

Safeguarding Children Policy 44-3603

The purpose of this policy is to ensure that the actions of the Service secure as far as possible the safety of all children which it comes into contact with. It also provides protection for the Service and the individuals that work for it.

OWNER	Head of Prevention
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CROSS REFERENCES

1142: Data Protection
1074: Information Management
1153: Valuing Equality and Diversity Policy
1212: Code of Conduct for Employees
1213: Dignity at Work Policy and Procedure
1380: Convictions Policy
1138: ICT Acceptable Use Policy
45-3149: Volunteer Policy
1459: Environmental Policy

All the above referenced documents can be found in the Corp Docs section of the intranet.

The Children Act 1989 (s.17 - child in need and s.47 - child in need of protection)
The Children Act 2004
The Sexual Offences Act 2003
Governments Working Together to Safeguard Children July 2018
The Prevent Duty
Department of Education Guidance for Safer Working Practice for Adults who Work with Children and Young People

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PART 1 – POLICY SECTION

1. INTRODUCTION

1.1 Cheshire Fire and Rescue Service (the Service) staff and volunteers will work together with Local Authorities and its partners as required by sections 17 and 47 of the Children Act 1989 and section 10 of the Children Act 2004. The Service will:

- Treat all children¹ with respect when engaging with them.
- Ensure that staff, volunteers and Cheshire Fire Authority (CFA) Members have the necessary skills, knowledge and understanding of safeguarding issues to enable them to support children.
- Respond to concerns and allegations appropriately
- Have adequate processes in place to reduce risks to children as well as, staff volunteers and CFA Members

1.2 The Service believes that:

1.2.1 **It has a duty of care to children.**

1.2.2 **The health, safety and welfare of children is of paramount importance.**

1.2.3 **All children, regardless of disability, gender, racial or ethnic origin, religious belief and sexual orientation have a right to protection from harm.**

1.2.3 The Service also accepts that it has a duty of care to protect its staff, volunteers and CFA Members from situations that might lead them or the Service being criticised and/or being the subject of claims.

1.2.4 This Policy applies to members of staff, volunteers and CFA Members. All have a responsibility for ensuring that the requirements of this Policy (and/or Procedure) are followed.

1.2.5 If staff and/or volunteers fail to adhere to the requirements of this Policy (and/or its Procedures) it is likely that such failures will be treated as serious matters.

1.3 Managers with Key Responsibilities

1.3.1 The paragraphs that follow describe specific responsibilities for safeguarding/child protection matters

¹ The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier"

- 1.3.2 The Strategic safeguarding Lead in Cheshire Fire and Rescue Service is the Assistant Chief Fire Officer.
- 1.3.3 The Safeguarding Deputy Lead in Cheshire Fire and Rescue Service is the Head of Prevention. It will be the responsibility of the Head of Prevention to advise all staff and volunteers on the implementation of this policy (and its associated procedures).
- 1.3.4 The Director of Transformation is the lead signatory for all Cheshire Fire and Rescue Service Disclosure and Barring Service checks (DBS) and the Head of Prevention is the counter-signatory.
- 1.3.5 The Safeguarding Children Officer and Designated Person in Cheshire Fire and Rescue Service is the Youth Engagement Manager. The ongoing delivery of the requirements of this policy (and its associated procedures) is also the responsibility of the Youth Engagement Manager. The Deputy Safeguarding Children Officer is the Youth Development Manager.
- 1.3.6 The Designated Person for considering the appropriate action to take in relation to safeguarding and/or children protection issues involving children during office hours is the Youth Engagement Manager. In the absence of the Youth Engagement Manager all correspondence should be brought to the attention of the Youth Development Manager. Out of hours safeguarding is the responsibility of the Duty Group Manager.

1.4 **Recruitment and Selection**

- 1.4.1 It is important that the recruitment and selection of staff and volunteers to positions affording substantial access to children includes appropriate checks, e.g. statutory checks and two references.

1.5 **Statutory Checks**

- 1.5.1 Staff and volunteers carrying out roles which involve substantial access to children will be required to undergo a mandatory DBS check to obtain an enhanced disclosure, to ensure their suitability.
- 1.5.2 The appointment of a member of staff will not be confirmed until a satisfactory response has been received to a DBS check along with two references. Similarly, volunteers will not be able to take up a role that involves substantial access to children until a satisfactory response has been received to a DBS check along with two references.
- 1.5.3 All DBS checks will be undertaken on a three yearly cycle.

1.6 **Training**

- 1.6.1 Staff, volunteers and CFA Members, will receive appropriate training about safeguarding/child protection issues and the relevant procedures within this policy. The following paragraphs describe the Service's training expectations for particular groups:
- 1.6.2 Induction Level – All staff, volunteers and CFA Members will be required to undergo training which will provide a basic knowledge of this policy, primarily focusing on 'what is abuse?', 'how to recognise abuse' and the legislation that supports this policy and how to report concerns. All new entrants, including volunteers, into Cheshire Fire and Rescue Service will receive "E-Learning Module" training and a basic assessment of their awareness.
- 1.6.3 Substantial Access Level – All staff and volunteers that have substantial access to children that fit this definition will be trained to a more advanced level. This would include: raising awareness of the details of this policy (and its associated procedures), in particular, risk assessment and reporting processes, how we protect, and how to build protections into the development of an activity. This training will be delivered by an external agency.
- 1.6.4 Managers and Leaders Level – All staff that are managers including the Assistant Chief Fire Officer and the appropriate Heads of Departments with a specific reference and responsibility for the reporting of, and managing issues relating to, the safeguarding and protecting of children e.g. those in charge of schemes such as Fire Cadets, Prince's Trust, RESPECT, or any station based or off-site activity etc. will be required to attend effective youth work and safeguarding training.
- 1.6.5 Managing Allegations Level - All managers including the Assistant Chief Fire Officer and the appropriate Heads of Department and any other staff members who are involved in the handling of allegations towards staff and/or volunteers.
- 1.6.6 The staff member's line manager is responsible for ensuring the training is completed satisfactorily.
- 1.6.7 All training will be recorded in personal training records and maintained by Cheshire Fire and Rescue Service's Learning and Development team who will be responsible for instigating the three yearly refresher training as appropriate via the six monthly appraisal process.

1.7 Staff/Volunteer ratios

Activities involving children need to be approved and adequately supervised. The table below sets out the basic requirements for staff ratios in given circumstances. The requirements assume that the staff and volunteers have appropriate qualifications and competency levels for the activity. There is also a need to ensure that the gender group is taken into account in the allocation of staff to a group.

Activity	Maximum Ratios
Local visits and day activities on/off station activities Appendix 3	The ratio is 1:10 but with a minimum of two DBS checked staff members/volunteers per group of children.
Residential projects Appendix 4	There will be a minimum of two DBS checked staff members/volunteers for a party of 20 children. For every extra 10 children another staff member/volunteer will be required. Depending on the nature of the activity and risk, staffing will be based on qualifications, gender and competency levels.
Visit and trips abroad Appendix 4	There will be a minimum of four DBS checked staff members/volunteers for a group of 20 children. For every extra 8 children another staff member/volunteer will be required. Depending on the nature of the activity and risk, staffing will be based on qualifications, gender and competency levels.
Outdoor activities/ outdoor pursuits (Including Duke of Edinburgh) Appendix 5	Staffing will be allocated based on the nature and risk of the activity; however in these circumstances the basic requirement is two persons based on qualifications, gender and competency levels.
Transporting to and from activities	There will be two staff members/volunteers in any vehicle used to transport children.

1.8 Power and Positions of Trust

1.8.1 As a result of their knowledge, position and/or the authority invested in their role, all adults working with children are in positions of trust in relation to the children in their care. Broadly speaking, a relationship of trust can be described as one which one party is in a position of power or influence over the other by virtue of their work or nature of their activity. It is vital for all of those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.²

² Caring for Young People and the Vulnerable. Guidance for Preventing Abuse of Trust Home Office

- 1.8.2 A relationship between an adult and a child cannot be a relationship between equals. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification. There is potential for exploitation and harm of vulnerable people
- 1.8.3 Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.
- 1.8.4 Where a person aged 18 or over is in a specified position of trust³ with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage or watch sexual activity. This includes conversations with are deemed sexual inappropriate.

1.9 **Health, Safety and Welfare**

- 1.9.1 Specific activities which involve children, e.g. physical/adventure/outdoor pursuit activities, will require suitable and sufficient risk assessments before any such activity takes place, in order to allow control measures to be recorded and implemented as appropriate. These assessments must consider all perceived elements of risk and be carried out by person[s] with the appropriate knowledge. Where activities involve other agencies and partners taking the lead, the Service must ensure that these agencies/partners have the relevant and appropriate risk assessments, qualifications, certificates and licences in place and the lead managers must satisfy themselves that they are suitable and sufficient. The risk assessments must also be reviewed at regular intervals to ensure the risk assessed is current.
- 1.9.2 In some circumstances we rely on others to deliver activities e.g. outdoor centres these requirements are shared with the provider. The lead manager will need to check the documentation and arrangements with the provider before the activity takes place.
- 1.9.3 There may be other considerations which have to be taken into account, for example, when undertaking 'adventure' type activities. Full consideration should be given to any additional measures which may be required depending upon the type of activity to be undertaken. For example, activities involving overnight accommodation will need special guidance relating to sleeping and washing facilities, additional to those same activities undertaken during a normal daytime training session.

³ Sexual Offences Act 2003. Sect 16-19 re-enacts and amends offence of abuse of position of trust

1.9.4 All Service staff and volunteers should be aware of the risk to themselves in all of the above situations and be mindful of their own personal dynamic risk assessments.

1.10 **Internet Safety**

1.10.1 Over the past few years there has been a growing concern that children are at great risk from abusers who would use the information posted by children on websites, such as, 'Facebook', Twitter, Instagram, Snapchat, 'WhatsApp', 'YouTube and various other social media sites, Internet 'chat rooms' and interactive gaming consoles. Adults will often groom children and use trickery, threats and sometimes violence to assault children offline that they have groomed and targeted online.

1.10.2 Children frequent the internet regularly as social networking sites and most activity is lawful. The Service is committed to protecting children from any method of 'grooming' within these types of forums. The Service will advise children about the risks and dangers of the online world and provide education and guidance to staff both paid and voluntary on what is acceptable use.

1.10.3 It is policy that all CFRS staff and volunteers will not correspond with any young person participating in our programmes via personal mobile phones, personal e-mails, social networking sites, chat rooms, interactive gaming sites or any other means that is not considered appropriate to the role. Any person participating in internet dialogue may be subject to disciplinary proceedings irrespective of age or status. This should also be made clear to all children we work with.

1.11 **The Prevent Duty**

1.11.1 Vulnerability to radicalisation or extreme view points – the Service recognises its duty to protect the children it engages with from indoctrination into any form of extreme ideology which may lead to the harm of self or others. This is particularly important because of the open access to electronic information through the internet.

1.11.2 The Service aims to safeguard children through educating them on the appropriate use of social media and the dangers of downloading and sharing inappropriate material which is illegal under the Counter-Terrorism Act.

1.11.3 The Service will vet all visitors carefully and will take firm action if any individual or group is perceived to be attempting to influence members of our youth engagement programmes, either physically or electronically. Our definition of radical or extreme ideology is 'a

set of ideas which could justify vilification or violence against individuals, groups or self.'

1.11.4 Staff and volunteers will be vigilant for spotting signs of extremist views and behaviours and to always report anything which may suggest a child is expressing opinions which may cause concern.

1.11.5 Our core Service values of diversity permeates all that we do. The Service places a strong emphasis on the common values that all communities share such as self-respect, tolerance and the sanctity of life. The Service works hard to broaden our children's experience, to prepare them for life and work in contemporary Britain. We support and inform them to respect and value the diversity around them as well as understanding how to make safe, well-considered decisions.

1.11.6 Staff will refer any child/ren at risk of being radicalised or extremism via the Service's safeguarding referral procedure detailed within this policy.

1.12 **Data Protection/GDPR**

1.12.1 All staff/volunteers must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) to share information effectively. Everybody should be confident of the processing conditions under the Data Protection Act 2018 and GDPR which allow them to store and share information for safeguarding purposes, including information that is sensitive and personal, and should be treated as 'special category personal data'.

1.12.2 Where staff/volunteers need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing conditions that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk

1.12.3 All personal information about children held by the Service will be properly managed in accordance with the Service's ICT policies and retention policy. Of particular importance is the protection of personal information held on mobile devices or in hard copy when it's taken off Service property. All policies can be found in the corporate documents section of the Service's intranet.

1.13 **Audit & Review**

- 1.13.1 This policy (in particular adherence to the requirements of its procedures) will be subject to an annual review. The responsibility for completing such a review will rest with the Head of Prevention.
- 1.13.2 Any significant amendments to the policy must be communicated to and approved by the Service Management Team (SMT).
- 1.13.3 Due to the level of risk associated with working with children a monthly quality audit exercise will be undertaken to ensure that this policy is being complied with. This will be done by sampling different elements of the policy against activities on a monthly basis.
- 1.13.4 It will be the responsibility of the appropriate line manager of the given activity to undertake the monthly audit and maintain records detailing the audits and their findings and developments.
- 1.13.5 Where a monthly audit demonstrated a weakness in the existing policy it should be amended immediately.
- 1.13.6 Where the audit demonstrates a lack of compliance with the policy the individual concerned should be dealt with through the Service's disciplinary or development processes, dependant on the reason of non-compliance and severity.
- 1.13.7 The Youth Engagement Manager is responsible for ensuring all records concerning this policy are efficiently maintained, acted upon where required and reported upon as per the requirements of this policy.
- 1.13.8 The Youth Engagement Manager is to provide an annual report to the Assistant Chief Fire Officer and Head of Prevention detailing the findings of the monthly audits in the previous year.
- 1.13.9 The Assistant Chief Fire Officer will present an annual report to the SMT meetings on any findings of the audit and review process.
- 1.13.10 Copies of the policy, procedures and guidance will be maintained via the Service's intranet on the corporate documents tab.
- 1.13.11 In addition individual copies will be held by:
- All staff and volunteers who have substantial access to children.
 - All staff and volunteers that have responsibility for administering safeguarding/child protection procedures.

PART 2 - PROCEDURES SECTION

2. Procedure for raising a concern/making a referral

If you have a concern about a child you must report it immediately. Reporting concerns can be difficult. However, saying or doing nothing is not an option. The Service will support anyone who, in good faith, reports concerns even if those concerns prove to be unfounded. Safeguarding children is the responsibility of everybody who suspects a child is at risk. All staff have a responsibility to follow the principles of the 5 R's (Recognise, Respond, Report, Record & Refer) whilst engaged in CFRS business and report any concerns to a designated officer in a timely manner.

2.1 The possibility of abuse may be raised through any number of means. Staff who, for any reason, become concerned that a child may be at risk, is being, or has been abused either by:

- A member of staff (including volunteers)
- A member of their family
- Any other person, including another child or young person
- Themselves (self harm)
- Or is told by a child that they are being, or have been abused

During office hours must report that concern to their Line Manager immediately and the Youth Engagement Manager, out of office hours the Duty Group Manager must be contacted immediately, by speaking to the Service's Duty Group Manager direct. (See Referral Procedure flowchart Appendix 1).

2.1.2 As previously stated in this policy during office hours the Designated Person is the Youth Engagement Manager and in their absence the responsibility is that of the Youth Development Manager. Out of office hours it is the Duty Group Manager.

2.1.3 The role of the Designated Person is to:

- Act as an official contact with Children's Social Care and any other involved Statutory Authority in the matter of a safeguarding or child protection referral
- To instigate any internal actions that may be necessary following a referral being made
- To inform and update the Head of Prevention and/or the Duty Area Manager

- To inform and update the Assistant Chief Fire Officer.
- 2.1.4 The procedure requires members of staff in the case of a referral to contact the Designated Person.
- 2.1.5 When the Designated Person refers cases to Children’s Social Care Form SR1.1 (Appendix 2) should be used to record known information, if information has not been given it should not be sought see Appendix 1. The completed SR1.1 form should be sent to the safeguarding inbox: safeguarding@cheshirefire.gov.uk without delay. It may also be necessary to complete the relevant Local Authority referral form.
- 2.1.6 The Designated Person’s role will be to give initial advice and determine the appropriate follow-up action to be taken. If any doubt exists regarding actual or potential harming of a child, that follow-up action will always include the notification of the relevant Children’s Social Care Department (contact numbers can be found in Appendix 5). This procedure applies irrespective of whether that harm is perceived to come from a member of their family, another person, including another child/young person, or from a member of staff or self harm.
- 2.1.7 It is the Designated Person’s responsibility to ensure the referral is made without delay, whilst maintaining appropriate confidentiality. (contact numbers can be found in Appendix 5). It must also be ensured that:
- The relevant Social Worker receiving the call clarifies what actions, if any, will be taken and what the person seeking advice should do if there are further concerns.
 - The name and designation of the Social Worker to whom the details have been passed are taken and recorded, as should any action to be taken by the Social Worker. Telephone contact numbers for Children’s Social Care are shown at Appendix 5. This will be reviewed annually or at any time where local government changes may require a revision.
- 2.1.8 Should the situation require an immediate response, e.g. the child is in need of urgent medical treatment, or in the case of on-going violence, or the threat of violence, Police assistance is required, immediately inform the Designated Person and the Designated Person should contact Children’s Social Care and inform the Police without delay. The Police must be informed whenever an emergency intervention has occurred by the person making the emergency intervention. Once the immediate emergency has been dealt with as described in this paragraph the Designated Person should be informed and a written report delivered to the Designated Person as soon as possible. Any conflict that may

exist with regard to the Service's neutrality is secondary to the well-being and safety of the child.

- 2.1.9 If any doubt exists regarding the actual or potential harming of a child, that action will include notification to Children's Social Care; this will be done by the Designated Person. This procedure applies irrespective of whether that harm is perceived to come from a member of their family, another person including another child, or from a member of staff or self harm. Where those concerns relate to a member of our staff, the Designated Person will also ensure that the relevant internal procedures (suspension and investigation) are initiated where appropriate.
- 2.1.10 When making a referral to the Designated Person only factual and non-judgemental information should be provided, using form SR 1.1 (Appendix 2). The form must be sent to the safeguarding inbox or hand delivered to the Designated Person as soon as possible after the event and within a 24 hour period.
- 2.1.11 All young people that CFRS service engage with are made aware of how they can raise concerns and who the designated Safeguarding Lead is for children and young people. Every effort is made for the Youth Engagement Manager and Youth Development Manager to visit all groups of young people to introduce themselves and explain their roles and responsibilities relating to safeguarding. Children and young people are offered information on safeguarding and health and safety and Fire Stations have IAG boards which contain more information that is easily accessible for young people to ensure they are advised.

2.2 **Procedure for Designated Person when contacting Children's Social Care**

- 2.2.1 Ask for the Duty Officer (Children's Social Care) and indicate that the Service wishes to discuss a matter of child protection.
- 2.2.2 Ask for the name of the person with whom this exchange of information is taking place with.
- 2.2.3 Discuss the situation fully and openly - no information should be filtered or withheld.
- 2.2.4 Ask for advice.
- 2.2.5 State the intention to advise the Duty Area Manager and a Principal Officer.
- 2.2.6 Advise of anyone else that it is intended to inform i.e. Police/Local Authority etc.

- 2.2.7 Ask if anyone else should be informed.
- 2.2.8 Before ending this conversation the Social Worker should be asked to clarify:
- What actions, if any, will be taken and by whom; and
 - What the person seeking advice should do if there are further concerns.
- 2.2.11 Contact the Duty Area Manager to inform them of the situation and the advice given by Children's Social Care.
- 2.2.12 The Designated Person will prepare a confidential file, which contains all original recorded notes, conversations and advice from Children's Social Care. This file is to be forwarded to the Duty Area Manager within 24 hours.
- 2.2.13 A record of the decision to refer or not, must be recorded.
- 2.2.14 Follow the advice from Children's Social Care and take no further action unless advised to do so by Children's Social Care. When the original report is received from the employee or volunteer, this is to be placed in the confidential file.
- 2.2.15 The information, the name and designation of the Social Worker to which the details have been passed, should always be taken and recorded. It is the responsibility of the Designated Person making the verbal referral to Children's Social Care to confirm the referral in writing within 48 hours. Using referral form SR1.1 (Appendix 2). It may also be necessary to complete the Local Authority referral form.
- 2.3 **Duty of the person reporting the safeguarding issue**
- 2.3.1 The initial reporting person must always record details of all information given/received in writing. (Form SR1.1 Appendix 2 may be used for this purpose in addition to the handwritten notes). Where applicable and possible the child's own words must always be noted. Handwritten notes can be scanned to the safeguarding inbox. Any notes taken by hand must be, signed and dated. Alternatively, the report can be delivered by hand in a sealed envelope clearly marked "*Urgent Confidential Child Protection*" to the Designated Person dealing with the matter within 24 hours of the initial referral being made. Receipt of this information should be confirmed to the reporting person.
- 2.3.2 If needed, Children's Social Care Department can always be contacted for clarification of any matter relating to child abuse or suspected child abuse.

2.3.3 **CHILD ABUSE ISSUES SHOULD NEVER BE TRIVIALISED OR EXAGGERATED AND ALLEGATIONS BY A CHILD SHOULD NEVER GO UNREPORTED.**

2.4 **Procedures for allegations of child abuse made against Cheshire Fire and Rescue Service staff.**

2.4.1 **Below are the procedures for dealing with allegations of child abuse against Cheshire Fire and Rescue Service employees, whether recent or non recent. It does not apply to matters that amount to poor or bad practice, which remains within the Service's normal line-management arrangements. Whilst such poor or bad practice is not specifically covered by this policy it is treated seriously by the organisation and dealt with through its performance and disciplinary procedures.**

2.4.2 The purpose of this procedure is to outline the steps to be taken when managing a complaint or allegation against any employee, volunteer or cadet leader.

2.5 **The initial allegation or complaint**

2.5.1 An allegation or complaint may be made by anyone, including a child/ young person, cadet, teacher, family member, member of the public or member of Cheshire Fire and Rescue Service staff.

2.5.2 When an allegation or complaint is made, the following people will be informed immediately:

- Designated Person and a HR Business Partner. The Designated Person must quickly ascertain all information through an immediate preliminary enquiry and will then inform the Duty Area Manager and Duty Principal Officer of the facts that have been determined.
- Designated Person to contact the Local Authority Designated Officer (LADO). Contact numbers for the LADO are listed in Appendix 5 .

2.5.6 A discussion will take place immediately, in order that agreement can be reached between the Service and the LADO as to whether or not a complaint constitutes an allegation of abuse. This decision rests with the LADO.

2.5.7 If an allegation of neglect or abuse is made against an employee, a volunteer or cadet leader of the Service then this will be treated seriously and the Service's suspension/investigation procedures will automatically be implemented.

- 2.5.8 A representative from the Service or an independent person/organisation commissioned by the Service with the agreement of the LADO and the police, will investigate. However, if the complaint is not of a serious nature, it may be agreed that a member of staff from the Service will investigate. This decision will be made in consultation with the relevant LADO.
- 2.5.9 The nominated representative conducting a formal investigation will be given full access to the all information that the Service holds regarding the child concerned.
- 2.5.10 Unless there is a strong reason not to do so, the individual accused will be informed immediately of the nature and content of the complaint.
- 2.5.11 All complaints and allegations will be investigated confidentially and as quickly as possible. Unless otherwise agreed, staff will be contacted the same day or the next working day. At the contact the following will take place:
- The allegation or complaint will be shared with the employee/volunteer/cadet leader.
 - A copy of all the relevant policies and procedures will be offered to the employee/volunteer/cadet leader.
 - The expected timescale of the investigation will be given to the employee/volunteer/cadet leader where possible.
 - Advice on contacting a union representative or a representative/work colleague will be given.

2.6 **The Investigation**

- 2.6.1 A strategy meeting will be convened by a Senior Manager of the local Children's Social Care Department, involving the Service as well as other relevant professionals (e.g. Police). The appropriate identified person for the Local Authority will chair the Meeting. The purpose of a strategy meeting will be to agree roles, tasks and timescales. If a strategy meeting is not held, a discussion should take place involving the same decisions, even if this is over the telephone.
- 2.6.2 The strategy meeting will look at two inter-related elements, any actual or potential criminal elements and any child protection issues.
- 2.6.3 The investigation should be completed within a fifteen days of the original complaint, unless it has been identified at the initial stage that this will not be possible e.g. if waiting for an external

investigation by the Police or Social Care to be completed. However, due to the sensitivity and complexity of these issues, the role and involvement of the Police investigations may last several months.

2.7 **Support – Staff and volunteers**

2.7.1 Consideration will be given to the allocation of a named person to act as an independent support person for staff who are under investigation. However, staff must be informed that if a complaint or allegation culminates in a court case, witnesses, including support workers or friends, can be summonsed to give evidence.

2.7.2 The role of the support person will include, where appropriate, the following:

- Keeping staff informed about the progress of an investigation.
- Ensuring that staff understand the procedures under which they are being investigated.
- Ensuring that staff are properly informed about the outcome of any investigation.

2.8 **Support – The child**

2.8.1 The child will be supported by his or her own family and by an identified person from Children’s Social Care Department.

2.9 **After the complaint has been investigated**

2.9.1 The Investigating Officer(s) will be responsible for ensuring that the member of staff is informed, in writing, of the outcome of the investigation.

2.9.2 A record of the complaint and the investigation will be kept on the individuals personnel file.

2.9.3 If the allegation is proved to be unfounded the Service will give consideration to providing training and development or further support or counselling to an employee/volunteer/cadet leader who has been under investigation.

2.10 **Staff Rights**

2.10.1 The employee/volunteer/cadet leader against whom the complaint or allegation is made will have:

- The right to be told the substance of the complaint if appropriate.

- The right to be heard by people not directly involved in the complaint.
- The right to place on record their perception of events, where they see the agency either to have been misinformed or to have received information which they dispute as inaccurate.
- The right to a full and proper investigation by a person who is competent and experienced in investigating in this area. A decision will be taken on whether or not the circumstances require a person independent of the young person and the Service.
- The right to defend themselves in law.

2.11 **Confidential Reporting Procedure ‘Whistle blowing’**

2.11.1 The Confidential Reporting Procedure is the mechanism by which Service personnel can voice their concerns made in good faith, without fear of repercussion. This is particularly important where the welfare of children may be at risk. Staff should be actively encouraged to follow the procedure as outlined in the Service’s Code of Conduct for Employees - 1212 and report any behaviour of a colleague that raises concern within this area to a manager from within the organisation.

2.12 **Group Leaders**

2.12.1 Service staff and volunteers who assume direct responsibility for a number of children must be made aware of and agree to the expectations of them. They must recognise their responsibility for training and:

- Maintaining order and discipline
- Safeguarding the health, well-being and safety of those children
- Attend appropriate training for the activities they supervise and undertake
- Complete all the necessary administration duties

2.13 **Group Leaders Responsibilities**

2.13.1 Group Leaders must have contingency plans for circumstances which require a child/ren to be returned to their parent, carer or guardian, before the planned conclusion of an excursion. Such circumstances could include children who turn up without

specified kit or whose behaviour endangers themselves or other group members including mental health concerns.

2.13.2 Group leaders will take all necessary steps to ensure that participants are adequately dressed to undertake the given activity i.e. Personal Protection Equipment (PPE) and outdoor pursuit equipment. If individuals do not arrive with adequate PPE they will not be permitted to join the group.

2.13.3 Prior to participation in programmes, children **must** be made aware of their conditions of participation, each participant and their parents/guardian/carers will be required to sign a contract of participation, which will outline their responsibilities expectations and sanctions. These contracts are known as, joining consent forms, activity consent forms, induction packs and team member agreements. A child should not be permitted to join in any activity in which consent has not been received by their parent or carer.

2.14 **Accompanying Adults**

2.14.1 It is essential that all accompanying adults are made aware of and agree to the expectations of them. In particular they must:

- Understand their relationship to other group members and the part they are to play during the visit
- Appreciate the limits and levels of their responsibilities if acting in any supervisory capacity and appreciate the principle of 'in loco parentis' will apply. The purpose of this policy in loco parentis is defined as '**in the place of a parent**'.

2.14.4 All adults including parents must submit themselves to a check through the DBS process before they attend any planned activity.

2.15 **Parents/Guardians/Carers**

2.15.1 Parents/guardians/carers have rights to information in connection with visits but they also have responsibilities. Written information has the additional advantage that it can be used by the Service as proof of action taken in the event of a person or family member being dissatisfied. The Service will provide a summary of the hazards which may be encountered, and how the risk posed by these will be mitigated. It will be emphasised that children could be put at risk if parents/guardians/carers fail to co-operate.

2.15.2 Accordingly parents/guardians/carers must:

- Disclose information about a child's emotional, psychological and physical health. That must be made as easy and

confidential as possible so that parents/guardians/carers will be encouraged to give, rather than withhold, information

- Provide appropriate clothing, food, etc. in line with pre-arranged briefings
- Provide details of where they can be contacted in an emergency or if a party has to return earlier than planned. Arrangements for pick up and set down are just as important as rendezvous points during the visit.

2.16 **Responsibilities When Conducting Visits to External Sites**

2.16.1 Authorisation for visits is conditional upon a suitable and sufficient risk assessment being undertaken and adequate attention being paid to effective control measures including:

- Planning, organisation and event timetabling
- Parental consent.
- Competence, experience and suitability of leaders and supervisors
- Capabilities and suitability of accompanying staff and other helpers
- Leaders' knowledge of local circumstances to be experienced during the visit
- Acceptable supervision area
- Party size, age, aptitude
- Child protection issues
- Medical needs
- Supervisory ratios
- Assessment of health or safety risks inherent in the project
- Foreseeable emergency action and contingency plans which may be necessary
- Insurance
- Financial and travel arrangements

- Informing parents/guardians of risks and safeguards and obtaining their approval.
 - Effective communication arrangements with establishment base, especially in the event of a serious incident.
 - Effective arrangements in place in case the need arises to remove children from the programme.
- 2.16.18 The Service will, where necessary, seek and obtain the advice of other experts/people, in whatever sector, who are competent in assessing the risks of a particular activity or type of visit.
- 2.17 **Fire Cadets Special Arrangements for Duke of Edinburgh Awards**
- 2.17.1 Approval of these awards rests with the Youth Development Manager.
- 2.17.2 All planning for any activity related to the Duke of Edinburgh's Award expeditions will be carried out by the Service's Youth Development Manager prior to the delivery of such programmes.
- 2.17.3 Following satisfactory appraisal of the visit details, written approval will be sent to the visit organiser and details of the venture will be forwarded to the participating Unit / Group.
- 2.17.4 Following satisfactory appraisal of the visit details, written confirmation will be given by the Head of Prevention.
- 2.18 **Supervising and Administering Medication whilst on residential/camp**
- 2.18.1 The Service will only accept responsibility for administering medication in exceptional situations. However, there are a number of circumstances in which requests may be made to deal with the supervision of medicines. Conditions may include:
- Cases of long-standing illness such as asthma, diabetes or epilepsy.
 - Cases where children recovering from a short-term illness, but are receiving a course of antibiotics, cough medicine, etc.
 - Cases where medication has been prescribed to young people who have a history of self neglect or self harm, drug abuse, etc.
- 2.18.5 The Service must receive written consent from the parent/guardian giving clear instructions regarding the required dosage and method of administration. Where appropriate, a

doctor's note should be received to the effect that it is necessary for the child to take medication.

- 2.18.6 A signed and dated 'Medication Form' from the parent/guardian must be received before attending the activity. It must, however, be remembered that in spite of any form of disclaimer, a duty of care should be exercised. The necessary form should be completed by the parent/guardian whenever the parent/guardian wishes the child to carry medication. This request should be reviewed at the earliest opportunity prior to the beginning of any programme, activity or initiative delivered by the Service. The frequency of the review will depend on a number of factors determined at the time i.e. risk assessments, activity and medication or illness.
- 2.18.7 To ensure safe working practices, staff and volunteers must ensure participants have the appropriate risk assessment and consent; these must be acquired (as detailed above) from the participant's parent or guardian. In the event of long term illness, if required, guidance should be sought from the participant's GP together with appropriate instructions. Where such instructions or guidance is required it must be sought and provided by the participants parent or guardian
- 2.18.8 Medicines must be clearly labelled with contents, owner's name and dosage, and must be kept in a safe and secure place appropriate to the contents, away from the children, unless they may be needed urgently (e.g. for asthma), and must be explicitly documented for receipt, administration and dispatch.
- 2.18.9 Only one member of staff at any one time should oversee the self-administration of medicines (to avoid the risk of double-dosing). Although one member of staff supervises the taking of the medication there is still a requirement for at least two adults to be present at all times. Whenever medication is supervised a record will be kept of the date and the medication taken. Arrangements should be made to relieve this member of staff from other duties while preparing or overseeing administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person oversees the administration of medicines a system must be arranged to avoid the risk of double-dosing on the basis of operational needs, and the needs of the child. The administration of medicines must be recorded.
- 2.18.10 If medication is brought, and no written notification has been received, the person involved will be excluded from taking part in the event. Arrangements will be made to contact parents/guardians to inform them of the situation, and seek advice and guidance regarding their medical condition.

2.18.11 In all cases where, following the administration of medication, there are concerns regarding the condition of the child, medical advice or attention must be sought immediately.

2.19 **Exception**

2.19.1 Inhalers for children with asthma need to be readily available. Where children are of a sufficient maturity they should be fully responsible themselves for the inhalers and keep on their person at all times. Parents/ Guardians need to be consulted about this and a written record kept of this prior to any activity, particularly where the activity is physical.

2.20 **Circumstances Requiring Special Caution**

2.20.1 If there is a requirement for the Service to supervise medicines, caution is required at all times. In all instances a risk assessment will be required before accepting responsibility for supervising medicines. In normal circumstances Service personnel must not administer medication. However, an emergency situation where there is an immediate threat to life Service personnel will administer medication until the arrival of qualified medics.

2.20.2 The Service will not assume any responsibility in administering any medication to participants where:

- there is a requirement for specialist medical expertise or knowledge to administer the medication.
- the safety and well-being of the staff or participant could be at risk.

2.21 **Staff Competence**

2.21.1 Under Health and Safety legislation, it is necessary to ensure that members of staff including volunteers are competent to perform the tasks which might confront them. This includes reacting to an emergency. If the Service undertakes responsibility for the administration of special treatment, it is essential that adequate training both in-house and external is provided for the nominated persons as required.

2.21.2 Staff and volunteers must be able to display their competency levels pertaining to the activity they intend to support. It is therefore the responsibility of the Youth Engagement Manager and Youth Development Manager to ensure staff members, both employees and volunteers, have the appropriate skills, knowledge, understanding and qualifications for the task undertaken, and these will be monitored via the six monthly appraisal process.

2.21.3 To ensure that all Service staff and volunteers involved in youth activities are assessed as competent via the appraisal process.

2.21.4 To ensure that training is available and provided to those who require the requisite skills, knowledge, understanding and sector competence.

2.22 **Youth Engagement Progression Mentoring**

2.22.1 As a Youth Engagement Progression Mentor you volunteer for the services youth initiatives. You can help guide and inspire a young person aged between 14-25 who has completed or is engaged with the Prince's Trust Team programme, Fire Cadets or RESPECT programme which will provide support towards a positive future in education, employment or training.

2.22.2 This role is a great way for volunteers to develop their own knowledge and skills relating to working with young people.

2.22.3 Due to the nature of this scheme it has been agreed that lone working is acceptable as long as the following control measures are adhered to:

- All volunteers working with young people on this scheme will conduct themselves at all times in ways which supports the safety, welfare and development of the young person, do not put themselves or the young person in any position of vulnerability and do not act in any way which will bring the organisation into disrepute.

Specifically, all staff working with young people on this scheme will:

- Treat all young people with respect at all times, dealing with all concerns about the safety of young people according to the Service's safeguarding guidelines.
- Inform your Line Manager or work colleague the date and time you will be meeting a young person. Interact with your allocated young person in an appropriate public place e.g. Fire Station, Starbucks, McDonalds, and Costa Coffee etc. Under no circumstances have private meetings, including travel in vehicles.
- Make clear that they cannot guarantee confidentiality, treating any disclosure seriously and acting in accordance with the Service's safeguarding guidelines.

- Ensure that young person, staff/volunteer relationships and communication related to these is appropriate, using secure servers and business contacts and should not include use of personal emails, social networks and personal telephone numbers.
- Avoid unnecessary physical contact.
- Not engage in conversations or activities which have, or could be interpreted to have sexual inferences.
- Ensure that their conduct is not discriminatory in any way or promote specific practices, cultures or beliefs above others.
- Strive to ensure that they recognise the dangers of drugs and alcohol in adults and children, ensuring that they themselves are not working under the influence of such substances and take action if they are concerned that young people may be engaged in associated risk taking behaviours.

2.23 **Visits to Schools and visits to fire stations**

2.23.1 In instances where Service personnel are visiting groups of young people i.e. Schools, Youth Projects or children visiting fire stations, the presence of responsible adults from that organisation are required at all times i.e. Youth Workers/Teachers, to act as supervisory staff. On occasions where Service personnel have direct engagement access to youth groups, on or off site, without the aforementioned supervision being in place they will be required to undergo enhanced DBS checks.

PART 3 – GUIDANCE SECTION

3 Substantial Access

3.1 For the purpose of this policy, substantial access is defined as **direct engagement (with no other agencies present) with children**. The threshold for achieving substantial access is low. Examples of situations creating the potential for substantial access include where an individual has regular contact over a period of time with the same children during an activity or series of activities, e.g. Fire Cadets, Prince's Trust, RESPECT, FireSafe, Road Safety Education Programmes, and a variety of other initiatives/activities undertaken by the Service.

3.1.2 The above examples are not exhaustive, and any situation which provides the opportunity to develop a relationship with a child over a period of time should be interpreted as substantial access.

3.2 Controlling the Risks

3.2.1 It is not expected that staff or volunteers will act as child protection workers or that they will be trained to intervene in cases of suspected child abuse. It is, however, expected that staff will always act on any suspected or potential case of child abuse. In such instances it must be reported directly and without delay to the Designated Person, or if the allegation implicates the Designated Person in any way, the Duty Area Manager, who will refer the matter on to the relevant Children's Services Authority.

3.2.2 Information and guidance on the signs and symptoms of abuse and how to report abuse will be given to children who attend the Service's youth programmes.

3.2.3 It is acknowledged that reporting concerns regarding the possibility of abuse can be difficult. Saying or doing nothing, however, is not an option. All staff and volunteers must follow the safeguarding procedures contained within this policy. It must be recognised that this policy applies to all persons working for, or with, the Service. The management of the Service will support anyone who, in good faith, reports his or her concerns that a child is being abused, or is at risk of abuse even if those concerns prove to be unfounded.

3.3 The categories of Abuse

3.3.1 It is generally accepted that there are four main forms of abuse. The following definitions are from "Working Together to Safeguard Children" March 2018

3.4 **Physical Abuse**

3.4.1 A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

3.4.2 Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child whom they are looking after. Physical abuse, as well as being a result of an act of commission, can also be caused through omission or the failure to act to protect.

3.5 **Emotional Abuse**

3.5.1 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 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.

3.6 **Sexual Abuse**

3.6.1 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 or young person is aware of what is happening.

3.6.2 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).

- 3.6.3 Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.
Sexual violence and sexual harassment between children
- 3.6.4 Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.
Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and staff are supported and protected as appropriate.
- 3.6.5 **CFRS will:**
- 3.6.6 Make clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.
- 3.6.7 Not tolerate or dismiss sexual violence or sexual harassment as “banter”, “part of growing up” or “just having a laugh”
- 3.6.8 Challenge behaviour (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia and flicking bras and lifting up skirts

Responding to a report

- 3.6.9 The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.
- 3.6.10 In some cases, the victim may not make a direct report. For example, a friend may make a report or a member of staff may overhear a conversation that suggests a child has been harmed. It is important that in such instances staff take appropriate action personally by reporting these concerns to CFRS safeguarding team immediately. In such cases, the basic safeguarding principles remain the same, but it is important to understand why the victim has chosen not to make a report themselves. This discussion should be handled sensitively and with the support of children’s social care if appropriate.

3.7 **Neglect**

3.7.1 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); or
- Ensure access to appropriate medical care or treatment.

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

3.8 Bullying is not an official category of child abuse but is damaging, harmful and oppressive, and can constitute a form of emotional abuse. Please also note that children from minority ethnic groups, children with a disability and children with learning difficulties are more vulnerable to this form of abuse and may well be targeted.

3.9 We will treat each other with respect, and we will refuse to tolerate bullying in any form. It is our belief that "bullying is participation in any intentional behaviour that causes physical, emotional or social damage through the abuse of power." This can be done either through physical size, social status, intelligence, or other factors that make the bully powerful. Any person participating in bullying will be subject to disciplinary proceedings irrespective of age or status.

3.10 Cyberbullying is when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones. It has to have a child on both sides, or at least have been instigated by a child against another child. Once adults become involved, it is plain and simple cyber-harassment or cyberstalking. Adult cyber-harassment or cyberstalker is NEVER called cyberbullying.

3.11 Sexting is defined as the exchange of sexual messages or images and creating, sharing and forwarding sexually suggestive nude or nearly nude images through mobile phones and the Internet. Sexting does not refer to a single activity, but to a range of activities which may be motivated by sexual pleasure. They are also often coercive, linked to harassment, bullying and even violence.

3.12 Sexual Exploitation. The UK Government's definition of child sexual exploitation is - Sexual exploitation of children which 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 characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

3.13 **Self-harm (non-suicidal self-injury)**

3.13.1 Self-harm is a behaviour and not an illness. People self-harm to cope with emotional distress or to communicate that they are distressed.⁴

3.13.2 It includes self-poisoning and overdoses, minor injury, as well as potentially dangerous and life-threatening forms of injury. It does not mean body piercing, getting a tattoo, unusual sex or the recreational use of drugs and alcohol. Some people who self-harm are suicidal at times; others report never feeling suicidal.⁵

3.13.3 It is important to acknowledge that for some people, especially those who have been abused as children, acts of self-harm occur seemingly out of the persons control or even awareness, during 'trance like', or dissociative states. Therefore the term 'self-harm' is used rather than 'deliberate self-harm'.⁶

3.13.4 If self-harm occurs by a young person during an activity or activities a member of staff must report it to their Line Manager immediately.

3.14 **Suicide**

3.14.1 Suicidal behaviour exists along a continuum from thinking about ending one's life (suicidal ideation), to developing a plan, to non-

⁴ mhfa-Mental Health First Aid Youth England

⁵ Royal Australian and New Zealand College of Psychiatrists (2005) Self Harm; guide for consumers and carers

⁶ CG16 Full Guidelines The British Psychological Society & Royal College of Psychiatrists 2004 Guidelines

fatal suicide behaviour (suicide attempt), to ending one's life (suicide)⁷.

3.14.2 People who feel suicidal can be ambivalent – part of them wants to die but part of them wants to live.

3.14.3 It can be the result of a build up of stressors in someone who is vulnerable and has limited protective and resilience factors.

3.14.4 If you have any worries or concerns that a young person might be at risk of suicide or hurting themselves contact your Line Manager immediately.

3.15 **Female Genital Mutilation**

3.15.1 Female Genital Mutilation (FGM)⁸ is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna.

3.15.2 Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It is dangerous and a criminal offence.

3.15.3 There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to a person's physical and emotional health.

3.16 **Forced Marriage**

3.16.1 A Forced Marriage (FM)⁹ is a marriage conducted without the valid consent of one or both parties and where duress is a factor. FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 and comes into force on 16 June 2014. Prior to the introduction of the new offence, prosecutors have dealt with FM cases using existing legislation such as false imprisonment, kidnapping and offences of violence where this is a feature of the offending.

3.17 **Honour Based Violence/Crime**

3.17.1 There is no specific offence of "honour based crime".¹⁰ It is an umbrella term to encompass various offences covered by existing legislation. Honour Based Violence (HBV) can be described as a collection of practices, which are used to control behaviour within

⁷ mhfa – Mental Health First Aid Youth England

⁸ NSPCC

⁹ www.cps.gov.uk

¹⁰ www.cps.gov.uk

families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

3.17.2 It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no, and cannot be, honour or justification for abusing the human rights of others.

3.18 **Domestic Violence and Abuse**

3.18.1 The cross-government definition of domestic violence¹¹ and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional.

3.18.2 Domestic abuse can seriously harm children. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

3.19 **County Lines**

3.19.1 As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile lines or other form of 'deal line'.

3.19.2 They are likely to exploit children to move and store the drugs and money, and they will often use coercion, intimidation, violence including sexual violence and weapons.

3.19.3 **Contextual Safeguarding**

As well as threats to the welfare of children and young people from within their families, children and young people may be vulnerable to abuse or exploitation from outside their families. These threats might arise in education settings, from within peer groups, or more widely from within the wider community and/or online.

¹¹ www.cps.gov.uk

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation.

3.20 **Criminal Child Exploitation**

3.20.1 As set out in the Serious Violence Strategy, published by the Home Office. Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity.

3.20.2 A. in exchange for something the victim needs or wants

B. for the financial or other advantage of the perpetrator or facilitator

C. through the violence or threat of violence

3.20.3 The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

3.21 **Child Sexual Exploitation (CSE)**

3.21.1 Child sexual exploitation (CSE) is a type of sexual abuse. Young people in exploitative situations and relationships receive things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online.

3.21.2 Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs (Berelowitz et al, 2013). Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

3.22 **Child Trafficking**

3.22.1 Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children are trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture.

3.22.2 Criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft.

3.22.3 Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect.

3.22.4 Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering (Europol, 2011). Child trafficking can also be organised by individuals and the children's own families.

3.22.5 Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking

3.22.6 A child cannot legally consent to their exploitation so child trafficking only requires evidence of movement and exploitation. Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014). The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking (NCA, 2017).

3.23 **Extremism**

3.23.1 Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

3.23.2 Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including

the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

3.23.3 **ACEs**

3.23.4 Childhood adversity can create harmful levels of stress which impact healthy brain development. This can result in long-term effects on learning, behaviour and health.

3.23.4 Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that can have a huge impact on children and young people throughout their lives.

3.24 **The Signs and Indicators of Abuse**

3.24.1 Recognising child abuse is not easy, and it is not the responsibility of personnel to decide whether or not child abuse has taken place, or if a child is at risk. Personnel do, however, have a responsibility to act if they have a concern, in order that the appropriate agencies can investigate and take any necessary action to protect a child. It must be recognised that personnel are not experts or professionals in the areas of child protection or social work and it is important that they do not assume this role.

3.24.2 For those with a supervisory role, it is important to regularly review the levels of involvement of personnel in individual cases, and the outcomes of each individual case will be recorded and be confidentially maintained.

3.24.3 More information relating to signs and indicators of abuse can be found on the safeguarding children E-Learning package.

3.25 **Actions to take**

3.25.1 Children will often disclose abuse or concerns to an adult they have come to feel they can trust. This happens for many reasons, but the important thing to remember is that, if they do tell a member of staff, then they are doing so in the hope that the staff member will act to stop it happening, even if they ask this person not to do anything with the information. When this occurs, the Designated Person or, if the Designated Person is implicated, the Duty Area Manager must be informed immediately, and the Duty Group/Area Manager must inform the statutory childcare authorities (Children's Social Care). If there are concerns of immediate harm then the police must be informed straight away.

3.25.2 Children may feel as if they are betraying someone they are close to and whom they love. Equally, it may be someone they fear, e.g. an adult whom they perceive to be able to influence decisions

concerning their future. Either way, it takes great courage for a child to talk to an adult and our response can be crucial. If a child discloses abuse to any Service personnel or volunteers in the course of their work, it is important to react appropriately.

- 3.25.3 It is important to remember too that it can be more difficult for some children to speak about what has happened than for others. They may have little reason to trust those they see as authority figures and may wonder whether Service personnel will be any different.
- 3.25.4 Children with a disability may also have to overcome additional barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of alternative sources. They may have come to believe they are of little worth, and simply comply with the instructions of adults. Therefore, it is essential that everything possible is done to protect the children who place their trust in Service personnel.
- 3.25.5 If a child tells personnel they are being or have been abused, then the member of staff informed must follow the procedure outlined below and in Appendix 1 for the protection of the child, him/herself and anyone else who may be implicated by any disclosure.

3.26 **Good Practice and Guidance for working with children.**

- 3.26.1 This section provides advice and guidance that will help to identify and implement good practices when working with, or coming into contact with children. It has been developed to protect children and all members of the Service in their involvement in this valuable work. It is based on the principle of the Service being open and transparent in all of its dealings.
- 3.26.2 Always respect a child's right to personal privacy. Never enter a room where a child may be changing their clothes or not be fully dressed. Adequate provision must also be made to ensure that children cannot enter areas where adults may be changing/showering etc.
- 3.26.3 Children should be encouraged to talk about any concerns they may have with their instructor or supervisor. It must be recognised that caution is required particularly at sensitive moments of support, such as when dealing with bullying, bereavement or abuse.
- 3.26.4 Managers responsible for the Service's children programmes and schemes should make regular visits to those programmes and schemes and undertake regular audits of the provision.

3.26.5 The Service requires a minimum of two adults to be engaged in any activity involving children. To this end it requires its staff/volunteers to make robust plans to avoid, wherever possible, situations that cause there to be only one adult present. However, it acknowledges that there are circumstances where it may be appropriate for only one adult to be present, or where it may be unavoidable. The following contain some examples:

- During activities there will be short periods where there will only be one adult present, e.g. during staff toilet breaks
- If there is an incident or disclosure on a activity/activities
- During activities there may be longer periods where there will only be one adult present, e.g. if someone requires treatment and one adult is making suitable arrangements
- When carrying out some actions, e.g. one to one reviews and interviews

3.26.6 Where Service staff are seconded to external organisations this requirement will still apply unless the work involves lone working with children, without another adult present, in which case staff must be aware of, and comply with, the lone working and safeguarding children policy applicable to that organisation. Staff must familiarise themselves with the lone working and safeguarding policy and procedures before commencing the secondment.

3.26.7 Consideration must be given to ensuring mixed gender teams as appropriate. If the teams are all of the same gender i.e. all young males, the adults present can be of the same gender. However if the team is a mixed gender group, the staff group, were possible, must be mixed gender. Always avoid unobserved situations of one-to-one contact with a child. Always work in pairs, utilising 'other' professional people or responsible adults where necessary.

3.26.8 Approval must be sought from the appropriate manager and/or the Head of Prevention for all off-station activities.

3.27 **Advice on Physical Contact**

3.27.1 Staff and volunteers may come into physical contact with children from time to time in the course of their duties. Examples include, showing a young person how to use a piece of apparatus/equipment or demonstrating a move or exercise during an activity. Staff and volunteers should be aware of the limits within which such contact should properly take place and of the possibility of such contact being misinterpreted.

3.27.2 It is unacceptable to use repeated touching as a style of working or as a way of relating to individuals.

- 3.27.3 Any form of physical punishment of children is unlawful.
- 3.27.4 In certain circumstances a child's behaviour or their actions may endanger them or other people. If such an incident were to occur the following procedure must be followed:
- Draw the attention of the child to their behaviour and make it clear that this needs to stop.
 - If this is unsuccessful the activity must be stopped immediately, taking into account safety requirements.
- 3.27.7 Service personnel/volunteers should not normally carry out physical intervention. However, Service personnel/volunteers can physically intervene in such situations where, if they were not to intervene, there would be real and actual risk to person/s or property. An example might be stopping a child running into traffic or potentially preventing one child from hurting another.
- 3.27.8 Such intervention must be necessary and in proportion to contain the situation and prevent further injury or damage. All staff working directly with children and young people will be trained in managing complex behaviours and conflict resolution. These strategies should be used prior to any level of physical intervention. Physical intervention should only be used as a last resort to ensure the safety of young people and service personnel. All instances of physical intervention must be reported to the Designated Person. Personnel undertaking work with persons where the risk assessment prior to the activity reveals the possibility of conflict, will undertake appropriate and where necessary specialised training before undertaking the activity. Any examples of such physical interventions must be recorded in writing by the Group Leader. The Youth Engagement Manager is responsible for monitoring records of such incidents and with the Head of Prevention decides if the parents/guardians are to be informed. These records should form part of the reports produced by the Youth Engagement Manager referred to in Section 8.
- 3.28 **Station open days and visits away from Station**
- 3.28.1 Staff and volunteers must be aware of the implications of physical contact with children. Any member of staff acting on behalf of the Service must ensure when they are in a situation where physical contact may happen, that consent has been given, the contact is appropriate and witnessed by the parent or guardian or, if they are not available, then a second member of staff. As an example, on a station visit a young child climbed aboard a fire appliance and was unable to get down by themselves, their parent accompanying them was a wheelchair user and unable in this

case to assist. The firefighter asked the parents permission to lift the child down.

- 3.28.2 Where the activity involves physical contact .i.e. Gorge Walking, Canoeing it is essential that parents/guardians and carers are made aware beforehand and give consent to the activity.
- 3.28.3 In instances where the participants have a disability and physical contact is required i.e. to support the activity, staff members/volunteers are required to consult with parents/guardians and carers to ensure they are made aware beforehand. On no account will staff support the participant if the contact is of a personal nature and is defined as the role of the key worker or carer.
- 3.28.4 If the participant has a disability which has been assessed by Social Care to require specialised support then a support worker must be provided by referring agency and be appropriately qualified staff. Employees of the Service **would not** be expected to be responsible for the support of such students.
- 3.28.5 All contact with children should be managed appropriately and in the instance where stickers, badges etc. are necessary staff and volunteers should ask the participants or parents and guardians to attach them to their clothing.
- 3.28.6 When addressing groups of children seating arrangements should be such as to ensure that all participants are appropriately seated to ensure no embarrassment or discomfort is caused to any participant.
- 3.28.7 During activities the appropriate arrangements should be made to ensure that all toileting, washing, sleeping, changing arrangements are single sex both for participants and workers responsible for projects delivered.
- 3.28.8 Written parental/guardian approval should be obtained for the taking of and release of all photographs (see Appendix 8)

3.29 **Emergency Situations**

- 3.29.1 There will circumstances at emergency situations attended by Service members where it would be impossible to ensure a child's safety without physical contact.
- 3.29.2 Physical contact in such circumstances may be necessary for the ultimate safety of the child and also the safety of personnel attending. This policy is not intended to restrict such physical contact, rather to ensure that any physical contact is absolutely

necessary and where circumstances permit, authorised by the parent or Guardian of the child. It is not intended to place restrictions upon rescue related activities.

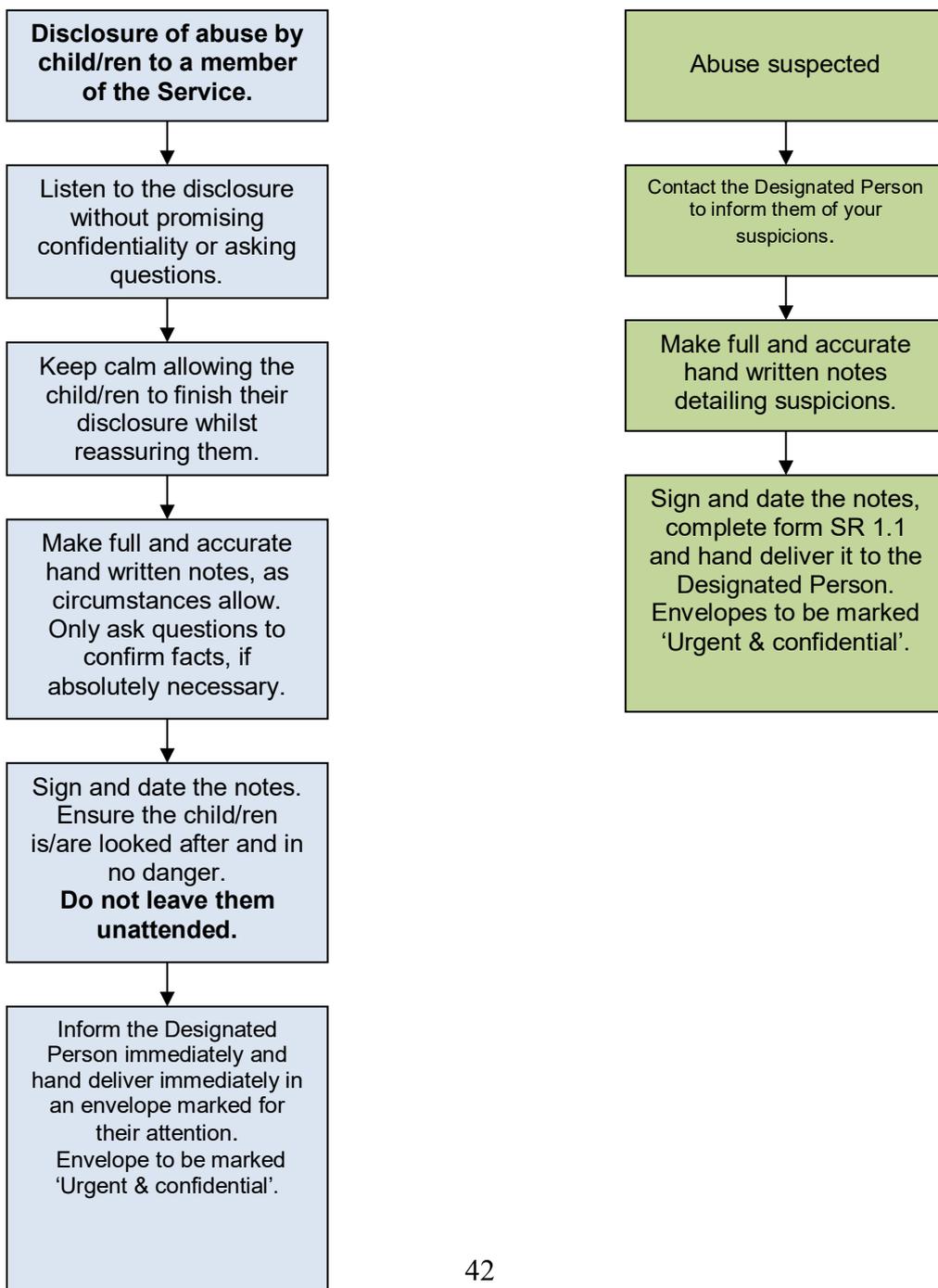
3.30 **Prince's Trust Team Programme**

- 3.30.1 The Prince's Trust Team (PTT) programme is covered by this Policy, however, due to the delivery time frame, does not allow the normal process for notification of its activities in terms of risk and governance. It is therefore recognised, because of the nature of the programme, there is a maximum of three weeks to ensure consent and specific risk assessments are completed.
- 3.30.2 Owing to the nature of the course it is possible to standardise the programme, annual activity and location risk assessments will be reviewed and assessed to comply with the governance requirements of the Service. Detailed risk assessments and course programme sheets will be provided electronically, detailing all possible activities undertaken within the 12 weeks.
- 3.30.3 The PTT caters for young people aged 16 to 25 years old. It is recognised that participants aged 16 to 18 years old are subject to Child protection and Safeguarding legislation, and therefore the Service acts in "*Loco Parentis*" and have obligation to ensure their well-being. The Service recognises participants over the age of 18 years are deemed to be young adults and, therefore, require the same degree of protection afforded to young people.
- 3.30.4 Adults who attend PTT programmes as Seconded Staff/Employed Team Members/Development Coaches/Peer Mentors will be required to have an enhanced DBS check by the Service.
- 3.30.5 Further guidance and good practice can be found in Appendix 3 and 4 on Do's and Don'ts. When there are concerns about the welfare of any child all personnel in the Service will report those concerns to the Designated Person.

The following procedure relates to Safeguarding incidents where the Service has a duty of care to the children.

Flowcharts detailing referral processes

Abuse falls into four categories; **Emotional, Physical, Neglect and Sexual**. As a responsible adult working with young people these incidents may be witnessed, disclosed or suspected.
 Where there is a suspicion that a child has been put at **risk** the following procedure **must** be adhered to.



Form SR 1.1

Record for use in referring details in connection with safeguarding/ child protection guidelines.

Give as much information that is available at the time of completion.

Section A: Information about the child/young person at risk			
Date of Referral		Has a copy form been sent to referral point?	
Name			
Any other name child or family known by			
Date of birth (if known)			
Gender			
Ethnic Origin (if known)			
Religion (if known)			
Disability (if known or suspected)			
Mental Capacity issues (if known or suspected):			
Address: House Number/Name			
Street			
Town			
Postcode			
Name of school child attends			
Name of primary carers			
Name of GP			

Section B: For use by Designated Person making referral to Children's Social Care

Name/s:	
Role/s:	
Contact Numbers:	

Other
Information
on the referral
process with
Children's
Social Care

Details of case including matters of concern. Include times, places and any persons present.

Information source:			
Is the school aware of referral YES/NO	Is the carer aware of referral YES/NO	Is the family aware of referral YES/NO	
What was their response?			
Signed Date			

SECTION C: Social Care Information

When contacting Social Care it must be stated clearly that this is a child/young person safeguarding referral.
 Out of hours, the Duty GM must ask to speak with the out of hours Duty Social Worker.
 Referrals should be confirmed via e-mail submission of SR1 to the Social Care Team within 48 hours.

Name of local authority area.			
Name of person receiving referral in the first instance within Social Care.		Date	Time
Name of person referral is being passed onto within Social Care.			
Is the child/young person already known to Social Care? YES/NO	If YES, is there an aligned Social Worker? Name: If NO, who will be the aligned Social Worker? Name:		

Section D:

General notes; record of conversations including date, time, persons involved and further action to be taken by Social Care and (if required) Fire & Rescue Service. Continue on a separate sheet if necessary.

Sign and Print Name:	Date:
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GOOD PRACTICE GUIDELINES

The Dos

- Do** treat everyone with respect.
- Do** provide an example you wish others to follow.
- Do** Be a positive role model
- Do** ensure there is more than one other appropriate adult present.
- Do** respect a child's right to personal privacy.
- Do** have separate sleeping accommodation for instructors and young people.
- Do** provide access for children to talk to others about any concerns they may have.
- Do** encourage children and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like.
- Do** remember that someone else might misinterpret your actions, no matter how well-intentioned.
- Do** recognise that caution is required in sensitive moments when discussing such issues as when dealing with bullying, bereavement or abuse.
- Do** refer all issues of discipline, when in school, to the teaching staff to resolve.
- Do** ensure a teacher is always present in class during school visits.

- **Always be mindful that someone else might misinterpret your actions, no matter how well intended.**
- **You may not be the appropriate person to deal with the situation**

GOOD PRACTICE GUIDELINES

The Do not's

- Do NOT** permit abusive peer activities (e.g. initiation ceremonies, ridiculing, Bullying).
- Do NOT** engage in physical contact games with children.
- Do NOT** have any inappropriate physical or verbal contact with others.
- Do NOT** jump to conclusions about others without checking facts.
- Do NOT** exaggerate or trivialise child-abuse issues.
- Do NOT** show favouritism to any individual.
- Do NOT** make suggestive remarks or gestures, even in fun
- Do NOT** rely on your good name to protect you.
- Do NOT** believe “it could never happen to me”.
- Do NOT** discipline/admonish a child. This should be done by the parent/guardian or, if during a school visit, by the teacher.
- Do NOT** slap or administer any physical admonishment to a child or young person.
- Do NOT** allow children to use inappropriate language unchallenged.
- Do NOT** let allegations a child makes go unchallenged or unrecorded.
- Do NOT** do things, of a personal nature, for children that they can do themselves.
- Do NOT** engage in interactive online behaviour with young people on social networking sites such as ‘Facebook’, ‘Twitter’, ‘Snapchat’, ‘WhatsApp’ and chatrooms or interactive games.
- Do NOT** give children your personal phone numbers or personal e-mail address or contact them on your personal phone or by personal e-mail
- **You should never promise to keep what a child tells you completely confidential, as you may need to take it further.**
 - **Never transport or offer to transport children, young people and vulnerable young adults alone in your car or, Cheshire Fire and Rescue Service Vehicle.**

CONTACT TELEPHONE NUMBERS

Cheshire Fire and Rescue Service 24 HOURS :

North West Fire Control 01925 460852

Social Care

Cheshire East 0300 123 5012
0300 123 5022 (out of hours)

Cheshire West & Chester 0300 123 7047
01244 977 277(out of hours)

Halton 0151 907 8305
0345 0500 148 (out of hours)

Warrington 01925 443 400
01925 444 400 (out of hours)

Local Authority Designated Offers (LADO)

Warrington

01925 442079

Halton

0151 511 7229

Cheshire East

01606 288 934

Cheshire West and Chester

0151 337 4570

Cheshire Police 24 Hour: 101 (non emergency)
0845 458 0000

Always call 999 in an emergency

NSPCC 24 Hour Helpline: 0808 800 500
Childline 24 Hour Helpline: 08001111