# Child Safeguarding Policy

## The purpose and scope of this policy

Tom's Trust mission is to provide psychological support to children with brain and other central nervous system tumours and their families. We aim to support children to improve their quality of life, health and wellbeing from the day of their diagnosis, through treatment and beyond. Our approach is based on the principle that the welfare of the child is paramount.

Tom's Trust, registered CIO number 1183559, strongly believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them. This obligation applies to employees, trustees and volunteers.

Tom's Trust employees, trustees and volunteers work to safeguard and promote the welfare of children in accordance with the Children Acts 1989 and2 004 (it is a statutory duty under section 11 of the 2004 Children Act to pass on any concern about a child), Working Together to Safeguard Children 2023 and the Online Safety Bill (2024). It is important that all those working with children and families fully understand their roles and responsibilities and know what to do if they have concerns about the welfare of a child.

The Tom's Trust Board of Trustees and management team have responsibility for ensuring the effective implementation and monitoring of this Child Safeguarding Policy**,** which is based on the principle that the child's welfare is paramount. Every worker and volunteer also has a personal responsibility to implement this policy through their practice.

Employees, trustees and volunteers are therefore obliged to understand and abide by Tom Trust's safeguarding procedures, in order to ensure that any child safeguarding issues are reported in an appropriate, timely and effective manner.

If anyone feels that a concern has not been dealt with in accordance with Tom Trust's Child Safeguarding Policy or that a Tom Trust's worker has failed to meet the practice contained in this policy, they are encouraged to contact Tom Trust's Safeguarding Lead, Charity CEO and/or Chair of Trustees.

Tom's Trust occasionally works with children and their families as part of its activities and events.

The Disclosure and Barring Service (DBS) is a non-departmental public body of the Home Office of the United Kingdom. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially involving children or vulnerable adults, and provides wider access to criminal record information through its disclosure service for England and Wales.

Tom's Trust's directly employed staff are not eligible to be DBS checked because they do not have "frequent, unsupervised access to children" as their parents are always present. However, if an occasion arose when a Tom's Trust member of staff or volunteer were to be

working with a child or a vulnerable adult, then Tom's Trust would make sure the member of staff or volunteer were suitably checked.

The Clinical Psychologists funded by Tom's Trust are required to be DBS checked on a regular basis; they also have thorough safeguarding training to Level 3, the highest level, every year. They are, in addition, covered by the safeguarding policies of the hospitals in which they work when seeing children.

## The purpose of this policy is:

- to protect children and young people who receive Tom's Trust services. This includes the children of adults who use our services
- to provide parents, staff and volunteers with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of Tom's Trust, including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.

## Safeguarding Lead and Training

The Designated Lead for Safeguarding at Tom's Trust, Lynda Teape, is trained in safeguarding to Level 3 and ensures compliance with the policy. The CEO and trustees also have a responsibility to ensure that safeguarding is regularly reviewed and staff are appropriately trained. Safeguarding training is updated every two years, and there is an annual standing item at trustee meetings to review training needs.

Training includes safeguarding issues such as online safety, child sexual abuse, grooming, radicalisation under the Prevent Duty, and trauma-informed care practices.

## We believe that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

## We recognise that:

- the welfare of the child is paramount
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation 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 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, listening to and respecting them.
- appointing a nominated child safeguarding lead
- developing child safeguarding policies and procedures which reflect best practice.
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families, and carers appropriately.
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- developing and implementing an effective online safety policy and related procedures
- sharing information about child protection and safeguarding best practice with children, their families, staff, and volunteers via our website
- recruiting staff and volunteers safely, ensuring all necessary checks are made.
- providing effective management for staff and volunteers through supervision, support, training, and quality assurance measures
- implementing a code of conduct for staff and volunteers
- using our procedures to manage any allegations against staff and volunteers appropriately.
- ensuring that we have effective complaints and whistleblowing measures in place.
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers.
- recording and storing information professionally and securely.
- Ensuring that online safety practices are robust and incorporate the latest guidelines under the Online Safety Bill (2024).
- Supporting children's mental health in alignment with trauma-informed care principles.
- Actively working with external agencies to safeguard children in our care.

## Prevent Duty and Radicalisation

As a charity working with children, Tom's Trust is required under the Counter-Terrorism and Security Act 2015 to have due regard for the need to prevent children from being drawn into terrorism. This includes:

- Recognising the signs of radicalisation, including changes in behaviour or speech that suggest extremist views.
- Training staff to recognise and report concerns related to radicalisation.
- Ensuring that children feel supported and listened to, especially when their views or behaviour may reflect radicalisation concerns.

## Trauma-Informed Care Approach

In recognition of the unique challenges faced by children dealing with health conditions, including brain tumours, Tom's Trust applies a trauma-informed care approach to safeguarding. This involves:

- Understanding that many of the children we work with may have experienced significant trauma, including hospitalisations, medical procedures, or the trauma of a serious diagnosis.
- Ensuring that our staff are trained to recognise the impacts of trauma on children's behaviour and safeguarding needs.

## Multi-Agency Collaboration

Tom's Trust adheres to Working Together to Safeguard Children (2023), emphasising the need for collaboration with local safeguarding boards and other agencies such as social services, the NSPCC, and the police. We ensure that:

- All safeguarding concerns are shared in a timely and appropriate manner with the relevant external agencies.
- Children's voices are heard and taken into account during safeguarding processes. This includes actively involving children in decisions that impact their safety and well-being.

## Reporting causes for concern

Tom's Trust understands that, because of the children and young people we support, there are multiple issues which could cause concern. All workers and volunteers should therefore be aware of the signs of abuse and neglect *(Child Safeguarding Policy - Appendix 1)* in order to play an important part in safeguarding children.

## If a child tells you, or you are concerned about abuse:

- Listen to the child and/or closely observe their presentation/behaviour.
- Let the child know that you are taking what they are saying or expressing seriously.
- Do not attempt to question, lead or interview the child. This could jeopardise any future prosecutions.
- In some situations, it may be necessary to advise the child that you will need to tell someone about the problem who will be able to help them. Never promise a child that you will keep a secret about abuse.
- Make brief notes as soon as possible afterwards. Record the date, time, place and any noticeable non-verbal behaviour as well as the words used by the child
- If there are any injuries draw a diagram to indicate their position
- Record statements and observations, never make interpretations or assumptions.

## Reporting abuse

If a child is suffering or at risk of suffering significant harm, you can share information with appropriate agencies or professionals without the child's or their parent's consent.

## If a child is in immediate danger:

1. **Call the police on 999**

2. **Inform the** Child Safeguarding Lead
3. The Child Safeguarding Lead will inform the CEO and Trustees
4. If the Child Protection and Safeguarding Lead is not available, you should inform the Deputy Lead.
5. As soon as possible after making the report, the worker should record statements and observations including date, time, place and any noticeable non-verbal behaviour as well as the words used by the child.
6. When concrete action has been taken and no further action is required all records will be securely kept at Tom's Trust head office.

## If a child is not in immediate danger:

1. Report the incident to the Child Safeguarding Lead who decides if it is a low or medium/high-level concern.
2. The Child Safeguarding Lead/Deputy will inform the CEO and Trustees
3. If the Child Safeguarding Lead is not available, you should inform the Deputy Safeguarding Lead.
4. As soon as possible after making the report, the worker should record statements and observations including date, time, place and any noticeable non-verbal behaviour as well as the words used by the child.
5. Where appropriate Tom's Trust will initiate information discussions with an outside agency (i.e., Social Services, NSPCC, Police)
6. Where appropriate Tom's Trust may make a formal referral to an outside agency (i.e., Social Service or Police). If you have made a verbal referral to local children's services you should follow this up with a written referral as soon as possible, ideally within 48 hours.
7. When concrete action has been taken and no further action is required all records will be kept securely at Tom's Trust head office.

If a worker is dissatisfied with any aspect of our child protection procedures, the following is a useful whistleblowing advice line:

https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/new-whistleblowing-advice-line-professionals/

## Reporting concerns about another worker or volunteer

The welfare of the child is paramount, and any adult has the right to report concerns about another worker, volunteer, trustee or committee member in confidence.

If the allegations concern a Tom's Trust worker, that person may be suspended while the incident is investigated. All parties involved should be reassured that confidentiality will be ensured as far as possible. However, as with all child safeguarding referrals and concerns, it may be necessary to pass information about workers or persons known to workers to the appropriate authorities, for further investigations.

It is important that all individuals who wish to make a Child Safeguarding Report are taken seriously. All parties concerned will receive support as appropriate from their line managers.

## After a report has been filed

- Work closely with the Safeguarding Team and follow the advice they give you.
- Work in close collaboration with all the professionals involved with the child and their family. It is the main duty of social workers and police officers to conduct investigations into allegations of child abuse, and to determine whether the threshold of a child safeguarding referral has been met. However, all professionals and agencies involved in working with children have levels of responsibility for keeping children safe and promoting their general welfare and wellbeing. It may be that after enquiries have been made other agencies will continue to have a role in this respect.

  If you are invited to a child protection conference it is important that you attend. You will be asked to give information about your involvement with the child and/or their family and your view about whether the child's name should be placed on the child protection register or given a Child in Need Plan. It is vital this is discussed with Child Safeguarding Lead, Lynda Teape or her Deputy.
- Remember that it is important to continue to work with all involved agencies to safeguard the child throughout the child safeguarding process.

## Key contacts

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| **Tom's Trust Staff** | Dr Lynda Teape, Director of Services Development & Safeguarding Lead<br>Lynda@tomstrust.org.uk<br>07940 408468<br><br>Rebecca Wood, CEO & Deputy Safeguarding Lead<br>rebecca@tomstrust.org.uk<br>07812 554491<br><br>Dr Catherine Harter, Consultant Paediatric Neuropsychologist and Trustee, Tom's Trust<br>catherine@tomstrust.org.uk<br>0300 102 86678*<br>** If you need to urgently reach Dr. Catherine Harter, please contact Dr. Lynda Teape or Rebecca Wood in the first instance.* |
| **Multi-Agency Safeguarding Hub (MASH)** | Cambridge:<br>0345 045 5203 (office hours)<br>01733 234 724 (out of hours)<br>MASH.C&F@cambridgeshire.gcsx.gov.uk<br><br>Newcastle:<br>0191 277 2500 (Initial Response Service)<br>0191 278 7878 (Emergency Duty Team)<br><br>Oxford:<br>0345 050 7666 (MASH Team)<br>0800 833 408 (out of hours emergency) |

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| | Liverpool:<br>0151 459 2606 (children's social care) |
| **Police** | 999 (immediate danger)<br>101 (non-urgent reporting a crime) |
| **NSPCC** | 0808 800 5000<br>help@nspcc.org.uk. |
| **Local Authority Designated Officer (LADO)** | Cambridge:<br>01223 727 967 (office hours)<br>01733 234 724 (out of hours)<br>lado@cambridgeshire.gov.uk<br><br>Newcastle:<br>0191 2774636<br><br>Oxford:<br>01865 810603<br>lado.safeguardingchildren@oxfordshire.gov.uk<br><br>Liverpool:<br>0771 670 2034 or 0784 172 7309<br>lado@liverpool.gov.uk |

## Related policies and procedures:

This policy statement should be read alongside our organisational policies and procedures, including:

- Code of Conduct for staff and volunteers policy
- GDPR and Data Protection policy
- Equality, equity, diversity and Inclusion policy
- Volunteering policy
- Safeguarding of vulnerable adults policy
- People in positions of trust (PIPOT) policy

Tom's Trust Child Safeguarding Policy will be formally reviewed every two years or sooner if required by organisational change or external regulation. Next review due: May 2027.

Date of next review **May 2027.**

Andrew Woosey
Chair
May 2025

## Appendix 1

## Child abuse – categories and definitions

**Child abusers**
Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent harm. All children can become at risk of abuse but there are some groups that are particularly vulnerable, such as those with disabilities, young carers and looked after children. Children may be abused in a family, in an institution or community setting, by those who know them, or, by a stranger.

**Cultural and social factors**
Children from all cultures are subject to abuse and neglect. It is important that all staff, paid or unpaid, are sensitive to differing child rearing patterns that vary across different racial, ethnic and cultural groups. You should also be aware of the broader social factors that discriminate against black and ethnic minority groups. These considerations should help to inform professional judgements about children's needs and parents' capacity to respond.

Working in a multi-racial, multi-ethnic society requires professionals and organisations to be committed to equality in meeting the needs of all children and families.

**Children with disabilities**
There is evidence to suggest that children with disabilities are at increased risk of abuse and may be especially vulnerable to abuse for a number of reasons. Safeguards for protecting disabled children are essentially the same as for non-disabled children.

## Types of abuse

*Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements (CDC, 2008)* identifies four main categories of child abuse and provides the following definitions for each:

- *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 feigns the symptoms of, or deliberately cause ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness

- *Emotional Abuse:*
  Emotional abuse is the persistent emotional ill treatment of a child such as to cause persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve age or developmentally inappropriate expectations being imposed on children. It may involve causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all forms of ill treatment 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, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may involve non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities, or encouraging children to act in sexually inappropriate ways.

- *Neglect:*
  Neglect is the persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health or development. For example, it may involve a parent or carer failing to provide adequate food, heating, shelter and clothing, failing to protect a child from physical harm or danger or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

These kinds of abuse and neglect can exist in isolation, or together, in various combinations.

## Recognising abuse signs and symptoms of child abuse and neglect

The following list shows some of the more common signs and indicates situations when more expert advice should be sought. It is not exhaustive, the abuse and neglect of children physically, emotionally and sexually can have various derogatory effects on children and be manifested in infinitely different ways.

**Physical abuse**
Careful consideration should be given to bruises around the eyes. Symmetrical bruises are rarely accidental, although they can occur in head injuries. A simple bruise could be the result of an accident or abuse. Most accidental falls produce one or two bruises, usually to the front of a child, as they tend to fall forwards. There may be marks on the hands where they have tried to break their fall. It is relatively uncommon for accidental bruising to occur on the back of a child, or on the mouth, cheeks, behind the ears on the stomach, chest, under the arms, or on the neck, genital or rectal area.

*The following injuries are likely to be an indication of non-accidental injury:*

- Bruising in or around the mouth, especially in small babies
- Grasp marks on limbs and chest of a small child
- Finger mark bruising i.e. 3 or 4 small bruises on one side of the face and one on the other
- Different aged bruising on the buttocks
- Bites – human bites are oval and crescent shaped. If the distance is more than 3 cm across they are likely to have been caused by an adult or child with permanent teeth
- Burns and scalds with clear outlines or those with a uniform depth over a large area Splash marks above the main burn. Small round burns that may be cigarette burns

- Fractures – the most common fractures are to the long bones i.e. arms, legs and ribs It is very rare for a child under one year to sustain a fracture accidentally
- Scars – children may have scars but notice should be taken of an exceptionally large number of differing age scars, unusual shaped scars, or large scars from untreated burns or lacerations.

*Some indicators of Physical abuse:*

- There is a delay in reporting the accident or getting treatment
- There is a discrepancy between the history and the physical signs
- More than one history/different stories are given about how the injury was sustained
- There is a history of previous injuries to the same child or siblings
- Other signs of poor physical care are evident
- The family is known to be under severe social stress
- Families where there is high criticism/low warmth.

**Emotional abuse**

Emotional abuse occurs when a child's need for love, security, praise and recognition is not met. Emotional abuse usually co-exists with other forms of abuse.

*Emotionally abusive behaviour towards a child may consist of a parent or carer:*

- Being verbally hostile
- Exhibiting rejecting behaviour
- Making continual threats
- Preventing social contact
- Making threats and using forms of punishment that may be psychologically damaging
- Consistently undermining a child
- Scapegoating a child
- Conveying to a child that they are worthless, unloved and/or inadequate
- Imposing developmentally inappropriate expectations on a child.

**Sexual abuse**

Forms of sexual abuse vary from inappropriate touching to full penetration of the vagina or anus. Children may be involved in or exposed to pornographic material, or watching sexual activity.

*Signs and symptoms of sexual abuse:*

- Disclosure
- Genital soreness, injuries or discomfort
- Sexually transmitted disease, urinary or vaginal infection
- Sexualised play or behaviour
- Nightmares
- Wetting/soiling.

*Children and young people aged twelve years or above may additionally exhibit:*

- Depression
- Eating disorders

- Drug and/or alcohol abuse
- Suicide attempts
- Self-mutilation
- School/peer/relationship problems
- Obsessional behaviours.

**Neglect**

*Physical and emotional neglect includes:*

- Nutritional neglect that can lead to significant harm/non-organic failure to thrive
- Failure to seek medical care or follow medical advice which endangers the child's life or development
- Failure to protect a child from physical or social danger, for example children being left at home alone, or generally being inadequately supervised by an adult
- Lack of stimulation, social contact or education where development is severely impaired
- The demonstration of high levels of criticism and a low level of emotional warmth
- Failure to provide appropriate standards of personal hygiene, clothing and physical comfort in the home, which can lead to medical problems or illness.

Anxious or avoidant attachment behaviour sometimes demonstrated by infants who lack confidence to explore their surroundings and constantly cling to their care giver. Infants who roam around aimlessly and seem extremely wary of what is happening around them. Infants in a state of frozen watchfulness.