

Bolton Together Safeguarding and Child Protection Policy

Introduction:

Bolton Together is a consortium of Bolton organisations supporting children, young people, and families. All consortium members and providers of contracts have their own Safeguarding Children Policy. Bolton Together will support Bolton Together members and providers with the implementation of appropriate Safeguarding procedures and connect organisations with Bolton Community and Voluntary Services (Bolton CVS) where further support is required.

Policy Statement

Bolton Together believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

We recognise that:

The welfare of the child/young person is paramount. All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have the right to equal protection from all types of harm or abuse.

Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

The purpose of the policy:

- To provide protection for the children and young people who receive Bolton Together services.
- To provide staff and volunteers with guidance on procedures they should adopt if they suspect a child or young person may be experiencing or be at risk of harm.
- This policy applies to all staff including the board of trustees, volunteers and sessional workers or anyone working on behalf of Bolton Together.

We will seek to safeguard children and young people by:

- valuing them, listening to and respecting them.
- adopting child protection guidelines through procedures and a code of conduct for volunteers and staff.
- recruiting volunteers and staff safely, ensuring all necessary checks are made, sharing information about child protection and good practice with children, parents, staff, and volunteers.
- sharing information about concerns with agencies who need to know and involving parents and children appropriately.
- providing effective management for staff and volunteers through supervision, support, and training.
- We are also committed to reviewing our policy and good practice annually.

Policy and Procedures

1 Aims and Objectives:

This policy ensures that all our volunteers' workers now and, in the future, are clear about the action necessary with regard to a child protection issue. Its aims are:

- To raise the awareness of all staff/volunteers and identify responsibility in reporting possible causes of abuse.
- To ensure effective communication between all staff/volunteers when dealing with child protection issues.
- To establish the correct procedures for those who encounter an issue of child protection.
- To identify a named person to take responsibility for child protection issues.

2 Definitions of Abuse:

It is important that all our staff/volunteers are aware of the different types of abuse and able to recognise the signs. These are important to know as any action taken by the Police, Social Services, etc will be based on the four broad definitions of abuse: physical, emotional, sexual and neglect.

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

Signs to look out for:

- Unexplained bruising, marks or injuries
- Bruises, which reflect hand marks or fingertips
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Running away

Changes in behaviour which can also indicate physical abuse may include:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour

Emotional Abuse: is the emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve someone telling children that they are worthless or unloved, inadequate, or valued so far as they meet the needs of another person. It may feature inappropriate expectations being imposed on children. Children may frequently feel frightened or in danger. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

Signs to look out for:

- A failure to thrive and grow
- Sudden speech disorders
- Developmental delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse may include:

- Neurotic behaviour, e.g., hair twisting, rocking
- Being unable to play
- Fear of making mistakes
- Self harm

Sexual Abuse: involves forcing or enticing a child to take part in sexual activities, whether the child is aware of what is happening or not. The activities may involve physical contact, including penetrative or non-penetrative acts, (e.g., rape, etc). They may involve non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Signs to look out for:

- Pain or itching in the genital /anal areas
- Bruising or bleeding near genital /anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Pregnancy

Changes in behaviour, which can also indicate sexual abuse may include:

- Fear of being left with a specific person or group of people
- Sexual knowledge, which is beyond their age or developmental level
- Sexual drawings or language
- Self-harm or mutilation, sometimes leading to suicide attempts.
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not being allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults
- Eating problems, such as anorexia or overeating
- Having nightmares
- Sudden or unexplained changes in behaviour

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 may involve a parent or carer failing to provide adequate food, shelter, and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs to look out for:

- Running away
- Constant hunger, loss of weight including stealing food from other children
- Poor personal hygiene
- Inappropriate dress for the conditions
- Untreated medical problems

3. Procedures:

If a child should make a disclosure to a member of staff or volunteer within our organisation or should a member of staff/volunteer recognise/identify possible signs of abuse, then the following actions should be taken:

If a child talks to you about abuse or neglect:

- Tell the child they are not to blame and that it was right to tell.
- Reassure the child but do not make promises of confidentiality, which may not be feasible in the light of subsequent developments. Explain early on that the information will need to be shared and what you will do next (as simply as possible).
- **Do not** show disgust or anger
- **Do not** ask direct questions – who, what, where, when
- **Do not** stop the free recall of significant events
- **Do not** ask a child to repeat their account to anyone else
- **Do not** put words into the child's mouth by suggesting what has happened and by whom
- Take what the child says seriously, recognising the difficulties in interpreting what a child who has speech or language difficulties says
- Keep calm and even if you find what they are saying difficult or painful, keep listening
- Make a full record of what has been said, heard and/or seen as soon as possible using the child's own words – record the facts clearly, including details of the child, date, time, parties involved, action taken, and any referrals made to statutory agencies
- Do not contact or confront the individual who is alleged to be responsible
- Inform the Named Child Protection Officer within the organisation of this incident. They will then report any concerns to the relevant agency

4. Mental Capacity

Principle

In Practice

1.

A person must be assumed to have capacity unless it is established that they lack capacity.

Every young person from the age of 16 has a right to make their own decisions if they have the capacity to do so. Practitioners and carers must assume that a young person has capacity to make a particular decision at a point in time unless it can be established that they do not.

2.	A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.	Young people should be supported to help them make their own decisions. No conclusion should be made that a young person lacks capacity to make a decision unless all practicable steps have been taken to try and help them make a decision for themselves.
3.	A person is not to be treated as unable to make a decision merely because he makes an unwise decision.	Young people have the right to make a decision that others would see as 'unwise'. This does not automatically mean they lack capacity and they should not be treated as such.
4.	An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.	If the young person lacks capacity any decision that is made on their behalf, or subsequent action taken must be done using Best Interests, as set out in the Act.
5.	Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.	As long as the decision or action remains in the young person's Best Interests it should be the decision or action that places the least restriction on their basic rights and freedoms.

These principles must be considered and followed in every instance when working with someone who may lack capacity to make a decision or decision for themselves.

4.1 Mental Capacity Act

There is a [Code of Practice](#) to support effective implementation of the Mental Capacity Act 2005. There is a duty under the Act for all persons and organisations with a responsibility for making decisions, or carrying out acts when a young person lacks capacity to have regard to the code at all times, regardless of the existence of other guidance.

Within the [Mental Capacity Act's Code of Practice](#), 'children' refers to people aged below 16. 'Young people' refers to people aged 16-17. This differs from the Children Act 1989 and the law more generally; where the term 'child' is used to refer to people aged under 18.

In this summary, as throughout the Code, a person's capacity (or lack of capacity) refers specifically to their capacity to make a particular decision at the time it needs to be made.

Please note the lack of capacity to make a decision is caused by an impairment or disturbance that affects how the mind or brain works and is specific to time and decision specific. The impairment or disturbance may be temporary or permanent. A lack of capacity cannot be determined solely by a person's age or

appearance, condition or an aspect of their behaviour, which might lead others to make unjustified assumptions about the person's capacity.

4.2 Assessing Capacity

- Under the Act mental capacity is both 'decision specific' and 'time specific'.
- This means that:
- A young person cannot lawfully be deemed or assumed to 'lack capacity' generally; and
- The Mental Capacity Act must be applied for each time that a decision needs to be made.
- If any of the following indicators are present the young person may not be able to make their own decision:
 - Lacking a general understanding of the decision that needs to be made, and why it needs to be made;
 - Lacking a general understanding of the likely consequences of making, or not making the decision.
 - Being unable to understand, remember and use the information provided to them when making the decision; and
 - Being unable to, or unable to consistently communicate the decision.
- There may also be cause for concern if a young person:
 - Repeatedly makes an unwise decision that puts them at serious risk of harm, abuse or exploitation; or
 - Makes a particular unwise decision that is obviously irrational or out of character.
- A mental capacity assessment must be carried out when:
 - There are indicators that the young person may not be able to make the decision at the time that it needs to be made; and
 - There is evidence that the young person has (or may have) an impairment of, or disturbance in the functioning of the mind or brain; and
 - The reason that the young person may not be able to make the decision is related to (or may be related to) the impairment in, or disturbance of the functioning of the mind or brain.

Children under 16

The Act does not generally apply to people under the age of 16 but there are two exceptions:

- The Court of Protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions within Section 2(1)* of the Act and is likely to still lack capacity to make financial decisions when they reach the age of 18 (Section 18(3));
- Offences of ill treatment or wilful neglect of a person who lacks capacity within Section 2(1)* can also apply to victims younger than 16 (Section 44);

Young people aged 16-17 years.

- Most of the Act applies to young people aged 16-17 years, who may lack capacity within Section 2(1)* to make specific decisions but there are three exceptions:-
- Only people aged 18 and over can make an Enduring Power of Attorney;
- Only people aged 18 and over can make an advance decision to refuse medical treatment;

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- The Court of Protection may only make a statutory will for a person aged 18 and over.

Assessing Competence in under 16's

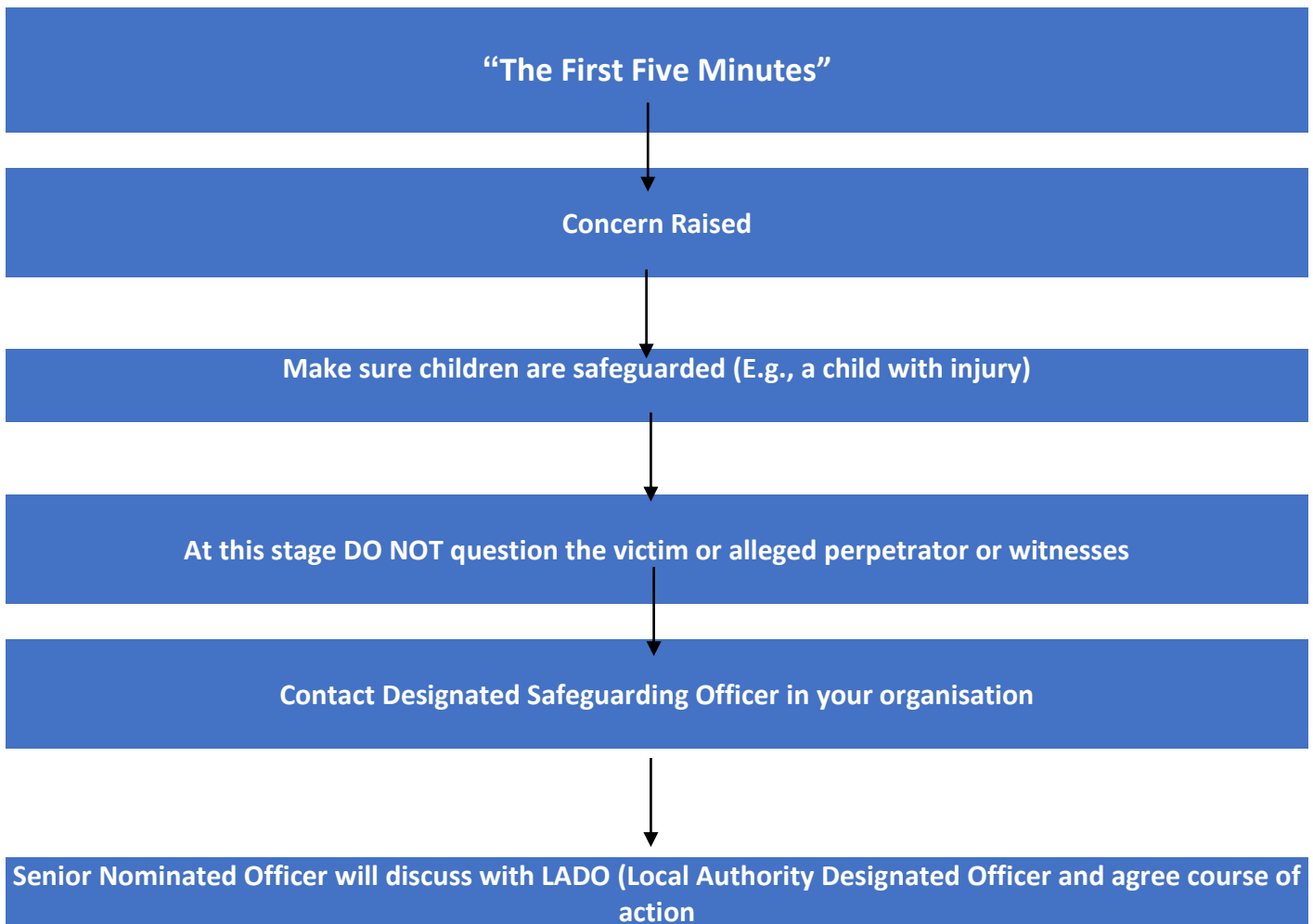
The test for assessing whether a child under 16 can give valid consent differs from that of a young person aged 16 or 17. The test for children under 16 is determined by considering whether they are 'Gillick competent'. The concept of Gillick competence reflects the child's increasing development to maturity. The understanding required to make decisions about different interventions will vary considerably. A child may have the competence to consent to some information but not others. The child needs to be given the relevant information in an appropriate manner and given as much support as possible to help them make the decision.

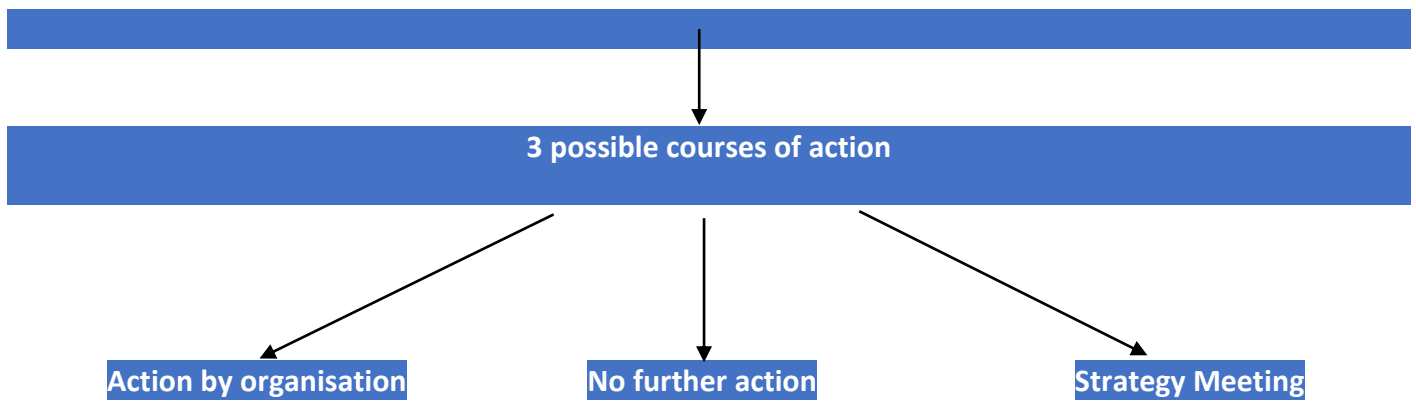
See [NSPCC Gillick Competency and Fraser Guidelines](#).

**Bolton Together - Designated Safeguarding Officer is Louise McDade
Contact details: louise.mcdade@boltontgether.org.uk**

4. Managing allegations against a person in a position of trust

What to do if an allegation or incident against a volunteer or staff member is received or an incident relating to a provider





In an emergency call **999** or you can contact Bolton's Referral and Assessment Team, part of the Multi-agency Screening and Safeguarding Service (MASSS) on **01204 331500**.

The above number is office hours only – 9am - 5pm. If you have a concern outside these times you can contact Bolton Emergency Duty Team – **01204 337777**.

5. Recruitment and Selection of Staff/Volunteers

All staff and volunteers shall be subject to a careful and rigorous selection process with the following elements:

- Completion of application form and checking identity by birth certificate or passport
- References from at least 2 people who are not related to the person
- Completion of a criminal record check through a local umbrella agency with the Disclosure and Barring Service (DBS)
- Completion of a probationary period
- Staff/Volunteers will have no unsupervised access to children and young people until checks have been completed

6. Supporting Staff/Volunteers

Bolton Together will ensure that volunteers are given the opportunity to learn about child protection and keeping children safe through relevant training events, team meetings and access to information

Bolton Together will provide support to staff/volunteers by setting time aside to talk through any issues and concerns they may have and access to emergency services, counselling services numbers for staff/volunteers

7. Other actions Bolton Together will take to minimise harm to children and young people

Bolton Together will:

- Ensure staff/volunteers roles are defined.
- Ensure adequate ratios of children to adults.
- Take out appropriate insurances to cover activities undertaken.
- Perform risk assessments where appropriate.
- Keep an accident/incident book.

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- Gain appropriate authorisation where required from parents/ carers for children undertaking group activities.
- Displaying counselling services details so that children can access these if they so prefer.

8. Code of Conduct

It is important that both service users and volunteers can participate in Bolton Together activities in a safe and secure environment. This Code of Conduct has been developed for the protection of both service users and volunteers. Bolton Together expects all its staff/volunteers to abide by this Code of Conduct.

Staff/Volunteers

- Will abide by the guiding principles of all activities
- Will inform Bolton Together of any relevant criminal record or other factor, or any change in his/her circumstances, which may make him/her unsuitable to complete their duties.
- Recognises that the role of a Bolton Together staff member or volunteer places him/her in a position of trust with regard to all children who are service users participating in Bolton Together's programmes, the organisation, and to colleagues, and undertakes to uphold that trust at all times.
- Undertakes to maintain, within the organisation's procedures, the confidentiality of any information relating to other volunteers made available to him/her in their role at Bolton Together.
- Will not knowingly place themselves in a situation where the volunteer is alone with a child or young person and will endeavour to ensure, as far as possible that there is another adult in attendance at any meetings.
- Will ensure that any Bolton Together activities involving children outside the normal activities are agreed and approved by the Board of Trustees in advance.
- Will not behave in any way, physically or verbally, that could be offensive.

This policy was adopted on	24/09/2020
Reviewed on	14/12/2021
To be reviewed on	14/12/2022