



# Child Safeguarding Policy

<b>Named Designated Safeguarding Leads</b>	<b>Job Title</b>	<b>Date of DSL Training</b>	<b>Date of next update</b>	<b>Contact Information</b>
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<b>Date of Last Review</b>	<b>Reason for Last Review</b>	<b>Date of Trustee Acceptance</b>	<b>Date of next review</b>
March 2017	Policy consolidation	March 2017	
Aug 2020	Policy Review		
April 2021	Policy review (to advance inclusion of Bedford)		
February 2023	Policy Audit	March 2023	February 2024
February 2024	Update: new legislation	March 2024	February 2025
April 2024	New DSL and update following training		April 2024



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## 1.0 About this policy

### 1.1 Why we have this policy

Q:alliance is committed to conducting its business in compliance with all applicable laws, rules, and regulations with the highest levels of integrity. Acting ethically and with integrity is an essential part of the role of all trustees, staff members and volunteers.

The objective of this policy is to ensure that within Q:alliance's work with vulnerable populations, the safety and safeguarding of these populations is paramount and has priority over all other interests.

This policy relates to our obligations under the;

- Equality Act 2010
- Safe from Harm Code of Practice (Home Office, 1993)
- \*New Legislation\* Working Together to Safeguard Children 2023

This document should be read in conjunction with the following Q:alliance policies and procedures:

- Safeguarding Policy (adults)
- Conduct Policy
- Whistleblowing Policy
- Lone Working Policy
- Safer Spaces Policy
- Bullying and Harassment Policy
- Complaints Policy
- Disciplinary Policy
- Staff Handbook
- Youth Participation Policy

### 1.2 Who this policy applies to

All Trustees, paid staff, and volunteers.



### 1.3 Who is responsible for this policy

The Chair of Trustees is responsible for ensuring that the policy is regularly reviewed, amended as needed and that all colleagues are familiar with its contents.

### 1.4 When is this policy reviewed

This policy is to be reviewed annually, as well as at any additional time that a review is deemed necessary by the Board of Trustees.

## 2.0 Policy Statement

As a trustee, staff member or volunteer you must:

- Read and understand this policy
- Report any possible violations of this policy or of the law
- Treat others with respect, honesty, and dignity

You must not:

- Violate this policy, even if someone (including a trustee or line manager) is telling you to
- Tell somebody else to violate this policy or the law
- Refuse to cooperate or give false, incomplete, or misleading information in investigations of violations of this policy or the law
- Retaliate or victimise anyone for any reason including raising a question or concern, or reporting possible violations of this policy or the law or cooperating in an investigation
- Ignore or cover up a violation of this policy

The purpose of this policy is to ensure that within Q:alliance's work with vulnerable populations, the safety and safeguarding of these populations is paramount and has priority over all other interests.

Q:alliance seeks to ensure that all children and adults at risk are protected and kept safe from harm while they are with staff and volunteers within the organisation.



## 3.0 Policy

### 3.1 Definitions

- a) **Child / Children / Young People** – a person up to the age of 18.
- b) **Line Manager** – person designated by the Charity as responsible for a particular project/service.
- c) **Designated Safeguarding Lead** – person appointed by the Charity as responsible for oversight of safeguarding.
- d) **Deputy Safeguarding Lead** – person appointed by the Charity to assist the DSL in all matters of safeguarding and child protection across Q:alliance services.

### 3.2 Implementation

In order to implement the Policy Statement, Q:alliance will ensure that:

- a) All staff (full-time, part-time) and volunteers having access to/working with children have regular criminal record checks;
- b) All staff and volunteers having access to/working with children are required to supply references;
- c) All staff and volunteers having access to/working with children receive training in child safeguarding issues;
- d) All volunteers are instructed to report the disclosure or discovery of abuse direct to their Line Manager. Line Manager to refer to Designated Safeguarding Lead in all instances.
- e) All staff are informed of local statutory arrangements in respect of the disclosure or discovery of abuse;
- f) All staff and volunteers are given both supervision and support in their work with children;
- g) All premises that children may visit provide a safe environment.

### 3.3 Child Protection and Safeguarding Guidelines

The purpose of child protection is to ensure that appropriate action is taken when a young person up to the age of 18 years is suspected by volunteers or staff members of being abused, being at risk from parents, guardians, carers, adult visitors to the home and other responsible adults. Similar action should also be taken in the case of a young person suspected of being abused by another young person, including within a young person's own relationships, abuse between siblings etc.



### 3.4 Within or outside the home, including online (Contextual Safeguarding)

Children and young people can be at risk of serious harm in a range of settings and locations not limited to the familial home. Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

### 3.5 Individual Roles within the Child Safeguarding Process

Designated Safeguarding Leads (DSLs) are responsible for implementing child safeguarding and protection policies locally. DSLs have a responsibility to meet regularly with any staff member or volunteers dealing with issues of child abuse to provide support and guidance until such time as the incident is resolved or has been passed to relevant statutory agencies.

Q:alliance and the Child Safeguarding Co-ordinator from Social Services, where appropriate, have a responsibility to ensure that appropriate referrals are made and to liaise with other agencies. They will seek to involve a staff member or volunteer who is supporting a young person in all stages of the procedure, including interviews and case conferences, in accordance with the needs of the young person.

Designated Safeguarding Leads have a responsibility to remain up to date with DSL training, review ongoing safeguard concerns and ensure that their team remain up to date with safeguarding policies and procedures.

### 3.6 Talking with Young People

The staff member or volunteer may be the first person the young person has discussed the abuse with. The staff member or volunteers response to the young person at this stage is crucial.

It is important to tell the young person that you will do something about it. The young person should be assured that the staff member or volunteer would support them in getting information and help to stop the abuse.

Young people rarely lie about abuse, particularly sexual abuse. They may try to conceal the truth in order to protect adults, particularly where they have been told that something awful may happen to those adults if they tell. They may be confused on details like when and where, but the main point of the story is usually accurate. Young people have been known to try to tell adults of their abuse over a long period of time and been disbelieved or disregarded.



Staff and volunteers should tell the young person that they believe what they have said. It is appropriate to express regret at the abuse – “I’m sorry that this had been/is happening to you” and validate their courage in disclosing - “Thank you for talking to me about this”. It is important to emphasise to the young person that they have done nothing wrong.

There should not be a discussion, all information shared/ gathered should come directly from the reporter. This should take place at the young person’s own pace; they should not be ‘cross-examined’ and any notes, especially quotes written down verbatim. It is important that the staff member or volunteer does not ask any leading questions and that referral to the correct services happens as immediately as possible, prior to exploration of the disclosure. The first disclosure is the evidence most usable in a criminal case so it is best that it is taken by a trained professional. Usually the police. Care should be taken to record a disclosure in a way that does not discourage the young person from talking. Actions could be agreed with the young person at the end of the session.

Young people may have to relay their experiences to other professionals, and it is important that they do not have to do this more than necessary.

#### 7 R's:

Recognise

Respond

Report

Record

Refer

Review

Respect

### 3.7 Confidentiality

Staff and volunteers should never indicate to a young person that they would keep secrets. A feature of sexual abuse in particular is the secrecy that exists between perpetrator and young person. Staff and volunteers can find themselves pulled into this relationship in a destructive way. Consequently, staff and volunteers should discuss such cases fully with the Line Manager or DSL and not work in isolation.

Approaches from young people along the lines of – “if I tell you something you won’t tell anyone else will you?” - should be met with a firm but gentle explanation: “I can’t promise that some things you might tell me I won’t decide to share with someone else. What I can promise is not to do that without you knowing”. Young people may then choose not to tell but usually they are looking for



someone to help them to break out of their secret, not join them in it. For young people who do not tell, the staff member or volunteer should make sure the young person knows of organisations that may operate in confidence (e.g. Childline, Incest Survivors Groups).

Perpetrators are often abusing other young people at the same time and although the staff member or volunteer may not be in contact with these young people their safety is also of concern and this needs to be taken into account in determining a course of action.

### 3.8 Record Keeping / Recordings

Where a concern has been raised by a young person, the staff member or volunteer should make notes of what the young person has said, with care to not discourage the disclosure. In the first instance this may be on paper. At the earliest opportunity the concern should be relayed in an Incident Safeguarding and Near Miss Form, along with the disclosure notes and submitted to DSL immediately. All efforts should be made to talk to the DSL and agree immediate actions, if any, before the young person leaves the setting.

The notes, which a staff member or volunteer may keep, can be used as a basis for supporting the staff member or volunteer during a difficult process.

Where a case is referred to statutory services, the staff member or volunteer and/or Line Manager may submit a written report of what has happened, drawing on the staff and volunteer's notes.

All notes should be kept securely and the disclosure to be treated confidentially, and shared on a 'need to know' basis. The preference would be for notes to be stored securely online.

Following any resolution or action, there should be a period of time whereby the DSL follows up on any actions, and a joint decision about the destruction of notes in line with current GDPR policy.

### 3.9 Categories of Abuse

Child Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (eg via the internet). They may be abused by an adult or a child. Harm can also include the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects (Working Together, 2018)





**This following section covers the defining, identification and actions taken in the event of physical, sexual, and emotional abuse and neglect:**

### 3.9.1 Physical Abuse

- Any intentional act causing injury or trauma to another person or animal by way of bodily contact.
- A form of abuse which 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.

#### 3.9.1.1 Identification

The first task should be to check out the incident or injuries which have aroused the staff and volunteers' concern. This may be done by speaking with the young person.

#### 3.9.1.2 Satisfactory Explanations

If the staff member or volunteer is satisfied with explanations, a note should be made of the incident and the Line Manager or DSL contacted. This is to ensure that staff and volunteers/DSL/Line Managers are alerted to a pattern of repeated incidents or injuries, each with an apparently satisfactory explanation.

#### 3.9.1.3 Unsatisfactory Explanations

If the staff member or volunteer is still worried about the young person, they should contact the Line Manager/DSL to discuss their concerns.

Appropriate action may include:-

- a) considering the need for emergency medical treatment
- b) the Line Manager/ DSL checking the Child Safeguarding Register
- c) involving the statutory Services in obtaining help for the young person
- d) monitoring the young person against future risk.



#### 3.9.1.4 Serious Incidents

It is obvious that serious injuries will need immediate medical treatment and staff and volunteers should ensure that this happens. A record should be made of the incident by the staff member or volunteer and stored as above.

When a referral has been made to statutory services:

- a) every co-operation should be given to staff members in any arrangements they may wish to make for the young person e.g. a medical examination
- b) a full report should be sent to the Youth Manager/ DSL/ Chair of Trustees.

#### 3.9.2 Child Sexual Abuse

- Whereby an adult or older adolescent uses a child for sexual stimulation or gratification. Forms of child sexual abuse include engaging in sexual activities with a child (whether by asking or pressuring, or by other means), indecent exposure (of the genitals, female nipples, etc.), child grooming, and child sexual exploitation, including using a child to produce child pornography
- Sexual abuse can take place online, and technology can be used to facilitate offline abuse.
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children

##### 3.9.2.1 Identification

Child sexual abuse usually comes to light in a different way to physical abuse or neglect. Staff and volunteers may become concerned about the change in young person's behaviour or personality. The most usual route is that the young person confides in a staff member or volunteer. This is usually described by other agencies as "disclosure".

##### 3.9.2.2 Appropriate Action

The staff and volunteers' role is not to discuss the detail of the case with the young person, or with their parent/carer, but to listen, reassure and support the young person in taking action.

The staff member or volunteer must not ask leading questions or interrogate the young person, because it is important not to 'contaminate evidence'. Also, if a referral is made to other agencies



(Police, Social Services) the young person will be interviewed, and it is important not to subject them to unnecessary questioning.

Staff and volunteers who have any concerns about a young person who may be experiencing sexual abuse must share those concerns with the Line Manager/DSL.

Such appropriate action could include:-

- a) Raising the concern to the team/ Line Manager/ DSL
- b) monitoring the young person's behaviour (where no disclosure has been made)
- c) taking advice from Social Services Department
- d) checking the Child Safeguarding register

It is important that the staff member or volunteer states clearly what might happen when the young person talks to Social Services/the Police. The staff member or volunteer should also make it clear that s/he/they cannot tell the Police what has happened, and that the young person will have to do that, but the staff member or volunteer will be present to give support.

### 3.9.3 Emotional Abuse

- Emotional abuse is present in all abuse but can also stand-alone.
- It is defined as; 'the actual or likely severe adverse effect on the emotional and behavioural development of a young person caused by persistent or severe emotional ill-treatment'.
- It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- It may involve seeing or hearing the ill-treatment of another.
- It may involve serious bullying (including 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.



### 3.9.4 Neglect

- For neglect to be considered, to apply it needs to be persistent or severe resulting in a 'significant impairment of the young person's 'health or development'.
- 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.
- 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 caregivers), ensure access to appropriate medical care or treatment, provide suitable education
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

### 3.10 Procedures

The role of the staff member or volunteer is to recognise and record indicators of abuse, complete an **Incident, Safeguarding or Near Miss Form**, and consult with their DSL about appropriate action, and refer where appropriate.

#### 3.10.1 Procedures for Safeguarding Leads (DSL)

- a) DSLs should assess all allegations promptly and carefully and consider the need for immediate action.
- b) All allegations should be pursued and recorded regardless of the availability of the alleged perpetrator to co-operate with the investigation.
- c) If DSLs are unsure that concerns are valid, they should take advice from social services.
- d) Where the DSL decides there are grounds for concern about an individual, social services and the police should be informed immediately.
- e) The individual under suspicion must be notified of the cause for concern. However, the timing of the notification and any action will be decided at the strategy discussion convened by social services and/or the police.
- f) The timing of notifications of suspicions to other relevant agencies will be decided by the strategy discussion.
- g) Full documentation should be kept. It should be treated as confidential and held securely.



## 4.0 Whistleblowing

It is important that any employee/volunteer who is concerned that malpractice may be taking place within Q:alliance, feels able to raise their concerns without fear of victimisation. Therefore, the **Whistleblowing Policy** is in place to enable such concerns to be raised, and these concerns will be taken seriously, and where appropriate, investigated further. However, where a person's concerns relate to their own personal situation within Q:alliance, these should be raised via the **Grievance Policy** so that these can be investigated fully and responded to directly, in line with the ACAS Code of Practice.

## 5.0 Queries or amendments

Please direct any queries, comments, concerns or amendment requests to your line manager in the first instance, or to [jenn@qalliance.org.uk](mailto:jenn@qalliance.org.uk)

## 6.0 Contacts and Services

[Milton Keynes Multi Agency Safeguarding Hub \(MASH\).....01908 253169/](tel:01908253169)

[01908 253170. Email: \[children@milton-keynes.gov.uk\]\(mailto:children@milton-keynes.gov.uk\)](tel:01908253170)

[Children's Emergency Social Work Team \(incl. out of hours\) .....01908 265545](tel:01908265545)

[National Society for the Prevention of Cruelty to Children \(NSPCC\).....0808 800 5000](tel:08088005000)

[Samaritans.....116 123](tel:116123)

[REFLECT \(free text support service in MK\) .....Text 85258](tel:85258)

[Childline.....0800 1111](tel:08001111)

[Thames Valley Police \(non-emergency\) .....101](tel:101)

[Milton Keynes General Hospital.....01908 660033](tel:01908660033)

[Switchboard LGBT+ helpline \(10am-10pm every day\) .....0800 0119100](tel:08000119100)

[NHS Direct.....111](tel:111)

[In addition, The Early Help Directory can provide a list of relevant agencies to support children, young people and their families <https://www.milton-keynes.gov.uk/children-young-people-and-families/early-help>](https://www.milton-keynes.gov.uk/children-young-people-and-families/early-help)

[Online form MARF \*\*here\*\* - Early Help Assessment \(EHA\)](#)