

SAFEGUARDING CHILDREN POLICY

This policy was reviewed: 3/2/26

This policy was approved: 3/2/26

The policy will be reviewed by: 1/2/27

The Designated Safeguarding Lead (DSL) is: Interim Chief Executive Officer (Gill Pipkin)

The Deputy Safeguarding Leads are:

Counselling Services Lead (Marie Wright)

Refuge Manager (Jemma Carter)

Board of Trustees, Safeguarding Sub-Committee: Meghan Field and Sue Penna

To be read in conjunction with the following WCWAid policies and guidance:

Data Protection

Confidentiality

Adult Safeguarding

Whistle Blowing

Freedom from Abuse

E-Safety

Missing Child

Prevent

Online Abuse

Responding to Youth Produced Sexual Imagery (Sexting)

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1. Statement of Principles

- 1 All children have the right to be protected from all forms of abuse, whether this is physical, sexual or emotional abuse or neglect.

- 2 West Cornwall Women's Aid (WCWAid) holds a feminist perspective on abuse which places responsibility for the abuse solely with the abuser. Our approach is child-centred, and we believe that the child is never to blame for any abuse that s/he/they may suffer. We also believe that everyone has a duty to protect children.
- 3 WCWAid recognises that one of the best ways to support a child is to provide support for the mother, and this we will strive to do. However, we also recognise that sometimes there may be a conflict between the interests of the mother and those of the child. This can raise difficulties, but as professionals we have a duty to ensure that the welfare of the child is paramount.
- 4 Concerns about the safety or well-being of a child will not be ignored. In practical terms this means that when child protection is an issue, the need for appropriate action will override the usual guarantee of confidentiality.
- 5 WCWAid is committed to anti-discriminatory practice. Such practice will take into account the diverse needs of our client group. Any action taken within these guidelines will reflect the equality and diversity principles.
- 6 WCWAid recognises the negative impact of discrimination on a child's development. Every effort will be made to challenge discrimination including discrimination on the grounds of disability, race, religion or belief, sexual orientation, gender reassignment, both externally and within WCWAid itself. The process of challenging discrimination will involve challenging assumptions and stereotypes, recognising differing needs and attempting to meet these needs as far as is practicable.

2. Responsibility for Safeguarding Children at WCWAid

Designated Safeguarding Lead Gill Pipkin	Deputy Safeguarding Lead (Refuge/Resettlement/CYP) Jemma Carter
Deputy Safeguarding Lead (Counselling Services) Marie Wright	
Board of Trustees Safeguarding Sub-committee Sue Penna Meghan Field	



Designated Safeguarding Leads (DSL) is the Interim Chief Executive Officer: Gill Pipkin.

The Deputy Safeguarding Lead for Refuge is the Refuge Manager: Jemma Carter.

The Deputy Safeguarding Lead for Counselling is the Counselling Services Lead: Marie Wright.

2.1 The role of the Designated Safeguarding Lead (DSL)/Deputy Safeguarding Lead

The DSL in WCWAid is the CEO. The role of DSL is to lead on operational safeguarding practice across the organisation and liaise with the Board of Trustees' Safeguarding Sub-committee in relation to strategic and governance arrangements related to safeguarding. The DSL will receive specific safeguarding and child protection training, will be aware of local statutory arrangements and will ensure they remain up to date with legislation, regulations and good practice. The DSL will provide leadership, support and information to staff when a potential safeguarding concern has been identified and ensure the appropriate processes are followed. The DSL provides this support in the absence of the Deputy Safeguarding Leads, or advises the Deputy Safeguarding Leads if further advice or guidance is required, liaising with the Safeguarding Sub-committee as appropriate.

The Deputy Safeguarding Lead will share responsibility for safeguarding and child protection across WCWAid. The DSL will retain lead responsibility for the work of deputies.

Operationally, the Deputy Safeguarding Leads will be the first point of contact for staff that they line manage. They will refer to the DSL for advice and information if required.

2.2 Safeguarding Sub-committee

The Board of Trustees Safeguarding Sub-committee is responsible for overseeing WCWAid's safeguarding function, alongside the DSL. The Sub-committee will regularly review WCWAid's safeguarding records to ensure that safeguarding procedures are being consistently implemented across the organisation.

3. Definitions and legal context

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.



'Harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of Domestic Violence and Abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Safeguarding is a term which is broader than 'child protection' and relates to the action the commission take to promote the welfare of children and protect them from harm.

Safeguarding is everyone's responsibility and is defined in 'Working together to safeguard children 2018' (Department of Education) as:

- protecting children from maltreatment
- preventing impairment of children's health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes

Voluntary organisations have legal responsibilities under The Children's Act 2004 Section 11 – duty to safeguard & promote welfare. Trustees of charities which work with vulnerable groups, including children, must always act in their best interests and ensure they take all reasonable steps to prevent harm to them (Charity Commission for England and Wales, 2013). Having safeguards in place within an organisation not only protects and promotes the welfare of children but also it enhances the confidence of trustees, staff, volunteers, parents/carers and the general public.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. WCWAid will work with agencies and individuals to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

4. Types of abuse

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. WCWAid recognises that child abuse can and does happen in all types of families. The following identifies some possible manifestations of child abuse; however, this list is not exhaustive.

- **Neglect** - the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child's medical problems, emaciation or under nourishment. Staff may notice behavioural signs such as a child who always seems hungry, tired, has ill -fitting clothes, poor personal hygiene
- **Physical abuse**- physical signs may involve unexplained bruising/marks in unlikely areas, facial bruising, hand/finger marks, bite marks, burns, lacerations, or abrasions. Staff may notice several behavioural signs that also indicate physical abuse such as a child that shy's away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.
- **Sexual abuse** –physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge, or blood on under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity, sexually explicit language, and knowledge of adult sexual behaviour, seductive behaviour towards others, poor self-esteem and a child who is withdrawn.
- **Emotional abuse** – physical signs of emotional abuse may include a general failure to thrive, not meeting expected developmental milestones and behaviourally a child may be attention seeking, telling lies, have an inability to have fun and join in play, low self-esteem, speech disorders, and be inappropriately affectionate towards others.
- **Coercive control** - can occur before, after, alongside or without the presence of physical violence, and emerging evidence shows that its impact on children and young people can be severe. Specifically, studies reported that coercive control is associated with increased parental psychopathology, poorer family functioning, harsher parenting and higher levels of child abuse, strained parent–child relationships, children used as tools and co-victims of coercive control, increased risk of child internalising and externalising problems, limited socialising opportunities, increased bullying, poorer perinatal outcomes, limited access to healthcare, and increased risk of child mortality
- **Online abuse** - any type of abuse that is facilitated through technology like computers, tablets, mobile phones, consoles and other electronic devices. See WCWAid's Online Abuse Guidance

5. Safer Recruitment

All staff and volunteers are required to provide 2 references before they are permitted to lone work within the organisation. An Enhanced DBS check will be required at the earliest opportunity and no lone working will be permitted until the DBS check has been received and found to be acceptable. DBS checks on staff and volunteers will be undertaken every 3 years, unless the person is subscribed to the DBS Update Service.

A staff member of WCWAid must be referred to DBS if:

- They are believed to have been involved in relevant conduct (i.e., been involved in an action or inaction that has harmed a child, young person or adult at risk of harm or put them at risk of harm

- If they have received a caution or conviction for a relevant offence (i.e., involving automatic barring)

The DBS website has comprehensive information and guidance on DBS checks and referrals.

6. Training

All staff and volunteers will receive safeguarding training to a minimum of Level 2. Children and Young People's Workers and Designated/Deputy Safeguarding Leads will be required to undertake Level 3 training.

7. Policy elements

7.1 Informing service users

All individuals engaging with any WCWAid service will be provided with information about our **Safeguarding Children** and **Confidentiality** policies and procedures. Service users will be informed of how they can access these policies—either on request or via our website—and will be required to confirm that they understand them. WCWAid services are contingent upon service users agreeing to work within the frameworks outlined in these policies. If a service user chooses not to work within these frameworks, WCWAid may discontinue support.

When a woman moves into the refuge, she will be informed of the house rules and, at the same time, will be verbally advised that WCWAid has Safeguarding Children and Confidentiality policies. These policies are also referenced in the Service User Handbook and available on our website.

When a woman begins receiving support from Resettlement, Community Services or Krefta, she will again be verbally informed that WCWAid has Safeguarding Children and Confidentiality policies and told how to access them on request or online. The service user will be asked to provide confirmation—normally by signing an agreement—that she understands our safeguarding responsibilities, the limits of confidentiality, and consents to work within these policies. Where support is delivered by phone or virtually, staff will record that verbal agreement has been obtained

It is important that women with children should understand that there are limits to confidentiality when safeguarding issues are involved. If there are clear indications that a child is at risk of abuse, WCWAid will refer the case to Social Care or the Police, as appropriate.

7.2 Procedure for dealing with specific incidents of abuse

WCWAid expects that all staff will alert their manager and the Safeguarding Lead to suspicion or disclosure of abuse. The Whistle Blowing Policy provides reassurance to staff that they will be supported in making an allegation of abuse if that allegation is made in good faith.

If a child is in immediate danger the police and social services should be contacted immediately.

In all other cases the worker should discuss their concerns with the Deputy Safeguarding Lead on duty, or in their absence the DSL. The worker must complete a WCWAid internal Cause for Concern form and submit this to the Deputy Safeguarding Lead the concern was reported to. A decision will be made about how to proceed. The decision will be recorded along with further actions.

WCWAid recognises that there are different levels of harm. It will not always be appropriate to ask Social Care to investigate if WCWAid can deal with the problem effectively by arranging the provision of practical support and monitoring the situation to ensure that there is no further abuse.

Social Care may be able to offer access to services such as children's centres without an investigation of safeguarding matters.

Before making an actual referral, it may sometimes be helpful to discuss a possible referral with Social Care and to ask what action they would be likely to take in these circumstances. Health visitors and education providers can also offer helpful advice.

Advice is available about a child or young person's safety can be accessed by telephone to the Multi Agency Referral Unit (MARU) on **0300 123 111**.

If a child discloses abuse, current or historical, WCWAid will:

- stay calm and listen carefully to what is being disclosed
- offer support without making false promises
- reassure the child that s/he/they was right to disclose what happened and that the abuse is not their fault
- discuss this with a designated worker, to decide on the appropriate course of action
- keep a factual record of the disclosure and subsequent action on the safeguarding register
- record the date and time of the disclosure and sign (electronic signature is acceptable)

If the abuse occurred previously and the child is no longer in danger, intervention by Social Care may not be necessary and some other form of help may be more appropriate, *e.g.* counselling.

However, if the abuse involved a serious physical injury or sexual abuse and/or the abuser is likely to be a danger to other children, a referral to Social Care will be necessary to ensure there is a record of the alleged offence. WCWAid will check the procedure with MARU.

If a child discloses recent or continuing abuse WCWAid will:

- explain to the child that in these circumstances confidentiality cannot be maintained
- assure the child that the issue will be taken seriously
- tell the child what action is likely to be taken, who will be informed and what the consequences may be
- if the child has sufficient understanding, discuss the options realistically, including talking with the mother with a staff member present (if the mother is not the abuser)
- keep the child informed throughout the entire process
- fill out an incident form immediately, stating what was said by both the child and the member of staff, recording facts rather than opinions.

The staff member will then discuss the allegations with the Designated Safeguarding Lead or Deputy Safeguarding Lead. They will decide on a course of action depending on the nature and seriousness of the abuse and seeking advice from Social Care if appropriate.

Normally any concerns should be discussed with the mother/carer or person reporting the abuse and, if appropriate, she should be encouraged to make her own referral to Social Care. However, this should only be done if such discussion and agreement-seeking will not place a child at increased risk of significant harm. The situation will be brought to the attention of relevant members of staff and monitored if necessary.

If there is a need to ensure the immediate protection of the child, a referral will be made to Social Care/Police without delay.

If there is reason to believe that a child is at risk of sexual abuse, it is essential to seek specialist advice from Social Care. It is inappropriate for WCWAid to investigate such circumstances. It is important to reassure the child that the abuse is not their fault, as children who have been sexually abused frequently feel very guilty and confused.

7.3 Contamination of evidence

WCWAid is aware of the danger of contaminating evidence, especially when dealing with young children and particularly in cases involving allegations of sexual abuse or gross physical abuse. For this reason, we will:

- give the child time and reassurance so s/he can say what has happened in their own words

- avoid asking repeated questions
- avoid asking intrusive or leading questions
- avoid making judgmental comments
- avoid jumping to conclusions by asking who the child is talking about and checking the meaning of any words that are unclear
- avoid further discussion of the abuse with the child and without delay talk to a designated worker and possibly also social services if a decision to refer is made.

If the mother/carer resumes a relationship with an abuser:

If it is known that a child has been abused by the partner of the mother/carer or has been seriously affected by witnessing violence, WCWAid will discuss the situation with the woman and explain that in these circumstances, Social Care will have to be informed if she returns to the abuser.

As the safety of a child is involved, Social Care will be notified even if there has been insufficient time or opportunity to explain WCWAid policies on confidentiality and safeguarding to the woman or to discuss the implications of her returning to the abuser.

7.4 Allegations of abuse during contact

WCWAid will offer practical support and provide written or verbal evidence in court if appropriate.

Any disclosure or evidence of abuse which may be relevant to contact proceedings will be carefully recorded. We will also record information about the child's behaviour if s/he/they appears to be disturbed or traumatised by contact arrangements, as this evidence may be needed to show that contact is not in the best interests of the child.

We will also offer to provide evidence for Social Care, the police or the court about the ability of the mother to care for her child(ren).

We will seek to ensure that the court is made aware of any factors indicating a risk of harm to either the child or the mother.

7.5 Child's disclosure of abuse by the mother

If a child discloses abuse by the mother, the person in whom the child confided should arrange a meeting with the mother and the service manager. This meeting should focus on the safety of the child.

If a referral is to be made to Social Care, the mother should be informed. It may be possible to encourage her to speak to Social Care herself. However, this should only be done where such discussion and agreement-seeking will not place the child at increased risk of significant harm.

The mother should be shown the written report, unless it is felt that this might place the child or a staff member or volunteer in danger. WCWAid will aim to support the mother, and if necessary, will outline her support needs to Social Care.

If the mother leaves the refuge or ends contact with WCWAid to prevent further action from being taken, a referral should still be made to the local area office of Social Care.

If there is a conflict of interest between the welfare of the child and the wishes of the mother, the welfare of the child must take priority.

7.6 Serious injury

If a child has been seriously injured, WCWAid will ensure that the child is immediately taken to hospital or to a doctor. Ideally this should be done by the mother with a staff member accompanying her to provide support, but anyone who has care of the child may do what is reasonable to safeguard the child's welfare. If there is any indication that the injury is non-accidental or due to neglect, the doctor is likely to order an investigation.

7.6 Suspicions of abuse or neglect

If a member of staff or a volunteer suspect that abuse or neglect is happening, she should discuss this as soon as possible with her line manager or the DSL/deputy.

WCWAid will:

- assess whether action is needed urgently
- monitor the situation carefully
- keep a factual record of all incidents or causes for concern
- work with the mother to ensure that the child's needs are met.

If the abuse or neglect continues, the situation will be discussed with the mother, and she will be made aware of the Safeguarding Children Policy. Every effort will be made to work with mother, including offering support and practical help. After consultation with the mother, it may be considered necessary to involve an outside agency.

If there is an **injury or bruising**, it is essential to discuss how this happened with the mother. This should be recorded. If the injury does not appear to be consistent with the explanation given, this should be discussed with the line manager/DSL/deputy and if necessary, a referral should be made to Social Care.

In cases of **emotional abuse or neglect** the concern may not be confined to an isolated incident, so it is very important to record observations over a period of time. If the abuse continues, a meeting should be set up with the mother to discuss the situation and any support needs. A decision may be reached to work with the mother over a stated period. It

may be agreed to involve other professionals (e.g., health visitor) or a referral may be made to Social Care.

If a member of staff witnesses abuse by the mother, she should intervene and challenge the behaviour if it is safe to do so. The situation should be calmed down and the child offered comfort and reassurance. As soon as possible a meeting should be set up with the mother at which point it will be made clear that this behaviour is unacceptable. If it is of a serious nature a Social Care referral may need to be following discussion with the DSL. If a decision is made not to report, it will be recorded. If concerns continue appropriate action will be taken.

7.7 Coercive control

WCWAid recognises that coercive control within a family setting can have a profound impact on children and young people, even if they are not the direct target of the abuse. Exposure to coercive control can affect emotional wellbeing, development, relationships, and behaviour. Children may experience confusion, fear, and anxiety as a result of witnessing controlling dynamics between caregivers.

Our Children and Young People's workers are trained to understand and assess the impact of coercive control and will tailor their support accordingly. This includes recognising the child's lived experience, promoting safety, and working in partnership with non-abusive parents.

Staff should refer to WCWAid's **Recognising and Responding to Coercive Control Policy** for further guidance on identifying and responding to coercive control in families.

7.8 Reports of abuse by the mother from another service user

WCWAid will:

- reassure the resident that this will be taken seriously and dealt with
- tell her that the allegation will have to be discussed with other staff members, but the mother will not necessarily be told who made the complaint
- explain the procedure for dealing with complaints of this kind
- offer her support and encourage her not to discuss this with other service users
- monitor the situation
- discuss the issue with the mother and the DSL/deputy DSL, adhering to the Freedom from Abuse Policy
- make a referral to Social Care if necessary.

7.9 A child abusing other children or adults

Many children feel intense anger and helplessness about the violence that they have witnessed or been subjected to, and frequently this is expressed in aggressive and

destructive behaviour. Managing challenging behaviour positively is an intrinsic part of working with children in refuges.

In these cases, WCWAid will:

- inform the child and the mother that this behaviour is abusive and unacceptable
- in partnership with the mother, work with the child to enable him or her to cope with emotions and to relate to other more positively
- monitor the situation and keep factual records.

In extreme cases (e.g. sexual assault) it will be necessary to make a referral to an outside agency, explaining the situation clearly. If there is a clear danger to other children, a decision, following consultation with the team, will be made on whether the family should be required to move to alternative accommodation and supported in doing so.

In the case of sibling abuse, preventive work will start as soon as possible to resolve the problem.

7.10 Interfamilial abuse (Adult-Child-to-Parent Violence)

While WCWAid's child safeguarding policy primarily addresses the protection of children and young people, it is important to recognise that interfamilial abuse can also occur in the form of violence or coercive behaviour by adult children toward their parents or caregivers. This form of abuse may be rooted in complex needs such as mental health issues, substance use, or neurodivergence.

Staff must be aware that such dynamics can impact the wider family environment, including the wellbeing of children and young people. Cultural assumptions must not influence risk assessments, and all concerns should be considered in line with WCWAid's **Policy on Recognising and Responding to Adult-Child-to-Parent Abuse**, ensuring a holistic and safeguarding-led approach.

7.11 Child abuse by another service user

WCWAid will ensure that:

- this is discussed with the DSL/deputy DSL
- the situation will then be discussed separately with the resident and the child's mother
- a record will be kept of any comments made
- if the allegation is of a serious nature and staff have reason to believe it is correct, then Social Care will be informed.

It may be necessary to move the accused resident to temporary accommodation pending full investigation, which should take place without delay. If the allegations are not substantiated, WCWAid will try to ensure that the accused women and her family are

offered accommodation with a different refuge group. In these circumstances the other refuge project must be told what has happened.

7.12 Child abuse by a staff member or volunteer

WCWAid will:

- ensure that any such allegation is reported immediately to the DSL/deputy DSL,
- The CEO will decide what action is necessary under the Disciplinary Procedure
- keep a record of any allegations of child abuse made against any staff member or volunteer
- fully investigate any allegation of inappropriate behaviour by a staff member or volunteer.

It may be necessary to suspend the staff member or volunteer while the investigation is carried out

7.13 Stalking

WCWAid acknowledges that stalking behaviours—particularly in the context of domestic abuse—can pose significant risks to children and young people, either as direct victims or through exposure to stalking of a parent or caregiver.

Where stalking is identified or suspected, staff must follow WCWAid’s **Recognising and Responding to Stalking Policy**, which includes:

- Completing a **DASH** and **S-DASH** risk assessment.
- Considering the impact of stalking on the child’s emotional and physical safety.
- Supporting the non-abusive parent with **safety planning** and **reporting to police**.
- Using **practice aids** to explore behaviours that may not be recognised as stalking.
- **Signposting** to relevant agencies for both child and parent support.
- Ensuring staff are trained to respond appropriately and sensitively.

Stalking must be treated as a safeguarding issue, and responses should reflect the potential harm to children and young people, whether direct or indirect.

7.14 Mandatory reporting

In February 2024, the Government [confirmed a mandatory reporting duty would be introduced](#) through amendments to the Criminal Justice Bill at its Commons report stage, [a date for which has not yet been set](#).

7.15. Reporting to LADO

If a disclosure is made or a concern reported regarding in adult working with children, a report will be made to LADO. Prior to making the report, staff should discuss with DSL, or in her absence the Deputy Safeguarding Lead on duty.

The report to the LADO Service should be made within one working day of an incident arising and prior to any further investigation taking place.

Referrals can be made online via [Professional Allegation Referral Guidance - Cornwall Council](#)

LADO contact number: 01872 326536

LADO email: lado@cornwall.gov.uk

7.16 Prevent

WCWAid are mandated by Cornwall Council commissioners to adhere to the Prevent strategy government guidance and implement a Prevent policy and action plan when delivering our refuge services. However, we recognise the strategy's potential negative impact and the concerns regarding its racial implications. We are committed to ensuring that equality and human rights obligations are integrated into all our services, therefore we have produced guidance staff must refer to when assessing if a Prevent referral is required. Standard safeguarding procedures should be followed.

7.17 Child Protection Plan

When a woman is first admitted to the refuge, she should be asked whether she has any involvement with Social Care. If the answer is yes and the child is subject to a Child Protection Plan, this should be recorded.

In this situation the mother has a legal obligation to keep Social Care informed of her whereabouts. She should be encouraged to contact Social Care herself to inform them that she and her children are living in refuge. If she is unwilling to do this, then WCWAid will inform them on her behalf.

Liaison with the Social Care team which previously dealt with the family will be necessary when undertaking a risk assessment prior to admission to refuge.

7.18 Protection of staff and volunteers from unfounded allegations of abuse

There are practical steps that may be taken to reduce the risk of unfounded allegations of abuse against staff. These include:

- keeping a written record of any injury that occurs to a child, ensuring that the record is witnessed by another staff member
- encouraging children to take responsibility for their own personal care
- keeping a record of any sexually inappropriate touching by a child, again ensuring that the record is witnessed by another staff member
- informing another member of staff when one-to-one work is being done and always seeking the mother's permission
- making criminal record checks on all staff and volunteers
- ensuring that health and safety procedures are followed, drawing any potential hazards to the attention of the Housekeeper and/or H&S lead
- reminding service users that they are responsible for the safety of their children
- recognising WCWAid's legal duty of care
- keeping adequate accident/injury records.

7.19 Record keeping

Immediately after an incident of abuse or neglect has been reported or witnessed, a staff member should complete a Cause for Concern form. This should contain only factual information, not opinions, about the alleged incident, including verbatim reporting of conversations with the mother, child, staff members or other service users. The dates and times of these conversations must be recorded. Discussions between staff about their concerns should also be recorded. The reporter of the Cause for Concern must be clearly identified on the form so it is clear who has written the report. The report must be submitted to the Deputy Safeguarding Lead who must then speak to the member of staff and confirm that the Cause for Concern is accurate. If appropriate, the Cause for Concern should be shared with the service user involved for verification of accuracy.

The Deputy Safeguarding Lead must then enter the details of the safeguarding concern on the secure Safeguarding Register and send the Cause for Concern to the Services Coordinator who will create a secure file.

The mother has a right to see all written reports unless this might endanger the safety of the child or a staff member or volunteer. Young people aged 14 and over should be shown any reports, if they request this. If the situation is being monitored in the refuge, regular updated reports must be filed. These can be useful if there are any further allegations or concerns about abuse.

Individuals have a right of access to information recorded about them. Such access should only be refused if the information could cause harm to a person or might prejudice the prevention or detection of crime. The right of access also applies to children so long as the child is able to understand the issues concerned.

7.20 Confidentiality and disclosure of information

Personal information about women and children is subject to a legal duty of confidence and should not normally be disclosed without their consent. However, the law permits the disclosure of confidential information if this is necessary to safeguard a child. Disclosure should be justifiable in each case, and if there is any uncertainty, legal advice should be sought.

Under the General Data Protection Regulations 2018, personal information may be disclosed without the consent of the subject in order to prevent or detect a crime, to apprehend or prosecute an offender or where failure to disclose could prejudice such action.

7.21. Parental responsibility

Women are responsible for their children's care in the refuge and the community at all times, unless they are being supervised by a CYP worker in a play-session or pre-arranged appointment. This includes health, safety and behaviour. Women are expected to supervise their children in the communal areas of the house/building and ensure that younger children are never left alone. In special circumstances (e.g., going to hospital) it may be possible for WCWAid to arrange childcare but children should never be left in the refuge without proper supervision.

7.22 Working one-to-one with children and providing childcare

When working with children in a one-to-one setting, staff will conduct a risk and support assessment with the parent/carer (age dependent) and formulate a support plan.

One-to-one work will be offered with parent/carer consent. Should children in the sole care of WCWAid staff, parents are encouraged to make sure their children are fed prior to the session. However, should children need to eat during the session, this will be discussed with the parent prior to the session and children up to the age of X will be monitored.

7.23 Discipline

The responsibility for disciplining children lies with mothers. However, we recognise that we are well placed to provide information and advice to women on positive management of children's behaviour. WCWAid will work directly with families to promote non-violent methods of resolving conflict and to encourage mothers to consider other forms of discipline.

7.24 Working with Social Care Services

To establish good working relationships, WCWAid will meet with social care workers who have responsibility for safeguarding children:

- to explain the services which WCWAid provides for children and our involvement in safeguarding
- to discuss our policies on safeguarding and confidentiality
- to agree referral procedures, particularly for emergency cases
- for training
- to discuss any other concerns.

All trustees, staff and volunteers are reminded of the duty to share significant information where there is evidence of risk to self or others. Client consent should be requested however action must be taken with or without consent in these circumstances, through the appropriate line management structures. This is especially relevant to community services volunteers working on a one-to-one basis with women.

In the case of a child being at risk of abuse confidentiality cannot be kept. Clients will be offered support whilst appropriate action is taken.

Central point of contact for safeguarding concerns: Multi Agency Referral Unit (MARU)
0300 1231 116

7.25 Inter-agency referral form (required to refer to the MARU)

The inter-agency referral form can be found on the SWCPP website

http://www.proceduresonline.com/swcpp/cornwall_scilly/p_report_concerns.html

On the CIOS LSCB website <http://www.safechildren-cios.co.uk/health-and-social-care/children-and-family-care/cornwall-and-isles-of-scilly-safeguarding-children-board/policies-procedures-and-referrals/> there are 2 forms 1) the inter-agency referral form PLUS 2) the new 'Concern regarding a person or location' form developed in response to CSE to facilitate the development of intelligence profile.

7.26 Early Help Hub

The Early Help Hub is single point of contact for Cornwall Council and community-based children's early help support and services. It provides professional triage for all service requests for Children's Early Help services and is led by Cornwall Council and the Cornwall Partnership Foundation (CFT).

It is a source of information and advice to help make the best decision for children and young people. Contact information:

earlyhelphub@cornwall.gov.uk

01872 322277

If there is an immediate threat to a child (eg abduction), it may be appropriate to ask the police to remove the child from a potentially dangerous situation:

Emergency Police 999
Non-emergency Police 101

7.27 Protection of staff and premises

If it is believed there could be a significant threat to staff or premises safety resulting from disclosing the referrer's name when reporting a safeguarding concern, in exceptional circumstances safeguarding reports may be made anonymously.

Standard WCWAid safeguarding policies procedures should be followed. As with all reporting of safeguarding concerns, this should be discussed with the relevant Safeguarding Leads. The decision to report anonymously must be approved by the CEO and the Safeguarding Sub-committee. If the CEO and Safeguarding Sub-committee are unavailable to approve at the time of the concern being raised, the report may be made anonymously. Approval must be sought afterwards and may be retrospectively given or denied, in which case the report must be followed up on and the identity of the reporter given.

8. Reviewing Safeguarding Policy and Procedures

WCWAid's Safeguarding Children policy will be reviewed annually or as required.

The Services Coordinator will review the safeguarding register bi-weekly and follow up concerns with Deputy Safeguarding Leads, escalating to DSL if required.

The Board of Trustees' Safeguarding Sub-Committee has oversight of WCWAid safeguarding. Members of the committee will regularly review the safeguarding register and conduct dip-sampling of files.

9. Legal framework

Primary legislation

- Children Act (1989)
- Protection of Children Act (1999)
- Data Protection Act (1998)
- The Children Act (Every Child Matters) (2004)
- Safeguarding Vulnerable Groups Act (2006)

Secondary legislation

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Human Rights Act (1999)
- Race Relations (Amendment) Act (2000)
- Race Relations (Amendment) Act (1976) Regulations
- Equalities Act (2006)

Data Protection Act (1998) Non Statutory Guidance




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Signed: 

Gill Pipkin, Interim Chief Executive Officer (Safeguarding Sub-Committee)

Document control

Signed by Director	
Date of policy reviews conducted	3/2/26
Date of next formal policy review	1/2/27
Responsibility for reviewing and updating	CEO, Safeguarding Committee

Appendix 1

Safeguarding

Cause for concern

TODAYS DATE:





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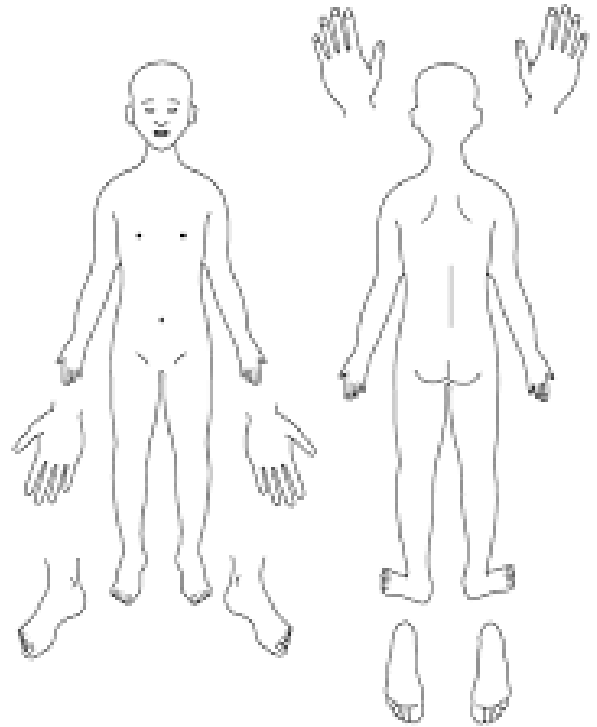
YOUR NAME:	JOB TITLE:
COMPANY: West Cornwall Women's Aid	CONTACT NUMBER:
Adult/Child Details	
NAME:	DOB & AGE:
GENDER:	ETHNICITY:
Any other relevant details about the child/Adult (ie: learning/communication difficulties, background, school.)	
PARENTS/ CARER:	CONTACT NUMBER:
DETAIL OF CONCERN/INJURY/ABUSE:	
Are you recording:	
<input type="checkbox"/> A disclosure made directly to you by the child/adult? <input type="checkbox"/> Disclosure or suspicions from a third party? <input type="checkbox"/> Your suspicions or concerns?	
DATE OF DISCLOSURE/ INCIDENT/CONCERN:	TIME:
Detail or concern/suspicions, disclosure: (State exactly what you was told/said verbatim.)	





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Describe any injuries/bruises seen/shown and mark location in red on the body map:



Names of any others involved /present and details:

Any actions taken so far?

NAME OF PERSON REPORTING CONCERN (THIRD PARTY):

CONTACT DETAILS:

RELATIONSHIP TO CHILD/ADULT:

ACTIONS

REPORTED TO SAFEGUARDING LEAD?

YES

NO

SAFEGUARDING LEAD NAME:

CONTACT NUMBER:

DETAILS:

CONCERN DISCUSSED WITH PARENT/CARER?

YES

NO

IF CONCERNS NOT DISCUSSED PROVIDE REASON FOR NOT DOING SO.





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AGREED ACTIONS:

REFERRAL TO MARU/ADULT SAFEGUARDING

YES

NOT AT PRESENT

Please provide details of referral or reason why referral was not made?

Any other notes/information:

YOUR SIGNATURE:

DATE

SAFEGUARDING LEAD SIGNATURE:

DATE





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Appendix 2

REPORTING FLOW

