



## **Herts PCI CIC (HPCI) SAFEGUARDING CHILDREN POLICY**

### **Policy Statement**

This policy applies to all staff including Board Directors, paid staff, parent reps, volunteers and sessional workers or anyone working on behalf of Herts PCI CIC (Herts Parent Carer Involvement, HPCI). It outlines our commitment to protecting and safeguarding children against potential harm or actual harm.

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

- To protect children and young people who come into contact with or receive services from HPCI. This includes the children of adults who use our services
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding children.

### **We recognise that:**

- The welfare of the child/young person is paramount as enshrined in the Children Act 1989.
- All children and young people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse
- Some children and young people are additionally vulnerable because of their level of dependency or their communication needs
- Voluntary, charity, social enterprise (VCSE) organisations, such as HPCI, have a crucial role to play in safeguarding and promoting the welfare of children
- Working in partnership with children, young people and their parents, carers and statutory bodies and voluntary agencies is essential in promoting children's and young people's safety and welfare.
- Where LSPs (Lead Safeguarding Partners) choose to name a voluntary, charity, or VCSE organisation such as HPCI as a 'relevant agency'\* in published local arrangements, HPCI recognises the importance of engaging in the development of safeguarding arrangements and is aware of our statutory duty to co-operate with them. (\*Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider are required to safeguard and promote the welfare of local children.)

HPCI will work with the appropriate LSPs, and DSPs (Delegated Safeguarding Partners), and relevant agencies when an investigation into child abuse is necessary.

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We will endeavour to safeguard children and young people by:

- Valuing them, listening to, and respecting them
- Appointing a Designated Safeguarding Lead (DSL) for children and young people
- Adopting safeguarding guidelines through procedures and a code of conduct for staff and volunteers
- Providing effective management for staff and volunteers through supervision, support, and training
- Following Safer Recruiting guidance when recruiting staff and volunteers, ensuring all necessary checks are made
- Recording and storing information professionally and securely in accordance with Data Protection law.
- Sharing information about good safeguarding practice with children, their families, staff, and volunteers on our website
- Using our safeguarding procedures to share relevant information about concerns with police, the local authority, their partner organisations, and relevant agencies as required, and involving parents/carers, children, and young people appropriately
- Using our procedures to manage any allegations against staff and volunteers appropriately
- Ensuring that we have effective complaints and whistleblowing measures in place
- Reviewing our safeguarding policy and procedures annually.

HPCI does not work directly with children, but we do work with parents and will endeavour to safeguard any children we may be made aware of by following the procedure if a concern is raised about a child's welfare.

The definition of a child for the purpose of this document is anyone under the age of 18 years. For concerns about anyone over 18 years of age please see our Safeguarding Adults policy.

HPCI has appointed Rep Support Officer Andrea Reid to be the safeguarding lead within HPCI, and any concerns should in the first instance be raised with her. In her absence, employees can directly call any of the contact numbers listed below for Children's Services or the Police.

The named DSL within HPCI is **Andrea Reid- Rep Support Officer. Contact details for the DSL can be found at the end of this document.**

All at HPCI are to:

- Understand and apply this policy and procedure in their activities.
- Identify opportunities and undertake appropriate training to support them in their role.

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- Act appropriately at all times and be able to challenge inappropriate behaviour in others.
- Read the Appendix to this policy to ensure you would be able to recognise signs of neglect and abuse.
- Know how to report any concerns in a timely and appropriate way.

In addition, Directors of the organisation are to:

- Encourage all employees and volunteers to understand this policy and procedure.
- Offer opportunities to undertake safeguarding training and refresher training if appropriate.
- Ensure that the policy and procedure is adhered to.
- Ensure that a whistle blowing policy is regularly reviewed and communicated with all at HPCI.

The role and responsibilities of the named person(s) are:

- To ensure that all employees are aware of what they should do and who they should go to if they are concerned that a child/young person may be subject to abuse or neglect.
- Ensure that any concerns about a child/young person are acted on, clearly recorded, referred on where necessary and, followed up to ensure the issues are addressed.
- The named person(s) will record any reported incidents in relation to a child/young person or breach of Safeguarding policies and procedures. This will be kept in a secure place, and its contents will be confidential.

### **Outcomes for children and their families**

HPCI is committed to the protection and safety of children. All children have a right to protection, and the needs of disabled children and others, who may be particularly vulnerable must be taken into account. HPCI will ensure the safety and protection of all children involved in HPCI through adherence to the Safeguarding guidelines adopted by HPCI.

Every adult who works with or on behalf of HPCI is aware of the contents of this policy and understands what the reporting procedures are if there are any activities that may be unsafe or may present a risk of harm, or if the child or young person (or their parent(s) / carer(s)) makes a disclosure of abuse or an allegation against an adult working with them. Such disclosures or allegations will be taken very seriously to ensure that the child is protected.

All adults working for or with HPCI will have been appropriately recruited and DBS or Enhanced DBSs will be applied for and references taken up for those who have access to sensitive personal data. No HPCI employees will be working directly with children. Their



induction into the organisation will include basic safeguarding training and a briefing on this policy.

### **Safeguarding Concerns involving HPCI employees**

Should an employee of HPCI become the subject of a Child Protection Enquiry, that is an enquiry undertaken by a qualified social worker under Section 47 of The Children's Act 1989, as part of their life outside of their work for HPCI, then the Directors of HPCI would make an immediate decision that the individual accused of abuse should be suspended pending further police and social services inquiries. HPCI would not act on concerns below that threshold. HPCI would only be able to act as such if we were aware of the Enquiry. Such information would always be treated with the utmost confidentiality.

The decision to reinstate someone who has been subject to such enquires should be influenced by the advice from social services or the police.

### **Legal framework**

The Children Act 1989 sets out that the child's welfare is paramount and safeguarding and promoting it is the priority.

The Children Act 2004 set out a duty on local authorities to work closely with those providing services to children and young people.

'Working Together to Safeguard Children 2023

([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. It is important that all practitioners working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance.

The UN Convention on the Rights of the Child sets out key principles which are enshrined within these acts and the statutory guidance. From 15 January 1992, when the treaty came into force, every child in the UK has been entitled to over 40 specific rights. These include:

- The right to life, survival, and development.
- The right to have their views respected, and to have their best interests considered at all times.
- The right to a name and nationality, freedom of expression, and access to information concerning them.



- The right to live in a family environment or alternative care, and to have contact with both parents wherever possible.
- Health and welfare rights, including rights for disabled children, the right to health and health care, and social security.
- The right to education, leisure, culture, and the arts.
- Special protection for refugee children, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual, or other forms of exploitation.

The rights included in the convention apply to all children and young people, with no exceptions. ([http://www.direct.gov.uk/en/Parents/ParentsRights/DG\\_4003313](http://www.direct.gov.uk/en/Parents/ParentsRights/DG_4003313))

Additional relevant legislation:

- [Human Rights Act 1998](#)
- [DPA \(Data Protection Act\) 2018](#)
- [Sexual Offences Act 2003](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Children and Families Act 2014](#)
- [Children and Social Work Act 2017](#)
- [Keeping children safe in education](#)
- [Working together to safeguard children: Statutory Guidance](#)
- [Domestic Abuse Act 2021](#)
- Children's Social Care (National Framework)

## [What to do if you are worried a child is being abused or suffering neglect](#)

### **1. *Is it neglect or abuse?***

Check Appendix A for guidance on recognising abuse and neglect.

All staff, volunteers and directors should be alert to the signs of child abuse and neglect. Abuse (emotional, physical, and sexual) and neglect can present in many different forms. Indicators of abuse and neglect may be difficult to spot.

### **2. *Act immediately if you have any concerns***

Where a child is suffering, or is likely to suffer from harm, a referral to children's social care may need to be made immediately. If it is thought that a crime has been committed and/or a child is at immediate risk, the police should be notified.

### **3. *Record all concerns***

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You can use the form in Appendix B to log a concern and record any discussions.

**4. *Speak to the designated safeguarding lead and follow the guidance in the Safeguarding Policy***

If the DSL is not available, this should not delay appropriate action being taken. Take advice from the organisations listed below. Any action taken should be shared with the DSL as soon as is possible. Any safeguarding matter affecting HPCI should be brought to the attention of the Safeguarding Lead. This can be done anonymously in accordance with the Whistleblowing policy if necessary.

**5. *Do not assume someone else will take action***

Early information sharing is vital for effective identification, assessment, and allocation of appropriate service provision. If in any doubt about sharing information, speak to the designated safeguarding lead. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children. (see [Information sharing advice for safeguarding practitioners: www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice](http://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice))

**6. *Identify who adults and children can contact in the event of an incident***

Here are some suggestions:

### Key Contacts

<b>Designated Safeguarding Lead (DSL)</b>	<b>Andrea Reid</b>
<b>Mobile number:</b>	<b>07871 337 399</b>
<b>Emergency contact number:</b>	<b>07871 337 399</b>
<b>E-Mail address:</b>	<a href="mailto:andrea@hertsparentcarers.org.uk">andrea@hertsparentcarers.org.uk</a>

<b>Police</b>	<b>Call 999 in an emergency. Non-emergency 24/7 number is 101. If you have a hearing or speech impairment, use the textphone service on 18001 101</b>
<b>NSPCC Helpline:</b>	<b>0808 800 5000</b>
<b>Hertfordshire Safeguarding Children Partnership:</b>	<b>0300 123 4043</b>
<b>Hertfordshire Adult Care Services Team (over 18 years):</b>	<b>0300 123 4042</b>

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<b>Multi-Agency Safeguarding Hub (MASH) Hertfordshire:</b>	<b>0300 123 4043</b>
<b>National Youth Advocacy Service:</b>	<b>0808 808 1001</b>
<b>Citizens Advice Service</b>	<b>0800 144 8848</b>

This policy applies to Herts Parent Carer Involvement and covers any activities we undertake.

This Safeguarding Policy was approved at a meeting of the HPCI Board

Recorded in the Minutes of the Board Meeting held on: June 2025

Frequency of review: Annually

Review due: June 2026





## Appendix A: Recognition of Abuse and Neglect

### Definition of Abuse

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

An abused child is any boy or girl, under 18 years of age, who has suffered from, or is believed likely to be, at risk of significant risk of physical injury, neglect, emotional abuse, or sexual abuse.

All staff should be aware that child sexual and child criminal exploitation are forms of child abuse. All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol misuse, deliberately missing education, serious violence (including that linked to county lines), radicalisation (see Government [Prevent Duty Guidelines](#) and updates) and consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as youth produced sexual imagery) put children in danger.

### Physical abuse

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

#### ***(Including when masqueraded as discipline and chastisement)***

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

Physical abuse often arises from a wish to chastise. English law allows smacking by parents in that parents can use the defence of “reasonable chastisement” but only in a charge of common assault.





The introduction of section 54 of the Children Act 2004 changed the law, to remove the reasonable chastisement defence for actual bodily harm. Actual bodily harm includes minor visible injuries such as a graze, a scratch, an abrasion or bruising around the eye. Common assault implies a transient trifling injury such as reddening of the skin or no injury at all. The use of an implement to hit a child though not specifically prohibited is more likely to leave a mark. Thus, the law allows a parent to smack a child where doing so leaves no mark upon the skin, so only light smacks are permitted. “Over chastisement” which implies at least actual bodily harm would be against the law and the reasonable chastisement defence would not apply. This means, for example, that a parent can no longer justify beating a child on the grounds that child is difficult to raise.

Although the reasonable chastisement defence only applies to the criminal law the concept influences decisions taken in the family courts. The defence applies only to parents and adults acting in loco parentis with the parent’s permission. Physical chastisement, i.e. corporal punishment, of any form has been prohibited in state schools since 1986, private since 1998 and by child minders since 2003.

It is important that all professionals treat injuries caused to children by their parents as an assault and do not condone or excuse this because their intention was to discipline the child. Professionals should be cautious about referring to such assaults as “over-chastisement” as this can have the effect of minimising the impact on the child of the injuries or implying the child’s behaviour was a contributory cause.

There is evidence that even smacking allowed within the law is harmful to children. For example, minor forms of regular smacking of pre-school children are associated with an increased risk of antisocial behaviour after 2-3 years even when allowing for other parenting risk factors and the presence of such behaviour at study entry. Maternal depression and violence between adult partners are associated with a greater risk of smacking children than either factor present alone regardless of child behaviour. Parents who experience physical punishment in their childhood are more likely to smack their own children.

The following definition is taken from a previous version of Working Together (Working Together 2010)

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

### **Signs**

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

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- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

## Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and 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. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

### *Signs*

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Physical, mental, and emotional development delay
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

## Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. 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*

### **Signs**

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

### **Female Genital Mutilation**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon education, health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#).



## Neglect

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 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 caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### *Signs*

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

**Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.**



## Appendix B: Logging a Concern

This form should be used to record safeguarding concerns relating to Children and/or Vulnerable persons. All the information must be treated as confidential and reported to the Designated Safeguarding Lead within one working day. The form should be completed at the time or immediately following disclosure, but after all necessary emergency actions have been taken.

Never promise a child that you will not tell anyone about a report of any form of abuse, as this may ultimately not be in the best interests of the child. You should be able to reassure victims 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 abuse, sexual violence, or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. Do not ask leading questions and let the child/young person tell you in their own words.

### **SAFEGUARDING RECORD - REPORT OF A CONCERN**

#### **Details of Person Reporting Concern**

Name of person reporting concern:	
Job/voluntary role title:	
Email address:	
Contact number:	

#### **Subject's Details**

This log of concern relates to (please tick) Child ☐ Young Person ☐

Child/Young Person's name:	
Child/Young Person's age:	
Name of Parent Carer/s:	
Contact number/s:	



Any additional factors to be considered? (e.g., language, disability, or anything else of relevance):	
School/Setting attended (if known)	

**Details of Concern**

Date and time of the incident/concern:	
Details of incident/concern:	
Any other relevant notes/information:	
Signature of person completing form:	
Date form completed:	

Please ensure this form is immediately sent to the HPCI Designated Safeguarding Lead,  
Andrea Reid (Rep Support Officer) Email: [andrea@hertsparentcarers.org.uk](mailto:andrea@hertsparentcarers.org.uk)  
Contact number: 07871 337 399

This information will be treated in the strictest confidence, however, the information contained within this form will be shared with appropriate agencies as per HPCI's Safeguarding Policy.

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**Designated Safeguarding Lead use only**

Date form received:	
Name:	
Contact number:	
Action taken:	
If referred on, detail to whom and when:	
Concern/referral discussed with Parent Carer/s: (Yes/No) If yes, provide details	
Feedback from action taken, provide dates of calls/emails:	
Signature of Designated Safeguarding Lead:	