 **Safeguarding Children Policy**

[Summary 2](#_Toc165304803)

[Background 2](#_Toc165304804)

[Purpose 2](#_Toc165304805)

[Responsibilities 2](#_Toc165304806)

[Board of trustees 2](#_Toc165304807)

[CEO 3](#_Toc165304808)

[Safeguarding Lead 3](#_Toc165304809)

[Trustee Lead for Safeguarding 3](#_Toc165304810)

[Staff and volunteers 3](#_Toc165304811)

[Understanding harm and abuse 4](#_Toc165304812)

[Risk of harm and abuse 4](#_Toc165304813)

[Types and indicators of abuse 4](#_Toc165304814)

[Responding to a concern 7](#_Toc165304815)

[A child or young person raises a concern with you, about themselves. Or an adult raises concerns about a child 7](#_Toc165304816)

[You have a concern arising from what you have observed, but no disclosure has been made 7](#_Toc165304817)

[You have a concern arising from the analysis of a survey or questionnaire. 8](#_Toc165304818)

[All concerns 8](#_Toc165304819)

[Role of the Healthwatch Sutton Safeguarding Lead 8](#_Toc165304820)

[Allegations against a member of staff, trustee or volunteer 9](#_Toc165304821)

[Role of the CEO 9](#_Toc165304822)

[Information sharing, confidentiality and documentation 9](#_Toc165304823)

[Safe recruitment, induction, training and supervision 10](#_Toc165304824)

[Recruitment 10](#_Toc165304825)

[Induction 10](#_Toc165304826)

[Training 10](#_Toc165304827)

[Supervision 11](#_Toc165304828)

[Appendices 12](#_Toc165304829)

[Appendix 1: Legal Framework 12](#_Toc165304830)

[Appendix 2: Related Healthwatch Sutton documents 13](#_Toc165304831)

[Appendix 3: Other resources 14](#_Toc165304832)

[Appendix 4: Form for documenting incidents, concerns, or allegations 15](#_Toc165304833)

[Appendix 5 Contact numbers 17](#_Toc165304834)

# **Summary**

Staff, trustees and volunteers should be alert to the possibility of child abuse in its various forms. Should they be in any doubt, they should contact the safeguarding lead within HSW for further advice.

# **Background**

While Healthwatch staff, trustees and volunteers, rarely work directly with children, they may come into contact with them or receive information about them in the course of their work. It is important that they know what action to take if they have a suspicion that a child may be subject to abuse. A child is defined as anyone who has not yet reached their 18th birthday. In this document the terms ‘child’ and ‘children’ are used to include anyone who has not yet reached their 18th birthday and are used interchangeably with ‘child and young person’ and ‘children and young people’.

## Purpose

This policy sets out a framework and set of procedures to ensure that Healthwatch Sutton discharges its duties and commitments in respect of child safeguarding fully and effectively and in accordance with statutory guidance. It is based on *Working Together to Safeguarding Children 2023: statutory guidance* <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>. The statutory framework is set out in *Working Together to Safeguard Children*

*Statutory framework: legislation relevant to safeguarding and promoting the welfare of children* <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>. The guidance extends to, *inter alia,* “voluntary, charity, social enterprise (VCSE) and faith-based organisations and private sectors”. The over-riding principle is that the welfare of the child is paramount, as set out in the Children Act 1989 and in accordance with the United Nations Convention of the Rights of the Child <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>.

The National Institute for Health and Care Excellence (NICE) has also issued guidance, *Child abuse and neglect (NG76),* in 2017 - https://www.nice.org.uk/guidance/ng76. At the same time *Child Maltreatment: when to suspect maltreatment in under 18s* was updated - https://www.nice.org.uk/guidance/cg89

# **Responsibilities**

## Board of trustees

* For ensuring that Healthwatch Sutton has a safeguarding policy that complies with statutory requirements and guidance from the Sutton Safeguarding Children Board, and national guidance.
* The safeguarding policy is available on request and accessible on the Healthwatch Sutton website.
* The safeguarding policy is reviewed every two years.
* That Healthwatch Sutton complies with statutory requirements relating to safe recruitment.
* The Chair liaises with the local authority in the event of allegations against the CEO.
* Require regular safeguarding updates and ensure that any weaknesses in the Healthwatch Sutton safeguarding arrangements are addressed promptly.
* One or more members of the Board are nominated to take a lead on safeguarding matters.

## CEO[[1]](#footnote-1)

* Overseeing and ensuring the effective implementation of the Healthwatch Sutton Safeguarding policy and procedures, including in relation to recruitment
* Ensuring that the Safeguarding Lead has the right support and training for their role.
* Ensuring that appropriate safeguarding training is in place for all staff and volunteers and is delivered in a timely fashion in line with guidance.
* Taking the lead role in the event of an allegation of abuse against a member of staff or volunteer.
* Reporting any serious safeguarding incident to the Charity Commission following the guidance here <https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity> and to Sutton Adult Safeguarding Board

## Safeguarding Lead

* Raising awareness of safeguarding across the organisation, and how this relates to Human Rights, various Children Acts, Equality Act duties and duties under the Mental Capacity Act 2005.
* In liaison with the CEO, ensuring by means of training, supervision and information sharing that staff and volunteers have sufficient understanding of this policy and associated procedures and feel confident and supported to implement them
* Responding to concerns raised by staff, trustees or volunteers by
	+ Documenting the details of the concern securely
	+ Making decisions about whether onward referrals are needed, in consultation with the CEO and Trustee Safeguarding Lead when appropriate
	+ Making onward referrals when needed
	+ Providing support to the staff member or volunteer raising the concern as needed
* Providing regular updates to the Board about safeguarding matters, including a training update, the numbers of concerns raised and referrals made, and the broad nature of the concerns (with due regard to confidentiality).
* If the Safeguarding Lead is also the CEO, some of the above tasks may be delegated to the Deputy Safeguarding Lead

## Trustee Lead for Safeguarding

Working closely with the Safeguarding Lead

* Raising awareness of safeguarding across the organisation
* Ensuring that the Board receive regular safeguarding updates at Board meetings or Information and Support meetings

## Staff and volunteers

* Attending safeguarding training as required in accordance with guidelines, which is usually at induction and at least once every three years
* Reporting any safeguarding concerns, suspicions, or allegations to the Healthwatch Sutton Safeguarding Lead in line with the guidance in this document here: **Responding to a concern**

# **Understanding harm and abuse**

## Risk of harm and abuse

Children from any background can be subject to abuse, but some characteristics should alert practitioners to the possibility of a child being at increased risk. The following list is adapted from Working Together to Safeguard Children.

* is disabled
* has special educational needs (whether or not they have a statutory education, health and care (EHC) plan)
* is missing education, for whatever reason
* is a young carer
* is bereaved
* is showing signs of being drawn into anti-social or criminal behaviour
* goes missing from care or from home
* is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
* is at risk of being radicalised
* is viewing problematic and/or inappropriate online content or developing inappropriate relationships online
* is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
* is misusing drugs or alcohol themselves
* is suffering from mental ill health
* has returned home to their family from care
* is a privately fostered child
* has a parent or carer in custody

## Types and indicators of abuse

Abuse includes not only active acts of harm or mistreatment, but also the failure to act, ie the neglect of someone’s needs. Children may be abused or neglected in a family, or in an institutional or community setting, or online. Children may be abused by one or more adults and/or one or more children.

The list below is largely based on London Safeguarding Children Procedures, 7th edition 2022, CP1 Recognising Abuse and Neglect - [https://www.londonsafeguardingchildrenprocedures.co.uk/responding\_concerns.html#](https://www.londonsafeguardingchildrenprocedures.co.uk/responding_concerns.html).

1. Physical abuse
* Assault, hitting, shaking, throwing, poisoning (see also Fabricated illness), burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.
* Excessive restraint
1. Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

* Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
* Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
* Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse;
* Serious bullying, causing children frequently to feel frightened or in danger;
* Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

1. Sexual abuse
* Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
* Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under [s5 Sexual Offences Act 2003](http://www.legislation.gov.uk/ukpga/2003/42/contents). See [Safeguarding Practice Guidance](https://www.londonsafeguardingchildrenprocedures.co.uk/contents.html#sg_prac_guid).
* Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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.
* Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
1. 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 misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.
* Once a child is born, neglect may involve a parent 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);
	+ Respond appropriately to, a child's basic emotional, social and educational needs.
	+ Ensure access to appropriate medical care or treatment.
* Childhood obesity alone is a concern but not usually a child protection concern. This can change in the context of escalating health concerns when the parents are not engaging with or seek to undermine the support being offered to them. Obesity usually exists in a wider context of concerns about neglect or emotional abuse so practitioners should consider what else is going on in the child’s life.
1. Domestic abuse

The Domestic Abuse Act 2021 says that behaviour is ‘abusive’ if it consists of any of the following:

* Physical or sexual abuse;
* Violent or threatening behaviour;
* Controlling or coercive behaviour;
* Economic abuse;
* Psychological, emotional or other abuse

It does not matter whether the behaviour consists of a single incident or a course of conduct.

* The perpetrator of the abuse and the victim of the abuse have to be aged 16 or over and are ‘personally connected’ as intimate partners, ex-partners, family members or individuals who share parental responsibility for a child. There is no requirement for the victim and perpetrator to live in the same household.
* Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child to parent abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.
* Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
* Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.

Domestic abuse in teenage relationships is just as severe and has the potential to be as life threatening as abuse in adult relationships.

1. Technology assisted abuse

Technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse and other risks online as well as face to face. In many cases abuse and other risks will take place concurrently both online and offline.

Children can also abuse other children online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography, to those who do not want to receive such content. Children can also be groomed online and through social media by people coercing or manipulating them to sexually or criminally exploit them or seeking to radicalise them.

# **Responding to a concern**

Although direct contact with children and young people is uncommon, any member of staff or volunteer may witness behaviour that gives rise to safeguarding concerns. In addition, they may become aware of the possibility of child abuse by something said by an adult or in a questionnaire or survey of children. How to respond will depend on the circumstances and the following points will act as a guide.. It is not always easy to know how to respond and the following protocol is to support us in responding appropriately and in compliance with the legal framework.

## A child or young person raises a concern with you, about themselves. Or an adult raises concerns about a child

### While hearing the concern

* Remain calm (do not show shock or disbelief)
	+ Maintain a sympathetic and at the same time matter of fact stance that conveys that you are taking the matter seriously
	+ Do not ignore or dismiss
	+ Do not make judgements or express your own views
* Decide if there is an immediate risk to the child’s safety
	+ Call emergency services, if needed.
	+ Take care to preserve forensic evidence, if relevant.
* Listen carefully
	+ Your report should use the words actually used by the individual speaking to you as possible, rather than your summary or interpretation.
	+ Listen to any wishes they express as well as the alleged facts, and although you cannot promise that this is what will happen, you should include these wishes as expressed at the time, in your report. It is important not to promise confidentiality as, in the interests of the child, this may not be adhered to.
* If possible, make written notes during the conversation and check accuracy with the individual concerned. Include the date, time and place and your name and signature.
* Keep questions to a minimum and ask no leading questions, as this may be construed later as making suggestions.
	+ Remember that it is not your job to find out ‘the truth’ of the matter, only to listen and document what is being said. Investigating the concern or allegation is the job of the professional adult protection services.
* Explain that you have a duty of care to discuss this with the senior person responsible for safeguarding at Healthwatch Sutton and they may contact the Sutton safeguarding team
	+ It is not necessary to get consent for this, but in the case of someone who is an adult or Gillick-competent, it is good practice to seek it, even though dissent may be over-ridden in the interests of the child.
	+ However, reassure them that what they have said will only be disclosed to people who need to know
	+ Do not promise to keep anything secret.
* Do not confront the alleged abuser or take any other independent actions.

## You have a concern arising from what you have observed, but no disclosure has been made

Sometimes the concern might arise from something you witness, ie the interaction between a parent/carer and a child, rather than something you were told.

* Observe as objectively as possible what you saw and/or heard, and the place and context in which this occurred.
* Decide if there is an immediate risk to the child’s safety
	+ Call emergency services, if needed.
	+ Take care to preserve forensic evidence, if relevant.
* Record the events and the circumstances, along with the date, time, place, your name and your signature.

## You have a concern arising from the analysis of a survey or questionnaire.

* Discuss your concerns with the Healthwatch Sutton safeguarding lead or deputy.

## All concerns

### As soon as possible, which in nearly all instances would be the same day

### Document fully. Be sure to include the date and time and your name, signature and role.

Record the name of the child and, if known, their date of birth or age. The circumstances in which your concerns arose, including the names and contact details of any other people present, and the nature of your concerns. Also note any action you took at the time.

* Contact the appropriate person at Healthwatch Sutton

|  |  |
| --- | --- |
| **Situation** | **Who to contact** |
| suspicion or allegation against a Healthwatch Sutton staff member, trustee or volunteer |  Healthwatch Sutton CEO who will liaise with the Safeguarding Lead and Chair |
| suspicion or allegation against Healthwatch Sutton CEO |  Chair of Healthwatch Sutton |
| All other instances |  Healthwatch Sutton Safeguarding Lead |
| If the Safeguarding Lead is unavailable |  Healthwatch Sutton Deputy Safeguarding Lead |
| In the unlikely event that neither of the above is available  | Healthwatch Sutton CEO or Chair |

* Contact numbers can be found here: Appendix 5 Contact numbers
* Ensure that once the information has been passed on and stored securely by Healthwatch Sutton, any documents related to the suspicion or allegation are deleted from your own device(s) in line with UK GDPR

## Role of the Healthwatch Sutton Safeguarding Lead

* Listen to the concern and read what has been documented by the staff member or volunteer
* Check that any steps needed to ensure that the at-risk individual is safe in the immediate term have been taken, and that their wishes have been sought and documented if possible
* Check whether the parents/carers are aware of the concerns and have been told of a potential referral. (This is not to say they should be.)
* Decide whether to make a referral, seeking advice if needed, and taking account of
	+ The individual wishes, if Gillick competent, insofar as these are known, and whether they have given consent for a referral to be made. (This is not to say that their consent is needed.)
* If making a referral, do so promptly
* Support the staff member or volunteer who raised the concern
* Report to Healthwatch England. They only need to know that a safeguarding concern has been reported.

# **Allegations against a member of staff, trustee or volunteer**

The organisation will fully support and protect anyone, who in good faith, reports their concern that a colleague is, or may be, abusing a child or young person. Where there is a complaint against a member of staff, director or volunteer, there may be three types of investigation: criminal investigation, child safeguarding investigation, disciplinary/misconduct investigation. The results of any police or child safeguarding investigation may influence the disciplinary investigation, but this is not necessarily the case.

## Role of the CEO

The CEO, working closely with the Chair and Safeguarding Lead will

* Make an immediate decision about whether a temporary suspension is required and implement as needed
* Ensure appropriate investigations (police, social services, internal) are put in place
* Take the lead on any internal investigation
* Review the outcomes of the investigations and, in consultation with the Board, decide whether the staff member, volunteer or trustee can be reinstated
* Ensure all the above actions are handled sensitively, with the safety and protection of children remains of paramount importance

# **Information sharing, confidentiality and documentation**

* Staff, trustees and volunteers have a responsibility to share relevant information on a ‘need to know’ basis so that the child safeguarding teams can investigate concerns and take steps to protect the safety and wellbeing of children.
* Where possible, consent for information sharing should be obtained, but the safety of the individual should always be the overriding concern.
* All personal information about the individual involved will be treated as confidential, and not disclosed other than to alert the relevant agencies as above. Written records will be stored securely for a specific time in line with UK GDPR guidance.
* Information sharing decisions will be guided by principles outlined in *Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018 -* [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1062969/Information\_sharing\_advice\_practitioners\_safeguarding\_services.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf)*.*
* The information should be:
	+ Necessary and appropriate
	+ Relevant
	+ Adequate
	+ Accurate
	+ Timely
	+ Secure

A record should be made of what information was shared and why. If it has been decided to withhold any information, this should also be recorded.

# **Safe recruitment, induction, training and supervision**

Healthwatch Sutton operates procedures that take account of the need to safeguard and promote safety and wellbeing, including arrangements for appropriate checks on volunteers.

## Recruitment

The following procedures apply to all staff, trustees and volunteers unless otherwise stated:

* An identity check using the 3-route process
* A Disclosure and Barring Service (DBS) check
* Encouragement to join the DBS update service
* A central record of dates and outcomes of DBS checks (stored securely and then deleted in line with UK GDPR)
* Any concerns about the outcome of a DBS check to be discussed with the Chair and referred to an ad hoc sub-group of the Board
* An interview with at least two appropriately trained interviewers
* All trustee appointments reviewed by the Board
* A clear job or role description for all positions and confirmation that the individual meets the person specification for the relevant post or role
* Two references obtained and checked

## Induction

Induction is an important part of the process and includes

* A discussion about safeguarding and how it applies in their role
* Familiarisation with this policy and confirmation that they are clear about what to do and whom to contact when any concerns arise
* Information about opportunities for further safeguarding and related training
* Clarification of expectations about the safeguarding training to be undertaken and within what timeframe. This will vary depending on the specific role being undertaken.

## Training

Training is essential in updating our understanding and skills and ensuring compliance with Sutton Healthwatch safeguarding policies and procedures

#### When:

* At induction: Safeguarding Children awareness training and familiarisation with the Healthwatch Sutton Safeguarding Policy
* Every three years: refresher training
* As needed: opportunities for training are shared with all staff, trustees and volunteers so they can develop and update their knowledge and skills

#### Monitoring compliance

* Reflection on training needs including safeguarding is part of the annual staff appraisal
* A central record is kept of the safeguarding training undertaken by staff, trustees and volunteers
* A training compliance update is included in the regular safeguarding reports to the Board.

## Supervision

Most staff and all volunteers work in teams or open environments where they are not alone with children.

# **Appendices**

## Appendix 1: Legal Framework

* The Children Act 1989 (as amended) <https://www.legislation.gov.uk/ukpga/1989/41/contents>
* The Human Rights Act 1998 <https://www.legislation.gov.uk/ukpga/1998/42/contents>
* The Equality Act 2010 <https://www.legislation.gov.uk/ukpga/2010/15/contents>
* The Children and Families Act 2014 <https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
* Working Together to Safeguard Children 2023 <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

## Appendix 2: Related Healthwatch Sutton documents

This policy should be read in conjunction with the following Healthwatch Sutton policies:

* Whistle Blowing Policy - <https://www.healthwatchsutton.org.uk/sites/healthwatchsutton.org.uk/files/Whistleblowing%20Policy%202023.docx>
* Data Protection Policy
<https://www.healthwatchsutton.org.uk/sites/healthwatchsutton.org.uk/files/Data%20Protection%20Policy%202023.docx>
* Confidentiality Policy
<https://www.healthwatchsutton.org.uk/sites/healthwatchsutton.org.uk/files/Confidentiality%20policy%20and%20agreement%202023.docx>
* Equality, Diversity and Inclusion Policy
<https://www.healthwatchsutton.org.uk/sites/healthwatchsutton.org.uk/files/Equality%2C%20Diversity%20and%20Inclusion%20Policy%202023.docx>
* Complaints Policy
<https://www.healthwatchsutton.org.uk/sites/healthwatchsutton.org.uk/files/Complaints%20policy%202023.docx>
* Code of Conduct Policy
<https://www.healthwatchsutton.org.uk/sites/healthwatchsutton.org.uk/files/Code%20of%20Conduct%20Policy%202023.docx>

## Appendix 3: Other resources

### Sutton: How we work with families

<https://www.sutton.gov.uk/w/how-we-deal-with-child-protection-concerns?p_l_back_url=%2Fweb%2Fguest%2Fsearch%3Fq%3Dsafeguarding%26delta%3D20%26start%3D2>.

Contains a précis of how the Children’s service management child protection concerns.

UN Convention of the Rights of the Child, 1992

<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

The Charter sets out the rights children should expect, wherever they live in the world. It covers all aspects of a child’s basic needs, not just protection from abuse

## Appendix 4: Reporting a concern about a child to the London Borough of Sutton Children’s Social Care

Depending on the urgency and complexity contact may be made by

* 1. Telephone – 020 8770 6001 between 9am and 5pm, Monday to Friday and 020 8770 5000, out of hours and at weekends or
	2. On-line - <https://www.sutton.gov.uk/w/report-a-concern-about-a-child>.

As well as describing your concerns you will be asked if you have received consent from the parent/carer to make a referral and that the parent/carer is aware they may be contacted by the Children’s First Contact Service. Included in the mandatory fields are the child’s name, gender and address: name of main carer, their relationship to the child, whether they have parental responsibility and their phone number

1. As Healthwatch Sutton is a small organisation, the CEO may also be the Safeguarding Lead, in which case the Chair should ensure that CEO has the support needed to take on this additional role [↑](#footnote-ref-1)