

Safeguarding Policy	
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1. Purpose

To embed the legislative requirements and expectations to safeguard and promote the welfare of children in our care. To ensure staff know how to identify and report concerns, suspicions, and allegations of abuse.

2. Policy statement

This policy is informed by the legislative expectations of providers in line with the requirements laid out in Working Together to Safeguard Children 2018. We recognise that safeguarding is underpinned by two key principles.

Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

It is also our policy to:

- Develop a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services.
- Follow safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check.
- Ensure staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect.
- Provide appropriate supervision and support for staff
- Have a designated professional to take lead responsibility for safeguarding children who will liaise with local statutory children's services agencies as appropriate.
- Ensure staff are aware of the indicators and types of abuse and how to respond.

3. Reporting concerns

It is the responsibility of every staff member to report concerns, suspicions or allegations of abuse or harm. You must without delay report immediately to the most senior member of staff on shift and the Designated Safeguarding Officer must be notified.

4. Definitions

4.1 Safeguarding and promoting welfare

Safeguarding and promoting the welfare of children/young people is defined as protecting children/young people from maltreatment; preventing impairment of health or development and ensuring that children/young people are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes. (Working Together to Safeguard Children 2018)

4.2 Child protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children/young people who are suffering or are likely to suffer significant harm. (Working Together to Safeguard Children 2018)

4.3 Child

The Children's Act 1989 and 2004 respectfully define a child as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age and is living independently or in further education does not change his or her entitlement to services or protection under the Children Act 1989.

5. Definitions of abuse

5.1 General guidance

Whilst working in the home, you will be involved in the care and support of children and young people who may have suffered abuse or may be at risk of abuse. You are required to know and understand the presenting risks for each child or young person and how to recognise signs of abuse. Many of the children who we support may not be open about their past or present situation. It is up to staff to understand the risks, presenting issues of the child or young person and to be acutely aware of the requirements of risks assessments, placement plans, the signs of abuse and the mechanisms for reporting.

Often the signs of abuse will not be obvious but based on your knowledge of the child or young person. Never hesitate to discuss the welfare of children in your care with your senior or with the Designated Safeguarding Officer. The earlier, we can intervene to support a child or young person, the better.

The main areas of abuse are defined as sexual, physical, emotional and neglect. Within those categories there often other emerging forms of abuse such as criminal exploitation, human trafficking and child sexual exploitation. Staff will need to be vigilant to these overarching areas when working with young people and be aware of other individual policies to be read alongside this policy.

5.2 Contextual safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighborhoods, schools and online can feature violence and abuse.

These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

5.3 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. Children may be abused in a family or in an institutional or community setting 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. (Working Together to Safeguard Children 2018)

5.4 Physical abuse

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

5.5 Signs and symptoms of physical abuse

Signs and symptoms of physical abuse may include, but are not limited to:

- Unexplained recurrent injuries, burns, bruises, bite marks
- Broken bones, recurring fractures to the ribs
- Withdrawn and withdrawal from activities
- Obsessive behaviour

- 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
- Fear of suspected abuser being contacted.
- Self-harm and suicide attempts

5.6 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 (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 inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Child sexual abuse is committed by men, women, teenagers and other children. Offenders come from all parts of society and all backgrounds.

5.7 Types of sexual abuse

There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse. Contact abuse involves touching activities where an abuser makes physical contact with a child, including penetration. It includes:

- sexual touching of any part of the body whether the child's wearing clothes or not

- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off, touch someone else's genitals or masturbate.

Non-contact abuse involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes:

- encouraging a child to watch or hear sexual acts
- not taking proper measures to prevent a child being exposed to sexual activities by others
- meeting a child following sexual grooming with the intent of abusing them
- online abuse including making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images
- showing pornography to a child
- sexually exploiting a child for money, power or status (child exploitation).

5.8 Signs and symptoms of sexual abuse

Signs and symptoms of sexual abuse may include, but are not limited to:

- displaying sexualised behaviour or having sexual knowledge that's inappropriate for their stage of development
- 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, sexually transmitted 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

- Lack of trust or fear of someone they know well
- Starting to wet again, day or night/nightmares
- Using sexually explicit language
- Misuse of drugs or alcohol

5.9 Risk and vulnerability factors

Any child or young person could potentially experience sexual abuse – but some groups of children

may be more at risk:

- disabled children (Jones et al, 2012)
- girls aged between 15 and 17 years (Radford et al, 2011)
- children who have experienced other forms of abuse (Finkelhor, Ormrod, and Turner, 2007).

5.10 Emotional abuse

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 a child 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. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

5.11 Signs and symptoms of emotional abuse

Signs and symptoms of emotional abuse may include, but are not limited to:

- use language, act in a way or know about things that you wouldn't expect them to know for their age

- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends.
- Physical, mental and emotional development lags
- 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.

5.12 Neglect

Neglect is the most common form of child abuse and constitutes 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)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

5.13 Signs and symptoms of neglect

Signs and symptoms of neglect may include, but are not limited to:

- Untreated medical problems

- No social relationships
- Compulsive scavenging
- Destructive tendencies.
- Self-harm and suicide attempts
- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Poor state of clothing

5.14 Child Sexual exploitation and online exploitation

Child sexual exploitation is a form of child sexual abuse. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). The definition of child sexual exploitation is as follows:

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.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. Those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Online Sexual Exploitation includes:

- Befriending through online chat rooms/messaging services
- Online grooming techniques, e.g. stalking, identity pretense, false promises e.g. meeting celebrities, tickets, gifts
- Asking children to take and share indecent images of themselves

- Leverage for further demands, e.g. threat to show other people recorded sexual acts by child/young person
- Arranging offline meeting for purpose of sexually abusing child
- Contact from perpetrators in other countries
- Messaging for extortion and the sale of drugs and other illegal activities.

Any concerns, suspicions or allegations of abuse or harm must be reported to the Designated Safeguarding Officer and the safeguarding procedures must be followed.

5.15 Child criminal exploitation

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial or other advantage of the perpetrator or facilitator and/or
- (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology. (Working Together to Safeguard Children 2018)

5.16 Abuse by children who display sexually harmful behaviour

Harmful sexual behaviour by children and young people ranges from experimentation that unintentionally goes too far, through to serious sexual assault. It sometimes involves children as young as four or five, although most of those who sexually harm others are adolescents. Usually, but not always, the child or young person causing the harm is older than the victim. Often victims are uncomfortable about what is happening and may feel they are willingly involved, but not understand that the behaviour is harmful. It is important to recognise that children and young people are likely to engage in some forms of sexual exploration with similar age children. However, any child or young person who engages in sex play with a much younger or more vulnerable child, or who uses force, tricks or bribery to involve someone in sexual activity, is a cause for concern and we should immediately intervene. Harmful sexual behaviour includes:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats

- full penetrative sex with other children or adults.

Children and young people who develop harmful sexual behaviour harm themselves and others. In the same way that a power imbalance is created in other forms of child sexual exploitation the same characteristics can be found in the behaviour of those displaying sexual harmful behaviour. This can include coercion, threats or aggression and secrecy. Often the power imbalance means the victim cannot or does not give informed consent. Power imbalance may be due to age, intellectual ability, status, physical size, gender or race. Harmful sexual behaviour can lead to criminal convictions or prosecution. Staff must be aware that a significant number of sexual offences against children and young people are committed by their peers. Staff must be aware of the presenting risks of each child in the service and should not automatically dismiss harmful sexual behaviour, if it occurs, as normal behaviour between children and young people. Staff must be aware that we will be dealing with children who may have already experienced trauma and may themselves be exposed to harmful sexual behaviours. They may have unmet needs and have not yet come into contact with sources of help and support. We must be mindful that whilst in the process of identifying and responding to their needs that other children must be protected.

5.17 Domestic abuse

The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour.

5.18 Exploitation

Opportunistically or premeditated, unfairly manipulating someone for profit, personal gain, modern slavery, human trafficking, and radicalisation.

5.19 Financial abuse

The use of a person's assets and/or financial resources other than for purposes directed by her/him, and/or other than in her/his best interest. Financial abuse includes theft, exploitation, pressure in connections with wills, property, inheritance, or financial transactions, or misappropriation of property, possessions or benefits.

5.20 Discriminatory abuse includes racist or sexual remarks, comments based on a person's impairment, disability, age or illness and other forms of harassment, slurs, or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks, (No Secrets 2000) Culture, religion, politics and sexual orientation, discrimination that is based on persons disability or age and Hate crime. Discrimination can be in two forms:

Direct - when a person with a protected characteristic is treated less favourably than others.

Indirect - when a person with a protected characteristic is placed at an unfair disadvantage by putting rules or arrangements in place that apply to everyone. Consideration should be given to harassment and victimisation.

5.21 Radicalisation

Radicalisation 'refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism' (Prevent HM Govt. 2011). The organisation recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their contact with others. The UK government Prevention strategy (2011) which is a key aspect of safeguarding, outlines the commitment to be made by the healthcare sector in ensuring that threats of this kind are understood and responded to. In addition, 'Channel' is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism.

5.22 Modern slavery or human trafficking

A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:
 - Forced to work through mental or physical threat; owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property'

Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking.

Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in

their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015.

The main elements of human trafficking are:

- The movement – recruitment, transportation, transfer, harbouring or receipt of people
- The control – threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim
- The purpose – exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs. Children cannot give consent to being moved. Therefore, the coercion or deception elements do not have to be present. Countries throughout Europe translate and interpret the Palermo Protocol in different ways so the definition of what constitutes human trafficking can differ between nations.

5.23 Female genital mutilation

According to the NSPCC, Female Genital Mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons and it can be known as female circumcision, cutting or 'Sunna'. Sometimes, religious, social or cultural reasons are put forward for this happening, but it is abuse and a criminal offence, to a woman or child. The term covers harmful procedures to the female genitalia for non-medical purposes. There are four types of FGM and are illegal and have serious health risks.

FGM ranges from pricking or cauterising the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening. FGM is usually performed by someone with no medical training and no anaesthetic or antiseptic treatment is used. Victims are often forcibly restrained and cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade and serious health problems are common.

FGM has been a criminal offence in the UK since 1985 and in 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. FGM is a hidden crime and it is therefore difficult to assess the scope of this. More information can be found by contacting help@nspcc.org.uk or calling 0808 800 5000.

5.24 Hate crime

The police define Hate Crime as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

5.25 Mate crime

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its sometimes-ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

5.26 Restraint

In extreme circumstances, unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure the person concerned does something, or does not do something they want to do, for example, the use of keypads to prevent people from going where they want from a closed environment. Please also see the Physical Restraint Policy.

6. Roles and responsibilities

Staff have a responsibility to safeguard and promote the welfare of children and young people. This includes a responsibility to be alert to possible abuse and to record and report concerns to staff identified with safeguarding responsibilities.

It is unacceptable for any member of staff to keep such concerns to themselves, including concerns about the conduct of another member of staff.

The Designated Safeguarding Officer takes the lead responsibility for child safeguarding and child protection. This includes providing advice and support and information to staff as appropriate, liaising with the Local Authority and other agencies, maintaining child protection records for individual children and young people, and arranging appropriate training for staff.

Any suspicion that a child or young person has been abused by a member of staff or other persons should be reported to the Designated Safeguarding Officer who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.

6.1 Designated Safeguarding Officer

The responsibilities of the Designated Safeguarding Officer include:

- Ensuring staff who have direct contact with children/young people are provided with safeguarding and child protection training.
- Promptly notifying the LADO of reported concerns.
- Informing staff of their roles and responsibilities in recognising and acting upon indicators that a child's/young person's welfare or safety may be at risk and implementing agreed procedures.
- Advising and supporting staff when they encounter a child protection issue and acting as the first point of contact for child protection matters.
- Informing the accused person (if the person is a member of staff) about the allegation as soon as possible after consulting the LADO. However, if a strategy discussion is needed or it is clear that the police or children's social care may need to be involved, this should not be done until those agencies have been consulted and have agreed what information can be disclosed to the person;
- Attending and contributing to any strategy discussion and any further investigations and suspending a member of staff from duty in cases where the LADO, children's social care and the police consider this to be necessary.
- Ensuring that placing authorities and Ofsted are informed of child protection incidents and advising and informing the registered individual of child protection events.
- Monitoring the child protection case until a conclusion is agreed by all parties and ensuring accurate written records are kept.
- If the complaint or allegation is about a member of staff and is such that it is clear that investigation by the police or children's social care is not necessary, the designated person will discuss next steps with the LADO. Options may include taking no further action, instigating disciplinary proceedings following investigation or deciding not to use a person's services in future.
- Where a case has been concluded and an allegation against a member of staff has been substantiated, the designated person will discuss with the LADO as to whether a referral to the Disclosure and Barring Service is required.
- At the conclusion of a case the designated person will review the circumstances of the case to determine whether there are any improvements to be made to help prevent similar events in the future.
- The designated person will monitor the services safeguarding and child protection policies and procedures on an annual basis.

6.2 Staff

Staff have the following responsibilities:

- To respond in accordance with the service's procedures to every case of alleged abuse or neglect and report to the designated person. If the service manager or other senior staff are the subject of an allegation and the staff member does not feel they can refer to the registered individual, the staff member can refer direct to local LADO or Ofsted.
- To record details of their involvement in child protection investigations.
- To co-operate fully in the process and provide evidence as directed.
- To follow stringently the guidelines within safer recruitment policy to minimise risk of child protection or safeguarding issues when recruiting new staff.
- To pass on concerns of child protection, safeguarding and misuse of power.

No employee exercising their responsibilities under this procedure and in good faith will be penalised for doing so. Any attempt to victimise employees for raising genuine concerns or to prevent such concerns being raised will be regarded as a disciplinary matter.

7. Confidentiality

We recognise that matters relating to safeguarding and child protection are highly confidential, and the Designated Safeguarding Officer will share information on a 'need to know, what and when' basis.

Concerns should never be discussed elsewhere, inside or outside the service unless in confidential statutory meetings organised for that purpose.

People who use services may sometimes make disclosures of abuse 'in confidence' to a particular trusted member of staff. Staff cannot, however, agree to be bound by such a request. Their duty to report an allegation of abuse overrides their duty to keep a confidence (secret). The person's concerns and fears should be passed on to the manager. This process also applies if the disclosure is made by a family member. Staff in these situations will need to be sensitive and careful in ensuring that this policy is carefully explained.

8. Allegations against staff

An allegation may relate to a colleague who has:

- Behaved in a way that has harmed a child or young persons, or may have harmed a child or young person;
- Possibly committed a criminal offence against or related to a child or young person;

- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- If a member of staff receives such allegation, or feels required to make such an allegation, they should pass the information, without delay, to the Designated Safeguarding Officer.
- The Local Authority Designated Officer (LADO) will be informed by the Designated Safeguarding Officer within one working day of allegations that come to our attention or that are made directly to the police.
- If we remove an individual from work because the person poses a risk of harm to children, we will make a referral to the Disclosure and Barring Service within one month of the allegation being substantiated.

9. Information sharing

Information will be shared in line with the key principles outlined in Working Together to safeguard children 2018. This legislation makes clear the obligation and actions to be taken if a child is being abused or abuse is suspected.

General principles outlined in Information Sharing: Guidance for practitioners and managers are also taken into account for information sharing. Flowchart of key questions for information sharing as shown on Page 13 of the Guidance will be followed.

In cases involving possible child abuse, the service has a duty to share information. The designated person will ensure this happens in line with the requirements set out in Working Together to Safeguard Children 2018 and the Local Authority procedures.

10. Complaints

Concerns raised out with the scope of this policy which would normally be regarded as a complaint by either child, young person or third party should be addressed using the formal complaints procedure. A copy of this is made available to children and young people at the time of placement and a copy can be obtained by any other party via the manager.

11. Recruitment

- The service complies fully with safer recruitment, vetting and DBS checking procedures.
- The service ensures that DBS checks on staff and appropriate volunteers are carried out as required and a central file is maintained.
- The service has arrangements for secure storage, handling, use, retention, and disposal of DBS disclosures and disclosure information.

12. Recording and monitoring

- Well-kept records are essential to good child protection practice. Staff are made clear about the need to record and report concerns about a child or children within the service. The Designated Safeguarding Officer is responsible for such records and for deciding at what point these records should be shared with or transferred to other agencies.
- Safeguarding/Child Protection files are stored in a secure location. Only authorised staff have access to these files.
- The information in these files may be accessed and used as evidence by other agencies. Only factual information is recorded as such. If unsubstantiated information is recorded, it is indicated as such.
- The Designated Safeguarding Officer decides what information needs to be shared with whom and when on a case by case basis. Confidentiality is essential but staff working with children can only provide effective support and monitor concerns if they are made aware of concerns.
- Safeguarding/Child Protection records are reviewed regularly to check whether any action, advice or updating is needed.

13. Procedures

13.1 General

- Procedures outlined in this document relate to children and young people residing in the service who are under the age of 18 years.
- Complaints, allegations or suspicions must be taken seriously and handled sensitively. The safety and welfare of the child/young person is paramount.
- Any suspicion, allegation or incident of abuse or harm must be reported to the most senior member of staff on duty as soon as is practicable or in their absence the Designated Safeguarding Officer.
- If the child is suffering from a serious injury medical attention must be sought immediately from accident and emergency services.
- The person who receives the allegation or has suspicions of abuse, must keep a formal record of:
 - o Discussions with the child
 - o Discussions with any other party involved
 - o Discussions with their managers
 - o Decisions taken with time and date clearly noted, and signed

- A full record of any conversations must be made as soon as is reasonably practicable following any conversations with the child/young person who has indicated concerns, or concerns have been raised about their safety or welfare. This record must include:

- o Date
- o Time
- o Place where the alleged abuse or harm occurred
- o Your name and the name(s) of any other person present
- o Name of the complainant
- o The nature of alleged abuse or harm
- o Description of any injuries observed
- o Account which has been given of the allegation
- o Child's name
- o Child's address
- o Child's age

- o Date and time of the observation or disclosure
- o An objective and factual record of the observation or disclosure
- o The exact words spoken by the child (as near as possible)

Any such notes must be, as far as possible, verbatim rather than summarised and must be factual in terms of what the child or complainant has reported, and must not be based on opinion, assumptions or hearsay.

complete the relevant safeguarding children referral forms to statutory agencies. Absolute promises of confidentiality must not be given under any circumstances as the matter may develop in such a way that such promises cannot be guaranteed, and our duty of care is to report or refer to the relevant external agencies for appropriate safeguarding interventions.

13.2 Disclosure of abuse by child or young person

The child must be listened to and not be questioned other than to understand what is being alleged and the context of the situation. Leading questions must always be avoided. Instances such as this must always be referred to the most senior member of staff on duty.

Some children or young people with learning difficulties and/or disabilities may need additional

support. This may take the form of the child's nominated carer, Key Worker or other Advocate being present at any interview to act as facilitator or in an advocacy role. It must never be assumed that a child with learning difficulties and/or disabilities is not capable of providing credible evidence. The service will always respond in a positive manner to any legitimate requests for support from the appropriate agencies.

Where the allegation is against a member of staff, refer also to allegations section of this document.

Where an allegation or suspicion of abuse has been made against the person taking primary care for the child or a visitor to the service, the child must not be left unsupervised at any time with the alleged perpetrator. The alleged perpetrator must not have contact in any way with the alleged victim.

The alleged perpetrator (if on the premises) must be supervised by a member of staff at all times with any children.

Visitors against whom an allegation has been made, will be asked to leave the service immediately and will not return until investigations have been completed, the risk managed or eliminated, and agreement has been granted by the social worker. The most senior member of staff on duty will refer the matter to the Designated Safeguarding Officer for advice on action to be taken.

During out-of-office hours the referring authority's Emergency Duty Team (EDT) service must be contacted. An incident form must be completed, and include the date and time of the referral, along with the name and position of the person to whom the referral call was made. This should also be recorded in the Daily Log Book.

The incident form must be filed along with the notes taken in the child's file. Any telephone referral must be confirmed in writing within 24 hours and provide a copy of the notes.

The confirmation may be handwritten, posted or faxed, but a copy must be kept on file. The advice received from the referring social worker or EDT service regarding what action, if any, should be taken must be recorded on the Incident Report, and written in the Daily Log Book. Confirmation of the referral in writing should be received from the referring social worker or EDT within 24 hours. If not, it must be followed up and requested.

13.3 Third party report of an allegation or suspicion of abuse

A full record of any allegation or suspicion must be made as soon as is reasonably practicable following any incident, or where concerns have been raised about their safety or welfare. This record must include:

- Date
- Time
- Place where the alleged abuse or harm occurred
- Your name and the name(s) of any other person present

- Name of the complainant
 - The nature of alleged abuse or harm
 - Description of any injuries observed
 - Account which has been given of the allegation
- Child's full name , Child's address, Child's age, date and time of the observation or disclosure, An objective and factual record of the observation or disclosure. Where the allegation is against a member of staff, refer also to Section 13.4 of this document.
 - The most senior member of staff on duty will refer the matter to the Designated Safeguarding Officer for advice on action to be taken.
 - During out-of-office hours the referring authority's EDT should be contacted.
 - An incident form must be completed, and include the date and time of the referral, along with the name and position of the person to whom the referral call was made. This should also be recorded in the Daily Log Book.
 - The incident form must be filed along with the notes taken in the child/young person's file.
 - Any telephone referral must be confirmed in writing within 24 hours and provide a copy of the notes.
 - The confirmation may be handwritten, posted or faxed, but a copy must be kept on file.
 - The advice received from the social worker regarding what action, if any, should be taken must be recorded, and written in the Daily Log Book.
 - Confirmation of the referral in writing should be received from the social worker within 24 hours. If not, it should be followed up and requested.

13.4 Allegation or suspicions of abuse perpetrated by a member of staff

- If a member of staff is suspected of or alleged to have abused a child or young person, they must be suspended from duty immediately, with full pay, until investigations are carried out and completed satisfactorily.
- The person to whom the allegation or concern is first recorded must inform the most senior member of staff on duty at that time, who will immediately follow the identified procedure.

- If the allegation implicates the senior person on duty at the time, the Designated Safeguarding Officer, or, the Responsible Individual must be contacted directly.
- The most senior member of staff on duty will refer the matter to the Designated Safeguarding Officer or in their absence, the Responsible Individual.
- The person to whom the allegation or concern is first reported must treat the matter seriously and keep an open mind.
- They must not investigate or ask leading questions
- They must not make assumptions or offer alternative explanations.
- They must not promise confidentiality.
- They must make a written record of the information including time, date, and place of the incident/persons present and what was said.
- They must sign and date the written record.
- The Designated Safeguarding Officer must not investigate the matter.
- The Designated Safeguarding Officer must not interview the member of staff, child concerned or potential witnesses
- The Designated Safeguarding Officer must obtain written details of the concern or allegation, signed and dated by the person receiving the allegation (not the person making the allegation).
- The Designated Safeguarding Officer must approve and date the written details.
- The Designated Safeguarding Officer must record any information about times, dates and location of incidents and names of any potential witnesses.
- The Designated Safeguarding Officer must record discussions about the child and/or any member of staff, any decisions made, and the reasons for those decisions.
- If the allegation meets the criteria set out in the local safeguarding board Guidance and Procedure. the Designated Safeguarding Officer will contact the Local Authority Designated Officer (LADO) immediately, and investigate processes as set out by the Safeguarding Board.
- If a member of staff believes that a reported allegation or concern is not being dealt with appropriately, they must report the matter to the LADO immediately.

13.5 Allegation or suspicion of abuse perpetrated by the senior member of

staff on duty

- The Responsible Individual must be contacted immediately in order to arrange immediate cover for the accused manager.
- The accused manager must remain in post, supervised until cover arrives.
- When cover arrives, the accused manager must be suspended from duty immediately, with full pay, until investigations are carried out and completed satisfactorily.
- The procedure as for any member of staff being accused must then be followed as outlined in this document.

13.6 The accused/suspended member of staff

Will be treated fairly and honestly and helped to understand the concerns expressed and processes involved. Will be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process.

Will be kept up to date about events in the workplace. A clear and comprehensive summary of the case records must be kept on the individuals confidential personnel file, and a copy provided to the individual. The record must include how the allegation was followed up and resolved, the decisions reached and actions taken. It must be kept until the person reaches retirement age, or for ten years if longer.

13.7 Outcomes

- If the allegation against a member of staff is found to be false, no further action will be taken, the member of staff will be supported to return to work with a mentor and a phased return.
- If the allegation is substantiated, the staff suitability/disciplinary process will be initiated.

14. Location risk assessment

To safeguard children and young people, we ensure the location risk assessment is comprehensive and identifies known or potential risks, alongside risk-reduction strategies. We also review the location risk assessment at least once a year or sooner when there is a safeguarding incident in the locality which necessitates the locality risk assessment to be updated. In reviewing the location risk assessment, we include a good level of details and evidence of consultation with key safeguarding partners to gain an accurate picture of the local risks.