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## SAFEGUARDING POLICY FOR CHILDREN

### Document Details

Version 1

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#### Setting details

**Setting name:** Spectrum Days

Identifies the role which carries lead responsibility for safeguarding arrangements

**Designated Safeguarding Lead:** (DSL) Maggie Allen

**Deputy Designated Safeguarding Lead:** (Deputy DSL) Sandra Wilkinson

**Committee/board safeguarding lead:** Jane Roberts

**External contacts** The telephone number for the Access Centre is: 01905 768 054 Monday to Friday 8.30am to 5.00pm 01905 768 020 Evenings and Weekends

Police 24hrs non-emergency 101 Emergency 999

NSPCC Helpline 0808 800 5000

Ofsted 0300 123 1231

Safeguarding Policy for Children

SIGNED

## SAFEGUARDING POLICY FOR CHILDREN/CHILD

### Policy Statement

Spectrum Days (Days) fully recognises the responsibilities for safeguarding children and this policy applies to all adults in the setting. The charity is committed to safeguarding the wholeness and the wellbeing of every child. The welfare of the child is paramount and have without exception have the right to protection from abuse. Days will ensure that all vulnerable children with whom it works will have a secure identity and a safe base from which they will be able to flourish throughout their lives. Days will take all reasonable steps including a multi-agency approach to raise awareness of child protection issues and protect children from physical, sexual (including child sexual exploitation), emotional, neglect regardless of their age, gender, ethnicity, disability, belief, nationality or country of origin. All of the organisation's activities, policies and procedures will contribute to these objectives.

This policy has been developed with reference to Worcestershire County Councils Safeguarding and Child Protection Guidance For Private, Voluntary and Independent Early Years and Childcare Providers, developed in accordance with:

- The principles established by the Children Acts 1989 and 2004,
- The Childcare Act 2006,
- In line with 'Working Together to Safeguard Children' 2013
- The recommendations of Worcestershire Safeguarding Children's Board.

### Related Policies

#### General

Application Process Policy and Procedure  
Policy on Service Provision Policy on Data Protection  
Complaints Policy

Policy on Whistleblowing  
Policy and Procedure Related to Safeguarding  
Children

#### Health and Safety Policy and Guidance

Policy on Personal Care  
Policy and Procedure Related to Risk Assessment  
Communication Risk Assessment  
Policy on First Aid  
First Aid Procedure  
Medication Policy  
Personal Hygiene- Policy and Procedure  
Personal Hygiene – Food Handling Policy and  
Procedure  
Policy on infection at Work

Policy on Lifts and Hoists  
Hoisting Guidelines  
Challenging Behaviour Policy and Guidance  
Accident Policy  
Policy on Controlling the Risks of Infection at Work  
Policy on Restraint  
Guidance on Using a VDU  
Policy on Electronic Behaviour  
Epilepsy Protocol  
Policy on missing persons

#### Human Resources

Policy on Staff Recruitment  
Policy on Staffing  
Staff Training and Development Plan  
Lone Working Policy  
Policy on Code of Conduct  
Code of Conduct (Outline)  
Discipline and Grievance Policy and Procedure

Equality and Discrimination Policy  
Policy on Confidentiality  
Absence Sickness Management  
Probation  
Anti-Bullying and Harrassment  
Duty of Candour  
Guidance on Candour  
Policy on the Care Certificate

## Who do we Support?

Days is a specialist service for people with Profound and Multiple Learning Difficulties (PMLD)

### Definition

Children with profound intellectual and multiple disabilities are among the most disabled individuals in our community. They have a profound intellectual disability, which means that their intelligence quotient is estimated to be under 20 and therefore that they have severely limited understanding

In addition, they have multiple disabilities, which may include impairments of vision, hearing and movement as well as other problems like epilepsy and autism. Most children in this are unable to walk unaided and many children have complex health needs requiring extensive help. Children with profound intellectual and multiple disabilities have great difficulty communicating; they typically have very limited understanding and express themselves through non-verbal means, or at most through using a few words or symbols. They often show limited evidence of intention.

Some children have, in addition, problems of challenging behaviour such as self-injury. This means that children with profound intellectual and multiple disabilities need high levels of support from others with most aspects of daily living: help to eat, to wash, to dress, to use the toilet, to move about and to participate in any aspect of everyday life. Despite such serious impairments, children with profound intellectual and multiple disabilities can form relationships, make choices and enjoy activities. The children who love and care for them can often understand their personality, their mood and their preferences.

**Raising our sights: services for children's with profound intellectual and multiple disabilities.** A report by Professor Jim Mansell (2010) Page 3. [http://www.mencap.org.uk/search/apachesolr\\_search/Raising%20Our%20Sights](http://www.mencap.org.uk/search/apachesolr_search/Raising%20Our%20Sights)

Children with disabilities

'Disabled children are particularly vulnerable and at greater risk of all forms of abuse and neglect. The presence of multiple disabilities increases the risk. Disabled children at the same rights to protection as non disabled children, however the evidence suggests that often practitioners applied effective a short in respect of disabled children, sometimes over identifying with the needs of parents carers who studied struggling to meet the day to day needs. This can lead to even greater vulnerability and ultimately child protection. Specific WSSCP guidance is located at:

[http://westmerciaconsortium.pDSLceduresonline.com/chapters/p\\_abuse\\_disab.html](http://westmerciaconsortium.pDSLceduresonline.com/chapters/p_abuse_disab.html)

Worcestershire safeguarding children board

Thresholds Guidance for Practitioners responding to the needs of children and in Worcestershire Page 26<sup>th</sup>February, 2014

## How Does Days meet these Needs?

The service is based on a child centred approach with a clear understanding of the needs of children with PMLD, with the following outcomes central to the service development for each child:

- To feel valued
- To have structure to the day
- To be comfortable and safe
- To be part of the community
- To have fun/fulfilment

## Whose Responsibility is it to Respond?

It is the responsibility of all stakeholders to protect the interests of every child of our community. This is not dependent upon the Designated Safeguarding Lead (DSL) or Deputy DSL, position in an organisation or professional status; safeguarding is everyone's responsibility and we all have a have a part to play. All those who come into contact with children and families in their everyday work, including children who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of vulnerable children from physical abuse, sexual abuse (including child sexual exploitation), emotional abuse, and neglect.

Spectrum Days Safeguarding Policy ensures that there is a member from the senior management team with lead responsibility for child protection, that being the DSL/Deputy DSL. The DSL/Deputy DSL is responsible for ensuring that any child protection issues are responded to appropriately. Day's works as part of a team around the child, to include health visitors head teachers school nurses social workers speech and language therapist's physiotherapists etc.

**Designated Safeguarding Lead (DSL):** Maggie Allen Chair of Trustees tel 07972704378, 236 Hylton Road, Worcester WR2 5LA [mallen@spectrumdays.co.uk](mailto:mallen@spectrumdays.co.uk)

The DSL (Formerly referred to as the DSLS or Designated Senior Member of Staff for Safeguarding) Takes lead

Spectrum Days, Old Coach Road, Droitwich Spa, Worcestershire WR9 8BB Tel: 01905 773725

Charity Number: 1151711 email [mallen@spectrumdays.co.uk](mailto:mallen@spectrumdays.co.uk) web site: [www.spectrumdays.co.uk](http://www.spectrumdays.co.uk)

responsibility for safeguarding children in the setting.

The DSL/Deputy DSL must attend a training course which enables them to identify, understand and respond appropriately to signs of possible abuse and neglect. In Worcestershire the Local Safeguarding Children Board (LSCB) recommends that the DSL/Deputy DSL attends training up to targeted level two and renews this every two years.

The DSL//Deputy DSL is responsible for:

- Liaison with local statutory children's services agencies and with the LSCB
- Raising awareness of the settings safeguarding policies, procedures and systems, among staff, parents and carers.
- Ensuring that staff understand and are able to implement the setting's policies and procedures
- Supporting staff in seeking advice and/or making a referral to the Access Centre or the Early help Hub
- Supporting staff in understanding their role in the absence of the DSL//Deputy DSL
- Supporting staff in protecting themselves from allegations
- Ensuring policies and procedures are reviewed at least annually
- Keeping up to date with current safeguarding and child protection legislation
- Ensuring that consistent and effective record keeping systems are in place and guidelines followed throughout the setting
- Ensuring that a system is in place to review incidents and observations to identify patterns of concern and the need to make a referral to Children's Services
- Sharing child protection information with the DSL/Deputy DSL of any receiving setting or school when children leave the setting. Where the registered provider is a group (e.g. a committee or a board of trustees), it is good practice to also appoint a member of the Committee to take the lead role on safeguarding/child protection to support the DSL/Deputy DSL, and seek appropriate training themselves.

## **Prevention**

Providing the service to such a vulnerable group in society carries a lot of responsibility, because the children are not able to express themselves through spoken language. Every effort goes into providing a well-motivated well-trained staff team but complacency can slip into any organisation unnoticed. To protect children there needs to be a consistently high quality service and a number of measures help to prevent safeguarding issues:

## **Communication with Parents**

Good communication with parents is crucial in order to safeguard and promote the welfare of children effectively we would always undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm or would impede a criminal investigation. We ensure that parents have an understanding of the responsibilities placed on the setting and staff to safeguard children and their duty to co-operate with other agencies in this respect. This is communicated through the children's handbook, issued prior to attendance and the parents file available in the reception area.

Spectrum Days works towards a proactive service to mitigate the occurrence of safeguarding issues. To support this communication underpins the safe delivery of services for our Children including the following:

1. A daily Diary that works between the family and Day's listing activities, medical/physical concerns and information about changes to family circumstances or routine.
2. An open door policy where families have a direct response to any queries.
3. A simple and accessible questionnaire for the clients completed on a three monthly basis.
4. A more detailed questionnaire on the quality and efficiency of the service for parents/carers on an annual basis. The questionnaire will cover
  - Satisfaction levels on the key objectives,
  - The quality and flexibility of the service,
  - The variety of activities,
  - The comfort level associated with care.

The following guidance supports staff to operate safely in high risk activities:

## **SAFE WORKING PRACTICE**

The principles of Safeguarding Policy is embedded in the ethos and the working practice of Spectrum Days. There will be a high level of feedback between staff to monitor the medical, physical and psychological well-being of Children. Staffing levels are commensurate with the needs of the Children.

- Staff meetings take place on a regular basis for a more formal exchange of information
- Safeguarding is a standard agenda item at monthly trustee meetings.
- It is the duty of everyone working at Spectrum Days, whether paid or voluntary staff, to protect the people with whom we come into contact.
- Spectrum Days is committed to the careful and safe planning of all activities which take place to ensure that everyone using the equipment is properly trained to do so.
- Parents, carers and other professionals are made aware that Spectrum Days have effective policies to protect children who use the service and that we uphold their rights.
- Relationships between all personnel are based on mutual respect with all employees and volunteers being expected to contribute and take responsibility to ensure a positive working environment.
- On-going safeguarding training is promoted, a record of attendance and results maintained. Please see the safeguarding training flow chart in the Staff Training and Development Policy.
- When staff, (including volunteers) join our setting
  - They are informed of the safeguarding arrangements in place. They are given a copy of this policy and the setting's code of conduct and have access to a copy of 'Safeguarding and Child Protection Guidance for Private, Voluntary and Independent Early Years and Childcare Providers'.
  - They are told who the DSL/Deputy DSL is and who acts in their absence.
  - All staff receive induction in safeguarding children. The induction programme includes basic child protection information relating to signs and symptoms of abuse, when and how to record a concern about the welfare of a child, who to report concerns to, and advice on safe working practice.
  - All staff receive training in child protection and safe working practice, at the 'universal' level, updated every three years, in line with WSCB guidance.
  - Those with specific responsibility for safeguarding children undertakes 'targeted level 2' training, updated every two years.
  - To Inform the DSL/Deputy DSL if there is an unexplained absence of more than two days of a child who is subject to a child protection plan.

### **Information Sharing & Confidentiality**

All matters relating to child protection are confidential and we only disclose information about a child with others in the setting on a need to know basis. However, we also recognise our professional responsibility to share information with other agencies in order to safeguard children, and will not promise to keep secrets which might compromise the child's safety or well-being.

### **RESPECT AND DIGNITY**

The individual dignity of Children is of paramount importance with the following points being adhered to:

- For intimate care routines staff work in accordance with the individual's care / support plan
- Appropriate equipment and resources are available to enable staff to undertake intimate care routines in a safe and secure manner
- There are no time constraints on personal care; the paramount importance is the dignity and comfort of our Children.
- Management supervision takes place on a six monthly basis,
- Spot checks take place on a regular basis covering all aspects of personal care.
- Cultural differences are respected and reflected in the support given.
- Cleanliness is of a high standard and staff will follow hygiene procedures as outlined in their training programme
- Staff do not work unsupervised until they have been assessed and deemed competent in all aspects of personal care.

### **Supporting Children**

Settings such as Days may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm. Research shows that their behaviour may be challenging and defiant or they may be withdrawn. We support all children by:

- Encouraging self-esteem
- Promoting a positive, supportive and secure environment giving children a sense of being valued
- Liaising with other agencies that support the child such as Children's Social Care Services
- The use of Early Help Services, through the Early Help Hub, when appropriate

- Notifying Children's Social Care Services immediately there is a significant concern
- Providing continuing support to a child about whom there have been concerns who leaves the setting by ensuring that appropriate information is forwarded under confidential cover to the child's new setting.

## DEFINITION OF ABUSE

Abuse is a violation of an individual's human and civil rights by another person. There is considerable evidence that children with a learning difficulty are at much greater risk of sexual abuse and assault than the general population. Research shows that the incidence of abuse among children with disabilities is as much as four times higher than it is among the non-disabled population. Children with a learning difficulty are at the highest risk of abuse. (Residential Services Good Practice Guide) Dimensions July 2010

### Definitions of abuse and neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm or which in itself harms a child. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children. When the abuser is a child it is important to remember that it is very likely that they are or have been a victim of abuse too, and these concerns should also be raised with the appropriate agencies.

- **Physical abuse** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.
- **Emotional abuse** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **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. Neglect may also include unresponsiveness to a child's basic emotional needs.

Abuse can happen anywhere and by anyone, including relatives, friends, neighbours, paid care workers, volunteers, professional staff, other children and strangers. In most cases of significant harm the risk of to the child or young person is from a parent or carer, a family member or someone known to them. Children can also be harmed by others a position of trust or responsibility.

### WHO IS A VULNERABLE CHILD?

- A child is an interchangeable description of anyone under eighteen years of age

Children in need (section 17 of the children act 1989)

Defines children 'in need' as those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services that plus those who are disabled

The critical factors to be taken into account in deciding whether a child is in need under the Children's Act 1989 are what will happen to the child's health or development without the provision of services, and the likely effect the services will have on the child's health and development.

## **VULNERABLE CHILD WHO CANNOT CONSENT**

This would include individuals who may be unable to protect themselves from significant harm or serious exploitation, including sexual exploitation. This may be because of a physical or mental disability, age or illness, with some children's level of learning difficulty being so severe that they could not be regarded as able to consent to sexual activity in any circumstances. They may be unable to understand what was being asked of them or to communicate their consent, or lack of it, in any way. A specifically defined offence that relates to sexual abuse of a young person with no capacity to consent is a 'necessary legal safeguard' and is deemed necessary because of the need to protect the interests of vulnerable individuals. Those who cannot understand the nature or potential consequences of sexual activity should not be judged to have been able to consent.

The following statements would be true of this intended population:

- Dependent on care staff and care services over long periods
- Lack the capacity to consent to sexual relations, as is the case for some children with a severe learning difficulty
- Unable to recognise after the event that abuse has taken place
- Communication difficulties may restrict the ability for someone to tell others if they are unhappy, hurt or afraid.

## **SAFE WORKING PRACTICE**

The principles of Safeguarding Policy are embedded in the ethos and the working practice of Days. There is a high level of feedback between staff to monitor the medical, physical and psychological well-being of Child. Staffing levels are commensurate with the needs of the Child. On average this is two Children to one Support Worker

- Staff meetings take place on a regular basis for a more formal exchange of information. Safeguarding is a standard agenda item for staff meetings and board meetings.
- It is the duty of everyone working at Days, whether paid or voluntary staff, to protect the children with whom we come into contact.
- Days is committed to the careful and safe planning of all activities which take place to ensure that everyone using the equipment is properly trained to do so.
- Parents, carers and other professionals are made aware that Days have effective policies to protect vulnerable children who use the service and that we uphold their rights.
- Relationships between all people are based on mutual respect with all employees and volunteers being expected to contribute and take responsibility to ensure a positive working environment.
- On-going safeguarding training is delivered, a record of attendance and results maintained
- Anyone in the setting who has become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting. They are supported by providing an opportunity to talk through their anxieties with and to seek further support such as counselling or regular supervision, as appropriate.
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- In order to reduce the risk of allegations being made against adults in the setting, and ensure that they are competent, confident and safe to work with children, they are made aware of safer working practice guidance and given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour.

## **RESPECT AND DIGNITY**

The individual dignity of Child will be of paramount importance with the following points being adhered to:

- For intimate care routines, staff work with the child in a specialist designated private area, with personal dignity of paramount importance.
- Appropriate equipment and resources are available to enable staff to undertake intimate care routines in a safe and secure manner
- Management supervision takes place on a six monthly basis, covering all aspects of support including personal care.
- Cultural differences are respected and reflected in the activities and celebrations that take place.
- Cleanliness and internal decoration are maintained at a high standard and staff will follow hygiene procedures as outlined in their training programme

## WHAT TO DO IF AN CHILD DISCLOSES HARM TO YOU OR YOU OBSERVE WHAT YOU PERCEIVE TO BE A CHILD PROTECTION ISSUE

### Receive

- Listen to the child/young/person if they are able to share this information with you
- Observe any injuries or behaviour that the children may have sustained or displays as a result of what you perceive may be abuse or neglect
- If you are shocked by what they are saying or what you observe try not to show it
- Take what they say or you observe seriously
- Accept what children says
- DO NOT ask for other information

### Reassure

- Stay Calm and reassure the children that they have done the right thing in talking to you
- Be honest with the children so that you do not make promises you can't keep
- Do not promise confidentiality – you have a duty to refer the children who is at risk
- Acknowledge how hard it must have been for the children to tell you what happened

### React

- React to the children only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate them for details
- Do not ask leading questions
- Use clear communication avoiding words or jargon that may be out of their experience
- Do not pursue the discussion once they feel they have had enough.
- Understand that what is important to them may not be what is important to you.
- Do not threaten or try to negotiate.
- Explain what you have to do next and to whom you have to talk
- Explain and if possible seek agreement that you will have to discuss the situation with someone else and will do so on a 'need to know' basis.
- If the child needs attention for physical injury, follow the first aid procedures

### Record

- Any person in the setting receiving a disclosure of abuse or noticing signs of symptoms of possible abuse will make some notes and write them up more fully as soon as possible (before the end of the working day) – use the Vulnerable Children Recording Proforma – see below All notes will be timed, dated and signed, with name printed alongside the signature.
- Be objective in your recording – include statements and observable things rather than your interpretations or assumptions
- Keep the record in locked cabinet separate to the ordinary file with accessed limited to the DSL/Deputy DSL

### Act Now

- Discuss the matter with Line Manager immediately – see the Child Protection Process which sets out the referral flow chart.

The **DSL** for **Spectrum Days** is:

Maggie Allen Chair of Trustees tel 07972704378, 236 Hylton Road, Worcester WR2 5LA [mallen@spectrumdays.co.uk](mailto:mallen@spectrumdays.co.uk)

Deputy DSL is Sandra Wilkinson Service Delivery Lead, Spectrum Days, Old Coach Road, Droitwich Spa Worcestershire WR9 8BB 01905 773725

If you have concerns about a children's welfare and the situation has not been adequately dealt with, through the normal supervisory channels, pass on this information as soon as is reasonably possible, directly to the DSL/Deputy DSL or Service Manager if DSL/Deputy DSL is not available.

The DSL/Deputy DSL has the right to refer the complaint back to management if he/she feels that the management without any conflict of interest can more appropriately investigate the situation.

If a child (or their families, carers) are concerned about possible abuse by a staff child or volunteer, in the first instance, they can talk to a child of staff they feel most comfortable with or they can contact the Service Manager/DSL/Deputy DSL directly. They will be reassured that the complaint will be investigated fully and if necessary the whistleblowing policy will be instigated.

If you have been unable to consult with your Team Leader, or DSL/Deputy DSL and need advice and guidance regarding the potential abuse of a vulnerable child, you can contact Worcestershire's Access Centre on 0845 607 2000.

### **Procedure to be followed if an allegation against an adult in the setting is received.**

#### **Staff must always follow the advice of the Access Centre or other statutory body**

When a safeguarding concern involves the behaviour of someone living working or looking after children on the premises, whether the allegations relate to harm or abuse committed on the premises or elsewhere this is the provider's responsibility (EYFS 2014, s 3.8), and they must inform Ofsted.

- An allegation may be made by a parent/carer, an adult in the setting or from an outside agency, and may be verbal or written but should be treated with equal concern
- Confirmation of the allegation in writing will be sought from the person making the allegation, **but action should not be delayed whilst awaiting written confirmation**
- The allegation will be recorded confidentially and stored securely
- The recipient of the allegation will immediately inform the DSL/Deputy DSL and the DSL/Deputy DSL will advise the Access Centre immediately and Ofsted within 14 days. •
- A note will be made of any actions advised by Children's Services Access Centre or by Ofsted (or childminder agency) and of the date and time they are implemented
- If necessary, the Access Centre will discuss the allegation with the Local Authority Designated Officer (LADO). If the allegation meets the threshold criteria for an independent investigation then the LADO will convene a LADO Position of Trust meeting
- A risk assessment will be carried out as to whether the person involved should be suspended pending the outcome of the LADO Position of Trust meeting. This meeting will determine whether enquiries and assessments by Social Care Services are required, whether a police investigation is required, and whether there are implications regarding the alleged perpetrator's suitability to work with/have access to children at the setting N.B. If an allegation is made directly to the police or Children's Services the Childminder may be unaware of the allegation until informed of the LADO Position of Trust meeting. If as a result of the LADO Position of Trust meeting Children's Services Social Care and/or the police decide to carry out an investigation, suspension of the alleged perpetrator will be reconsidered. A risk assessment will be carried out to determine whether the alleged perpetrator should be suspended during the investigation. This may result in the closure of the setting
- The DSL will follow the advice of the Access Centre
- The allegation will be handled in confidence, and not discussed with others, including the person involved, unless advised to do so by the Access Centre
- If an allegation is contained within a wider, more general complaint, the complaint will be handled following the setting's usual complaints procedure but with care to keep the detail of the allegation itself confidential
- The DSL/Deputy DSL may need to provide information to support the possible investigation by Social Care or the Police e.g. registers, staff rotas
- Parents/carers will be informed of any allegation involving their child unless by doing so this could put the child or adult in further danger
- The DSL/Deputy DSL will make alternative staffing arrangements, if necessary, to ensure staffing ratios are met and inform parents/carers about any changes to staff deployment
- If no further action is recommended by the Access Centre or LADO Position of Trust meeting the DSL/Deputy DSL may still proceed with disciplinary procedures
- If the DSL/Deputy DSL has concerns about the suitability of the member of staff to continue to work with children there is a statutory duty to refer to the Disclosure and Barring Service (DBS)
- In all cases where an allegation against a person is made, the DSL/Deputy DSL will review all policies and procedure and address identified training/supervision needs

- Records of allegations will be retained until the alleged perpetrator reaches normal retirement age, or for 10 years if that is longer.
- **Positive Physical Intervention**
- Staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury or damage to property.
- Physical intervention of a nature that causes injury or distress to a child may be considered under management of allegations or disciplinary procedures.
- Touch is appropriate in the context of working with children in the setting have been given safe working practice guidance to ensure they are clear about their professional boundaries.

### **E-safety**

Staff recognise their responsibility to keep children both safe and legal when using the internet and related technologies.

### **Mobile phones, cameras and the use of images**

Photographs of children may be taken in the interests of recording development and significant events, and cameras are provided by the setting for this. These photographs will remain in the setting or passed on to parents and carers.

Other adults in the setting are asked to use the setting number as a contact number for family and will not take photographs of children on their own devices or for personal use.

Under no circumstances should staff post any images which include children at the setting on social media sites.

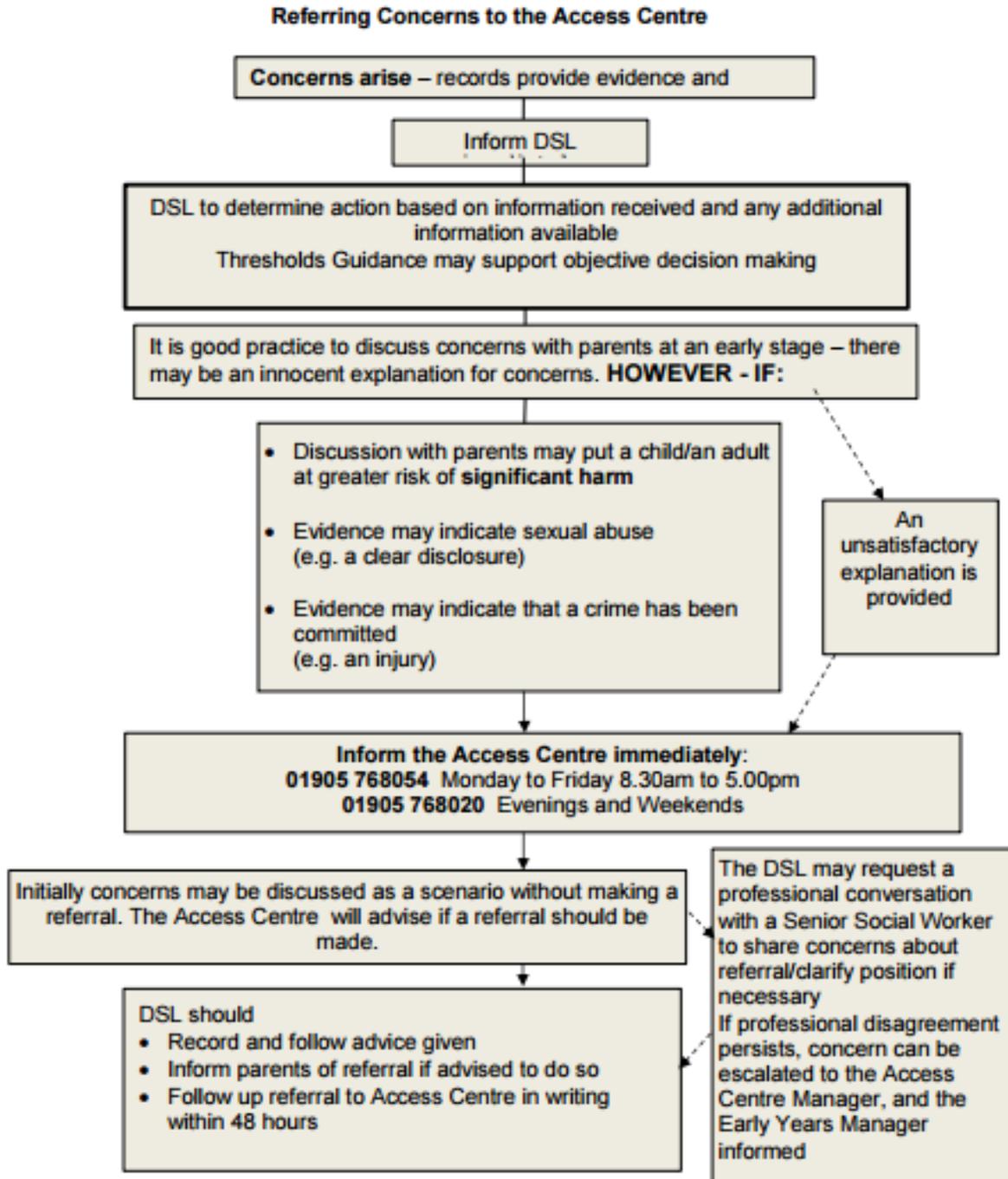
Consent is always sought when photographing children and additional consideration given to photographing vulnerable children, particularly Looked After Children or those known to be fleeing domestic violence. Consent must be sought from those with parental responsibility (this may include the Local Authority in the case of Looked After Children)

Permission will be sought if including images of children on the website. In doing so we consider the risks, will not include vulnerable children and children will always be appropriately clothed.

Sometimes children and family members will want to take photographs of children for example at special events. On these occasions we remind parents of our policies and ask them in particular not to post photographs of children other than their own on the internet.

## Safeguarding/child protection procedure (group settings)

We follow the procedure in this flow chart, which has been adapted from 'What to do if you're worried a child is being abused – Summary' (DFES 2006) to include guidance from Worcestershire County Council Children's Services.



Notification (verbal or written) about abuse of a child may be received from another child, parent/carer, member of staff or from an outside agency. The alleged perpetrator may be an adult or child and regardless of whether they are at the setting or not, procedures must be followed.

- If a member of staff believes a child may be at risk of significant harm, e.g. because a child has disclosed possible abuse or displays an injury without a plausible explanation, they will record their concern.
- All personal and sensitive information will be recorded and handled in confidence
- The DSL/Deputy DSL will gather any additional information available and immediately follow the flowchart to determine action.

**The DSL/Deputy DSL will consider any factors which may affect judgement, and seek advice from the Access Centre (including how and/or if to share information with parents/carers). The child's welfare is always paramount**

- If a referral to Children's Social Care is required it will be necessary to share the following information:
  - The name, address, date of birth, ethnic origin and gender of the child
  - The disability or special need that the child may have
  - The name of the person with parental responsibility for the child, and any restrictions to legal contact with the child
  - The names and dates of birth of siblings or other children in the household (if known)
  - The names and contact telephone numbers of parents and other carers or close family members if known
  - The name, address and telephone number of the child's GP and Health Visitor if available
  - The nature of the injuries observed, the reason for concerns and any risk indicators (e.g. domestic abuse)
  - Information about other services providing support and the child's thoughts/wishes and feelings
  - The name of the person who has raised the concern and exactly what the concern is
  - The parents'/carers'/child's first language
- When making the referral it is usually good practice to discuss concerns with the parents/carer first. However, if it is believed that:
  - Discussion with parents may put the child/an adult at greater risk of harm
  - Evidence may indicate sexual abuse (e.g. a clear disclosure)
  - Evidence may indicate that a crime has been committed (e.g. an injury)
  - Evidence of Aggravating Factors (domestic abuse, substance misuse or parental mental ill health – the toxic trio)

#### **Informed Consent**

Informed consent is a legal term. It means that parents are fully aware of the facts of a certain situation before agreeing to it. Statutory agencies can only intervene without the parent's consent if the child is considered at risk of significant harm (Children Act 1989: S47). If this is the case a response will be initiated within 2 hours.

**The DSL/Deputy DSL will ALWAYS SEEK ADVICE from the Access Centre BEFORE discussing concerns with parents**

- The Access Centre will advise staff what information should be shared with the parents/carers, if any, at this stage. The DSL/Deputy DSL will at all times follow instructions from the Access Centre
- A telephone referral will be followed up in writing within 48 hours
- If the staff have general concerns about a child's welfare e.g. have logged several minor concerns over a period of time, or have observed that a child's demeanour has changed without a plausible explanation, They may:
  - Contact the Access Centre for further advice
  - Have a discussion with parents/carers
  - Consider Early Help
  - Suggest signposting to Children's Centre services
  - Continue to monitor the situation
- Effective record keeping will be maintained at all times
- Within 24 hours following a referral to the Access Centre, the DSL/Deputy DSL should expect to receive feedback about the course of action to be taken. They will document this and follow any instructions from the Access Centre.

## **Managing a Disclosure**

The DSL/Deputy DSL will complete a hand-written record as soon after the disclosure as possible, using body maps to record any observed injuries.

Where a child discloses safeguarding allegations against another child, the DSL/Deputy DSL will seek advice from the Access Centre before commencing an investigation or contacting parents.

## **The legal duty to respond to concerns**

The Statutory Framework for the Early Years Foundation Stage (EYFS 2014) requires providers to have regard to the Statutory Guidance 'Working Together to Safeguard Children' 2013. If providers have concerns about children's safety or welfare, providers must notify agencies with statutory responsibility without delay. If there are any concerns about a particular child or young person and that they may be in need of protection or safeguarding, contact the Access Centre to make a referral to Children's Social Care. You can do this online at

<https://eservices.worcestershire.gov.uk/FrameworkiEHForm/AccessCentreForm.aspx>

You cannot save the form but you can print it for your records, and this type of electronic submission is secure. You can also make a referral by telephone: The telephone number for the Access Centre is: 01905 768054 Monday to Friday 8.30am to 5.00pm 01905 768020 (evenings and weekends)

The Access Centre is also happy to receive calls to have a professional discussion about any concerns and if there is uncertainty about whether to make a referral. It is not necessary to give the child's details initially. The concern can be discussed as an anonymous 'scenario' and callers are advised if a referral should be made. Providers may be asked to inform the parents that, in line with their safeguarding procedures, they have been required to share concerns about their child with Children's Social Care. They will be guided as to what information should be shared with parents.

External contacts The telephone number for the Access Centre is: 01905 768 054 Monday to Friday 8.30am to 5.00pm 01905 768 020 Evenings and Weekends

Police 24hrs non-emergency 101 Emergency 999

NSPCC Helpline 0808 800 5000

Ofsted 0300 123 1231

## **Useful links and contacts:**

### **Worcestershire safeguarding children board**

<http://www.worcestershire.gov.uk/CMS/safeguarding-children.aspx>

### **Working together to safeguard children 2013**

<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>

### **Early help website**

<http://www.worcestershire.gov.uk/cms/early-help-strategy.aspx>

### **Children's social care website**

<http://www.worcestershire.gov.uk/cms/childrens-social-care.aspx>

### **Telephone numbers for integrated working coordinators:**

Redditch: 01905 765596

Wyre forest, hardly, Bromsgrove, Redditch: 01905 765323

Worcester City, Malvern, Pershore, Evesham, Martley, Tenbury: 01905 765787

## **Recording Documents that Support this Policy**

1. Record of complaint
2. Record of allegation of abuse
3. Checklist for allegation management concerns
4. Safety and Welfare - concern form
5. Safety and welfare concern - continuation Sheet
6. Child protection – individual file - chronology
7. Child protection – individual file - front Sheet
8. Checklist for child protection concerns
9. Staff safeguarding training record
10. Health declaration for early years and childcare workers
11. Medical declaration
12. Conviction/determination/caution declaration
13. Child protection supervision notes
14. DBS record sheet