

# Welwyn Hatfield Women's Refuge and Support Services

## Safeguarding Children Policy

### 1. INTRODUCTION

1.1 In this policy Welwyn Hatfield Women's Refuge and Support Services (WHWR) sets out our approach to working with children, the steps we take to keep them safe, and the procedures that must be used if there are any concerns about a child or about the behaviour of an adult. Throughout we use the legal definitions of 'a child' i.e. anyone aged under 18 years and the threshold of 'Significant Harm'.

1.2 The policy is reviewed on an annual basis by the Board of Trustees and safeguarding is on the agenda for every Board Meeting and at WHWR team meetings.

### 2. POLICY STATEMENT

2.1 WHWR is committed to promoting the welfare of the children and young people we work with, and to protecting and safeguarding them against potential or actual harm. WHWR fully accepts and promotes the principle enshrined in The Children Act 1989 that the welfare of the child is paramount.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

2.2 WHWR will:

- ensure that our facilities and services, including the specialist service for children, are safe and nurturing environments in which children can develop and thrive; and these services/facilities are appropriately risk assessed;
- listen to and support children and take all steps required to keep them safe;
- take all necessary steps to ensure that all staff, volunteers and trustees are safe adults including:
  - thorough recruitment and induction procedures of trustees, staff and volunteers
  - ongoing use of the Disclosure and Barring Service (DBS)
  - supervision of staff and volunteers
  - mandatory training of staff, trustees and volunteers in their responsibilities for safeguarding;
- support the CEO, and the Operations Manager, in fulfilling their additional responsibilities as the Designated Safeguarding Leads for The Refuge;
- inform women using our services of this policy and make it available, making clear our expectations of them, including in their rental agreements and rules for Outreach activities;
- support women in their parenting so they can promote good outcomes for their children;
- prevent contractors and visitors to The Refuge from having unsupervised access to children;
- act promptly on any concerns or incidents of abuse, or concerns about the behaviour of an adult, using the procedures for recording, reporting and referring set out in this policy;

- work with the appropriate statutory and other bodies to promote the safety and welfare of children and with the appropriate statutory bodies in any investigation into child abuse;
- maintain confidentiality and secure record keeping as outlined in our Data Protection Policy
- ensure that staff and volunteers understand and can use our Whistleblowing Policy;
- review this policy annually

2.3 It is WHWR's policy to use and follow the approach, information, procedures manual and training provided by Hertfordshire Safeguarding Children Partnership (HSCP) as the basis of our approach to safeguarding. We will follow HSCP's Interagency Child Protection and Safeguarding Children Procedures for understanding, identifying and responding appropriately to safeguarding concerns about any children living in The Refuge or known through the Outreach Service. WHWR's safeguarding procedures in this policy are based on the HSCP's.

2.4 This policy applies to WHWR's Board of Trustees, all staff and volunteers.

### 3. LEGAL FRAMEWORK

3.1 The legal context for keeping children safe is from The Children Act 1989 which introduced the concept of 'Significant Harm' as the threshold, which justifies compulsory intervention in family life in the best interests of children.

#### 3.2 SIGNIFICANT HARM

Under Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:

**'Harm'** means ill-treatment or the impairment of health or development, including impairment suffered from seeing or hearing the ill-treatment of another;

**'Development'** means physical, intellectual, emotional, social or behavioural development;

**'Health'** means physical or mental health; and

**'Ill-treatment'** includes sexual abuse and forms of ill-treatment that are not physical.

When the impairment of health or development of a child is concerned, the child's health or development should be compared with, what could reasonably be expected of a similar child.

3.3 There are no absolute criteria on which to rely when judging what constitutes Significant Harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the degree of threat, coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

3.4 Sometimes a single traumatic event may constitute Significant Harm, e.g. a violent assault, suffocation or poisoning. More often, Significant Harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting Significant Harm.

In each case, it is necessary to consider any ill-treatment alongside the family's strengths and supports.

#### **4. RECOGNITION OF POSSIBLE ABUSE AND NEGLECT**

4.1 Staff and volunteers need to know what constitutes abuse and, because a child may not disclose that abuse is happening, they must be alert to other indicators (e.g. in children's behaviour) of possible abuse or neglect. Below are the Hertfordshire Safeguarding Children Partnership's definitions of the four main types of abuse.

#### **4.2 DEFINITIONS OF ABUSE**

##### **4.2.1 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.

Further information about this form of abuse is set out in the Fabricated or Induced Illness Procedure.

Babies can be particularly vulnerable. Always be concerned about bruising in a pre-mobile baby and injuries to young babies. Refer to Management of Bruises/Marks in Infants Under Six Months.

##### **4.2.2 EMOTIONAL ABUSE**

**Emotional abuse is the persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development**

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development capability, as well as over protection 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 causing children 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 children, though it may occur alone.

##### **4.2.3 SEXUAL ABUSE**

**Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.**

The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

#### 4.2.4 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 misuse.

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

- provide adequate food and clothing, 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.

#### 4.2.5 POSSIBLE INDICATORS OF ABUSE AND NEGLECT

- Non accidental injury, bruising or marks
- Explanation inconsistent with injury
- Several different explanations for an injury
- Reluctance to give information about an injury
- A sudden change in behaviour – aggression, extroversion, depression, withdrawn
- Attention seeking
- Hyperactivity
- Poor attention
- Appear frightened of parents or family members
- Abnormal attachment between parent and child
- Indiscriminate attachment
- Hyper alertness
- Reduced response
- Frozen watchfulness
- Nightmares
- Anxiety/irritability
- Abdominal pain/headaches
- Poor self esteem
- Over sexualised play/talk or drawings
- Excessive or inappropriate masturbation
- Self harm/eating disorder
- Frequent visits to the toilet (urinary infection)
- Failure to thrive where there is no organic cause
- Poor hygiene
- Recurrent/untreated infections of skin or head lice
- Untreated health/dental issues
- Frequent absence from school or repeated lateness
- Delay in meeting normal developmental milestones.

#### 4.2.6 OTHER SAFEGUARDING ISSUES

Children may be at risk of abuse or neglect because e.g. of a parent's misuse of drugs or alcohol or mental health problems. Refer to WHWR's Policy on Safeguarding Vulnerable Adults if you have any safeguarding concerns for a child's mother who is a WHWR service user.

Children will also need safeguarding for example if they are:

- deemed by an adult to be possessed of a spirit
- at risk of forced marriage

- at risk of female genital mutilation
- at risk of child sexual exploitation
- experiencing domestic violence
- abused by other children
- at risk of abuse or neglect because of their disability
- experiencing bullying and/or cyber bullying
- at risk of radicalisation.

Use the relevant sections of the HSCP's Procedures: Section 4: Children In Specific Circumstances – Additional Procedures and Section 6: Children in Specific Circumstances – Guidance, for identifying and responding to children experiencing or at risk of the circumstances above.

The List above is not exhaustive.

You must follow sections 5 and 6 below in all situations where you have any safeguarding concerns.

## **5. RESPONSIBILITIES OF ALL STAFF MEMBERS AND VOLUNTEERS**

5.1 All staff and volunteers, regardless of your particular role, must work to promote the welfare and safety of all children who are living in The Refuge and/or participating in WHWR events or activities.

5.2.1 You must ensure that your own practice is safe and your behaviour is always appropriate. You must follow WHWR 's Policy on Professional Practice and Managing Boundaries; the section on Working with Children is particularly relevant

5.2.2. You are required to participate in Level 1 basic awareness training on safeguarding and in refresher training to further develop your skills and knowledge. You must understand this policy and be confident in taking the actions below.

**5.3 As a staff member or volunteer you may be the first person to be alerted to abuse or suspected abuse or neglect. You are not responsible for deciding whether or not abuse has occurred. You must use the guidance below to respond to the situation appropriately.**

5.4 You must record any concerns or information you have on the Reporting a Safeguarding Concern Form, and give the completed Form immediately to either The Operations Manager or the CEO, who are WHWR's Designated Safeguarding Leads. This Form is a WHWR Document which can be accessed online. The Form gives guidance as to what information is required in order to complete it.

5.5 Once you have referred your concerns to The Operations Manager or the CEO they will advise you on what to do and on how to maintain confidentiality. Share any doubts or worries you have with them.

5.6 Failure to meet your responsibilities may lead to disciplinary action or a volunteer leaving.

**5.7 What you must do if you have either a disclosure or suspicion of abuse or neglect.**

### **5.7.1 Immediate action required to ensure a child's safety**

Immediate action may be necessary to keep a child safe by either getting emergency medical attention or by the Statutory Agencies removing the child from their family.

If you think that immediate medical attention is required you should follow The Refuge's usual practice for medical emergencies. Agree with The Operations Manager or the CEO to call an ambulance or for the child to be taken to the nearest Accident and Emergency Department.

If a child is in immediate danger the Police should, in discussion with The Operations Manager or the CEO, be contacted via 999, as only they have the power to remove a child immediately if protection is necessary.

Once the immediate action has been taken you must complete Reporting a Safeguarding Concern Form and give this to either of the Designated Safeguarding Leads.

### 5.7.2 What to do if a child discloses abuse or neglect to you

A child may seek you out as a staff member or volunteer to talk about abuse or neglect or may talk spontaneously about it individually or in groups when you are present. In these situations you must:

- Stay calm and reassuring.
- Listen carefully to the child and keep an open mind. DO NOT directly question the child.
- Give the child time and attention – do not take notes as writing during the conversation may put undue pressure on the child.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Believe the child but do not apportion any blame to the perpetrator, as it may be someone they love.
- Reassure the child that:
  - they have done the right thing in telling you;
  - what happened is not their fault;
- **DO NOT** make promises that cannot be kept e.g. confidentiality – tell the child that you will have to tell someone else who will be able to help.
- Tell the child what you are going to do next and explain that you will need to get help to keep him/her safe.
- **DO NOT** ask the child to repeat his or her account of events to anyone else.

NB: if a child can understand the significance and consequences of making a referral to Children's Services, s/he should be asked for their view.

**REGARDLESS** of the child's view, it remains the responsibility of the professional to take whatever action to ensure the safety of that child and any other children.

- If the child is in immediate danger, take appropriate action as outlined above.
- If the child is not in immediate danger, directly after the conversation make an accurate record of the information using the Reporting a Safeguarding Concern Form.
- Use the child's own words as much as possible.
- Immediately afterwards, report the disclosure to The Refuge Manager or, in her absence, the Deputy Manager.

### 5.7.3 What to do if you suspect abuse or neglect but there has been no disclosure.

Because of your observations or information received you may become concerned about a child who has not spoken to you about abuse or neglect. It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

- Ask open-ended questions about the nature of the concern e.g. bruises, marks, change in behaviour etc. “Tell me about...”
- Believe the child and reassure them that they were right to talk to you.
- If you are concerned about a child you **MUST** share your concerns. Initially you should talk to The Operations Manager or the CEO.
- Record the facts and conversation in writing on a Reporting a Safeguarding Concern Form immediately afterwards using the exact words spoken. Give the completed Form to The Operations Manager or the CEO.

#### **5.7.4 What to do if you have information about abuse by an adult who works at The Refuge**

If you have information which suggests that any staff member or volunteer at The Refuge has:

- behaved in a way that has harmed or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child/ren in a way that indicated s/he is unsuitable to work with children

you must record this on a Reporting a Safeguarding Concern Form and give this immediately to The Operations Manager or the CEO. You must not take it upon yourself to withhold the allegation or attempt to decide its validity.

If The Operations Manager or the CEO is implicated in the concerns you should contact the Chair of The Board of Trustees, or another Trustee, who will advise you and take appropriate action.

See HSCP Procedure 4.1: Managing Allegations against Adults who work with Children and Young People.

## **6. RESPONSIBILITIES OF THE DESIGNATED SAFEGUARDING LEADS**

### **6.1 Promoting this policy**

The Designated Safeguarding Leads must

- ensure that the staff and volunteers follow this policy and procedure, and understand our policies on how we deal with Data Protection Policy, Criminal Records and Whistleblowing policies together support our commitment to keeping children safe.
- be responsible too for ensuring that the contact details for the Chair of the Board of Trustees are available.
- provide guidance and supervision to staff and volunteers to promote their safe working practices and to support staff in dealing appropriately with any concerns re the welfare of children or the behaviours of other adults.
- be responsible for making all child protection referrals on behalf of WHWR. A referral can be about a child/young person or an unborn baby.

### **6.2 Making Child Protection Referrals**

Professionals may seek advice and consultation about the appropriateness of a referral by contacting the Consultation Hub or, if the case is open, from the allocated social worker. The MASH number is: 01438 737511.

The Leads must refer disclosed or suspected abuse concerns relating to an individual or family, to Children's Services or the Police Joint Child Protection Investigation Team (JCPIT) via 101 or 999, regardless of where that information has come from, in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

The Leads should generally inform the child's mother if a referral is being made, **unless to do so might place the child at increased risk of significant harm by:**

- the behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed
- leading to an unreasonable delay
- leading to the risk of loss of evidential material
- placing a member of staff from any agency at risk.

However if the Leads are unable to inform the child's mother for any reason, this must not prevent a referral being made. Children's Services will decide how and when the mother should be approached and by whom.

### **6.3 Information required when making a referral to Children's Services**

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information must not stop you making a referral.

Information required:

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name, date of birth and gender of child/ren and siblings (including all surnames used)
- Cause for concern including details of those allegations, the source/s of these, timing and location of incident/s
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Family address (current, when last moved and previous address)
- Identity of those with parental responsibility
- Names and date of birth of all household members and any known regular visitors to the household (including all surnames used)
- Details of child's extended family or community who are significant for the child
- Ethnicity, first language and religion of children, parents/carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of child/ren and other household members
- Any significant/important recent or historical events/incidents in child or family's life including previous concerns
- Information about family difficulties due to domestic abuse, mental illness, substance misuse and/or learning difficulties
- Details of any alleged perpetrators if relevant



- Background information relevant to referral eg positive aspects of parent's care, previous concerns, pertinent parental issues (Domestic Violence/Abuse etc) and threats and violence towards professionals
- Referrer's relationship and knowledge of the child and parents/carers
- Known current or previous involvement of other agencies/professionals involved e.g.: GP, Health Visitor, School
- Information regarding the mother's knowledge of, and agreement to, to the referral

6.4 Make a referral on 0300 123 4043 to the Customer Services Centre, or email: [protectedreferrals@hertfordshire.gov.uk](mailto:protectedreferrals@hertfordshire.gov.uk). This is where a child is not already known to Children's Services and an open case to Children's Services, or you do not know the name of the allocated social worker.

6.5 Where a case is already known to Children's Services, contact should be made with the allocated social worker. If you have information, which suggests an urgent child protection matter, you should speak without delay to the allocated social worker or their Practice Manager.

6.6 Children's Services must acknowledge written referrals, within one working day of receiving it. If no response is forthcoming within 3 working days, the Lead must contact Children's Services again to establish the current status of the referral.

#### **6.7 Dealing with the outcomes from a referral**

6.7.1 The recipient in Children's Services will discuss with the Lead what the child and parents will be told, by whom and when.

6.7.2 The Leads are responsible for deciding how best to handle the situation within The Refuge. Information relating to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is often vital in child protection and therefore the issue of confidentiality is secondary to a child's need for protection. The CEO or Operations Manager will decide, in discussion with the Chair, if necessary, who needs to know what. They will provide support, guidance and clarification to staff and volunteers on both how to handle the situation and how best to maintain confidentiality.

6.7.3 The Leads are responsible for keeping in an agreed secure place all written record of: discussions with the child and the parent, any with the Chair of Board of Trustees and the information which was provided to Children's Services. Leads must keep a complete record of decisions made by Children's Services and by The Refuge and the reasons for these decisions. They are responsible for ensuring that all written records, including the Reporting a Safeguarding Concern Form and the Multi Agency Child Protection Referral Form, are kept confidentially and securely.

#### **6.8 Dealing with allegations against WHWR staff, volunteers and trustees**

6.8.1 Any allegation(s) that a member of WHWR staff, a trustee or volunteer has

- behaved in a way that has, or may have harmed a child
  - possibly committed a criminal offence against a child
  - behaved toward a child in a way which indicates s/he is unsuitable to work with children
- must be dealt with in accordance with HSCP's Child Protection Procedures: Managing Allegations Against Adults Who Work with Children and Young People, Chapter 4:1

6.8.2 The Designated Safeguarding Lead must take steps to ensure that the person against whom the allegation is made is removed from the situation immediately. This may be done by either agreement or suspension from the organisation until the matter has been fully investigated.

6.8.3 The Lead must refer all allegations against a member of staff or a volunteer that appear to meet the criteria to the Local Authority Designated Officer (LADO) within one working day.

6.8.4 The Chair of the Board must be informed by either of the Designated Leads, or if the allegations are about them, directly by the member of staff, volunteer or trustee who is aware of the allegations.

**7. WHWR’s TRAINING STRATEGY FOR SAFEGUARDING**

7.1 WHWR will follow the Training Strategy set out by the Hertfordshire Safeguarding Children Partnership (HSCP) in order to ensure that all staff and volunteers can meet their respective responsibilities for promoting the welfare of children and for safeguarding them.

7.2 All staff and volunteers must attend a Level 1 basic awareness safeguarding course as specified by the HSCP. They must also participate in appropriate refresher training identified by The Operations Manager to ensure their practice remains safe.

7.3 The CEO, and the Operations Manager who have specific responsibilities as the Designated Safeguarding Leads, and all members of staff who attend Child Protection Conferences and are members of Core Groups, must also participate in Level 2 training provided by the HSCP.

7.4 The CEO and Operations Manager are expected to keep up with national developments relating to the welfare and protection of children and young people and to register for updates to the HSCP’s Procedures.

7.5 The Operations Manager and CEO have particular responsibilities for:

- ensuring this training strategy is implemented
- maintaining complete records of training in safeguarding for staff and volunteers
- reporting on progress and alerting The Board to any difficulties in implementing this strategy.

Policy reference	WHWRCSP002/2020
Author	HR Sub-Group
Approved by The Board	September 2020
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## **Appendix 1 Sources of further information and guidance on the following safeguarding issues**

**N.B. Staff and volunteers with concerns that a child is at risk of any of the following must take the appropriate actions in sections 5 and 6 of WHWR's Safeguarding Policy.**

The HSCP's Procedures Manual is on-line and regularly updated.

It should be used as first reference for all safeguarding concerns. Some specific sections are mentioned below.

### **Fabricated or Induced illness**

See Chapter 4.7 in the HSCP Procedures for guidance on Fabricated or Induced illness.

### **Bruising, Bites and Suspicious / Unexplained Marks in Children**

See Chapter 10.6 in HSCP procedures for the Multi Agency Protocol: Management of Bruising, Bites and Suspicious / Unexplained Marks in Infants Under Six Months

### **Forced Marriage**

**A forced marriage is different from an arranged marriage because it involves physical and/ or psychological duress. A forced marriage is a violation of a person's human rights which cannot be justified on religious or cultural grounds. Most forced marriages involve girls and young women.**

Use chapter 4.8 of the HSCP procedures to understand some of the reasons for forced marriage, the legal position and essential principles when working with someone at risk of a forced marriage.

### **Female Genital Mutilation (FGM)**

**The World Health Organisation defines FGM as:**

**“All procedures (not operations), which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non- therapeutic reasons.**

It is illegal in the UK to subject a child to female genital mutilation or to take a child abroad to undergo FGM.

A child for whom FGM is planned is suffering or likely to suffer significant harm through physical abuse and emotional abuse. FGM is categorised by some also as sexual abuse.

Use Chapter 6.14 in HSCP Child Protection Procedures for information on the cultural underpinnings and types of FGM, and how to identify a child subjected to, or at risk of, FGM.

### **Child Sexual Exploitation (CSE)**

**CSE is a form of child sexual abuse. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.**

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are

common, involvement in exploitative relationships being characterized in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Use Chapter 6.6 of HSCP's Child Protection Procedures to learn how to identify CSE and how Children's Services responds to referrals.

### **Bullying including Cyber Bullying**

**Bullying is treatment or behavior, usually repeated over time, that intentionally hurts someone either physically and/or emotionally. Bullying can take many forms including physical, verbal, emotional or cyber bullying.**

**Cyber bullying is different from other types because, being perpetrated through technology such as phones and computers, the bully can potentially invade the privacy of the recipient 24/7; the perpetrator may be able to stay anonymous and their bullying can be spread quickly to a large audience and there may be no easy means of controlling this.**

Use Chapter 6.2 of HSCP's Child Protection Procedures for guidance and resources on action and prevention.

### **Radicalisation/ Prevent Guidance - HSCP Chapter currently under review**

**Radicalisation refers to the process by which a child or adult comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined currently as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect of different faiths and beliefs. It also includes calls for the death of members of the armed force either in the UK or overseas.**

WHWR seeks through its ways of working with women and their children to promote British values. The section on Working with Children in WHWR's Policy on Professional Practice and Managing Boundaries gives good practice examples on promoting British values.

The risks of radicalisation may vary according to a child's age but even very young children may be vulnerable to radicalisation. Although risks may vary from area to area there are risks anywhere of on-line radicalisation. Further information and advice from the Department of Education for schools and childcare providers is at

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

General safeguarding principles apply to keeping children safe from the risks of radicalisation. Children at risk of radicalisation may display changed or concerning behavior and/or seek to hide their views. Staff and volunteers must, if they observe any behaviours that cause concern, follow the procedures in sections 5 and 6 of WHWR's Safeguarding Policy.

**Incident Report Form Strictly confidential**

Please print clearly

About the child				
Full name of the child		DOB		
Address (if not in Refuge)				
Name(s) of parent(s) / carer(s)				
Full names of siblings		DOB		

About the incident/concern				
Names of individuals involved	How are they involved? (participant/witness/child)	Where did the incident occur?	When? (date)	What time?

**Describe the incident as fully as you can in your own words. If a child made a disclosure or allegation to you record in their words where possible. Attach additional sheets where necessary**

Large empty rectangular box for describing the incident.

Signature.....	Print.....	Date:
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**About you:**

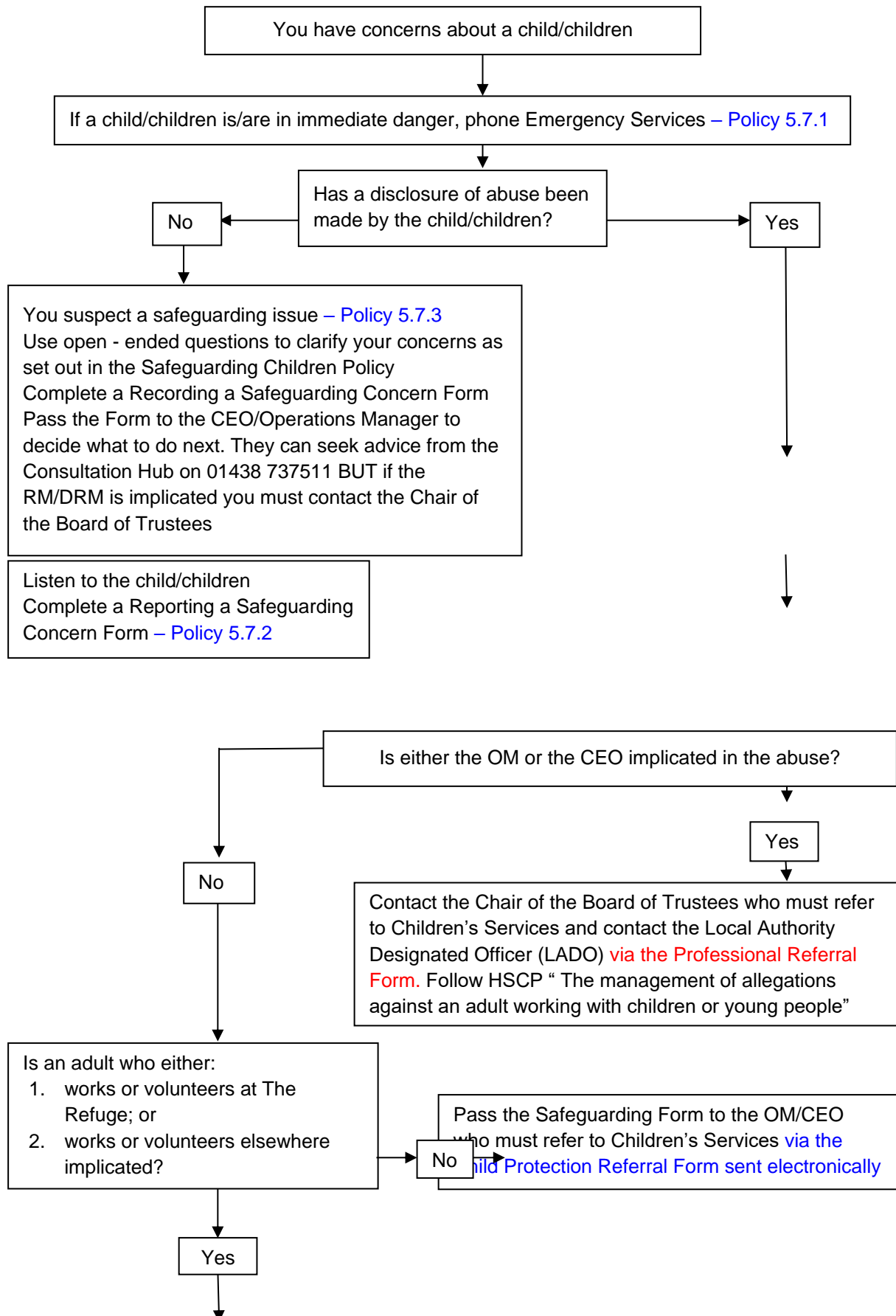
Your full name		Your role in the organisation	
Your address	PO Box 486 Welwyn Garden City AL7 9GN		
Your telephone number	01707 373743		
Date you gave this form to your Designated Safeguarding Lead		Signed and dated as received by DSL	

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# REPORTING SAFEGUARDING CONCERNS ABOUT CHILDREN

## FLOWCHART FOR STAFF





Pass the Safeguarding Form to the OM/CEO who must refer to Children's Services and contact the LADO via **the Professional Referral Form**. Follow HSCP "The management of allegations against an adult working with children or young people"