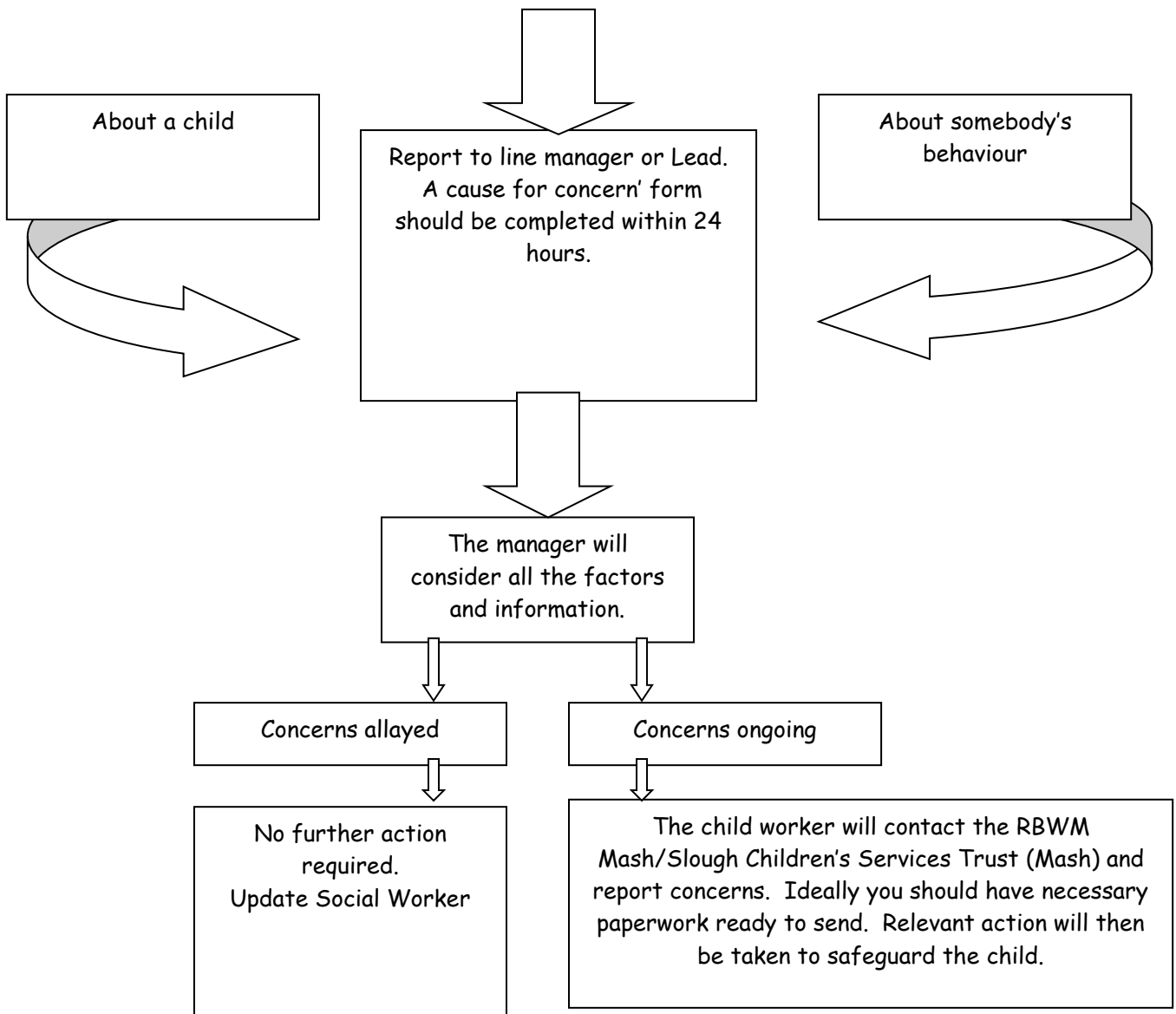
Concerns about a specific child should be reported immediately by telephone to Management or other staff member and confirmed in writing within 24 hours. Delay could prejudice the welfare of a child. If the concerns relate to the conduct of a member of a team these should be reported by phone to a manager at the earliest opportunity.

Management will consider the concerns and either escalate using own procedures or refer this immediately to the authorities or, after taking appropriate advice (which may include discussing the circumstances on a confidential basis with the local social care services), decide not to refer the concerns to the authorities but keep a full record of the concerns.

<p>Where there is a child protection suspicion or concern</p>
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<sup>3</sup> See working in partnership policy in appendices.



The DASH Charity has a duty to make enquiries where there is reason to believe that a child is at risk of significant harm.

Harm is defined as ill treatment, impairment of health, or impairment of physical, emotional, intellectual, social or behavioural development.

If you think a child or young person is suffering harm, or is at risk of harm, you should follow the procedure outlined above.

## 2.2 Responding Appropriately to a child Making an Allegation of Abuse

- Stay calm and help the child remain as comfortable / relaxed as possible. Listen carefully to what is said.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets.

- Tell the child that the matter will only be disclosed to those who need to know about it.
- Allow the child to continue at her/his own pace.
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer.
- Reassure the child that they have done the right thing in telling you.
- Tell them what you will do next, and with whom the information will be shared.
- Record in writing what was said, using the child's own words as soon as possible – note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. That is a task for the professional child protection agencies, following a referral from the designated child protection person in the organisation.

### 2.3 Procedure to be followed if a child or young person is felt to be at risk of abuse

It is important to give the young person the message that children and young people will be safeguarded and protected from abuse.

When any adult becomes aware of an incident or allegation the following action should be taken:

- 1) Take any action necessary to protect the child/young person. All risks should be assessed, including appropriate supervision of the young person involved.
- 2) Inform a Manager and discuss action to be taken.
- 3) Record the following details on a cause for concern form (see appendices);
  - Nature of the allegations/concern and the relevant parties involved
  - Action taken to safeguard the child at risk, and record who has been informed
- 4) The worker receiving the allegation or if applicable witnessing the incident, should record exactly what the victim has said and their use of words rather than trying to interpret this at this stage. The worker's direct duty is to protect the alleged victim from further abuse, but there is also a responsibility (until more is known about the allegation) to respect the rights and position of the alleged abuser.
- 5) Once the Designated Person has been informed of the allegations they, in turn, should ensure that the following have also been informed;
  1. The relevant social worker if allocated
  2. Those with parental responsibility (other than the social worker) if appropriate (after discussion between staff and Social Worker)
  3. Manager/Chief Executive at The DASH Charity.

The central safeguarding Log should then be updated.

Note: The child's permission and their social worker's consent where appropriate and if relevant the consent of the person/s holding parental responsibility should be sought prior to discussing a referral about a child with other agencies, unless seeking permission may itself place the child at increased risk of significant harm. If the allegation of abuse has come from a third party, not another professional, permission needs to be sought from them before disclosing their personal details. Where the police become involved the timing of the decision about when to involve the perpetrator will have a bearing on the conduct of police allegations.

4. The child who may have been a victim of abuse should be made aware of their rights e.g. access to the children's rights service or their right to report the matter to the police. In turn, the accused young person/ adult should also be made aware of their rights, if it is appropriate for you to speak to them.

5. A meeting should take place between the professionals involved to discuss how the safety and welfare of all young person/ people/ adult involved be safeguarded and protected. Following the outcome of the investigation reports will be dispatched promptly to the relevant agencies.

Note: When referring a child protection concern to the Local Authority children's social care, they will seek information on the nature of concerns, how and why they have arisen and what appear to be the needs to the child. This will result in a decision about what action needs to be taken, if any to safeguard the child immediately. It is the team member's responsibility to confirm the concern in writing within 24 hours, a copy of this should be kept on file at The DASH Charity. The Common Assessment Framework should be used to structure the written referral. The Local Authority children's social care should acknowledge a written referral within one working day of receiving it.

2.4 Confidentiality Policy and Regulations means that team members:

- be clear about when information can be shared and in what circumstances it is appropriate to do so
- are expected to treat information they receive about children and young people in a discreet and confidential manner
- should seek advice from a senior member of the team if they are in any doubt about sharing information they hold or which has been requested of them
- need to know to whom any concerns or allegations should be reported

2.5 An important note about making a professional judgment

This guidance cannot provide a complete checklist of what is, or is not appropriate behaviour for team members in all circumstances. There may be occasions and circumstances in which team members have to make decisions or take action in the best interests of the child or young person which could contravene this guidance or where no guidance exists. Individuals are expected to make judgements about their behaviour in order to secure the best interests and welfare of the children in their charge. Such judgements, in these circumstances, should always be recorded and shared with a senior manager or if the adult does not work for an organisation, with the parent or carer. In undertaking these actions individuals will be seen to be acting reasonably.

Team members should always consider whether their actions are warranted, proportionate and safe and applied equitably.



## 2.6 Power and Positions of Trust

As a result of their knowledge, position and/or the authority invested in their role, all team members working with children and young people are in positions of trust. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over children and young people and the responsibility they must exercise as a consequence of this relationship.<sup>4</sup>

A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Team members have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Team members should always maintain appropriate professional boundaries and avoid behaviours which might be misinterpreted by others. They should report and record any incident with this potential.

It is an offence for an adult 18 years or over, in a position of trust to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity.

If an employee begins a relationship with an adult who has been but is no longer in the care of The DASH Charity it is at their discretion to inform The DASH Charity's Management.

If concerns that a staff member could be abusing a child – management should consider whether to contact the LADO, [Local Authority Designated Officer - Slough Children First](#)

Local Authority Designated Officer (LADO)

Achieving for Children

Richmond, Kingston and Windsor & Maidenhead LADO Service

07774 332 675

### Section 3 The DASH Charity Guidelines for Practice

Please note this guidance was originally adapted from Every Child Matters document, to ensure relevance to The DASH Charity. The original document still has bearing on practice as reference, and can be seen at:

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM5860>

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<sup>4</sup> Caring for Young People and the Vulnerable. Guidance for Preventing Abuse of Trust Home Office

### 3.1 Propriety and Behaviour

All team members working with children and young people have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children and young people. It is therefore expected that they will adopt high standards of personal conduct in order to maintain the confidence and respect of the public in general and all those with whom they work.

There may be times, for example, when an adult's behaviour or actions in their personal life come under scrutiny from local communities, the media or public authorities. This could be because their behaviour is considered to compromise their position in their workplace or indicate an unsuitability to work with children or young people. Misuse of drugs, alcohol or acts of violence would be examples of such behaviour.

Team members in contact with children and young people should therefore understand and be aware, that safe practice also involves using judgement and integrity about behaviours in places other than the work setting.

### 3.2 Dress and Appearance

A person's dress and appearance are matters of personal choice and self-expression. However, team members should dress in ways which are appropriate to their role and this may need to be different to how they dress when not at work.

Team members who work with children and young people should ensure they take care that to ensure they are dressed appropriately for the tasks and the work they undertake.

Those who dress in a manner which could be considered as inappropriate could render themselves vulnerable to criticism or allegations.

### 3.3 Personal Living Space

No child or young person should be in or invited into, the home of an adult who works with them, unless the reason for this has been firmly established and agreed with parents/carers and managers.

The DASH Charity will never ask an employee to use their private living space be used for work with children and young people.

Under no circumstances should children or young people assist with chores or tasks in the home of an adult who works with them. Neither should they be asked to do so by friends or family of that adult.

### 3.4 Gifts, Rewards and Favouritism

It is acknowledged that there are specific occasions when team members may wish to give a child or young person a personal gift. This is only acceptable practice where, in line with the agreed policy, the adult has first discussed the giving of the gift and the reason for it, with the manager and/or parent or Social Worker and the action is recorded. Any gifts should be given openly and not be based on favouritism. Team members need to be aware however, that the giving of gifts can be misinterpreted by others as a gesture either to bribe or groom<sup>5</sup> a young person.

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<sup>5</sup> grooming' - the act of gaining the trust of a child so that sexual abuse can take place.

Team members should exercise care when selecting children and/or young people for specific activities or privileges to avoid perceptions of favouritism or unfairness. Methods and criteria for selection should always be transparent and subject to scrutiny.

Care should also be taken to ensure that team members do not accept any gift that might be construed as a bribe by others, or lead the giver to expect preferential treatment.

There are occasions when children, young people or parents wish to pass small tokens of appreciation to team members e.g. on special occasions or as a thank-you and this is acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value and all gifts should be declared to the team/ manager.

### 3.5 Infatuations

Occasionally, a child or young person may develop an infatuation with an adult who works with them. These adults should deal with these situations sensitively and appropriately to maintain the dignity and safety of all concerned. They should remain aware, however, that such infatuations carry a high risk of words or actions being misinterpreted and should therefore make every effort to ensure that their own behaviour is above reproach.

An adult, who becomes aware that a child or young person is developing an infatuation with another adult or themselves, should discuss this at the earliest opportunity with a manager or supervisor so appropriate action can be taken to avoid any hurt, distress or embarrassment.

### 3.6 Communication with Children and Young People (*including the Use of Technology*)

Communication between children and team members, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phones text messaging, e-mails, digital cameras, videos, webcams, social network sites, websites and blogs. Team members should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child/young person, other than that which might be appropriate as part of their professional role. Team members should ensure that all communications are transparent and open to scrutiny.

Team members should also be circumspect in their communications with children so as to avoid any possible misinterpretation of their motives or any behaviour which could be construed as grooming. They should not give their personal contact details to children and young people including e-mail, home or mobile telephone numbers, unless the need to do so is agreed with management and the child's social worker. E-mail or text communications between an adult and a child young person outside agreed protocols may lead to disciplinary and/or criminal investigations. This also includes communications through internet-based web sites. Personal phones should not be used to take pictures of young people.

Internal e-mail systems should only be used in accordance with the organisation's E Safety policy.

### 3.7 Social Contact

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Team members who work with children and young people should not seek to have social contact with them or their families, unless the reason for this contact has been firmly established and agreed with managers. If a child or parent seeks to establish social contact, or if this occurs coincidentally, the adult should exercise her/his professional judgment in making a response but should always discuss the situation with their manager and with the social worker of the child or young person. Team members should be aware that social contact in certain situations can be misconstrued as grooming.

### 3.8 Sexual Contact

All team members should clearly understand the need to maintain appropriate boundaries in their contacts with children and young people. Intimate or sexual relationships between children/young people and the team members who work with them will be regarded as a grave breach of trust. Allowing or encouraging a relationship to develop in a way which might lead to a sexual relationship is also unacceptable.

Any sexual activity between an adult and the child or young person with whom they work is a criminal offence and will always be a matter for disciplinary action.

Children and young people are protected by specific legal provisions regardless of whether the child or young person consents or not. The sexual activity referred to does not just involve physical contact including penetrative and non-penetrative acts. It may also include non-contact activities, such as causing children to engage in or watch sexual activity or the production of pornographic material. 'Working Together to Safeguard Children'<sup>6</sup> defines sexual abuse as "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".

There are occasions when team members embark on a course of behaviour known as 'grooming' where the sole purpose is to gain the trust of a child, and manipulate that relationship so sexual abuse can take place. Team members should be aware that consistently conferring inappropriate special attention and favour upon a child might be construed as being part of a 'grooming' process and as such will give rise to concerns about their behaviour.

Allegations of harm arising from underage sexual activity:

A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to the child. Penetrative sex is classed as rape, under the Sexual Offences act. Any concern relating to a child under 13 being involved in sexual activity should be reported to management or a child worker, a strategy discussion should be arranged to include the child's social worker, key worker, child worker and relevant agencies. All cases should be recorded and reasons should be given if information has not been shared with key people.

Sexual activity under 16 years old is an offence. Where concerns relate to children aged 13-15 years old consideration should be made to the following:

- Whether the sexual activity was consensual.
- The age of the child.
- Age imbalance- in particular when there is a significant age difference.
- Overt aggression or power imbalance.
- Coercion or bribery

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<sup>6</sup> Working Together to Safeguard Children .A guide to interagency working to safeguard and promote the welfare of children  
HM Government 2018

- Familial child sex offences.
- Behaviour of the child.
- The use of substances as a disinhibitor.
- Whether the child's own behaviour, because of the misuse of substances, places him or her at risk of harm so that he or she is unable to make an informed choice about any activity.
- Whether any attempts to secure secrecy has been made, beyond that of a normal teenage relationship.
- Whether the child denies, minimizes or accepts concerns.
- Whether the methods used are consistent with grooming
- Whether the sexual partner is known by one of the agencies.

Where there is reasonable cause to suspect the child has been subjected to significant harm, or there is a likelihood that significant harm may occur, a referral should be made to the Local Authority Children's Social Care following the guidelines in this document.

Consideration should be made to the above points in relation to a child aged 16-18 years old. In this age group children can give consent to sexual activity; however, there are still incidents where you may need to share information if you feel an offence has been committed. Examples of this would be if you had evidence to suggest the young person was bribed/ coerced (i.e. child prostitution). It is an offence for a person in a position of trust or authority to have a sexual relationship with a 16-17-year-old.

### 3.9 Physical Contact

Most positions of employment within The Dash Charity require physical contact with children and young people. It is crucial that in all circumstances, team members should only touch children in ways which are appropriate to their professional or agreed role and responsibilities.

Not all children and young people feel comfortable about physical contact, and team members should not make the assumption that it is acceptable practice to use touch as a means of communication. Permission should always be sought from a child or young person before physical contact is made. Where the child is very young, there should be a discussion with the parent or carer about what physical contact is acceptable and/or necessary.

When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child in one set of circumstances may be inappropriate in another, or with a different child. Team members, nevertheless, should use their professional judgment at all times, observe and take note of the child's reaction or feelings and – so far as is possible - use a level of contact and/or form of communication which is acceptable to the child for the minimum time necessary.

Physical contact which occurs regularly with an individual child or young person is likely to raise questions unless there is explicit agreement on the need for, and nature of, that contact. This would then be part of a formally agreed plan or within the parameters of established, agreed and legal professional protocols on physical contact e.g. sport activities or medical procedures. Any such arrangements should be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority. If an adult believes that their action could be misinterpreted, or if an action is observed by another as being inappropriate or possibly abusive, the incident and circumstances should be reported to the manager outlined in the procedures for handling allegations and an appropriate record made. Social workers should also be informed in such circumstances.

Where a child seeks or initiates inappropriate physical contact with an adult, the situation should be handled sensitively and care taken to ensure that contact is not exploited in any way. Careful consideration must be given to the needs of the child and advice and support given to the adult concerned.

It is recognised that some children who have experienced abuse may seek inappropriate physical contact. Team members should be particularly aware of this when it is known that a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to some actions being misinterpreted. In all circumstances where a child or young person initiates inappropriate physical contact, it is the responsibility of the adult to sensitively deter the child and help them understand the importance of personal boundaries. Such circumstances must always be reported and discussed with a senior manager and the parent/carer.

### 3.10 Behaviour Management

All children and young people have a right to be treated with respect and dignity even in those circumstances where they display difficult or challenging behaviour.

Team members should not use any form of degrading treatment to punish a child. The use of sarcasm, demeaning or insensitive comments towards children and young people is not acceptable in any situation. Any consequences or rewards used should be part of behaviour management policy/plans which are publicised and regularly reviewed.

The use of corporal punishment is not acceptable and whilst there may be a legal defence for parents who physically chastise their children, this does not extend, in any circumstances, to those team members who work with children and young people.

Where children display difficult or challenging behaviour, team members must follow the behaviour policy/plans, and use strategies appropriate to the circumstance and situation. The use of physical intervention can only be justified in exceptional circumstances and must be used as a last resort when other behaviour management strategies have failed.

All children and young people residing or being supported by The DASH Charity will have a support plan and risk assessment tailored around their individual needs. Team members must work within their guidelines and these will be regularly reviewed.

### 3.11 Use of Control and Physical Intervention

Under no circumstances should physical force or intervention be used as a form of punishment. The duty of care which applies to all team members and organisations working with children and young people requires that reasonable measures are taken to prevent children being harmed. Any use of physical force will be fully investigated and may constitute a criminal offence.

### 3.12 Children and Young People in Distress

At The DASH Charity, team members are involved in managing significant or regular occurrences of distress and emotional upset in children. In these circumstances professional guidance should be followed and team members should be aware of what is and what is not acceptable behaviour when comforting a child or diffusing a situation. This is particularly important when working on a one-to-one basis. Team members at The DASH Charity are trained in direct work and provided with supervision so they can reflect, monitor and share any concerns they have about a child.

Where an adult has a particular concern about the need to provide this type of care and reassurance, or is concerned that an action may be misinterpreted, this should be reported and discussed with a manager.

### 3.13 Personal Care

Children and young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment. We would also seek the permission of our parents before any personal care is given to children. Parents would be expected to provide primary personal care to children due to the nature of our work.

### 3.14 First Aid and Administration of Medication

The DASH Charity should have a first aid box in each safe house with appropriate contents to meet the need of children in each premises in which children are supported. Team members must not provide first aid to children; the first aid box should be made available to mothers as appropriate.

Emergency services should be contacted as appropriate.

A record must be kept of accidents and first aid treatment. Team members must inform parents of any accidents or injuries sustained by the child whilst in the care of The DASH Charity staff.

In circumstances where children need medication regularly a medical plan should have been established to ensure the safety and protection of children and the team members who are working with them. Depending upon the age and understanding of the child, they should where appropriate, be encouraged to self administer medication or treatment including, for example any ointment, use of inhalers etc. In addition, Mothers should to oversee the administration of medication to their own child. Information about prescribed and non-prescribed medication should be provided to house key workers and children's workers. Medication of any type should not be given to any child or young

person without prior agreement with their mother, and the mother should sign a consent form detailing the type of medicine, the dosage, the time to be given etc. and this should be signed and dated.

### 3.15 Self Harm

There may be times where team members work with children and young people who self harm. Self harming behaviour takes many forms including cutting, biting, hitting, regular/excessive alcohol/ drug use, deliberately putting themselves at risk for example by meeting people from the internet chat rooms.

Self harm can be a result of a child or young person feeling intense emotions that they do not know how to process safely and/ or that they do not feel able to communicate how they are feeling to others. Often people who self-harm say they feel powerless and worthless and the self-harming behaviour gives them a sense of control. In some incidents it can be a way of gaining attention. It is common for incidents of self harm to occur in children and young people who have been subject to abuse, although self-harm is not an indicator of abuse from another person. Therefore, it is important to discuss concerns with the child or young person where possible, without asking leading questions and seek advice from Children's Services Workers on appropriate action to take.

If an adult is working with a child/young person who has self-harmed they must evaluate risk to themselves and make the area safe before attending to their medical needs. For example, if a child has a sharp object and has cut themselves, it is important that you encourage them to place the object out of reach (not hand to you) before you enter the room to treat them. Whilst the negotiation takes place you could encourage child or young person to treat their own wound.

The severity of the injury and previous self harming behaviour should be taken into account when deciding the appropriate action.

The DASH Charity will ensure that the child/young person receives the proper support/direct work from their case worker so that they are enabled to understand what it is in their lives which has led to self-harm, and how to manage their emotions and behaviour to safeguard their well-being.

Self-harm by an individual child/young person can affect the other children/young people in a variety of manners, therefore the team members should monitor and support the whole The DASH Charity community. Attempts should also be made to signpost the individual to agencies who specialise in intervention processes to help the child or young person.

The Chief Executive and Board of Trustees must be informed immediately of any attempted suicides regardless of the perceived seriousness of the attempt.

### 3.16 One to One Situations

All organisations working with or on behalf of children and young people should consider one to one situations when drawing up their policies.

When working with a child on a one to one basis, certain procedures and explicit safeguards must be in place.



One to one situations have the potential to make child/young person more vulnerable to harm by those who seek to exploit their position of trust. Team members working in one to one settings with children and young people may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one to one situations are unavoidable, reasonable and sensible precautions are taken. Every attempt should be made to ensure the safety and security of children and young people and the team members who work with them.

Precautions should be taken including informing colleagues at all times of your location within the home, especially when doing one to one work, keeping doors open/ajar, recording details of the time spent in a one to one situation and the work you are doing should be recorded on the system.

Meetings with children and young people outside agreed working arrangements should not take place without the agreement of managers and social workers.

### 3.17 Visitors to The DASH Charity

All visitors should be asked to show identification to validate their identity/ a valid reason for entering the safe house. All visitors will be asked to fill in the visitor's book giving their reason for visiting the home and time of arrival.

At all times team members should be responsible for knowing the location of visitors within the home, and supervise them where appropriate. Any visitor without a valid DBS certificate should not be left unaccompanied at any time in the home of the child or young person. (For example, if someone is not DBS checked or working in an area of the home occupied by a young person).

Before the visitor leaves, the time should be marked in the visitor's book to show that they have left the building.

Residents are given clear guidelines in the license agreement when they arrive at The DASH Charity about not having visitors. This includes family members.

### 3.18 Transporting Children and Young People

There will be occasions when team members are expected or asked to transport children as part of their duties. Team members, who are expected to use their own vehicles for transporting children should ensure that the vehicle is roadworthy, appropriately insured and that the maximum capacity is not exceeded.

It is a legal requirement that all passengers should wear seat belts and it is the responsibility of the driver to ensure that this requirement is met. Team members should also be aware of current legislation and adhere to the use of car seats for younger/ smaller children.

It is inappropriate for team members to offer lifts to a child or young person outside their normal working duties, unless this has been brought to the attention of their manager and has been agreed with the team members on duty at the home.

There may be occasions where the child or young person requires transport in an emergency situation or where not to give a lift may place a child at risk. Such circumstances must always be recorded and reported to a manager.

### 3.19 Trips and Outings

Team members should take particular care when supervising children and young people on trips and outings, where the setting is less formal than the usual workplace. Team members remain in a position of trust and need to ensure that their behaviour remains professional at all times and stays within clearly defined professional boundaries.

Where activities include overnight stays, careful consideration needs to be given to sleeping arrangements. Children, young people, team members and parents should be informed of these prior to the start of the trip. In all circumstances, those organising trips and outings must pay careful attention to ensuring safe adult/child ratios especially on overnight stays.

Health and Safety arrangements require team members to keep colleagues/employers aware of their whereabouts, especially when involved in activities outside the usual workplace.

### 3.20 Photography and Videos

Any such work should take place with due regard to the law and the need to safeguard the privacy, dignity, safety and well being of children and young people. Informed written consent from parents should always be sought before an image is taken for any purpose.

Careful consideration should be given as to how activities involving the taking of images are organised and undertaken. Care should be taken to ensure that all parties understand the implications of the image being taken it should not be used for any publicity purposes or published in the media, or on the Internet. There also needs to be an agreement as to whether the images will be destroyed or retained for further use, where these will be stored and who will have access to them. This information can be found in the use of social media policy.

Team members need to remain sensitive to any children who appear uncomfortable, for whatever reason, and should recognise the potential for such activities to raise concerns or lead to misunderstandings.

It is not appropriate for team members to take photographs of children for their personal use.

### 3.21 Access to Inappropriate Images and Internet Usage

There are no circumstances that will justify team members possessing indecent images of children. Team members who access and possess links to such websites will be viewed as a significant and potential threat to children. Accessing, making and storing indecent images of children on the internet is illegal. This will lead to criminal investigation and the individual being barred from working with children and young people, if proven.

Team members should not use equipment belonging to their organisation to access adult pornography; neither should personal equipment containing these images or links to them be brought into the workplace. This will raise serious concerns about the suitability of the adult to continue to work with children.

Team members should ensure that children and young people are not exposed to any inappropriate images or web links. Team members must ensure that internet equipment used by children and young people have the appropriate controls with regards to access e.g. personal passwords should be kept confidential.

Where indecent images of children or other unsuitable material are found, the police and the Designated Officer (DO) should be immediately informed. Team members should not attempt to investigate the matter or evaluate the material themselves, as this may lead to evidence being contaminated which in itself can lead to a criminal prosecution.

### 3.22 Whistle blowing

Whistle blowing is the mechanism by which team members can voice their concerns, made in good faith, without fear of repercussion. The DASH Charity have a HR policy that meets the terms of the Public Interest Disclosure Act 1998. Team members who use whistle blowing procedure should be made aware that their employment rights are protected.

Team members should acknowledge their individual responsibilities to bring matters of concern to the attention of management and/or relevant external agencies. This is particularly important where the welfare of children may be at risk.

### 3.23 Sharing Concerns and Recording Incidents

Individuals should be aware of The DASH Charity child protection procedures, including procedures for dealing with allegations against team members. All allegations must be taken seriously and properly investigated in accordance with local procedures and statutory guidance.

In the event of any allegation being made, to someone other than a manager, information should be clearly and promptly recorded and reported to a manager without delay.

Team members should always feel able to discuss with their manager any difficulties or problems that may affect their relationship with children and young people so that appropriate support can be provided or action can be taken.

It is essential that accurate and comprehensive records are maintained wherever concerns are raised about the conduct or actions of team members working with or on behalf of children and young people.

## Section 4 Appendices

### 4.1 Definitions of terms used in this document

Children and Young People: Throughout this document references are made to "children and young people". These terms are interchangeable and refer to children who have not yet reached their 18<sup>th</sup> birthday. This guidance, however also has value for those working with vulnerable team members.

Team members/adults: References to 'team members' or 'adults' or 'volunteers' refer to any adult who is employed, commissioned or contracted to work with or on behalf of, children and young people, in either a paid or unpaid capacity.

Manager: The term 'manager' refers to those adults who have responsibility for managing services including the supervision of employees and/or volunteers at any level.

Employer: The term 'employer' refers to the organisation which employs, or contracts to use the services of individuals in pursuit of the goals of that organisation. In the context of

this document, the term 'employer' is also taken to include 'employing' the unpaid services of volunteers.

**Safeguarding:** Process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully<sup>7</sup>.

**Duty of Care:** The duty which rests upon an individual or organisation to ensure that all reasonable steps are taken to ensure the safety of a child or young person involved in any activity or interaction for which that individual or organisation is responsible. Any person in charge of, or working with children and young people in any capacity is considered, both legally and morally to owe them a duty

## 4.2 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. It may be the result of a deliberate act, but could also be caused through the omission or failure to act to protect.

### *Emotional Abuse*

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve making a child feel or believe that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Some level of emotional abuse is involved in all types of ill-treatment 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, whether or not the child is aware of, or consents to, what is happening. It may involve physical contact, including rape or oral sex, or non-penetrative acts such as fondling. Boys and girls can be sexually abused by males and/or females, and by other young people. It also includes non-contact activities such as involving children in watching or taking part in the making of pornographic material, or encouraging children to behave in inappropriate ways.

### *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. It

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<sup>7</sup> Working Together to Safeguard Children. HM Government 2018

may involve failing to provide adequate food, shelter and clothing, or failing to ensure that a child gets appropriate medical care or treatment.

Please note there are forms of abuse such as financial abuse, although in general these come into emotional abuse as a betrayal of trust.

#### *Indirect Abuse*

Children may suffer from abuse directly or indirectly. Witnessing/ overhearing any form of abuse is likely have an effect on a child's behaviour, emotional and physical development, cognitive functioning, attitude and can result in long term difficulties. Where it is known that abuse occurs within a family/ home, team members should consider the risks to the child, and liaise with Child Protection professionals to ensure the necessary monitoring and support is offered to safeguard the child. Further more, any further concerns relating to the child should be reported through the child protection procedure outlined in this policy.

#### 4.3 Recent events that have led to changes in legislation and procedures

- Working Together 2013- Munro's review of Child Protection
- Peter Connolly (WTSC 2010)
- Victoria Climbié: Laming (2003), Every Child Matters
- Holly Wells and Jessica Chapman: Richard Inquiry (2004), Safe Recruitment, Vetting and Barring
- Lauren Wright and the duty for schools.
- UN Convention on The Rights of The Child
- Children Acts & other related legislation
- Duty to promote and safeguard the welfare of the child
- Local Safeguarding Children Boards

#### 4.4 Prevention Education: Child Protection

- It is important to get the clear message over that it is morally wrong for sexual encounters between a child/young person and an adult to occur.
- Team members will be provided with external and internal guidance/training. Safeguarding Children Level 1 will be undertaken by all staff every three years. All designated Officers will undertake Level 3 Safeguarding training every three years.
- Team members will be provided with relevant information about child protection. All should be aware of the Berkshire Area Safeguarding Procedures. Team members will also be encouraged to carry out their own research on Child protection and the law.
- All team members will be provided with The DASH Charity Safeguarding Procedures prior to employment.
- The involvement of team members is important. Team members can provide constant reinforcement and clarification of learnt themes. They can also provide support for the very small number of children/young people who may be

distressed. Children/young people will get the feeling that team members/ child workers are on their side and subsequent communication may be improved.

- Sex education is important. If children/young people do not have knowledge about sex-related matters they may not understand the significance of what has happened to them and may not have the necessary language to tell someone about it. If team members persist in feeling awkward about raising issues about sex, children/young people learn that it is something not to be discussed with adults. This will be addressed through awareness sessions and direct work.
- Self-esteem is an extremely important issue when working with vulnerable children/young people. In some studies, children/young people with higher self-esteem showed more improvement after the intervention. This Research has shown that children/young people with low self-esteem are more likely to be victims of abuse. This will be addressed through awareness sessions and direct work.
- It is important to teach children/young people problem-solving strategies. Younger children in particular are more unrealistic in the solutions they offer to sensitive problems presented to them. Teaching problem-solving strategies, and practice, should aid consistency in choosing effective strategies when required. This will be addressed through awareness sessions and direct work.
- Some of the concepts are difficult for young children to grasp. It's important any work carried out is consistent and meets their individual needs. All the work of The DASH Charity takes into account varying communication and learning needs.
- There may be difficulties for children/young people in discriminating against 'bad' sexual touches if other 'bad' touches are allowed e.g. physical punishment. Under no circumstances should workers use physical force towards any child/young person. This would be grounds for instant dismissal.
- Preventive education changes what a large number of children/young people say they will do, but may not actually change their behaviour in an abusive/dangerous scenario.
- Appropriate role play/one to one/direct work is a particularly effective method for reinforcement and learning.

#### 4.5 Working in Partnership Policy

The DASH Charity must ensure that they maintain a good standard of partnership working with both children/young people and their mothers. The DASH Charity must also work in partnership with outside agencies and ensure that communication is consistent and concise. By maintaining partnership working as a whole, it helps to maintain consistency throughout the organisation and give the young person a sense of belonging and importance.

##### *Partnership with Children and Young People*

It is important to encourage open and honest dialogue between social care practitioners and children/young people themselves. At The DASH Charity, we deem it vital that children/young people feel valued and feel able to voice their opinions freely.

At The DASH Charity, we make every effort to help young people to become actively involved in the decision making process and take into account learning or language differences. Some of the steps that we take to work in partnership with young people are as follows:

- All comments made by children/young people are thoroughly discussed and respected and feedback is not tokenistic but specific to the comment made and genuine.
- Children/young people, who have language or learning differences, will be given the correct support to communicate their views.
- Display information in posters and booklets which outline the need for children/young people to stay safe and secure.
- Display complaints procedures and contact details for outside agencies should children/young people have concerns or queries.
- Ensure that all documents relating to our purpose state boundaries clearly and outline all unacceptable behaviours such as, bullying, or racism. These can be found in our guide for children.
- Ensure that consequences for actions are discussed and children/young people are aware of why consequences are in place and how they can avoid them.
- Team members discuss consequences on a regular basis and ensure that they are relevant to the behaviours exhibited and are consistent.

### *Partnership with Parents*

By working in partnership with mothers, team members can maintain consistency throughout a child/young person's life and monitor issues for concern.

Working in partnership with parents may include:

- Encouraging involvement wherever possible, for example, day to day activities trips during the holidays, reading, and homework.
- Sending identification letters to all parents/guardians to inform them of the names of members of team members. Also, updating parents/guardians when members of team members leave the organisation or new members join.
- Obtaining consent for all activities either as a group or as an external activity.
- Ensuring that communications between The DASH Charity and mother's takes communication or language differences into account.
- Involving mothers, as well as young people, in the development of policies relating to issues such as bullying, racism, sectarianism, sexism etc.
- Responding to complaints immediately and professionally and setting the conditions and intentions of the organisation firmly and in a way that leaves no room for ambiguity.

The DASH Charity does not make assumptions about the child/young person's family based upon our own beliefs and experiences.

## *Partnership with Outside Agencies*

At The DASH Charity, we view our relationship with outside agencies as being integral to the work we do. If communications are not clear and concise, this can lead to inconsistencies in the care that young people receive. Team members deal with all comments and queries in a professional manner and promote consistent sharing of information with relevant outside agencies. In the community, The DASH Charity also works in partnership with key people.

(Legislation stipulates that professionals have a duty to work in cooperation with other agencies to safeguard the welfare of the child, section 10, Children Act 2004).

It is important that we create a culture within The DASH Charity whereby everyone feels comfortable in communicating with one another.

### 4.6 Recruitment and Selection Procedures

Appropriate recruitment and selection procedures for team members and examiners in the context of child protection have been adopted by The DASH Charity and include the following.

- A clear definition of any role so that the most suitable appointee can be identified.
- Identification of key selection criteria.
- A wide circulation of vacancies to ensure equal opportunities.
- Confirmation of the identity of the applicant including personal details obtained either through using an application form where appropriate, or through other means.
- Requirement of a declaration of previous convictions and submission to formal checks, together with the issue of the Safeguarding Policy for those candidates whose work will bring them into contact with children or who will have a management responsibility in relation to those whose work does bring them into such contact.
- A clear guarantee that disclosed information will be treated in confidence and not used against applicants unfairly, including adherence to the Criminal Records Bureau code of practice.
- Use of several selection techniques to maximise the chance of safe recruitment, e.g. interview, written and verbal references, Enhanced DBS checks (Disclosure and Barring Service checks)
- At least one representative from the Management, meeting personally with every applicant, and an exploration of their attitudes towards working with children.

### 4.7 Vetting and Barring

It is a requirement that The Dash Charity staff **MUST** have received a satisfactory Enhanced Disclosure **BEFORE** commencing employment with The Dash Charity. For further information please refer to The Dash Charity's **DBS Policy** and The Dash Charity's **Safer Recruitment Policy**



#### 4.8 Online Training Resource

An E-Learning package for Safeguarding/Child Protection is available for all agencies and professions, independent and voluntary sector team members who are part of the Local Safeguarding Children Board (LSCB) partnerships.

The aim of this package is to provide refresher training to team members and as an interim measure for new team members before receiving face-to-face Universal training.

**Click on the following link to access the package and web page:**

<http://www.kwango.com>

**All team members are to complete this training within the first week of Induction,**

#### 4.9 Procedure for working with children who self harm

*'It is estimated that approximately 2 teenagers in every class self harm'.* McLoughlin 2005

At The DASH Charity, we place great emphasis on the need to keep children/young people safe from harm. We also recognise that some young people may be emotionally vulnerable and may, at times, feel that harming themselves or even taking their own lives is the only way for them to act. It is important that, as their joint carers, we are equipped to deal with harmful and suicidal actions and to support young people in whatever decision they make with regards to their life.

The main dangers associated with self harm that need to be considered by carers are: Cosmetic Damage, Infection, Liver Damage, Brain Damage, and Fatality.

The *Skills Development Service* recommends the following procedure for dealing with a habitual self-harmer:

1. Use direct questions where the evidence is obvious. *Why do you self-harm? What emotions do you feel when you self-harm?*
2. Set a tone of being honest, open and direct. Try not to react overtly when you learn of self-harm. This could lead to a young person becoming reclusive in their actions and this affects their safety.
3. Look at how frequently young people have suicidal thoughts and try to reduce this. If a certain TV programme takes their thoughts away for a period of time, record the programme and let them watch it periodically at vulnerable times until they begin to think less about suicide.
4. Find out if the young person feels more compelled to take their life as time goes on or if there is a constant feeling of despair.

\*All The DASH Charity team members must avoid assumptions that the self-harm is a cry for help. It could be an attempted suicide or it could be a way of blocking negative thoughts. It must also be considered that a cry for help is just as concerning and worthy of attention as an actual suicide attempt.\*

When working with young people who self-harm, there are known techniques for substituting the cutting behaviour in order to gain the same feeling.

- 1 Ice Cubes – holding ice cubes against pulse points causes a sharp pain and is followed by a numbness which is said to mimic the feeling gained from self-harm
- 2 Rubber Bands – young people who wish to stop self-harming have found putting rubber bands around their wrists and flicking them at difficult times holds the same value as self harm. Flicking the elastic band causes a sharp pain and can deter from any negative thoughts
- 3 Red Pen – rather than cutting the wrist or arm, drawing in red pen on the skin can substitute the achievement value of marking oneself on a certain number of occasions during the day

#### 4.10 Suicide

*'16-25 year olds represented 13% of all suicides in 2000'. The Skills Development Service 2005.*

Some other factors which need to be monitored in accordance with vulnerable young people are:

Heroin – Known heroin users are more vulnerable to suicide as there is an atmosphere of chaos in heroin users which increases the risk. Heroin users who are attempting to cease use of the drug are also vulnerable to suicide attempts if there is a case of relapse to heroin use.

Paracetamol – Paracetamol is the most common drug used in overdoses whether as attempted suicide or as self-harm. It is a toxic drug and once a certain amount has been consumed, it can not be removed from the body and is therefore lethal. Tolerance to paracetamol is different according to each person. Where one can take 8 paracetamols and this will be a fatal dose, others can take 20 and see no effect. Access to paracetamol needs to be closely monitored in vulnerable young people.

Alcohol – 58% of those under 25 who take their own lives are intoxicated. Alcohol is a respiratory depressant so can lead to poor breathing. If this is combined with an overdose on a drug, the body may be unable to fight the toxins. Alcohol also numbs the body making self-harm easier to perform. Any young person who appears to be intoxicated needs to be closely monitored.

Cutting wrists – Only a few people a year kill themselves by cutting their wrists and this usually only occurs when an overdose is also present. Studies show that smoking cigarettes causes more harm to the body than cutting wrists. If a young person presents with wrists that have been cut horizontally, this is likely to be evidence of self-harm rather than suicide. Cutting horizontally does not cause enough blood loss to kill whereas cutting vertically along the vein would be sufficient to kill someone if help was not speedy. Cutting wrists is not the most dangerous form of self harm but it is messy and psychologically disturbing.

Banging head repeatedly – This is a dangerous form of self harm but can often be seen in circumstances of severe frustration or anger. Banging the head repeatedly against a hard object can cause haemorrhaging in the brain which could be fatal. Prolonged banging of the head, if not fatal, could cause irreversible brain damage. A young person who continually bangs their head should be advised to use a soft surface or put a cushion in front of their head if banging against a wall.

Clinically depressed – Someone who is clinically depressed has a 1 in 6 likelihood of attempting or dying by suicide. However, the risk is increased most when a person is pulling themselves out of depression. Someone who is clinically depressed often can not summon the energy or drive to attempt suicide whereas they have the power to do so when they are recovering from depression.

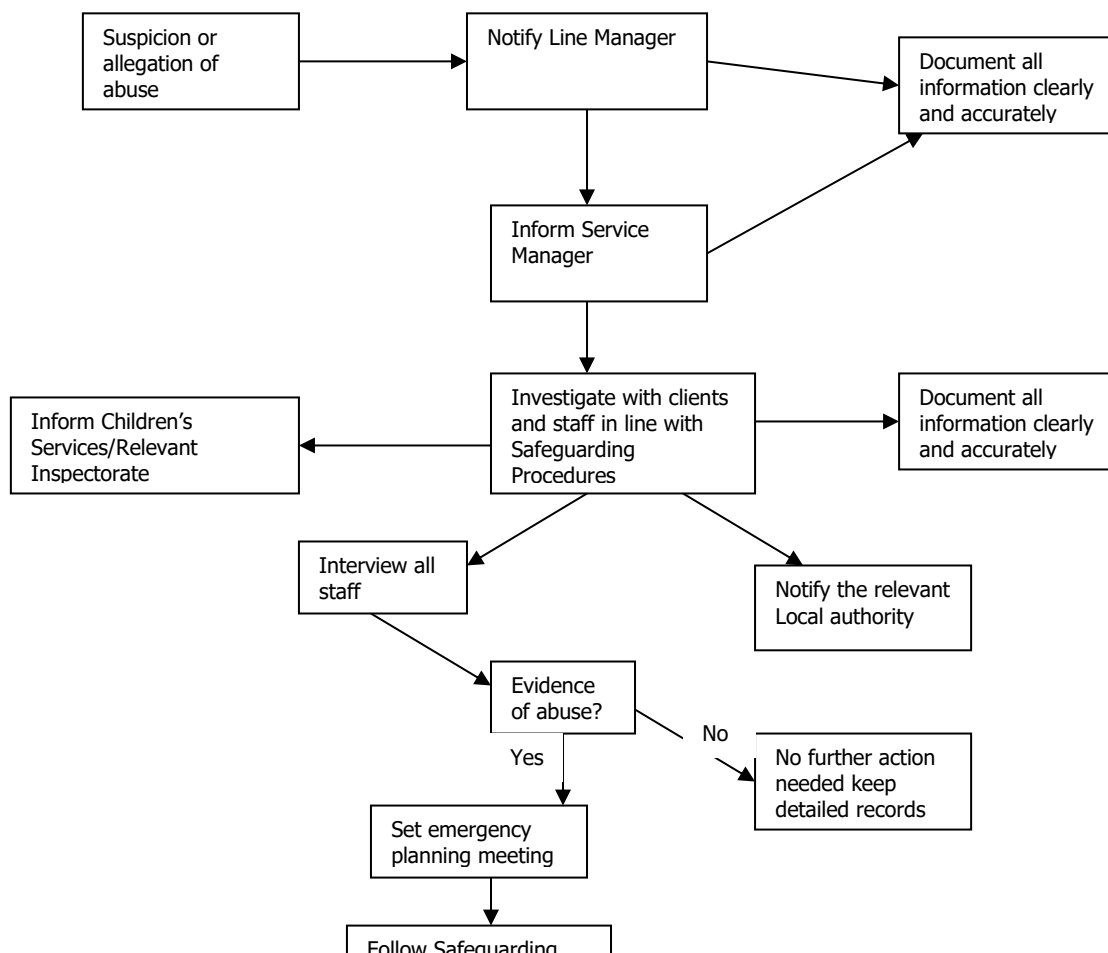
Clinically psychotic – Someone who is clinically psychotic has a 1 in 10 or 12 likelihood of attempting or dying by suicide. This is due to the lack of rational thinking and the sense of paranoia that often accompanies clinical psychosis.

Young people who consider taking their life often do so as they feel they have no choice or other option. If we can open up avenues of choice to young people by spending time discussing their problems, they may reconsider their decision to take their own life.

\*No care practitioner should ever belittle a young person's reason for wanting to end their own life. If a young person feels that failing their GCSEs means the end of their life, this must be respected. Carers can, however, discuss ways of overcoming the problem of failing exams without taking ones own life.\*

If a referral is accepted where a history of self-harm or suicide attempts is known, all The DASH Charity team members would be trained appropriately in dealing with this.

#### 4.12 Full organisational flow chart following suspected or alleged abuse -



4.13 Child protection report format (See guidance in safeguarding policy 2.1 and 2.2)

The DASH Charity

Report to be given to the management within 24 hours.

<b>CHILD PROTECTION REPORT</b>				
Name: ..... House: ..... Signed: ..... Date: ..... Written By: .....				
PLEASE TICK:	PHYSICAL:	EMOTIONAL:	SEXUAL:	NEGLECT:

Are you reporting your own concerns or passing on those of somebody else?

Please give a brief description of what has prompted your concerns (include the date and times of any specific incidents):

Have you spoken to the child? If so give details.

Has anybody been alleged to be the abuser? If so give details.

Have you consulted an external agency or reported this to anyone? Please give details of names, dates and times.

Does the child need medical attention?

What observations have you made: Behavioural signs? Indirect signs? Record physical signs on the next page:

Please identify any marks you have observed on the body map below. Use a key for different types of marks (bruises, grazes, cuts etc) and describe the injuries in as much detail as possible. Use additional sheets where required, making sure you sign and date each one.

MANAGER REFERRED TO: .....	
DATE: .....	
Outcome:	
SIGNED EMPLOYEE:	Date:
MANAGER SIGN:	

# Useful Contact

## Details

### **Slough:**

Sue Butcher (Executive director of children's services for SBC and Chief Executive of Slough children's service trust)

Slough Children First  
Observatory House  
25 Windsor Road  
Slough  
Berkshire  
SL1 2EL

General enquiries: 01753 477321  
Concerns about a child: 01753 875362

#### Emergencies/Concerns

If you are concerned that a child or young person is being harmed through abuse or neglect, our Referral and Assessment Service is where to start.

If the child or young person requires immediate protection please call 01753 875362 and send the electronic Multi-Agency Referral Form (MARF) to

[sloughchildren.referrals@sloughchildrenfirst.co.uk](mailto:sloughchildren.referrals@sloughchildrenfirst.co.uk). The operating hours (for this team only) are 9am to 5pm.

Please do NOT use the number above for general enquiries. For these, use 01753 477321 between 9am and 5pm.

For emergencies outside of Monday to Friday, 9am-5pm, call the Emergency Duty Team on 01344 351999 email: [EDT@bracknell-forest.gov.uk](mailto:EDT@bracknell-forest.gov.uk) or dial 999.

**RBWM:**

MASH Access Officer  
Single Point of Access and Multi Agency Safeguarding Hub  
Achieving for Children  
Providing children's services for the Royal Borough of Windsor and Maidenhead  
Phone: 01628 - 683150 Option 5  
Email: [mash@achievingforchildren.org.uk](mailto:mash@achievingforchildren.org.uk)  
MASH Room, 2nd Floor, Zone E, Town Hall, St Ives Road, Maidenhead, Berkshire, SL6 1RF  
Tel: 01628 683150

Lin Ferguson  
Director of Children's Social Care (Windsor & Maidenhead)  
Achieving for Children  
Phone: 01628 796019/07864 610508  
Email: [lin.ferguson@achievingforchildren.org.uk](mailto:lin.ferguson@achievingforchildren.org.uk)  
Zone B, 2nd Floor, Town Hall, St Ives Road, Maidenhead SL6 1RF

Out of hours services tel: 01344 786543

**Thames Valley Police Service non-emergency**

Police Station  
Windsor Road  
Slough SL1 2HH

Tel: 01865 - 841 148

Tel 101 non-emergency/ in an emergency 999

The Royal Borough Windsor & Maidenhead Safeguarding Partnership website  
([rbwmsafeguardingpartnership.org.uk](http://rbwmsafeguardingpartnership.org.uk))

Chelsea Bridges  
Safeguarding Board Manager &  
Assurance and Policy Officer  
Adult Services and Health  
Royal Borough of Windsor & Maidenhead  
Town Hall, St Ives Road, Maidenhead SL6 1RF  
Tel: 01628 796287  
E – mail: [Chelsea.Bridges@RBWM.gov.uk](mailto:Chelsea.Bridges@RBWM.gov.uk)

**NSPCC**

Child Protection Helpline 24-hour service  
Tel: 0800 800 500 / 0808 800 5000

**Ofsted**

Royal Exchange Buildings  
St Ann's Square  
Manchester  
M2 7LA  
enquiries@ofsted.gov.uk  
08456 404045

**The Dash Charity**

**Live:** January 2024

**Review Due:** June 2025

**Reviewed by:** Daniel Crampton (Safeguarding trustee) and Nicola Miller (CEO)