



# SCAMPPS SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

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## **Introduction:**

SCAMPPS in Surrey is managed by a Board of Trustees.

The Board has adopted this Safeguarding Children and Young People Policy and expects every adult working or helping at SCAMPPS events or working and supporting the charity on a day to day basis, to comply with and support the Policy. Consequently, this policy will apply to all employees, Trustees, volunteers or anyone working on behalf of SCAMPPS (collectively referred to as “staff” in this policy).

## **The purpose of this policy:**

- to protect children and young people who receive services from SCAMPPS.
- to provide staff and volunteers with the overarching principles that guide our approach to safeguarding.

It is intended to protect children and young people (C &YP) who receive any service from SCAMPPS.

As an organisation, we believe that no child or young person should experience abuse or harm and are committed to the protection of C&YP. This policy is intended to provide guidance and overarching principles to those who represent SCAMPPS as volunteers or staff, together with an appropriate and effective approach to child protection and safeguarding.

We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practice in a way that protects them.

## **Legal framework**

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- ❖ Children Act 1989
- ❖ United Nations Convention of the Rights of the Child 1991
- ❖ Data Protection Act 1998
- ❖ Sexual Offences Act 2003
- ❖ Children Act 2004
- ❖ Protection of Freedoms Act 2012
- ❖ Relevant Government guidance on Safeguarding children.

**We recognise that:**

- The welfare of the child is paramount, as enshrined in the Children Act 1989 ,
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse,
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs, impairments, additional needs or other issues,
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

**We will seek to keep children and young people safe by:**

- Valuing them, listening to and respecting them,
- adopting child protection practices through procedures and a code of conduct for Trustees, staff and volunteers,
- Sharing information about child protection and good practice with children, parents, staff and volunteers
- Sharing concerns with agencies who need to know, and involving parents and children appropriately.

In accordance with the procedures set out by the Local Safeguarding Children Board (LSCB), SCAMPPS will:

- ensure every member of staff (including volunteers and Trustees) understand what to do and how to raise safeguarding concerns, and who is responsible for Child Protection within the organisation, ensuring children and people are protected from harm
- ensure all staff, Trustees and volunteers understand their responsibilities in being alert to the signs of abuse and the responsibility for referring any concerns to the Surrey Safeguarding Children Partnership (SSCP) Surrey Children's Single Point of Access C-SPA
- ensure all records are kept securely and in locked locations
- develop and then follow procedures where an allegation is made against a member of staff or volunteer
- ensure there is a collective responsibility for creating a culture in which all those involved in SCAMPPS and those who attend events, feel safe but also, able to speak up, if they have any concerns
- ensure safeguarding risk assessments are carried out and appropriate action taken to minimise these risks, as part of the risk management processes
- plan programmes/activities to take into account potential safeguarding risks, to ensure these are adequately mitigated
- respond to any concerns sensitively and act quickly to address them
- ensure that every member of staff is aware of the procedures, the signs of potential abuse and how to report them

The designated Child Protection Lead for SCAMPPS is Mrs Donna Kemp contact: [donnakemp19@googlemail.com](mailto:donnakemp19@googlemail.com) mobile. 07970 700 002

The Deputy Child Protection Lead for SCAMPPS is Mrs Selina Master contact: [Selina.master@hotmail.co.uk](mailto:Selina.master@hotmail.co.uk) mobile no: 07939373422

SSCP Team: 0300 470 9100 Mon-Fri 9 -5 Out of hours: 01483517898 (Emergency duty team) email: [cspa@surreycc.gov.uk](mailto:cspa@surreycc.gov.uk)

Quadrant Court, 35 Guildford Road, Woking, Surrey, GU22 7QQ

The Chair is responsible for ensuring that SCAMPPS staff and volunteers adhere to the Safeguarding Policy and that any concerns or actions are reported to the Board of Trustees. The Board will take seriously any allegation or impropriety on the part of a volunteer, Trustee or member of SCAMPPS. The Board will review any allegation and assess the likely risk to the child or young person and if appropriate; consider banning the person in question from future events and meetings.

**DBS Checks** – these will be obtained where required according to the degree and frequency of unsupervised access to C&YP and are risk assessed accordingly.

**Photographing Children and Young People:** Photographs of C&YP are not taken without written, informed and valid consent from the parent and/or child in line with current legislation. Furthermore, no photographs will be circulated or published online or in paper format, without written, informed and valid consent.

**Risks to children:** There are situations where C&YP require protection and it is important that staff and volunteers are aware of the various different forms of abuse and for the signs which would alert them to the fact that the child or young person may be at risk.

For Definitions of Abuse and Neglect please **See Appendix A**

### **Procedures for SCAMPPS to follow in the event that abuse is suspected**

SCAMPPS is fully committed to an inter-agency approach to addressing abuse where it occurs or is suspected and will work with the Local Safeguarding Children's Board (LSCB).

If a member of staff or a volunteer believes that a child that they have contact with during the course of their work - is being or has been abused, they must take the actions set out in **Appendix B**. Staff and volunteers should always bear in mind that it is not their job to investigate an allegation.

**Appendix C covers 'Requesting Support' and How to Report a Concern.**

**Health and Safety Aspects:**

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- Prior to each Event, the Board will risk assess any potential health and safety aspects.
  - At SCAMPPS events, each child or young person must be accompanied by a parent or guardian or named responsible adult of their choosing.
  - Volunteers are not permitted to be involved in 1:1 care
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## **Appendix A**

### **Definitions of Abuse and Neglect**

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Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, or by those known to them or more rarely by a stranger. They may be abused by an adult or adults or another child or children.

#### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scolding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

#### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause a severe and persistent adverse effect on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far 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 developmental capability, as well as overprotection or 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 frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

#### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

#### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect the 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 responsiveness to, a child's basic emotional needs.

## **SIGNS AND INDICATORS OF ABUSE AND NEGLECT**

Even for those experienced in working with child abuse it is not always easy to recognise a situation where abuse may occur or already be taking place. It is acknowledged that SCAMPPS staff and volunteers are not experts of such recognition. Therefore, any concerns should be discussed with their Lead for Safeguarding or with C-SPA. The guidance on the recognition of signs and indicators of abuse given below is not an exhaustive list of concerns, and the presence of one or more of the indicators is not proof abuse has taken place. Staff must however be open to the possibility that something may have occurred and may require consultation with their Lead for Safeguarding or C-SPA.

Generally, in an abusive relationship a child may appear frightened of the abuser and act in a way that is inappropriate to his/her age and development (although full accounts need to be taken of different patterns of development and different ethnic groups).

Staff should always be sensitive to the adverse impact on children's development of parental difficulties such as domestic abuse, substance misuse or mental health problems.

Staff should be aware of the potential risk to children when individuals previously known or suspected to have abused children are moving to, or have contact with, the household in which the child lives.

### **Signs and Indicators of Physical Abuse**

The following may be indicators of concern:

- An explanation which is inconsistent with an injury
- Unexplained and/or suspicious injury i.e. abuse, cut or burn particular if situated in a part of the body not normally prone to such injuries.
- Different explanations provided to different professionals for an injury.
- Unexplained delay in seeking treatment.
- Parents/carers are uninterested or undisturbed by an accident or injury.
- Parents/carers are absent without good reason when a child is presented for treatment.
- Presentation of minor injuries which may represent a "cry for help" and if ignored could lead to more serious injuries or may represent fabricated or induced illness.
- Families using different doctors, hospitals, or any minor injury units 'walk in' centres and other direct access health provisions.
- Reluctance to give information concerning previous injuries.  
Children can have accidents or bruising, but the following must be considered as highly suspicious of a non-accidental injury unless there is an adequate explanation provided;

- Any bruising or other soft tissue injury to a pre-crawling or pre-walking infant or non-mobile disabled child
- Bruises seen away from bony prominences.
- Simultaneous bruises to both eyes without bruising to the forehead.
- Bruising on sites less commonly injured accidentally.
- Clusters of bruising may indicate defensive injuries on the upper arm, outside of a thigh or adjacent limbs.
- Multiple bruising of uniform shape
- Bruises that carry the imprint of an implement i.e. belt mark, hand print, glass mark or hair brush handle.
- Linear pink marks – hermitages of pale scars may be caused by gripping especially at wrists, ankles, necks or male genitals.
- Bruising or tears around or behind the earlobes indicating an injury by pulling, twisting or slapping.
- Broken teeth and mouth injuries
- Bite marks showing clear impressions of the teeth
- Bite marks of 3 centimeters in diameter are more likely to been caused by an adult or older child. A medical opinion should always be sort if there is any doubt of the origin of a bite.
- It can be difficult to establish accidental or non-accidental burns and scars and proof will always require experienced medical opinion. Any burns with a clear outline may be suspicious i.e. Circular burns from cigarettes are characteristically punched out lesions 0.6 to 0.7cm in diameter and healing usually leaves a scar.
- Friction burns resulting from being dragged.
- Linear burns from hot metal rods or related to coal fire elements.
- Burns of uniform depths over a large area
- Scars which have a line indicating immersion or poured liquid, a child getting into water of their own accord would struggle to get out and cause (splash marks)
- Fractures may be causing pain, swelling, and discoloration over a burn or joint, the possibility of this should be considered carefully for all fractures in non-mobile children.

Fractures are grounds for concern if:

1. An unexplained fracture occurs in the first 18 month of life.
2. The history provided is not very common, nonexistent or inconsistent with the fracture type.
3. They are associated with old or notable fractures.
4. Medical attention is sort after delay when the fracture has caused symptoms of swelling, pain or loss of movement.
5. A large number of scars or scars of different size or age or in different parts of the body may suggest abuse.

### **Signs and Indicators of Emotional Abuse**

- Emotional abuse may be difficult to recognize as signs are usually behavioural rather than physical. The indicators of emotional abuse are often associated with other forms of abuse.
- Recognition of emotional abuse is usually based on observations over time and the following offer some associated indicators

### **Parent/Carer and Child Relationship Factors**

- Abnormal attachment between child and parent and carer e.g. anxious indiscriminate or no attachment
- Frequent complaints about/to the child or failure to provide attention or praise (high criticisms/slow warmth environment)
- Conveying to a child that he/she is worthless or unloved, inadequate or only valued in so far as meeting the needs of another person e.g. persisting negative comments about the child or “scapegoating” within the family.
- Developing inappropriate or inconsistent expectation e.g. overprotection, limited exploration and learning interaction beyond child’s developmental capability. Prevention of normal social interaction.
- Causing children to feel frightened or in danger, witnessing domestic abuse, seeing or hearing ill-treatment of another.

### **Child’s presenting concerns**

- Delay in achieving developmental cognitive and/or educational mile stones
- Failure to thrive or falter in growth
- Behavioral problems e.g. aggression and attention seeking
- Frozen watchfulness, particularly in preschool children.
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationship including withdrawn or isolated behaviour

### **Parent/Carer Related Issues**

- Dysfunctional family relationships including domestic abuse
- Parental problems that may lead to lack of awareness of child’s needs. e.g. their mental health, substance misuse, learning difficulties.
- Parental/Carer emotionally or psychologically distancing the child.

### **Sexual Abuse**

- Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and or fear. This abuse is particularly difficult for a child to talk about.
- Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indicators are likely to be emotional/behavioural.

### **Behavioral Indicators of Sexual Abuse**

- Inappropriate sexualised conduct
- Sexually explicitly behavior, play or conversation inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminant choice of sexual partners
- An anxiousness and unwillingness to remove clothing for sports events (but this may be related to cultural norms or physical difficulties).
- Running away

### **Physical Indicators of Sexual Abuse**

- Pain in the genital area, vaginal discharge



- Sexually transmitted diseases
- Blood on underclothes
- Pregnancy
- Symptoms e.g. injuries to genital or anal area
- Bruising to buttocks, abdomen and thighs
- Presence of semen on vagina, anus, external genitals

### **Signs and Indicators of Neglect**

Evidence of neglect is built up over a period of time and can carry different aspects of parenting.

#### **Child Related Indicators of Neglect**

- A child who is unkempt or inadequately clothed or dirty or smells
- A child perceived to be frequently hungry
- A child who seems to be listless, apathetic and unresponsiveness with no apparent medical cause or displaying anxious attachment, aggression or indiscriminate friendliness
- Failure to grow or develop within normal expected patterns with accompanying weight loss or speech / language delay.
- Recurrent/untreated infection or skin conditions. e.g. severe nappy rash, eczema, or persistence head lice/scabies
- Unmanaged/untreated health or medical conditions including poor dental health
- Frequent accident or injuries
- Child frequently absent or late at school
- Poor self esteem
- Child thrives away from the home environment

#### **Indicators in the Care Provided of Neglect**

- Failure by parents or carers to meet the basic and essential needs such as food, clothing, warmth and hygiene.
- Failure by parents or carers to meet the child's health and medical needs i.e. poor dental health, failure to attend appointments with health visitors, GP or hospitals or lack a GP registration, failure to seek or comply with appropriate medical treatment.
- A dangerous or hazardous home environment including failure to use home safety equipment or risk from animals.
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation including passive smoking (and lack of adequate heating).
- Lack of opportunities for a child to play and learn.
- Child left with adults who are intoxicated, misuse substances or are violent.
- Child abandoned or left alone for excessive periods.

## **Increased Vulnerability of Some Disabled Children**

Evidence cited in *Working Together to Safeguard Children 2006* suggests disabled children are at increased risk of abuse and the presence of multiple disability increases the risk of both abuse and neglect.

A disabled child may be especially vulnerable because of:

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers/Staff lacking ability to communicate adequately with her/him
- A lack of continuity in care leading to increased risk that behavioural changes may go unnoticed
- Carers working with the disabled child in isolation
- Physical dependency with consequent reduction in the ability to be able to resist abuse
- Increased likelihood that she/he is socially isolated
- Lack of access to “keep safe” structures available to others
- Communication or learning difficulties preventing disclosure
- Lack of advice e.g. due to hearing impairment
- Parent/Carers own needs and ways of coping may conflict with the needs of the child
- Bullying and intimidation
- Abuse by peers
- A fear of complaining in -case services are withdrawn
- Some sex offenders may target disabled children in the belief that they are less likely to be detected.

In addition to the universal indicators of abuse/neglect mentioned previously the following abuse behaviors must be considered:

- Force-feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquilisation
- Invasive procedures against the child’s will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill-fitting equipment, which may cause injury or pain or inappropriate splinting

### **Essential safeguards for disabled children**

Safeguards for disabled children are essentially the same as for non-disabled children and should include enabling them to:

- make their wishes and feelings known
- receive appropriate personal, social and health education
- raise concerns
- have a means of communication and range of adults with whom they can communicate

All services for children must have

- an explicit commitment to understanding disabled children's safety and a culture of openness
- guidelines and training for staff on good practice in intimate care, working with children of the opposite sex, handling difficult behaviour, consent treatment, anti-bullying strategies, sexual behaviour among young people especially those living away from home.

### **Historical Abuse Allegations**

Where a child or an adult makes an allegation of historical abuse (which was committed whilst they were a child) then it should be treated in the same way as a current allegation and these procedures must still be followed.

### **Listen to Children**

One of the key indicators of abuse and neglect is a direct allegation from a child that they are being abused. The disclosure of abuse is often frightening and can awake painful memories, the stronger emotions felt can be very difficult to express. If the child alleges that she/he is being abused or information is received which causes concern that she/he may be being abused or has some knowledge of an abusive situation, the person receiving this information from the child should:

- React calmly so as to not frightened the child
- Listen to what the child is saying and recognize difficulties; avoid interpreting what is being said by the child, he/she may have a speech impairment, disability and or difficulties with language
- Keep open to the fact that the child may not have the necessary vocabulary for describing what has happened to them
- Avoid direct questions, ensure a clear and accurate understanding of what is being said, use minimal prompts and where appropriate repeat back what is being said to clarify
- Do not ask leading questions as these could jeopardise the investigation or the outcome of any core proceedings
- It is important to reassure the child but not make promises of confidentiality which might not be sustainable in the light of subsequent investigations
- It is imperative that a full record of what is being said/heard and seen is made as soon as possible.
- Consult with the SCAMPPS Safeguarding Lead about the procedures to follow.

## Appendix B

### The following action must be taken:

1. If the child is in immediate danger, you should call 999 and contact the SCAMPPS Safeguarding Lead.

Note 1: If events have taken place recently, you should not assist the victim to wash, change clothes, take food or drink or tidy the resultant mess as this could contaminate the evidence that may be required.

Do not confront the alleged perpetrator.

2. If you are concerned about a child or young person under the age of 18 and there does not appear to be an immediate risk, speak to the Designated SCAMPPS Safeguarding Lead or if they are not available; the Deputy.

4. The SCAMPPS Safeguarding Lead should gain the full facts and circumstances and together you should identify all possible courses of action to follow.

5. It is essential to keep clear and accurate records of all information received and action taken in such instances, bearing in mind that some cases can result in criminal proceedings and that staff may be required to give evidence.

6. You or the SCAMPPS Safeguarding Lead should report your concerns to the C-SPA (See Appendix C for contact details) if:

- (i) the incident was witnessed directly by a SCAMPPS member of staff or volunteer, or
- (ii) there is clear evidence of abuse, or
- (iii) there is reasonable suspicion of abuse.

7. A referral to C-SPA should include:

- A statement of the exact concern, including personal details of the individual if known.
- The referrer's role within SCAMPPS and involvement.

Please ensure that you complete this in a confidential and secure environment.

8. Once a referral to C-SPA has been made, they will respond according to their own procedures. Their response should be made within specified timeframes contained.

When considering confidentiality, the following principles should be observed:

- Information should only be shared on a 'need to know' basis.
- Where possible you should get the user's permission to disclose the issue.
- Do not promise confidentiality where there may be an issue or potential issue of abuse.

## APPENDIX C

### Making a request for support

If you are concerned about the safety of a child, young person or an adult you can contact Surrey's C-SPA which provides residents and people who work with children in Surrey with direct information, advice and guidance.

The Single Point of Access (SPA) responds to initial enquiries about children, young people and adults.

Whether you work in the statutory, private, voluntary or independent sector in Surrey and provide services for, or come into contact with, children and young people, you have an important role to play in keeping them safe. This includes volunteers who provide support and services to children.

The Surrey Children's Single Point of Access (C-SPA) is the umbrella term for the front door to support, information and advice for residents, families and those who work with Surrey Children. This replaces the Surrey Multi Agency Safeguarding Hub (MASH). The C-SPA is the conduit for access to services at levels 3 and 4 of [SSCP Effective Family Resilience Dec 2020](#), it also provides direct information, advice and guidance to residents and people who work with children in Surrey about where and how to find the appropriate support for families. We are committed to children and their families receiving the right help at the right time and our C-SPA will better enable us to fulfil this commitment.

### Report a concern about a child or young person

If you think that a child is in immediate danger you should call **999**.

If your query or request for support is for an adult (18 years and over), please [contact Adult Social Care](#).

### Children's Single Point of Access (C-SPA)

If you are a child or young person being abused or neglected, or an adult who is concerned about a child or young person's safety and wellbeing, you can contact the Children's Services 'Single Point of Access' between 9am to 5pm on Monday to Friday.

- **Phone:** 0300 470 9100
- **Email:** [cspa@surreycc.gov.uk](mailto:cspa@surreycc.gov.uk)

For people with hearing or speech impairments:

- **Text line:** 07527 182861
- [Sign Language Video Relay Service](#)

During evenings, weekends and bank holidays, the [Emergency Duty Team](#) is available:

- **Phone:** 01483 517898
- **Email:** [edt.ssd@surreycc.gov.uk](mailto:edt.ssd@surreycc.gov.uk)

For people with hearing or speech impairments:

- **Text line:** 07800 000388
- **Text relay** (a speech-to-text translation service): 18001 01483 517898

If you have **already been in touch** with children's social care services and would like to contact your allocated social worker or family support worker directly, [please find your local area number below](#).

### **Before making a request for support to Children's Services**

- Please consider if the child or young person's needs can be met by services from professionals who are already working with the family, or whether you could use the [Surrey Family Information Service website](#) and [Surrey Family Information Directory](#) to find support.
- If you are requesting support from Children's Services, please gain consent from the parents or carers beforehand, except where doing so may increase the risk of harm to the child or young person.
- Please download and complete the [Request for Support Form](#). Please see our [levels of need document](#) for reference as to what level of support applies.
- Professionals may use the consultation option given on 0300 470 9100 if they are unsure about the course of action.

UPDATED: March 2024. Selina Master, Donna Kemp and Louise Beattie

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