Designated Safeguarding Lead (Name)

XXXX@XXXX.org.uk

This policy was last reviewed on xxxx and will be updated on

Safeguarding Children Policy

Name of organisation

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# Introduction: Safeguarding Children is Everyone’s Business

Everyone who comes into contact with children and their families has a role to play in safeguarding children. This includes all staff and volunteers within our organisation. It is vital to recognise the role we play as an organisation in helping children, including those who are abused or it is suspected they are being abused, to achieve positive outcomes. Safeguarding and promoting the welfare of children is defined as:

Protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes. Children includes everyone under the age of 18. ‘Children’ therefore means ‘children and young people’ throughout.

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of (name of group/organisation).

# Purpose of the policy

* To protect children and young people who receive (name of group/organisation)’s services. This includes the children of adults who use our services;
* To provide staff and volunteers with the overarching principles that guide our approach to safeguarding;

(Name of group/organisation) believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them.

# Legal framework

This policy has been drawn up on the basis of national law and guidance and local policy and procedures that seeks to protect children, namely:

* Children Act 1989
* United Nations Convention on the Rights of the Child 1991
* Data Protection Act 1998
* Human Rights Act 1998
* Sexual Offences Act 2003
* Children Act 2004
* Safeguarding Vulnerable Groups Act 2006
* Protection of Freedoms Act 2012
* Children and Families Act 2014
* Special educational needs and disability (SEND) code of practice: 0 to 25 years (2014
* Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015
* Working together to safeguarding children (2015)
* London Child Protection Procedures
* CHSCB Escalation Policy
* Hackney Child Wellbeing Framework
* CHSCB Safer recruitment minimum expectations

## This policy should be read alongside our policies and procedures on:

* Recruitment, induction and training
* E-safety
* Complaints
* Whistleblowing
* Code of conduct for staff and volunteers

## We recognise that:

* The welfare of the child is paramount, as enshrined in the Children Act 1989
* All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, 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.

Children have said what they need from adults and professionals with a responsibility to safeguard them:

* **Vigilance:** to have adults notice when things are troubling them;
* **Understanding and action**: to understand what is happening; to be heard and understood; and to have that understanding acted upon;
* **Stability:** to be able to develop an on-going stable relationship of trust with those helping them;
* **Respect:** to be treated with the expectation that they are competent rather than not;
* **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans;
* **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;
* **Support:** to be provided with support in their own right as well as a member of their family;
* **Advocacy:** to be provided with advocacy to assist them in putting forward their views.

# We will seek to keep children and young people safe by:

* Valuing them, listening to and respecting them
* Appointing a Designated Safeguarding Lead (DSL) for children and young people, a deputy and a lead trustee for safeguarding
* Adopting child protection and safeguarding practices through procedures and a code of conduct for staff and volunteers
* Developing and implementing an effective e-safety policy and related procedures
* Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
* Recruiting staff and volunteers safely, ensuring all necessary checks are made
* Recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, their families, staff and volunteers via leaflets, posters, one to one discussions
* 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
* Using our procedures to manage any allegations against staff and volunteers 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
* Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance

# Contact details

Designated Safeguarding Lead (DSL)

Name

Phone/email

Deputy DSL(s)

Name(s)

Phone/email

Trustee lead for safeguarding

Name

Phone/email

We are committed to reviewing our policy and good practice annually.

This policy was completed on …………………(date) and will be reviewed…………………………………….(date)

Signed:

# Abuse and Neglect

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. All staff and volunteers within the organisation must be alert to the signs of abuse and neglect, must question behaviour of children and parents/carers don’t necessarily take what you are told at face value.

### Definitions of the different categories of abuse, and neglect and indicators

Each of the categories of abuse has its own specific warning indicators, which you should be alert to

**Physical abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

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| **Some of the following signs may be indicators of physical abuse:**  • Children with frequent injuries;  • Children with unexplained or unusual fractures or broken bones; and  • Children with unexplained:  o bruises or cuts;  o burns or scalds; or  o bite marks. |

**Emotional abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child’s emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a 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. Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child’s peers. It may 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.

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| **Some of the following signs may be indicators of emotional abuse:**  • Children who are excessively withdrawn, fearful, or anxious about doing  something wrong;  • Parents or carers who withdraw their attention from their child, giving the child  The ‘cold shoulder’;  • Parents or carers blaming their problems on their child; and  • Parents or carers who humiliate their child, for example, by name-calling or  making negative comparisons. |

**Sexual abuse** is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

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). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

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| **Some of the following signs may be indicators of sexual abuse:**  • Children who display knowledge or interest in sexual acts inappropriate  to their age;  • Children who use sexual language or have sexual knowledge that you  wouldn’t expect them to have;  • Children who ask others to behave sexually or play sexual games; and  • Children with physical sexual health problems, including soreness in the  genital and anal areas, sexually transmitted infections or underage  pregnancy. |

**Neglect** is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

• provide adequate food, clothing and shelter (including exclusion from home or abandonment);

• protect a child from physical and emotional harm or danger;

• ensure adequate supervision (including the use of inadequate care-givers); or

• ensure access to appropriate medical care or treatment.

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

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| **Some of the following signs may be indicators of neglect:**  • Children who are living in a home that is indisputably dirty or unsafe;  • Children who are left hungry or dirty;  • Children who are left without adequate clothing, e.g. not having a winter coat;  • Children who are living in dangerous conditions, i.e. around drugs, alcohol  or violence;  • Children who are often angry, aggressive or self-harm;  • Children who fail to receive basic health care; and  • Parents who fail to seek medical treatment when their children are ill or are  injured. |

# Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Research suggests that SEND children can be up to four times more likely to be abused due to additional vulnerabilities. (name of organisation) will ensure all staff receives appropriate training and will continue to develop a culture of vigilance that reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

* Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration;
* The potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; and
* Communication barriers and difficulties in overcoming these barriers.

# Further Information on Safeguarding Issues

Children and young people could be affected by specific types of safeguarding issues that make them vulnerable to harm or abuse. These issues can be difficult to deal with, so staff and volunteers must also seek further information and guidance from the designated safeguarding lead or their manager.

## Bullying

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities.

When faced with a situation of one child or young person behaving inappropriately towards another, a decision needs to be made about whether the problem behaviour constitutes bullying or a child protection concern. This is a decision that needs to be reached by the Designated Safeguarding Lead, in consultation with the staff member responsible for the child, the staff member’s manager/supervisor and, if necessary, the local authority children’s social care (Call to seek advice if necessary).

## 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.A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see himself or herself as a victim of exploitation. Perpetrators of CSE can be from within or from outside a child or young person’s family. If, any staff or volunteer is concerned a child is being sexually exploited follow the procedures set out in this document.

## Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. If, any staff or volunteer is concerned a child has experienced FGM or is at risk follow the procedures set out in this document.

## Preventing Radicalisation and Extremism

It is essential that staff and volunteers are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation is part of our organisation’s wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences. We will aim to provide a safe space in which children, young people and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments. We will be mindful of the risk of children being exposed to extremist materials via the internet. If, any staff or volunteer is concerned a child is at risk of becoming radicalised or has been, follow the procedures set out in this document.

# Ways that allegations might be made against another child/young person involved with (name of organisation)

* A child or parent/carer might make a direct allegation against another child or young person
* A child or parent/carer might express discomfort with the behaviour of another child or young person that falls short of a specific allegation.
* Another child, member of staff or volunteer may directly observe behaviour from one chid/young person towards another that gives cause for concern
* The organisation may be informed by a parent or by the police or another statutory authority that a child or young person is the subject of an investigation
* A child or young person may volunteer information to the organisation that he/she has harmed another child or is at risk of doing so, or have committed an offence against or related to a child.

If it is behaviour that could be described as child abuse and has led to the victim possibly suffering significant harm, then it must be dealt with under child protection procedures. This should include all incidents of sexual assault and all but the most minor incidents of physical abuse.

# Ways that abuse might be brought to your attention

* A child might make a direct disclosure about him or herself
* A child might make a direct disclosure about another child
* A child might offer information that is worrying but not a direct disclosure
* A member of staff might be concerned about a children’s appearance or behaviour or about the behaviours of a parent or carer towards a child
* A parent or carer might make a disclosure about abuse that a child is suffering or at risk of suffering
* A parent might offer information about a child that is worrying but not a direct disclosure

# Talking to a child who has told you that he/she or another child is being abused

* Reassure the child that telling someone about it was the right thing to do.
* Tell him/her that you now have to do what you can to keep him/her (or the child who is the subject of the allegation) safe.
* Let the child know what you are going to do next and who else needs to know about it.
* Let the child tell his or her whole story. Don’t try to investigate or quiz the child, but make sure that you are clear as to what he/she is saying.
* Ask the child what he/she would like to happed as a result of what he/she has said, but don’t make or infer promises you can’t keep.

# Helping a child in immediate danger or in need of emergency medical attention

* If the child is in immediate danger and is with you, remain with him/her and call the police.
* If the child is elsewhere, contact the police and explain the situation to them.
* If he/she needs emergency medical attention call an ambulance and, while you are waiting for it arrive, get help from your first aider.
* If the first aider is not available, use any first aid knowledge that you may have yourself to help the child.
* You also need to contact your supervisor/manager or designated officer for children to let them know what is happening.

A decision will need to be made about who should inform the child’s family and children’s social care, and when they should be informed. In you have involved the police and/or the health services, they should be part of this decision. Consider the welfare of the child in you decision making as the highest priority.

Issues that will need to be taking in account are:

* The child’s wishes and feelings
* The parent’s right to know (unless this would place the child or someone else in danger, or would interfere with a criminal investigation)
* The impact of telling the parent
* The current assessment of the risk to the child and the source of that risk
* Any risk management plans that currently exist.

Once any immediate danger or emergency medical need has been dealt with, follow the steps in the flowchart in appendix 1

# Contacting Children’s Social Care

Any staff or volunteer with suspicions or if told of an incident of abuse or neglect of a child or young person, whether at home, school, at our organisation or elsewhere must report this to the designated safeguarding lead. The designated safeguarding lead may make an immediate referral to Hackney Children’s Social Care (CSC), First Access and Screen Team so that risks to children can be identified at an early stage.

When referring a child to children’s social care, you should consider and include any information you have on the child’s development needs and their parents’/carers’ ability to respond to these needs within the context of their wider family and environment (See Appendix 2 for referral form).

Anyone, not just the designated safeguarding lead, can make a referral to children’s social care if they have a concern about a child. If there is a disagreement on whether or not a referral should be made it should be discussed with senior managers but this must not result in a delay. Hackney Children’s Social Care can also be contact after 5 pm and on weekends via the Out of Hours Service (See contact details below).The designated safeguarding lead can also seek advice from FAST without providing the names of the child/family involved.

If you have a concern about a child, please call:

* Hackney CSC First Access and Screening Team (FAST): 020 8356 4844/5500
* If you need to send to a secure email address please send to: fast@hackney.gov.uk.cjsm.net or fast@hackney.gcsx.gov.uk
* Hackney CSC Out of Hours: 020 8356 2710

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# Child in need of support and early help

Sometimes concerns about a child may not be about abuse. Staff and volunteers may be concerned that a child or family need some help in making sure all of a child’s needs are met or to address a particular problem. Therefore, it is vital that all staff and volunteers are aware of the need to provide support as soon as a problem emerges, at any time in a child’s life from foundation years through to the teenage years.

The following steps should be taken if you think that a child or young person might benefit from early help service.

* Record the indicators that suggest that the child or young person might benefit from early help provision.
* Discuss your concerns with you manager and/or the designated safeguarding lead.
* Once there is agreement from all involved in the discussion, make arrangements to discussion this as a possibility with the most appropriate person in the family. Sometimes this may involve several discussions.
* Make a brief record of your conversations and discuss them with your manager so that a way forward can be planned.

# Case recording and recording concerns

Good case recording is the cornerstone of good practice and is an intrinsic part of the service provided to children and young people and their carers. Case recording must be open, honest and a true reflection of the work progressed with children and families. Good case recording ensures that there is a documented account of our involvement with children, young people and their carers. It assists continuity when workers are unavailable or change and provides an essential tool for our managers to monitor work. It becomes a major source of evidence for investigations and enquiries. When recording, staff and volunteers must remember to establish fact from opinion and remember that as an organisation we operate a policy whereby children, young people and their carers can request to access their records.

If there are concerns about the welfare or safety of a child or young person or concerns about the behaviour of an employee or volunteer (e.g. if they hurt a child, breach the code of conduct or do something considered to be poor practice) it is important to record all relevant details, regardless of whether or not the concerns are shared with either the police or children’s social care. Staff and volunteers must record any observations they may have or suspicions using the forms in Appendix 3 and 4. It is the responsibility of all staff and volunteers to keep proper records and recording must be done as soon as possible after the incident. An accurate record should be kept of:

* Date and time of the incident/disclosure
* Parties who were involved, including any witnesses to an event
* What was said or done by whom
* Any action taken by the organisation to look into the matter
* Any further action taken
* Where relevant, the reasons why a decision was taken not to refer those concerns to a statutory agency
* Any interpretation/inference drawn from what was observed, said or alleged should be clearly recorded as such
* Name of the person reporting on the concern, name and designation of the person to whom the concern was reported, date and time and their contact details
* The record should be signed.

# Storing confidential records

All confidential (and non-confidential) information should be stored securely to prevent it being lost or damaged. If it is stored on computers these files will be password protected and if in hard copies in a lockable filing cabinet. As a matter of good practice files on child protection concerns will be kept separately from the child’s normal file. Access to confidential information should be strictly controlled, with only authorised people allowed to see it. Only the DSL, manager and others who need to know will have access to confidential and safeguarding information about children and young people who access our service.

# Information Sharing

Staff and volunteers may find themselves wishing to or being asked to share information of a confidential nature about children and families using the service. This may be because:

* The staff member/volunteer is of the view that someone in the family may benefit from additional support
* Someone from another agency has been in touch and wishes to know something about the family’s involvement with our service.
* Someone in the family has asked to be referred for further help
* The staff member/volunteer is concerned that a child may be at risk of significant harm, or an adult in the family may be at risk of serious harm, or there is a serious crime that may have been committed or about to he committed involving someone in the family.

In cases where children disclose abuse, the decision to share information is clear. If it is thought that a crime has been committed and/or a child is at immediate risk, the police should be notified without delay. The sharing of information in such circumstance must be done in a timely and effective manner as this can reduce the risk of harm. It is important for staff and volunteers within the organisation to remember that it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. In some situations decisions about what information to share, and when, will be more difficult to judge. If at any stage staff or volunteers are unsure about how or when to share information, you should seek advice from the DSL, senior manager/trustee and ensure that the outcome of the discussion is recorded. **All information sharing decisions and reasons must be recorded.**

# Behaviour code for adults working with children

(Name of organisation) is a child friendly service provider and recognises that all staff have a responsibility to maintain the best interest of children. Staff and volunteers within this organisation must adopt high standards of personal conduct in order to maintain the confidence and respect of those with whom we work with. Staff and volunteers must remember that they are acting in a position of trust, may be seen as role models by children and young people ad must therefore act in an appropriate manner at all times. This includes even outside of the setting. Staff and volunteers must also be aware that in certain situations those with who they share a household, or others in their personal lives, may impact on their work with children.

When working with children and young people, it is important to (This is not an exhaustive list):

* Operate within (name of organisation)’s principles and guidance
* Follow our safeguarding policy and procedures
* Challenge unacceptable behaviour and report all allegations/suspicions of abuse
* Respect a young person’s right to personal privacy
* Provide examples of good conduct you wish children to follow
* Listen to and respect children at all times
* Avoid favouritism
* Value children’s contribution seriously, actively involving children in planning activities where possible
* Ensure that where possible, there is more than one adult present during activities with children, if this is not possible you are within sight or hearing of other adults
* Recognise that special caution is required when you are discussing sensitive issues with children

All members of staff are expected to report any breaches to (name of person or name of role that breaches should be reported to) under the whistle –blowing procedure or if necessary, under child protection/safeguarding procedures. Breaching the code of behaviour may result in the staff or volunteer being subject to disciplinary procedures and if the person is from another agency it may result in them being asked to leave and the issue reported to their employer. Serious breaches may also result in a referral being made to a statutory agency e.g. police or children’s social care.

# Contact outside of the workplace

It is acknowledged that staff may have genuine friendships and social contact with parents of children you work with, independent of the professional relationship. Staff and volunteers should, however, also be aware that those working in organisations who sexually harm children often seek to establish relationships and contact outside of the workplace with both the child and their parents, in order to ‘groom’ the adult and the child and/or create opportunities for sexual abuse.

It is also important to recognise that social contact may provide opportunities for other types of grooming such as for the purpose of sexual exploitation or radicalisation.

Staff and volunteers should recognise that some types of social contact with children or their families could be perceived as harmful or exerting inappropriate influence on children, and may bring the setting into disrepute (e.g. attending a political protest, circulating propaganda).

If a child or parent seeks to establish social contact, or if this occurs coincidentally, the member of staff or volunteer should exercise her/his professional judgement. This also applies to social contacts made through outside interests or the staff or volunteer member’s own family.

Some staff or volunteer may, as part of their professional role, be required to support a parent or carer. If that person comes to depend upon the staff or volunteer or seeks support outside of their professional role this should be discussed with senior management and where necessary referrals made to the appropriate support agency.

# Allegations against staff

In spite of robust safer recruitment procedures being employed (name of organisation)’s recognises that there will be occasions when allegations of abuse against children are raised.

These procedures should be applied when there is an allegation or concern that any staff or volunteer has:

* Behaved in a way that has harmed a child, or may have harmed a child;
* Possibly committed a criminal offence against or related to a child;
* Behaved towards a child or children in a way that indicates they may

pose a risk of harm to children.

**Allegations may also relate to staff and volunteers in their personal lives.**

If the allegation is made by a child or family member to a member of staff, or a staff member observes concerning behavior by a colleague at first hand, this should be reported immediately to the Designated Safeguarding Lead. If a staff member has received an allegation or observed something of concern about their manager, the staff member should report the allegation or concern to the person more senior to their manager. If the person who is the subject of the concern is a Designated Safeguarding Lead for children, the matter should be reported to the designated officer’s manager.

Once any immediate danger or emergency medical need has been dealt with, the following steps should be taken:

The Designated Safeguarding Lead will inform the Designated Officer (DO) in the Local Authority (formerly known as the LADO) within one working day when an allegation is made and prior to any further investigation taking place.

Hackney Children’s Social Care

Designated Officer,

Telephone: 020 8356 4569

Email:

The Designated Officer will advise the Designated Safeguarding Lead whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the Designated Safeguarding Lead should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).

There may be occasions where the local authority designated officer receives an allegation about a member of staff or volunteer from another source. If this occurs, then the first information received by (name of organisation) may be when the local authority or police make contact in order to explain the situation.

The designated safeguarding office will work with the local authority by sharing information about the nature of the concern and fully participate in any strategy meeting or other further discussions being held.

The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

The Designated Safeguarding Lead will seek advice from the Designated Officer, the police and / or LA children's social care about how much information should be disclosed to the accused staff or volunteer.

Our organisation, together with children's social care and / or police, where they are involved, will consider the impact on the child concerned and provide support as appropriate. The designated safeguarding lead will continue to liaise with these agencies to ensure that the child's needs are addressed. All those within the organisation (designated safeguarding lead or senior manager) dealing with the allegation must keep clear notes of the allegations made, how they were followed up, and any actions and decisions taken, together with the reasons for these.

These notes should be kept compiled gradually as the situation unfolds, with each entry being made as soon as possible after the event it describes. The notes should be signed and dated by the person making them, and the person’s name should be printed alongside. The notes should be kept confidentially on the file of the person who is the subject of the allegation. Discussion should take place with the designated officer to determine whether any aspects of the notes may not be shared with the person concerned. If there are no reasons not to do so, a copy of the records should be given to the individual.

The notes should be held on file at least until the person reaches normal retirement age or for 10 years if longer.

# Safer recruitment

(Name of organisation) recognises that those who intended on harming children will seek out positions that will enabled them to do this. Therefore, we understand the importance of safer recruitment and will endeavour to apply the highest safer recruitment standards, as it is our duty to keep children safe. We are committed to equality, valuing diversity and working inclusively across all our activities. We aim to have a workforce that represents a variety of backgrounds and cultures and can provide the relevant knowledge, abilities and skills for our organisation. In all recruitment interviews interviewees will be asked question that will shed light on their motivation for wanting to work with children and young people.

In (Name of organisation)’s safer recruitment approach we use the City and Hackney Safeguarding Children Board’s Safer Recruitment- Minimum Standards, so as a minimum we will aim to:

1. Have a recruitment and selection policy in place that includes explicit reference to

safeguarding children

2. Include a generic statement within every job description attached to a job involving

contact or work with children or adults with children that outlines the organisational

expectation of the post-holder – e.g: “All staff have a responsibility to safeguard

and promote the welfare of children and adults. The post holder will undertake the

appropriate level of training and is responsible for ensuring that they understand

and work within the safeguarding policies of the organisation”

3. Include a definition within each job description of the nature of safeguarding

supervision a post-holder will receive

4. Require a new DBS check at enhanced level for every new member of staff who

works directly with, or has regular contact with, children and young people, based

on levels of contact

5. Conduct repeat checks every 3 years on every member of staff who works directly

with, or has regular contact with, children and young people – either by means of

the DBS Update Service or otherwise

6. Takes up a minimum of 2 references, one of which must be from the most recent

employer

7. Ensure that every manager receives and can evidence that they have received

safe recruitment training and refreshes this whenever the law in this context

changes.

We will also check qualifications, identify the reasons for gaps in employment and confirm the person has a right to work in the UK.

## Recruitment of service users and former service users: Professional boundaries

Situations may arise where senior managers identify development opportunities for services users or former service users, especially young people, whether it be as a staff member or volunteer. Whilst not wanting to prevent such opportunities, we recognise this may present a number of challenges, as service users and former service users may have existing relationships/friendships with current service users.

It is important that those responsible for recruitment (senior managers and trustees) are aware of these issues. Before the person is offered the job they should declare the nature of their relationships with current service users. This should also be encouraged for all staff and volunteers in other situations e.g. at any time during their employment and not only at the recruitment stage. Every situation should be judge on its own merit and decisions should be recorded by the senior manager e.g. the challenges this may present and how this will be managed within the organisation. This should extend to online relationships with current service users. Consideration should also be given to:

* How current service users may feel about the member of staff/volunteer having access to their records and intimate knowledge about them
* The power imbalance this may create and the potential for power to be abused
* How the professional relationship can be misconstrued by the service user and worker
* The challenges former intimate relationships may create a difficult working relationship between the worker and service users.

This is obviously not excluded to new recruits and should always be explored with staff and volunteers. It is important that the person being recruited has a full understanding of the role, the needs of service users, and the necessary interpersonal, values and communication skills to do the job effectively. Staff and volunteers must recognise that professional boundaries must be maintained at all times and they must adhere to the code of conduct. Any issue concerning professional boundaries must be reported to a senior manager.

Senior managers must consider if there’s a breach in the code of conduct and outline what disciplinary measures should be taken. It should also be considered that it is a serious breach reporting it to the statutory services will be necessary e.g. police or children’s social care.

# Risk assessments

At (name of organisation) we take the safety of children and young people seriously. It is our duty to ensure that whilst using our service they are kept safe, especially if we take them on trips. Before children and young people are taken on trips the member of staff leading on this must undertake a specific assessment of the significant risks (See Appendix 5 for risk assessment form). This would include assessment of any risks to employees, children or others during the trip, and the measures that should be taken to minimise these risks. In all circumstances, those organising trips and outings should pay careful attention to ensuring there is a safe staff/child ratio and suitable gender mix of staff. We appropriate children and young people should be involved in risk assessments, as it teaches them about risk and encourages them to stick to the rules set to keep them safe.

During trips members of staff and volunteers must remember that they are in a position of trust and need to ensure that their behaviour cannot be interpreted as seeking to establish an inappropriate relationship or friendship.

(Name of organisation) will maintain a list of this equipment, when it was last checked and when the next check is due. The session leader must keep all paperwork relating to the checks that have been carried out using the risk assessment form.

**Appendix 1**

Member of staff has concerns about a child’s safety or welfare

Member of staff makes notes of their concerns using the reporting form, and discusses then with supervisor/manager. The DSL should also be involved in discussion

If the child’s family does not already know about the concern, the member of staff or manager discusses it with them unless:

* A family member might be responsible for abusing the child
* Someone may be put in danger by the family being informed
* Informing the family might interfere with a criminal investigation

In any of these circumstances apply, discussions with the family should only take place after this has been agreed with the children’s social care.

If there is still uncertainty about the concerns, the DSL can discuss with children’s social care or NSPCC without disclosing the identity of the child/family.

**No longer concerned**

No further child protection action needed. Staff member and supervisor /manager decide to discuss the initial concern with other services to ensure that child’s needs are being met elsewhere

**Concerned**

DSL refers to children’s social care and confirms in writing within 48 hours.

**Appendix 2**

**Agency referral to Hackney Children’s Social Care**

PLEASE NOTE THAT A WRITTEN REFERRAL FORM IS REQUIRED IN ALL CASES. WHERE A TELEPHONE REFERRAL HAS BEEN MADE BECAUSE OF THE URGENCY OF A SITUATION THIS MUST BE FOLLOWED UP WITHIN 48 HOURS BY A COMPLETED REFERRAL FORM UNLESS AGREED OTHERWISE.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name and contact details of person making the referral** | | | | | | |
| **Name:** |  | | | | | |
| **Name of agency/organisation:** | | |  | | | |
| **Address:** |  | | | | | |
| **Telephone Number:** | |  | | | **Fax Number:** |  |
| **Email Address:** | |  | | | | |
| **Date written referral is being made:** | | | |  | | |
| **Date telephone referral made (if applicable) and to whom:** | | | | | |  |
| **Relationship of person making the referral to the child/family:** | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME(S) and DATE(S) OF BIRTH of the child(ren) being referred (please list here all children in the family):** | | | | | | | | |
|  | | | | | | | | |
| **Child(ren)’s preferred language if not English speaking:** | | | | | |  | | |
| **Ethnic origin and Nationality if known:** | | | |  | | | | |
| **Details of wider social and professional network (e.g. significant family / friends, GP, health visitor, schools, professionals working with members of the household)** | | | | | | | | |
| **Name** | **Role/**  **Relationship** | | **Address** | | | | **Telephone**  **number** | **Email** |
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| **Name of parent(s)/carer(s) with whom child(ren) live(s):** | | | | | | | | |
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| **Parent(s)/Carer(s) preferred language if not English speaking:** | | | | |  | | | |
| **Address:** | | | | | | | | |
|  | | | | | | | | |
| **Telephone number(s):** | |  | | | | | | |
| **Any other relevant family details:** | | | | | | | | |
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| --- | --- | --- | --- |
| **Why is a referral being made? What are the concerns? (Please be as specific as possible, giving dates, examples of incidents etc):** | | | |
|  | | | |
| **Is the referral for information only?** |  | | |
| **Is there evidence that any children in the family are being subject to significant harm?** | |  | |
| **If ‘YES’ please specify:** | | | |
|  | | | |
| **Actions taken by referring agency/involvement with the family:** | | | |
|  | | | |
| **Please outline your involvement with the child/family and any ongoing support that is being provided. Detail any past concerns or known involvement of statutory agencies. If a CAF or other assessment document has been completed please attach a copy to this referral.** | | | |
|  | | | |
| **What outcomes are anticipated by the referral?** | | | |
|  | | | |
| **Does the person with parental responsibility know that a referral to Children’s Social Care has been made?** | | |  |
| **If ‘No’ please explain why:** | | | |
|  | | | |
| **If yes, does the person with parental responsibility consent for members of the family’s network to be contacted to obtain further information?** | | |  |
| **Any other information that would be helpful in deciding the priority of the referral and/or understanding the actions Children’s Social Care is being asked to take in respect of the child(ren) being referred?** | | | |
|  | | | |
| Please e-mail this form to [cscreferrals@hackney.gov.uk](mailto:Grp.HackneyCypduty@Hackney.gov.uk) for the attention of the Referral Manager. If you need to send it to a secure email address please send to [cscreferrals@hackney.gov.uk.cjsm.net](mailto:cscreferrals@hackney.gov.uk.cjsm.net) or to [cscreferrals@hackney.gcsx.gov.uk](mailto:cscreferrals@hackney.gcsx.gov.uk)  If you have difficulties sending this by email please fax it to 020 8356 5516/7.  Should you need any assistance in completing this form or wish to follow up your referral please call the First Response Service on **020 8356 5500**.  If your referral has not been acknowledged by Children’s Social Care within three working days please make contact to confirm it has been received.  ***Please ensure that you have sent a copy of this referral to the safeguarding children lead for your agency.*** | | | |

**Appendix 3**

Observation Form

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| --- |
| Your Name: |
| Incident date and time: |
| Location: |
| Pupil name: |
| Others present: |
| What happened? What did you see? What did you hear? Make sure you include context, behaviours and full names (not initials): |
| Signature: |
| Date: |

**Appendix 4**

**Cause for Concern Form:**

|  |  |
| --- | --- |
| Name of child: | Date of incident: |
| Class and year: | Time of incident: |
| Location of incident: | Date of record: |
| Name of person reporting: | Time of record: |

|  |
| --- |
| Concern/Incident – Describe your concern using clear, straightforward language:  Opinion: How does this fit with what you know about the child? |

**Appendix 5**

**Risk Assessment Pro Forma**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity being assessed** | |  | | | | | |
| **Name of assessor** | |  | | | | | |
| **Date of assessment** | |  | | | | | |
| **Location** | |  | | | | | |
|  | |  | | | | | |
| **What is producing the hazard?** | **People at risk**  **(E, C, Yp, Mp, V, Em, Dp)** | | **Hazard description** | **Existing precautions** | **Level of risk** | **Is the hazard adequately controlled?** | **Additional control measures needed** |
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