



Safeguarding Policy

Children & Adults

Children's Burns Trust

March 2020

Introduction

The Children's Burns Trust (CBT) is a UK based charity (registered charity no. 1082084), committed to providing support for burn and scald injured children and their families. In parallel, we run education and public awareness programmes designed to prevent these injuries.

Statement

Part of the work of Children's Burns Trust, therefore, is organising and facilitating activity, education and fundraising events, when staff and volunteers come into contact with children. These young people may be burns survivors or members of the public, but it is recognised that anyone working in this capacity, using the name of CBT in any context, will require Child Safeguarding training. Disclosure and Barring Service (DBS) checks and health and safety policies will need to be in place.

Children's Burns Trust agrees that children and adults have a right to live in a way that does not cause them harm or impede their human rights.

We therefore acknowledge their right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. We consider that, in accordance with legislation, the welfare of children is paramount. We will follow legislation, statutory guidance and recognised good practice. We believe that domestic abuse in all its forms is unacceptable.

Safeguarding is taken seriously by the Children's Burns Trust.

We have appointed a Safeguarding Coordinator and Deputy Safeguarding Coordinator, whilst recognising that safeguarding is everyone's responsibility.

We will organise activities in such a way as to promote a safe environment and minimise the risk of harm to children and adults.

We will follow a safer recruitment process for the selection and appointment of people to work with children or adults in need of protection, whether voluntary or paid. All volunteers and staff working directly with children under the age of 18 have been through a DBS check.

All concerns and allegations of abuse will be responded to appropriately, including referring to the Police and Social Care if necessary, either Adult or Children's. We will co-operate with the Police, Children's and Adult's Services in any investigation.

The Safeguarding Co-ordinator is the person to whom all concerns or allegations should be addressed. They can be contacted as detailed below

Name: Marina Lobanov Rostovsky

Contact phone number: 07710 745404

Email address: marina.lobanov-rostovsky@hotmail.co.uk

In the absence of the Safeguarding Co-ordinator, the Deputy Safeguarding Co-ordinator can be contacted as detailed below

Name: Mr Kenn Dunn

Contact phone number: 07977 275537

Email address: ken.dunn@UHSM.NHS.UK

Aim and purpose of this Policy

The aim of this policy is to provide procedures for promoting safeguarding, preventing abuse and protecting the vulnerable, both children and adults. This includes clear procedures for taking appropriate action following the raising of safeguarding concerns involving children and adults within the charity, on social media or those who attend our activities and events.

Who this policy applies to

This policy is approved and endorsed by the Trustees:

- to those who attend our activities and events;
- to our trustees and staff (both paid and voluntary);
- to those who are a member of our closed Facebook group.

Children and parents/carers will be informed of this policy, and our procedures via our website.

Children refers to those under the age of 18 years.

Duty of care and confidentiality

We have a duty of care to beneficiaries of the charity. We will maintain confidentiality except in circumstances where to do so would place the individual or another individual at risk.

Preventing abuse

The charity will appoint safeguarding and deputy safeguarding coordinator(s) for children and adults. A role description is attached as Appendix 7.

Risk assessment will be carried out, appropriate consent forms will be used for activities with children, appropriate records will be kept, and adequate insurance will be in place for each event.

We are committed to safer recruitment and selection of all paid staff and volunteers. All volunteers and staff working directly with children under the age of 18 have been through a DBS check.

What are we protecting from?

The definitions of abuse differ between children and adults. A copy of the definitions relating to children is attached to this policy at Appendix 1. The definitions of abuse in relation to adults is attached as Appendix 2.

How to recognise abuse

It is important to be aware of possible signs and symptoms of abuse. A list of such possible signs and symptoms in relation to children is attached at Appendix 3 and in relation to Adults at Appendix 4. Some signs could be indicators of a number of different categories.

It is essential to note that these are only **indicators** of **possible** abuse. There may be other, innocent, reasons for any of these signs and/or behaviour. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for a child or adult's behaviour.

What to do if there is a disclosure or allegation of abuse

If a child, young person or adult makes a disclosure that they are being abused and / or an allegation of abuse against someone, it is important that the person being told:

- Stays calm and listens carefully.
- Reassures them that they have done the right thing in telling you.
- Does not investigate or ask leading questions.
- Does not promise to keep secret what they have been told.
- Explains that they will need to tell someone else.
- Informs the charity's Safeguarding Co-ordinator as soon as possible (if they are implicated in the allegation, inform the deputy)
- Makes a written record of the allegation, disclosure or incident and sign and date this record (using the template in Appendix 5). This should be given to the charity's

Safeguarding Coordinator. Any such records will be stored securely in a locked filing cabinet.

Procedure in the event of concern

If there is an immediate threat of harm the Police should be contacted.

Where it is judged that there is no immediate threat of harm the following will occur:-

- The concern will be discussed with the charity's Safeguarding Co-ordinator and a decision made as to whether the concern warrants a referral to statutory agencies (see below for the relevant statutory contacts)
- A confidential record will be made of the conversation and circumstances surrounding it using the template at Appendix 5. This record will be kept securely and a copy passed to statutory agencies if a referral is made.
- The person about whom the allegation has been made must not be informed by anyone.

Statutory contact in the case of a Child

For 17 years old and under – NSPCC 0808 800 500 or Childline 0800 1111. Use these number for all calls.

Statutory contact in the case of a Vulnerable Adult

For Adults 18 years plus – NSPCC 0808 800 500 or Childline 0800 1111. Use these number for all calls.

If someone in the charity is alleged to have harmed children or adults

We will inform one of the Safeguarding Co-ordinator and we will contact the relevant statutory agency.

Complaints

Should anyone have any concerns or complaints please contact Alison Tweddle on info@cbtrust.org.uk

It would be helpful to have complaints in writing as this avoids any possible misunderstanding about what the issue is. However, whether verbal or in writing complaints will be acted upon.

Any written complaint will be responded to within 10 working days.

Review

The Trustees will review this policy as required.

Date of most recent review: March 2020

Date of next review: March 2021

Appendix 1

What is abuse and neglect - Children.

These definitions are taken from *Working Together 2013*

Abuse and neglect are forms 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 a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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 the 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 2

What is abuse? Adults in need of protection

The following definitions of abuse are laid down in *'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health 2000):*

Abuse is a violation of an individual's human and civil rights by any other person or persons. In giving substance to that statement, however, consideration needs to be given to a number of factors:

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Physical Abuse

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care.

Psychological or Emotional Abuse

These are acts or behaviour, which cause mental distress or anguish or negates the wishes of the vulnerable adult. It is also behaviour that has a harmful effect on the vulnerable adult's emotional health and development or any other form of mental cruelty.

Sexual Abuse

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent.

Neglect, or Act of Omission

This is the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. A vulnerable person may be suffering from neglect when their general well-being or development is impaired

Financial or Material Abuse

This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions

Discriminatory Abuse

This is the inappropriate treatment of a vulnerable adult because of their age, gender, race, religion, cultural background, sexuality, disability etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.

Discriminatory abuse links to all other forms of abuse.

Institutional Abuse

This is the mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

APPENDIX 3

Signs of Possible Abuse - Children

Physical abuse

Physical Signs include:

- Unexplained injuries
- Injuries that are inconsistent with explanation
- Injuries that reflect an article used e.g. an iron
- Bruising, especially trunk, upper arm, shoulders, neck or finger tip bruising.
- Burns/scalds, especially cigarette.
- Human bite marks.
- Fractures, especially spiral.
- Swelling and lack of normal use of limbs.
- Serious injury with lack of / inconsistent explanation.
- Untreated injuries.

Psychological/Emotional Signs include:

- Unusually fearful with adults.
- Unnaturally compliant to parents.
- Refusal to discuss injuries/fear of medical help.
- Withdrawal from physical contact.
- Aggression towards others.
- Wears cover up clothing.

Fictitious Illness by Proxy

- Psychiatric Illness, whereby a parent or carer deliberately inflicts harm onto a child.
- Normally the child's mother.
- The child has commonly had genuine serious illness in the first year of life (a dependency on medical attention has developed in the mother).
- Very difficult to diagnose/evidence.

Female Genital Mutilation

A cultural (not religious) procedure whereby parts of female genitalia are removed - also referred to as female circumcision.

- Illegal in UK.
- Normally undertaken on pre-pubescent girls.
- Girls either taken abroad for procedure or "practitioners" come to UK.
- There can be no anaesthetic, no sterile equipment, barbaric practice.
- Complications include – serious infection, septicaemia, death, numerous gynaecological problems.

Emotional abuse

The classic description of Emotional Abuse is “Low Warmth High Criticism” style of parenting.

Signs include:

- Physical, mental and emotional lags.
- Acceptance of punishments, which appear excessive.
- Over reaction to mistakes.
- Continual self-deprecation.
- Sudden speech disorders.
- Fear of new situations.
- Neurotic behaviour (such as rocking, hair twisting, thumb sucking).
- Self harm.
- Extremes of passivity or aggression.
- Drug/solvent abuse.
- Running away.
- Bullying/Aggression
- Overly compliant behaviour
- Overeating or loss of appetite
- Clingy
- Fearful/withdrawn
- Sleep disorders

Neglect

Physical Signs include:

- Tired/listless
- Poor personal hygiene.
- Poor state of clothing.
- Emaciation, potbelly, short stature.
- Poor skin tone and hair tone.
- Untreated medical problems.
- Failure to thrive with no medical reason.

Psychological/Emotional Signs include:

- Constant hunger.
- Constant tiredness.
- Frequent lateness/non-attendance at school.
- Destructive tendencies.
- Low self-esteem.
- Neurotic behaviour.
- No social relationships.
- Running away.
- Compulsive stealing/scavenging.
- Multiple accidents/accidental injuries.

Sexual abuse

Physical Signs include:

- Damage to genitalia, anus or mouth
- Sexually transmitted disease
- Unexpected pregnancy especially in very young girls
- Soreness to genitalia area, anus or mouth
- Repeated stomach aches
- Loss of weight
- Gaining weight
- Unexplained recurrent urinary tract infections, discharges or abdominal pain
- Unexplained gifts/money

Psychological/Emotional Signs include:

- Sexual knowledge inappropriate for age
- Sexualised behaviour in young children
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Sudden changes in personality
- Lack of concentration, restlessness
- Socially withdrawn
- Overly compliant behaviour
- Poor trust in significant adults
- Regressive behaviour, onset of wetting – day or night
- Suicide attempts, self-mutilation, self-disgust
- Eating disorders

Appendix 4

Signs of Possible Abuse - Adults

Physical

- A history of unexplained falls, fractures, bruises, burns, minor injuries
- Signs of under or over use of medication and/or medical problems unattended

Psychological

- Alteration in psychological state e.g. withdrawn, agitated, anxious, tearful
- Intimidated or subdued in the presence of the carer
- Fearful, flinching or frightened of making choices or expressing wishes
- Unexplained paranoia

Sexual

- Pregnancy in a woman who is unable to consent to sexual intercourse
- Unexplained change in behaviour or sexually implicit/explicit behaviour
- Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
- Infections or sexually transmitted diseases
- Full or partial disclosure or hints of sexual abuse
- Self-harming

Neglect or Omission

- Malnutrition, weight loss and /or persistent hunger
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Being left in wet clothing or bedding and/or clothing in a poor condition
- Failure to access appropriate health, educational services or social care
- No callers or visitors

Financial or Material

- Disparity between assets and living conditions
- Unexplained withdrawals from accounts or disappearance of financial documents
- Sudden inability to pay bills
- Carers or professionals fail to account for expenses incurred on a person's behalf
- Recent changes of deeds or title to property

Discriminatory

- Inappropriate remarks, comments or lack of respect
- Poor quality or avoidance of care

Institutional

- Lack of flexibility or choice over meals, bed times, visitors, phone calls etc
- Inadequate medical care and misuse of medication
- Inappropriate use of restraint
- Sensory deprivation e.g. denial of use of spectacles or hearing aids
- Missing documents and/or absence of individual care plans
- Public discussion of private matter
- Lack of opportunity for social, educational or recreational activity

Appendix 5



INCIDENT RECORDING FORM

Date and time of incident:

Date on which this report is written.....

(N.B. This should preferably be immediately or no later than up to 48 hours of the incident taking place)

Your name:

Name of Child, Young Person or Vulnerable Adult:

.....

Date of Birth (if known).....

Address (if known).....

Recording:

Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words.

Record what you said as well as what the child, young person or Vulnerable Adult said (if applicable).

Include details such as where the conversation took place (online or offline) and who else was present, if anyone.

If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion. It would assist, where possible, to also include descriptions of tone of voice, facial expression and body language (if applicable).

Record

Who have you spoken to about your concerns?

Safeguarding Co-ordinator

Name: _____

Police

Name _____

NSPCC/Childline

Name _____

Parent/Carer

Name _____

Child

Other

Name _____

Follow up work:

Signed:.....

Dated:

Appendix 6.

Code of Conduct for working with children or young people

All volunteers and paid staff agree to the following code of conduct:

- Do treat all people with dignity and respect.
- Don't abuse the power and responsibility of your role. Don't belittle, scapegoat, put down, or ridicule a child or young person (even in 'fun') and don't use language or behaviour with sexual connotations (e.g. flirting or innuendo).
- Do act inclusively, seeking to make all people feel welcome and valued.
- Don't exclude other children or workers from conversations and activities unless there is a good reason.
- Do treat people with equal care and concern.
- Don't show favouritism (e.g. in selection for activities, in giving rewards, etc.) or encourage excessive attention from a particular child (e.g. gifts).
- Do encourage everyone to follow any behaviour agreement or ground rules and apply sanctions consistently.
- Don't threaten or use sanctions which have not been agreed or make empty threats.
- Don't feel you have to deal with every problem on your own.
- Don't use physical restraint except as a last resort to prevent injury. This should be the use of minimum force.
- Do relate to children in public. If a child wants to talk one-to-one about an issue, tell another worker and find somewhere quieter, but still public, to talk.
- Don't spend time alone with children out of the sight of other people and without the knowledge of someone in leadership.
- Do make sure that any electronic communication is done with parental consent, and in a way which is transparent, accountable and noted / recorded and adheres to safeguarding policies.
- Don't keep communication with children secret, while still respecting appropriate confidences.
- Do have a designated photographer to take, store and share photos of your group's activities, in line with people's consent.
- Don't take photos and video without consent and stored in a place designated by the charity and only use in the ways agreed.
- Do use physical contact wisely - it should be:
 - in public
 - appropriate to the situation and to the age, gender and culture of the child.
 - in response to the needs of the child, not the adult.
 - respectful of the child's privacy, feelings and dignity.
- Don't use physical contact which could be misconstrued as aggressive (e.g. rough games) or sexual.
- Do respect children's privacy.
- Don't assume that children should tell you anything you ask just because you are a worker.
- Do respect the right of children to wash, change and use the toilet in private.
- Don't walk in unnecessarily or unannounced/
- Do listen to children and do tell the safeguarding officer if you have any concerns about a child's welfare.
- Don't promise to keep something secret if it is about a children at risk of harm, but only tell those who need to know.
- Do respect and promote the rights of children to make their own decisions and choices.
- Don't work in ways that put your needs and interests before those of the children you work with.
- Do respect and encourage respect for difference, diversity, beliefs and culture.
- Don't discriminate or leave discrimination or bullying unchallenged.

I agree to abide by the above code of conduct while working with children & young people
on behalf of Children's Burns Trust

Name of worker: _____

Signed: _____

Date: _____

Appendix 7

The Role of a Children's Burns Trust Safeguarding Co-ordinator

Context

We believe that our children deserve the best possible care.

Purpose of the role:

- To coordinate safeguarding policy and procedure in the charity.
- To provide a first point of contact regarding safeguarding issues.
- To be an advocate for safeguarding in the charity.

Responsibilities:

To coordinate safeguarding policy and procedure in the charity:

- To familiarise themselves with the charity's policies and procedures and good practice guidelines in safeguarding and to keep abreast of any changes and developments.
- To ensure that the charity's policies and procedures are reviewed annually. Kept up to date, and fit for purpose.
- To make others in the charity aware of the safeguarding policies and procedures.
- To ensure safer recruitment practices are operated in recruitment of all workers, both volunteers and paid, including relevant workers have up to date Disclosure and Barring Checks

To provide a first point of contact regarding safeguarding issues.

- To be a named person regarding any issue to do with child protection or safeguarding
- To be aware of the names and telephone numbers of appropriate people and the Police in the event of a referral needing to be made.
- To be aware of when to seek advice, and when it is necessary to inform escalate an issue.
- To take appropriate action in relation to any safeguarding concerns which arise within the charity.
- To cooperate with the appropriate organisations in safeguarding investigations relating to people within the charity.
- To ensure that appropriate records are kept by the charity, and that information in relation to safeguarding issues is handled confidentially and stored securely.
- To report summary safeguarding information annually to the Safeguarding Officer to enable them to monitor safeguarding in the charity

Appendix 8

Eligibility for DBS checks

DBS checks should always be carried out for any role which is eligible, as part of a safer recruitment process. In order to identify which roles are eligible for a DBS check it is important to firstly be clear about what each role entails. This is best achieved by producing a written role description which includes reference to: a) the type of work; b) the frequency and period of time over which the work will be done; c) if and how the work will be supervised.