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SAFEGUARDING CHILDREN AND YOUNG PEOPLE POLICY

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1. Purpose

The ILC is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults engaged in the breadth of its activities. The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of the ILC in relation to the protection of children and young people from abuse.

References in this policy to a child, children, or children and young people, are references to people who are under 18 years of age.

A separate policy for safeguarding vulnerable adults is available in the policy folder

2. Aims

All children have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

The key objectives of this policy are:

- To explain the responsibilities of the ILC and its staff, volunteers and trustees have in respect of child protection.
- To provide staff with an overview of the protection of children and understand their responsibilities to protect children from abuse
- To provide a clear procedure that will be implemented where child protection issues arise.

Within this policy staff, volunteers and trustees will collectively be known as 'workers'. Throughout this policy the child's right to protection from harm shall always be the overriding priority.

3. Definitions

3.1 Safeguarding children - The action we take to promote the welfare of children and protect them from harm - is everyone's responsibility.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and



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- taking action to enable all children to have the best outcomes.

3.2 Child protection – The action that people take when they believe that a child is suffering significant harm, or is likely to be or has suffered significant harm.

The 2004 Children Act recognises four categories of abuse which are defined in *Working Together to Safeguard Children 2013*.

3.3 Physical abuse

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

Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexpert use of physical restraint. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties. The physical abuse of children frequently coexists with domestic violence.

3.4 Emotional abuse

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

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying). There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. It can be especially damaging in infancy. Domestic violence is abusive in itself. Adult mental health problems and parental substance misuse may be features in families where



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children are exposed to such abuse.

3.5 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, 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 noncontact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. The reactions of practitioners also have an impact on the child's ability to cope, and on his or her feelings of self worth.

3.6 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 a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment. It may also include
- neglect of, or unresponsiveness to, a child's basic emotional needs. Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress.



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This is not an exhaustive list. The worker is not responsible for diagnosing abuse. However, they have a responsibility to be aware and alert to signs of abuse or neglect. Not all concerns about children or young people relate to abuse, there may well be other explanations.

3.7 Historical Abuse

There may be occasions when an adult will disclose abuse which occurred in the past, during their childhood. This information needs to be treated in exactly the same way as disclosure or suspicion of current child abuse. The reason for this is that the abuser may still represent a risk to children or adolescents now.

3.8 Radicalisation and extremism

Staff and volunteers concerned about signs of potential radicalisation and / or extremism in someone they are working with should discuss their concerns promptly with Christine Bott, Senior Occupational Therapist. Accurate factual records should be kept of their concerns. Appropriate concerns should be reported to the Wiltshire Prevent Team: prevent@wiltshire.pnn.police.uk, terrorism hotline 0800 789321, or BANES Safeguarding team.

Staff members in client facing roles must complete a mandatory training module on radicalisation and extremism.

4. Procedure

- 4.1 It is important that children are protected from abuse. All complaints, allegations or suspicions must be taken seriously.
- 4.2 This procedure must be followed whenever an allegation of abuse is made, or when there is a suspicion that a child has been abused, or where there is a risk of abuse if preventative measures are not taken.
- 4.3 Promises of confidentiality should not be given: Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.
 - 4.3.1 A full record shall be made as soon as possible of the nature of the allegation and any other relevant information. This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the



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complainant and, where different, the name of the child who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

4.3.2 When abuse is disclosed or suspected, a worker should not ask investigative questions.

4.3.3 If the worker believes that a child is in immediate danger or requires medical attention, they must contact the emergency services by dialling 999 then inform Christine Bott, Senior Occupational Therapist, as soon as possible.

4.3.4 If there is not a clear disclosure, but a worker has grounds for concern, this should be discussed with Christine Bott, Senior Occupational Therapist as soon as possible.

4.3.5 In the event that Christine Bott, Senior Occupational Therapist is not available, the worker should contact the appropriate agency themselves immediately and within the same working day as the disclosure, explaining our normal procedure and that they are unable to contact the designated member of staff. The information that will be needed includes: why the worker is concerned, the details of the child, if anyone lives with them, if they're getting help from any organisation, and who may be carrying out the abuse. The worker should as soon as possible inform a manager of their action.

4.3.6 Brief factual information about disclosures or events which are causing concern must be recorded. These must be confidential to workers and the appropriate outside agency involved (see section 10). Christine Bott, Senior Occupational Therapist should be informed of the action.

4.3.7 The referral to the appropriate agency must be followed up in writing to them within 2 working days, detailing the referral time and summarising the information passed on to them. At all times the name of the social worker responsible for taking the referral and their contact details, should be clearly noted.

In the event of an incident or disclosure:

DO

- Protect the child
- Call emergency services if needed
- Listen carefully and take it seriously
- Offer support and reassurance
- Record everything the person has told you in detail and as soon as practicable



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- Note date and time and who else was present
- Use the child's own words
- Keep first-hand written accounts
- Report to your manager as soon as possible
- Remember the need for ongoing support

DONT

- Appear shocked or angry
- Panic
- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume information
- Make promises
- Ignore the allegation
- Elaborate in your notes

5 When a staff member is involved

The ILC has the same obligation to report suspected or disclosed abuse when it relates to workers as it does with any other person.

The ILC is legally obliged to report any worker to the Disclosure and Barring Service who has:

- Harmed or poses a risk of harm to a child or vulnerable adult;
- Satisfied the harm test (i.e. no action or inaction occurred but the present risk that it could be significant); or
- Received a caution or conviction for a relevant offence



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6 Confidentiality

Child protection raises issues of confidentiality which should be clearly understood by all.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies and children's social services.

Clear boundaries of confidentiality will be communicated to all. All personal information regarding a child will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines.

If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies. Within that context, the child should, however, be assured that the matter will be disclosed only to people who need to know about it.

Staff should assure the child that they will keep them informed of any action to be taken and why. The child's involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

7 Role of designated child protection officer

The role of the designated officer is to oversee all instances involving child protection that arise within the ILC. They will respond to all child protection concerns and enquiries. The designated Child Protection Officer for the ILC is the Christine Bott, Senior Occupational Therapist.

8 Training

All staff will be made aware of this policy and the procedures for recognising and reporting concerns relating to children and young people.

Staff whose roles involve direct contact with, or responsibility for, children and young people will receive child safeguarding training appropriate to their role. This currently includes the Occupational Therapists.

The level and frequency of training will be determined by the individual's role, responsibilities and level of contact with children and young people, and will be reviewed as part of the organisation's safeguarding arrangements.



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9 Complaints procedure

The ILC has a complaints procedure available to staff, volunteers and trustees.

10 References and further sources of information

This policy needs to be read in conjunction with other policies for ILC including:

- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Safeguarding adults

Implementation, monitoring and review of this policy

- 11.1 This policy will take effect from 30th June 2026. The board of Trustees has overall responsibility for implementing and monitoring this policy, which will be reviewed on a regular basis following its implementation and may be changed from time to time.
- 11.2 This policy was last reviewed in June 2026 and will be reviewed annually.
- 11.3 Any queries or comments about this policy should be addressed to the Trustees.
- 11.4 Signed by Christine Bott, Senior Occupational Therapist, and designated Child Protection Officer/Safeguarding Lead on behalf of the Board of Trustees.