

SAFEGUARDING CHILDREN POLICY AND PROCEDURE

This is a controlled document ratified by the Board of Trustees. It must not be altered in any way. No other internal policies or procedures for Safeguarding Children are to be used or created. On receipt of a new version, please destroy all previous versions. If you are reading a printed copy of this document, you should check Family Action's intranet to ensure that you are using the most current version.

This policy is reviewed annually and in addition, is updated as and when changes are required due to new statutory guidance, national or local learning. All policy review and updates are undertaken considering legislation and revisions to Working Together to Safeguard Children and Keeping Children Safe in Education.

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SAFEGUARDING CHILDREN POLICY

POLICY STATEMENT

Safeguarding and promoting the welfare of children is everybody's business although our individual roles in the process may be different.

Family Action believes that the welfare of children is paramount and that all children have the right to protection from abuse, regardless of their age, culture, disability, gender, racial origin, language, religious belief or sexual orientation. We recognise our responsibility to safeguard and promote the welfare of children who may be at risk of harm.

This policy applies to all trustees, staff, students and volunteers

A child for the purposes of this policy (as defined by the Children Act 1989 & 2004) is anyone who has not yet reached their 18th birthday (regardless of whether they are living independently, in the armed forces, in further education or in state custody).

This policy will be reviewed annually by the Quality, Performance and Safeguarding team.

Clare Lawson, Deputy Director of Quality, Performance and Safeguarding, and Liz Anderson, Head of Quality and Safeguarding are also available to provide support and guidance on complex cases – 07515 429 421/07971 951 626.

THE LEGAL AND PROCEDURAL FRAMEWORK FOR SAFEGUARDING CHILDREN

All of the following provide the legal and procedural framework for safeguarding children and young people.

- The Children Act 1989
- The United Nations Convention on the Rights of the Child (ratified by UK Gov.1991)
- The Human Rights Act 1998
- The Framework for Assessment of Children in Need 2000
- Adoption and Children Act 2002
- The Sexual Offences Act 2003
- The Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Anti-Social Behaviour, Crime and Policing Act 2014
- What to do if you're worried a child is being abused: advice for practitioners 2015
- Information Sharing for practitioners providing safeguarding services 2015
- Serious Crime Act 2015
- Counter-Terrorism and Security Act 2015
- The Children and Social Work Act 2017
- Disclosure and Barring Service guidelines
- **Working Together to Safeguard Children 2018 – statutory guidance which provides a good overview of our various legal responsibilities** (available at <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>)

For further information see Appendix 1 - National Legislation and Policy Frameworks

THE SUPERVISION OF SAFEGUARDING WORK

Supervision plays a critically important role both in our safeguarding work and in ensuring that Family Action remains a safe organisation. All staff should read and be familiar with the Family Action Supervision Policy and the Safeguarding Children Practice Standards.

TRAINING

See Appendix 2 - Safeguarding Children Training Matrix

Family Action is committed to training all staff, students and volunteers in this policy, procedure and Code of Conduct, as part of the induction process. In addition, all staff are required to undertake and successfully complete the Child Protection Awareness and Safeguarding Adults (e-learning) Courses within their induction period and the Safeguarding Children Foundation course (or equivalent) during their probationary period.

Operational staff and volunteers are required to undertake refresher training, or other specialist training, at least every two years, to ensure they are updated on changes to best practice and legislation. This can be training delivered by the Safeguarding Children Partnership or Family Action.

Designated Safeguarding Leads are required to undertake refresher training at Level 3 (advanced) at least every two years.

Senior managers including board members are required to undertake refresher training at Level 2 for non-operational Senior Managers and Level 3 for those with operational duties, every two years.

This can be training delivered by the Safeguarding Children Partnership or Family Action.

Managers must keep records of training attended and assess the training needs of staff continuously, ensuring that staff are trained to undertake their roles effectively. Training needs analyses for whole teams and individual staff must be informed by the learning gained via audit, reviews, national learning and developments, service level data and workforce intelligence. Additionally, managers will examine the Safeguarding Children Partnership Training Strategy for their area and identify the prescribed levels and topics of training required by the Safeguarding Children Partnership. This will be incorporated into the training plans for individual staff and whole teams where relevant.

VIP VISITS TO SERVICES

All VIP visits to services or service events must be discussed with and approved by the Operational Manager and Deputy Director; and Family Action's Marketing/Communications departments informed in advance. It is important that all ID is checked and that visitors to a service are accompanied by a staff member at all times and given no unsupervised access to service users. Advice about photography should be sought prior to the visit and appropriate consents obtained. Confidential information must not be shared with VIPs.

FAMILY ACTION'S ACCOUNTABILITIES FRAMEWORK

Safeguarding is the responsibility of us all.

"Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action"

Working Together to Safeguard Children 2018

Service/project managers are the named persons for safeguarding/designated safeguarding leads for each Family Action service.

Staff, students and volunteers are expected to consult their line manager/ supervisor when they have any concerns for the welfare of a child and to discuss any issue openly within supervision. These managers will consult, if needed, with their Operations Managers/Deputy Directors.

For any incident in which the Deputy Director for Safeguarding, Quality and Performance, acting as the Designated Person for the organisation, provides an instruction on how to act in relation to safeguarding a child, this instruction must be followed; even if advice to the contrary is received from another senior manager, including Deputy Directors and members of the Executive group.

Nevertheless Family Action recognises, and will support, the right staff and volunteers to make a referral to Adult/Children's Social Care or the police if they do not feel that their concern has been adequately dealt with, or there is disagreement about the need to refer.

It is the responsibility of managers within each region to identify any differences between this policy and procedures and that of their Local Safeguarding Children Partnership (LSCP) and to ensure all staff, students and volunteers are fully aware and informed of them. If there are differences the policy and procedures of the LSCP take precedence.

Named Persons

Family Action requires all Operations Managers to identify people with the requisite experience to act as the named safeguarding person for each of their services. The named person will be required to offer consultation and advice on safeguarding matters to other staff members. The named person will often be the Project Manager, but where this is not the case, the named person must ensure that the line-manager is fully involved in the consultation.

It is for the line manager together with their staff member to make any decisions in respect of the case and to ensure that both the consultation and any decisions have been properly recorded.

If no such person exists within a service, Operations Managers will either allocate the role to someone in an adjacent service or undertake the role themselves. All staff within the regions must be formally notified by their Project Manager of the name and contact details of their named person.

Each Operations Manager must supply a list of their named persons indicating which project they cover, to the Deputy Director of Quality , Performance and Safeguarding and Director of Services and Innovation, annually.

A named person must have:

- a professional qualification in social work or other relevant discipline
- a minimum of five years post qualifying experience of working with child protection issues
- a thorough and current knowledge of safeguarding guidance and legislation
- undertaken more advanced safeguarding training* which has been appropriately updated
- a sound understanding of their Local Safeguarding Children Partnership's procedures
- a comprehensive knowledge of local networks and services
- the confidence and ability to use sound professional judgement

* Advanced safeguarding training must include learning objectives related to multi-agency working, involvement in child protection processes. Basic and level 1 safeguarding training is not sufficient. Advanced safeguarding training can be sourced via Safeguarding Children Partnerships in your local area.

TRUSTEES	<p>As part of fulfilling their duties, as laid out by the Charity Commission, trustees must take reasonable steps to protect people from harm who come into contact with the charity. This includes:</p> <ul style="list-style-type: none"> • People who use Family Action’s Services • Staff and volunteers • Others who may come into contact with the charity through its work.
CHIEF EXECUTIVE	<ul style="list-style-type: none"> • Accountable to the Trustees for safeguarding within the organisation. • Ensures a clear framework for the management accountability for safeguarding.
EXECUTIVE GROUP	<ul style="list-style-type: none"> • Accountable to the Chief Executive for safeguarding within their departments. • Jointly and collectively accountable for overseeing the effectiveness of safeguarding arrangements in the organisation and driving improvements across all departments where required. • Providing leadership on safeguarding as a corporate issue. • Ensure that safeguarding is made integral to the Family Action Strategic Plan. • Ensure that the corporate QA system takes account of safeguarding. • Safeguarding is given regular consideration at Exec. meetings. • Receives and requests reports related to safeguarding
DIRECTOR OF SERVICES AND INNOVATION	<ul style="list-style-type: none"> • Accountable to the Chief Executive for safeguarding in all projects and services • Line management responsibility for the safe delivery, quality and effectiveness of services. • Commissions specific time limited work to address safeguarding issues. • Together with HR ensure that safe recruitment practices are fully employed & that staff appointed have the necessary skills and experience in safeguarding appropriate to their role. • Ensures that effective supervision supports safeguarding at all levels within the department. • Ensure that a range of appropriate safeguarding training and budgets are available to meet the

	<p>needs of the workforce.</p> <ul style="list-style-type: none"> • Commissions the auditing of specific areas of work. • Receives internal reports as part of the Serious Case Review and Section 11 processes. • Manages the Deputy Director for Quality, Performance and Safeguarding
DEPUTY DIRECTORS	<ul style="list-style-type: none"> • Accountable to the Director of Services and Innovation for safeguarding in projects and services within their region. • Together with the HR Department ensure safe recruitment practices are fully employed in the recruitment of both staff and volunteers and that they have the necessary skills and experience in safeguarding, appropriate to the role. • Line management responsibility for the safe delivery, quality and effectiveness of the services within their region. • Ensure all supervisors and managers within their region receive the level of safeguarding training appropriate to their role and responsibilities. • Ensure effective supervision supports safeguarding in their region. • Report on the practice and management of safeguarding in their region and respond to safeguarding audits, as required. • Offer advice and support to staff on safeguarding issues when Project Managers are absent, as well as providing support to Project Managers, co-ordinators and others as necessary. • Ensure the development of a safeguarding culture within the context of their services. • Undertake management reviews when there are concerns about quality and effectiveness in relation to safeguarding and take corrective action where necessary. • Cost new services to allow for the implementation of safeguarding policies and procedures • Ensure that regional management meetings have safeguarding as a standing item on their agenda. • Ensure that Operational Managers and other direct reports fulfil their responsibilities in relation to safeguarding and the framework for accountability.
DEPUTY DIRECTOR QUALITY,	<ul style="list-style-type: none"> • Accountable to the Director of Services and

<p>PERFORMANCE AND SAFEGUARDING (DESIGNATED PERSON)</p>	<p>Innovation for the development of safeguarding within the organisation.</p> <ul style="list-style-type: none"> • Provide reports to the Trustees and the Executive Group • Act as the designated person for the organisation. • Regularly receive and collate information in respect of safeguarding activity to inform a corporate assessment of risk for the Executive Group. • Oversee or undertake an annual review and update the Family Action Safeguarding policy, procedures and standards. • Responsible for developing and reviewing strategic objectives relating to quality, performance and safeguarding • Ensure, together with HR, that all new staff are inducted into Family Action’s Safeguarding framework prior to the completion of their probationary period. Along with HR, oversee the quality of induction for new staff in relation to safeguarding practice and standards; highlighting any issues to the Director of Services. • Review the quality and content of Family Action’s Safeguarding and related training to meet the needs of the organisation and to ensure any new learning can be fully integrated into working practices. • Undertake, analyse and report on safeguarding and practice audits. • Link Family Action into national safeguarding developments or networks. • Circulate safeguarding information and updates.
<p>HEAD OF QUALITY AND SAFEGUARDING</p>	<ul style="list-style-type: none"> • Accountable to the Deputy Director: Quality, Performance and Safeguarding • Act as the deputy to the Deputy Director of Quality, Performance and Safeguarding including when complex safeguarding queries arise. • Report to senior colleagues and working groups when areas of risk, training needs and improvements are noted
<p>OPERATIONAL/PROJECT/SERVICE MANAGERS</p>	<ul style="list-style-type: none"> • Accountable to their manager for safeguarding in their project or service(s). • Together with the HR Department, ensure safe recruitment practices are fully employed in the recruitment of both staff and volunteers and that

they have the necessary skills and experience in safeguarding, practice, management or other requirements, as appropriate to the role.

- Line management responsibility for the safe delivery, quality and effectiveness of services provided by their project/s.
- Responsibility to establish and maintain effective relationships with other agencies locally in relation to safeguarding and to challenge when appropriate.
- Ensure that safeguarding is integral to all Family Action processes for the assessment, analysis, planning and reviewing of outcomes, in our work with service users.
- Ensure all their staff receive safeguarding training and support commensurate with their need.
- Ensure that all files clearly identify where there are concerns for the welfare of a child and that files comply with organisational standards.
- Ensure that supervision is provided to staff in line with Family Action's supervision policy taking into account any safeguarding issues, the complexity of the work and experience of the staff member.
- Ensure that supervision sessions record reflective practice and any decisions made are transferred to the case file – all records are signed and dated.
- Ensure that the assessment of risk and need, each case is regularly reviewed and an escalation process, implemented as necessary.
- Ensure that safeguarding practice is regularly discussed in supervision to identify any training needs and is included within the staff appraisal process.
- Ensure that there is a written Safeguarding Statement clearly displayed in each service.
- Ensure that Safeguarding is a standing item on team meeting agendas.
- Ensure that supervisors regularly read case files and counter sign them.
- Undertake periodic file audits in line with Family Action Safeguarding Children Practice Standards and the Quality Assurance Framework
- Make to Children's Social Care, as necessary.
- Provide information on safeguarding activity to the regional manager and the safeguarding manager

	<p>as required.</p> <ul style="list-style-type: none"> • Ensure that all direct reports fulfil their responsibilities in relation to this safeguarding policy, the framework for accountability and other relevant policies.
NAMED PERSONS	<ul style="list-style-type: none"> • Offer consultation and advice locally, to staff together with their line-manager, on safeguarding issues. See roll profile on page 12 of this policy.
ALL STAFF AND VOLUNTEERS (INCLUDING STUDENTS AND SERVICE USERS ACTING AS VOLUNTEERS)	<ul style="list-style-type: none"> • Accountable to their project or service manager for safeguarding within their work. • Responsibility for the safe delivery, quality and effectiveness of the services they provide. • Are alert to safeguarding issues in all aspects of their work. • Keep accurate and timely records which are signed and dated and comply with Family Action's procedures in relation to file format and management. • Remember that the welfare of the child is paramount and draw to the attention of line management any concerns they may have for the welfare of a child. • Make referrals to Children's Social Care as necessary. • Use supervision and appraisal to reflect on practice in relation to safeguarding. • Undertake safeguarding training as required. • Cooperate fully with any investigation or assessment of a child suspected to be experiencing or at risk of harm.

LINKS TO OTHER FAMILY ACTION POLICIES

All staff involved with safeguarding and child protection work, need to bear in mind the other organisational policies which support their work and provide guidance:

- Social Care Induction
- Diversity and Equality
- Supervision
- Whistle blowing
- Sharing information and confidentiality
- Safeguarding Adults
- Code of conduct
- Lone working
- Health and Safety
- Complaints
- Serious Incident Flowchart
- Anti bullying
- E-safety
- Escalation
- Recruitment



DEFINITIONS

Safeguarding and promoting the welfare of children

This is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances
- Acting in the best interests of children

Within 'Working Together' 2018 there is an increased emphasis on early help being more effective in promoting the welfare of children than reacting later. That means intervening at the earliest possible point in order to support parents in caring for their children and to prevent any concerns escalating. This is entirely consistent with Family Action's ethos and approach but does not override the principle that **the child's welfare is paramount**.

Children in Need

A "Child in need" is defined by S17 of the Children Act 1989 as one who is 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 by a local authority. This includes disabled children.

Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It places a duty on Children's Social Care to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

"Harm" is defined as: ill treatment (including sexual and non-physical abuse) or impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural). The Adoption and Children Act 2002 amended the definition of harm so that it also includes the harm which may be caused by seeing or hearing the ill-treatment of another (e.g. witnessing abuse directed at another child or adult, including domestic abuse).

There are no absolute criteria for significant harm. Sometimes a single traumatic event may constitute significant harm e.g. a violent assault. More often, significant harm is a compilation of significant events both acute and long standing, which interrupt, change or damage a child's physical or psychological development. The corrosiveness of long term emotional, physical, sexual abuse or neglect can cause impairment to the extent that it constitutes significant harm.

WHAT IS 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. Children may be abused in a family or an institution or a community setting, by those known to them, or by a stranger. They may be abused by an adult/adults, or another child/children, or harmed by witnessing the abuse of another person. The abuse and neglect of children takes place in all sectors of our community.

Physical abuse

may include: 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/carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve:

- Conveying to the child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- age or developmentally inappropriate expectations being imposed on a child. These may include interactions that are beyond the child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- seeing or hearing the ill treatment of another.
- bullying (including cyber bullying), causing children to feel frequently 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 although it may occur alone.

Sexual abuse

Sexual abuse may involve:

- 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).
- physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching in or outside of clothing.
- Non-contact activities, such as involving children in looking at or in the production of sexual images or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

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

NB: Child Sexual Exploitation is a form of sexual abuse

Neglect

Neglect involves:

The persistent failure to meet a child's basic physical, and/or, psychological needs is likely to result in the serious impairment of the child's health or development. Neglect may occur in pregnancy as a result of maternal substance abuse, or failure to access necessary ante-natal care. 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).
- Failing to protect a child from physical and emotional harm or danger, or
- Failing to ensure access to appropriate medical care or treatment
- Being unresponsiveness to, a child's basic emotional needs.

Complex forms of abuse

Organised or multiple abuse

This involves:

- Abuse involving one or more perpetrators and a number of related or unrelated abused children and young people.
- Organised and multiple abuse as part of a network of abuse across family or community, and within institutions such as residential homes or schools.

Organised and multiple abuse can be a feature of Female Genital Mutilation, Child trafficking, Child Sexual Exploitation and other forms of sexual abuse

In some cases perpetrators act with others to abuse children, in others they act alone or they may use an institutional framework or a position of authority to access and groom children for abuse.

Child Sexual Exploitation

(The statutory definition of CSE was revised and published in February 2017)

"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."

Please read the local CSE procedure and guidance on the Safeguarding Children Partnership website for your area; and if CSE is still suspected, follow the procedure taking all action required.

Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child.

Carrying out FGM procedures or failing to protect a child from any associated procedures, is a criminal offence.

Please read the local FGM procedure and guidance on the Safeguarding Children Partnership website for your area; and if FGM is still suspected or the child is deemed to be at potential risk of FGM, follow the procedure taking all action required.

Forced Marriage and Honour Based Violence

Honour Based Violence (HBV) is a term used to describe violence committed within the context of the immediate or extended family, motivated by a perceived need to restore standing within the community, which is presumed to have been lost through the behaviour of the victim. Most victims of HBV are women or girls, although men and boys may also be at risk.

Women and girls may be perceived to 'lose honour' through expressions of autonomy, particularly if this autonomy occurs within the area of sexuality and/or choosing to not enter into a marriage that has been arranged for them or is favoured by family members.

Men may be targeted either by the family of a woman who they are believed to have 'dishonoured', in which case both parties may be at risk, or by their own family if they are believed to be homosexual.

Please read the local procedures and guidance relating to Forced Marriage and Honour Based Violence on the Safeguarding Children Partnership website and the Local Safeguarding Adults Website for your area. If Forced Marriage or Honour Based Violence is still suspected, follow the procedure taking all action required.

N.B. New technologies and abuse

Individuals or groups may seek to abuse children through the use of technology. This could be psychological abuse (through bullying and intimidation using mobile phones, emails, social media or games which allow players to message one another), sexual abuse (exposure to indecent images or pressure to perform sexual acts). Technologies may be used as a tool in child sexual or criminal exploitation (for the perpetrator to give instructions, track the movements or activities of the person they are exploiting, for threats or intimidation).

Technology may also be used for "grooming". "Grooming" is a term used to describe the process by which someone builds trust or an emotional connection with someone in order to exploit or abuse them.

CHILDREN & YOUNG PEOPLE CONSIDERED PARTICULARLY VULNERABLE TO ABUSE

Although any child may be abused there are some children living in circumstances which may make them particularly vulnerable to abuse such as:

- all children deemed Children in Need
- those living away from home in public or private care e.g. foster care (including private fostering), residential care, boarding schools, hospitals, prisons etc.
- disabled children, including children who have hearing impairment or communication difficulties
- children whose behaviour indicates a lack of parental control
- children living within households where there is domestic abuse
- children of substance misusing, mentally ill or learning disabled parents
- children living in families where there are extreme religious, spiritual or cultural beliefs
- children living in temporary accommodation
- children who go missing
- newly arrived or transient families
- unaccompanied asylum seeking children
- child victims of trafficking

Find out more about the research on children at increased risk at <https://learning.nspcc.org.uk/children-and-families-at-risk>

INDICATORS OF ABUSE/NEGLECT

There are a variety of ways that somebody in the organisation may become aware of signs that a child is or may be at risk.

- A child might tell them something which indicates a risk of harm (e.g. a disclosure of abuse/neglect of them or of another child)
- Another adult (service user, colleague, volunteer or member of the public) might share information which suggests that a child could be at risk of harm (e.g. disclosure of domestic abuse in a household where a child is present)
- Observation of an interaction between a child and another person which gives cause for concern (e.g. concerns about parent/child interactions, a child abusing another child, a member of staff/volunteer seeming to favour a particular child or making inappropriate comments/touches)
- An adult/child might be observed doing something which is inappropriate or causes concern
- A member of staff/volunteer may breach the agreed boundaries of their role in relation to a child
- Another adult might report that a child has told them, or that they believe a child has been or is being abused/neglected
- A member of staff/volunteer might observe physical signs of abuse/neglect including behaviour from a child which could indicate that they are being abused/neglected.

Whenever anyone has concern that a child may be at risk of abuse they should follow Family Action's Safeguarding Procedures (unless they are different from those of the Local Safeguarding Children Partnership (LSCP) in which case those of the LSCP take precedence).

Remember: It is not your responsibility to confirm whether a child is suffering or at risk of suffering significant harm. This is the duty of Children's Social Care, the Police or the NSPCC. Discuss any concerns with your manager and named person, and follow the safeguarding procedures.

Most children do have accidental injuries occasionally e.g. from falling or playing with other children. Such injuries might include bruises/scrapes to the knees, shins, arms, elbows, or, if falling onto the face, cut lip, scraped nose/forehead etc.

However, there are injuries which are hardly ever caused accidentally and other warning signs which may indicate sexual, emotional abuse or neglect. The following is not an exhaustive list. It is designed to draw attention to the fact that a child might be being harmed in some way and in need of protection.

Physical Indicators

Bruises:

Some types of bruises are associated with non-accidental injury:

- Hand slap marks
- Marks from an implement
- Pinch or grab marks
- Grip marks on a baby (could indicate severe shaking)
- Bruised eyes (particularly when no other bruising to forehead)
- Any bruising on babies

Other Injuries:

Sometimes children are injured accidentally by not having been provided with a safe environment, such accidents could for example include scalding, fractures and poisoning. But some types of injury are less likely to be accidental such as:

- burns inside the mouth, inside of the arm and on genitals
- cigarette burns or burns with another object
- scalds particularly on the feet and ankles
- bite marks
- evidence of old or repeated fractures
- cuts to mouth or tongue
- Female Genital Mutilation (FGM)

Sexual abuse

Indicators include:

- bruising to breasts, buttocks, lower abdomen, thighs and genital or rectal areas
- injuries, bleeding or soreness to genital or rectal areas
- persistent vulva reddening and or discharge
- repeated urinary tract infections
- pseudo- mature or sexually explicit behaviours
- frequent open masturbation or aggressive sexual play with peers

Signs of Neglect

A neglected child may:

- be underweight, malnourished or obese
- be dirty and smelly
- be poorly and/or inappropriately clothed
- often be hungry
- be unduly solemn and unresponsive
- be under stimulated and not reaching developmental milestones
- demonstrate poor impulse control

- be unable to form relationships

Neglecting a child's need for love, care, warmth, security and stimulation will affect their emotional and physical development over time. Some children may be left unattended without suitable arrangements for their care or with adults who for some reason (e.g. alcohol or drug misuse) are unable to be fully responsible for the child's care.

Behavioural Indicators

Children who are being neglected or abused often also have behavioural difficulties. Any signs should always be looked at in conjunction with other information about a child and their family circumstances. Behaviour may be a starting point for further assessment.

Indicators might include:

- being overly compliant or watchful attitude
- acting out aggressive behaviour, severe tantrums
- only appearing happy in school, or being kept away from school
- being isolated in school and without friends
- being unable to trust anyone
- tummy pains with no medical explanation
- eating problems
- sleep disorders
- being overly anxious, frozen or frightened
- self-harm
- constantly running away from home
- showing signs of depression, anxiety, withdrawal etc.

Other Factors

There may be other indicators which could make someone concerned about the risk of abuse or neglect of a child such as:

- a history of a parents' abuse in childhood whether physical, emotional sexual or neglect
- a history of family breakdown, separations or disrupted care
- parental isolation and lack of support
- parental mental ill health, learning difficulties or disability which may impact negatively on a parents' perception of the child or ability to provide care
- parental drug, alcohol or substance misuse
- history of transient or violent partners and exposure to domestic abuse
- history of criminal behaviour and imprisonment and in particular a conviction of an offence against a child (sometimes referred to as a schedule 1 offence)
- parent lacking awareness of a child's development and needs
- parents who hold extreme religious, spiritual or cultural beliefs
- inconsistent adults within the household or rapidly changing adult relationships
- chaotic families
- history of social services involvement or children being 'looked after children'

CHILD SAFEGUARDING PROCEDURES

The purpose of these procedures is to ensure a swift and effective response for dealing with concerns about the welfare of children.

Adherence to these procedures is mandatory for all Family Action staff, students and volunteers..

All Family Action staff, students and volunteers will be expected to comply with the Code of Behaviour for Safer Working Practices for Adults who Work with Children and Young People and Family Action's Code of Conduct.

Appendix 4 – What to do if...Flow Chart will be clearly visible and will contain local contact numbers and be placed close to the telephone, in each team office.

Safeguarding, quality and performance will be considered at each OSLG, regional and team meeting as a standing agenda item and within each supervision session.

Safeguarding, quality and performance will be considered quarterly by the Executive Group

WHAT TO DO IF YOU HAVE CONCERNS ABOUT THE WELFARE OF A CHILD

See Appendix 4 - What to do if...flowchart

“all practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child’s welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children’s social care and/or the police”.

Working Together to Safeguard Children 2018

Remember that the welfare of the child is **paramount**. If there is any indication that a child may be experiencing or at risk of significant harm the first consideration must always be whether the child is in imminent danger or requires urgent medical attention. If so, the safety of the child and/or access to suitable medical treatment, need to be secured as a first priority.

If the child is in danger, keep the child with you and contact the Police. If the child requires medical attention call an ambulance and then inform your manager. Children’s Social Care will need to be informed and a decision will need to be made, by the professionals involved at this stage, as to the timing and who will be responsible for informing the family of the situation.

If no emergency action is required, the staff member must discuss their concerns immediately with their manager (or a more senior manager if your manager is unavailable/implicated in causing the harm) and if necessary the named person for their service, to consider whether the concerns require a referral to Children’s Social Care. If you have any doubts about this decision, remember you can always discuss your concerns with senior colleagues in both Family Action and another agency, or consult with Children’s Social Care (via the children’s services consultation line or duty team) or the NSPCC.

This discussion should take place swiftly; as soon as possible after you become concerned and always on the same day. In instances where it is thought that significant harm is occurring or a child is at risk of significant harm, a referral to Children’s Social Care must be made as soon as possible on the same day and confirmed in writing within 24 hours. Children’s Social Care should acknowledge receipt of the referral within one working day. Staff must be assertive in ensuring an acknowledgement is obtained, to confirm that any concerns are being taken seriously and being acted upon. Staff should then cooperate with any investigation or assessment, as required. Children’s Social Care should inform you, as the referrer, of the outcome of any investigation.

For any incident in which the Deputy Director for Quality, Performance and Safeguarding acting as the Designated Person for the organisation, provides an instruction on how to act in relation to safeguarding a child, this instruction must be followed; even if advice to the contrary is received from another senior manager, including Deputy Directors and members of the Executive group.

Nevertheless **Family Action recognises, and will support, the right staff and volunteers to make a referral to Adult/Children's Social Care or the police if they do not feel that their concern has been adequately dealt with, or there is disagreement about the need to refer.**

Consent from parents and/or carers is not required when the threshold of significant harm is met; however, parents/carers should be informed that you are required to make this referral to Children's Social Care unless doing so would increase the risks to the child.

If the child is identified as a **Child in Need** (see earlier definition) then the staff member and their manager will agree how these concerns will be shared with the family. If the family agree to a referral, then a referral form will be completed and Family Action will cooperate and contribute, as required, to any subsequent assessment. Should the family fail to agree to a referral, then the manager must consider whether the refusal constitutes a risk of significant harm. If not, then the concerns for the child should be recorded, in line with Family Action's recording requirements, along with the parent's refusal of the referral, and staff should continue to monitor the well-being of the child.

Historical abuse

Should a child disclose abuse which has occurred in the past but you are confident that they are currently safe e.g. an adopted child may disclose abuse whilst living with birth parents or whilst in care, this must be shared with Children's Social Care or the local Police force; and normal procedures followed. Other children may still be at risk and further enquiries or investigation may need to follow.

NB: Should you encounter difficulty in getting an appropriate response to your safeguarding concerns, from Children's Social Care:

- Discuss with your line manager and be prepared to escalate as per Family Action's *Resolving Interagency Disagreements/Escalation Policy (Appendix 5)*.
- View the Safeguarding Children Partnership procedure for escalating your concerns. This will usually be called the 'Escalation Procedure' or 'Resolution of Professional Disagreement/Conflict' procedure.
- View locally agreed thresholds for intervention guidance – available on the website of the Safeguarding Children Partnership in your area

INFORMATION SHARING & CONFIDENTIALITY

See Appendix 6 - Information Sharing Protocol

It is important that concerns about children and young people are shared, as it is only when all the pieces of information are put together that a full picture of the situation can be obtained and proper judgements made. A key finding in previous Serious Case Reviews (now Safeguarding Practice Reviews or Child Practice Learning Reviews) has been a failure to record information, to share it, to understand the significance of the information shared and to take appropriate action in relation to known or suspected abuse or neglect.

It is critical that all staff working with children and young people are in no doubt that where they have a reasonable cause to suspect that a child or young person **may be suffering or may be at risk of suffering significant harm**, they should discuss those concerns with their line manager and make a referral to Children's Social Care.

While in general any concerns should normally be discussed with the family and where possible seek their agreement to make the referral, **this should only be done where such discussions and will not place a child at increased risk of significant harm or lead to interference with any potential investigation. The child's interests must be the over-riding consideration in making any decision.**

Family Action will:

- ensure that staff explain to children, young people and their families when **first accessing a service**, how and why information will be held and may, on occasions, be shared
- provide clear systems, standards and protocols for information sharing
- provide training on information sharing and confidentiality for its staff
- provide advice and support around information sharing issues.

Where there are safeguarding concerns information **must** always be shared. The Data Protection Act was **not** intended to prevent the sharing of this type of information.

Child Safeguarding Practice Reviews and Child Death Overview Panel – Duty to Co-operate

Working Together 2018 confers a range of statutory responsibilities upon agencies working with children, young people or adults who are parents/carers. Family Action will ensure that we co-operate fully and in line with these statutory responsibilities at all times. We will provide requested information and involvement within Child Death Review Processes and Child Safeguarding Practice Reviews for all boroughs we work within.

RESPONDING TO DISCLOSURES OF ABUSE/NEGLECT

If a child confides in a member of staff and discloses abuse/neglect

Remember:

- The safety of the child is paramount
- Be calm, reassuring and honest
- Do not make promises which can't be kept
- Do not interrogate the child, but listen carefully and gently clarify the facts, remain open in your manner and allow the child to continue at their own pace. It is ok to ask clarification questions such as "can you tell me a bit more about that?", "when did that happen?", "where did that happen?", or "Could you say that again I'm not sure I heard you properly?"
- To tell the child what will happen next and with whom the information will be shared
- Keep the child informed of what is happening and of any decisions made or actions taken
- Accurately record the incident immediately or as soon as you can but definitely within 24 hours

If the child is in imminent danger then keep them safe and contact the Police and cooperate with the investigation. If the allegation involves a parent/carer or family member do not inform the family without first discussing the situation with Children's Social Care or the Police. If the allegation does not involve a family member inform the parents with the agreement of Children's Social Care and the Police.

Consult with your manager (or a more senior manager) and if necessary, your named person, immediately

CONCERNS & ALLEGATIONS ABOUT THE CONDUCT OF A MEMBER OF STAFF/VOLUNTEER (including members of staff/volunteers at other agencies)

Please view the Safeguarding Children Partnership procedures for your area to ensure that you respond in line with locally agreed arrangements.

What constitutes appropriate or inappropriate behaviour will vary depending upon the context and nature of the work undertaken. All employers have a responsibility to set personal and professional boundaries for their staff and to be explicit about what behaviours are illegal, inappropriate or unacceptable.

If you have concerns about a member of staff/volunteer, even very close colleagues, you must bring this to the attention of your manager. If the concern or allegation is about your manager, please speak to their manager, your Regional Deputy Director or Human Resources.

Family Action has a whistleblowing policy with a clear process for raising concerns about individuals at all levels in the organisation, including referral to the LADO where appropriate. Please refer to this policy where required.

Remember:

The person who first encounters an allegation/concern is not responsible for deciding whether or not abuse has occurred. Child protection agencies (the Local Authority and police) are responsible for investigating these concerns to establish what has happened.

Stage 1: The Manager's Initial Response

Concerns or allegations about the behaviour of an adult may be brought to the attention of a manager in a variety of ways. For example:

- an allegation made directly by a child or parent
- an allegation made by a colleague or member of staff
- information from police or local authority social care team
- information from a third party or the general public
- information disclosed anonymously or online
- concerns generated through an employment relationship

Managers need to decide whether the allegation:

- constitutes a possible criminal offence and should be reported to the police

- should be referred to Children’s Social Care as a child/children may be at risk of significant harm
- should be dealt with via Family Action’s disciplinary policy
- Can be dealt with by providing the employee with additional training/support/supervision or changes to their role (e.g. where there are concerns about boundary transgressions, but no allegation of abuse or indication that harm has been caused, or that children are at risk)

HR must be informed of the allegation and updated as the local Managing Allegations process is worked through. The Deputy Director for Quality, Performance and Safeguarding/Head of Quality and Safeguarding can be contacted to discuss any concerns/allegations and will provide support in determining whether the criteria for Managing Allegations have been met and the subsequent need therefore to inform the Local Authority Designated Officer (LADO).

Stage 2: When to contact the Local Authority Designated Officer (LADO)

The LADO must be informed within 1 working day of any allegation that a person who works with children 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;
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Additionally, where Family Action becomes aware of a new offence or caution pertaining to a member of staff or volunteer, and this has implications for the individual’s role in working with children, the LADO must be contacted within 24 hours of this coming to light and a conversation held to determine if this meets one or more of the four allegations management criteria

This applies to all staff, volunteers and carers working with children and young people. The allegation could be in relation to the treatment or behaviour of the individual’s own children.

It is important to ensure that even apparently less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned. The LADO may also be contacted for advice in dealing with allegations.

Employers **may** also seek the advice of the Local Authority Designated Officer where an employee’s behaviour is a matter for concern to his/her manager because it compromises, or may be seen to compromise, the reputation and ability of the organisation to safeguard children and young people. Some examples of this may be where an individual has:

- Contravened or has continued to contravene any safe practice guidance given by his/her organisation or regulatory body;
- Exploited or abused a position of power;
- Acted in an irresponsible manner which any reasonable person would find alarming or questionable given the nature of work undertaken;
- Demonstrated a failure to understand or appreciate how his or her own actions or those of others could adversely impact upon the safety and well-being of a child;
- Demonstrated an inability to make sound professional judgements which safeguard the welfare of children;
- Failed to follow adequately policy or procedures relating to safeguarding and promoting the welfare of children;
- Failed to understand or recognise the need for clear personal and professional boundaries in his or her work;
- Behaved in a way in his or her personal life which could put children at risk of harm;
- Become the subject of criminal proceedings not relating to a child;
- Become subject to enquiries under local child protection procedures and/or child subject to Child Protection Plan;
- Behaved in a way which seriously undermines the trust and confidence placed in him or her by the employer.

What to record

At this stage the manager should ensure that a factual account of the allegation is recorded, dated and signed, a chronology of events initiated and any other key information identified. No attempts should be made to investigate further before discussion with HR and/or the Local Authority Designated Officer.

An allegation against a member of staff or volunteer outside Family Action

If you become aware of an allegation against a professional, volunteer or carer outside of Family Action, it is important to inform the Local Authority Designated Officer for your area within 1 working day.

For support and advice, contact your manager, Head of Quality and Safeguarding or the Deputy Director for Quality, Performance and Safeguarding.

RECORDING

It is imperative that any concerns about a child are accurately recorded as the matter could go on to case conference and/or legal proceedings. This includes relatively minor concerns that could worsen or cumulatively cause harm to the child.

All recording of concerns, whether electronic or paper, must be placed on the case file within one working day. The record should include the context, a detailed account of the concerns, what was said or seen and by whom. It is important to record events and situations accurately; highlighting the difference between fact and opinion. If concerns arise due to a disclosure from a child or another person, actual words used by the person must be recorded. The record should indicate:

- the basis for professional concerns: e.g indicators of neglect or abuse; a disclosure
- who was present during any incident that led to concerns
- what was observed/disclosed
- who was consulted about the concerns
- how any decisions were made and the reasoning behind them, and
- any actions taken, when and by whom

If a decision was made, to take no action, then the reasoning for that decision must also be recorded. All records must be clearly signed and dated.

All current services use electronic case recording. If a written document is to be uploaded onto a casefile tippex or another correction fluid must never be used on such documentation. if a mistake is made or an amendment required, a line should be made through the original so that the wording remains clearly visible.

REFERRAL TO CHILDREN'S SOCIAL CARE

See *Appendix 4 - What to do if...flowchart*

What to include

Some local authorities have their own specific referral form, others do not. Any referral to Children's Social Care or the Police should include as much of the following information as possible:

- full name of the young person (check all names are spelt correctly)
- age of child or young person (or expected date of birth if known)
- parent's name/s (check the surname of the parent is spelt correctly and that the person you think is the parent, really is. If they are not the parent, find out who they are and whether they are related to the child)
- home address - including house number or name, and post code and telephone number if possible
- special circumstances e.g. community language, context of disclosure etc
- what has prompted concern including dates & times etc
- any physical or behavioural signs
- Relevant case history relating to the concerns, including support provided to assist parents and children
- whether you are passing on your own concerns or those of a third party, if so record the details and clarify between fact and opinion
- whether the child/young person has been spoken to? If so, by whom and what was said
- whether the parents have been contacted? If so, by whom and what was said.
- whether anybody has been named as the alleged abuser, if so record details.
- whether anyone has else been consulted? If so record the details.

Remember to add your own name, position, contact details, time and date of referral and method by which referral was made. A referral should be countersigned by your line manager, whenever possible. Follow up in writing within **24** hours.

Information sharing and confidentiality

The legal principle that the welfare of the child is paramount means that the considerations of confidentiality which might apply in other situations in the organisation should not be allowed to override the right of children to be protected from harm. See *Appendix 6 - Information Sharing Protocols* and seek advice from your manager or another senior manager, if you feel unsure about what should be shared.

When should the family be informed?

Family Action, in consultation with Children's Social Care and the Police, will always inform the parents of such a referral, **unless**:

- Doing so could put the child at further risk of harm

- It could compromise a criminal investigation (evidence could be tampered with, witnesses coached or intimidated)
- It was felt that it was likely the family would flee

A judgement will need to be made by those involved at the time and the reason behind any decision clearly recorded.

WHAT HAPPENS NEXT IN THE CHILD PROTECTION PROCESS

Once Children's Social Care receives a referral, they will need to determine within one working day, how they intend to proceed. They should inform the referrer of that decision.

If there are concerns for the child's immediate safety, emergency action may be necessary to protect the child.

A strategy discussion would be held between Local Authority Children's Social Care, the Police and other agencies as appropriate. They would then make decisions about any immediate protective action and on what information may be shared with parents/others (having taken legal advice as necessary). If a decision is made to initiate an investigation under section 47 of the Children Act 1989, a social worker will lead on the **assessment**. This may be done jointly with the Police. Any assessment has to be proportionate and timely.

If concerns are substantiated and there is judged to be a continuing risk to the child Local Authority Children's Social Care will convene and hold **child protection conference** within 15 days of the strategy discussion.

The child protection conference will determine whether the child is at continuing risk of significant harm, in which case the child will be made the subject of a **Child Protection Plan** and a **core group** established. The core group will be formed of professionals involved with the family plus family members. The core group must then meet within 10 working days to develop and implement the child protection plan and regularly thereafter. A **Review Child Protection Conference** must be held within 3 months of the initial conference and 6 monthly thereafter, until such time as there are no further concerns about harm and the child is no longer subject to a child protection plan.

Under section 47 of the Children Act 1989, only Local Authority Children's Social Care, the Police and NSPCC have statutory powers to investigate concerns that a child is suffering or at risk of suffering significant harm. However, other agencies, including Family Action, may be required to contribute to strategy discussions, assessments, child protection conferences and core groups. Managers should ensure that their staff have the knowledge, skills and confidence to do so effectively and are offered appropriate training and support.

A CHILD IN NEED, BUT NO ACTUAL OR LIKELY SIGNIFICANT HARM

If an assessment concludes that the child is not suffering or likely to suffer significant harm, but is a **Child in Need**, Children's Social Care will discuss with the child, family and other colleagues, as appropriate, what to do next. This may result in services being offered by Children's Social Care and/or other agencies. A social worker, will then co-ordinate those services via a Child in Need plan and review the outcomes for the child, until such time as the case can be closed.

Such services are delivered under section 17 of the Children Act 1989, which places a responsibility on Children's Social Care to provide services to children in need but does not give them statutory powers to intervene in family life, against the wishes of the family.

NOTIFICATION OF A CHILD DEATH

When a member of staff becomes aware that:

- 1) a child known to Family Action has unexpectedly died or been seriously injured, *or*
- 2) a child from the immediate locality of the service but unknown to the service has unexpectedly died or been seriously injured

They **must immediately** notify their line manager or in their absence, their line manager's manager and follow the Serious Incident Policy See *Appendix 3 -Serious Incident Flow Chart*.

The Director of Services and Innovation, having heard the detail of the case and considering any involvement we may have had, will advise as to whether the file should be secured. The Communications Department will produce a response on behalf of the organisation, for use should there be any approach from the media. Any media requests should be referred to the Communications Department.

Staff are expected to co-operate fully with any subsequent enquiries made by their Safeguarding Children Partnership or statutory agencies.

APPENDIX 1 - National Legislation and Policy Frameworks

Children Act 1989	<p>Emphasises the importance of putting the child first</p> <p>Key aspects</p> <ul style="list-style-type: none"> • Welfare of the child is paramount • Delay is not in the child’s best interests and to be avoided • Children’s wishes to be taken seriously 	<p><i>Promotes:</i></p> <p>Principles of working together and in partnership</p> <p>Skills enhanced by multi agency learning</p>
Education Act 2002	<ul style="list-style-type: none"> • Emphasises duty to make arrangements for the safeguarding and promoting of the welfare of children • Ensures training and pastoral support • Identifies designated staff to co-ordinate and manage child safeguarding practice 	<p><i>Promotes:</i></p> <p>Policies and procedures to safeguard children</p> <p>Work in partnership with other agencies</p> <p>Training and development</p>
Sexual Offences Act 2003	<p>Sets out a new legal framework to protect children from sexual abuse, covers internet pornography, grooming & exploitation. Puts restrictions on convicted sex offenders.</p>	<p><i>Promotes</i></p> <p>Internet Safety, successful prosecution in cases of grooming and safeguarding children from known sex offenders</p>
Children Act 2004	<p>Emphasises reform within children services</p> <p>Key aspects</p> <ul style="list-style-type: none"> • New role of children commissioner for England • Duty of local authorities to promote • Co-operation between agencies • Establish local arrangements to safeguard and promote the welfare of children • Establishment of new post of Director of Children’s Services 	<p><i>Promotes:</i></p> <p>Culture of co-operation and working together between agencies and organisations</p> <p>Development of common knowledge, skills and competences within the children’s workforce</p>
Anti-Social Behaviour, Crime and Policing Act 2014	<p>Makes Forced Marriage a criminal act.</p>	<p><i>Promotes</i></p> <p>Equality and informed choice for women and girls; and the prosecution of offenders</p>
Children and Families Act 2014	<p>Reformed the systems for adoption, looked after children, family justice and special educational needs.</p>	<p><i>Promotes</i></p> <p>A commitment to strong services and systems for vulnerable children.</p>
Serious Crime Act 2015	<p>Updating and clarifying the offence of child cruelty to make it explicit that it covers psychological suffering or injury as well as physical harm. (Section 66)</p> <ul style="list-style-type: none"> • A new criminal offence of sexual communication with a child. • Amends existing sexual offences legislation so as to recognise 	

	<p>children as victims rather than consenting participants</p> <ul style="list-style-type: none"> • Extends the extra-territorial reach of female genital mutilation offences and providing anonymity to victims • A new offence of failing to protect a girl under 16 from the risk of female genital mutilation • A new duty on professionals to notify the police of acts of female genital mutilation. • A new offence criminalising repeated or continuous coercive or controlling behaviour perpetrated against an intimate partner or family member which has a serious effect on the victim. 	
Counter-Terrorism and Security Act 2015	<p>Places the Prevent programme on a statutory footing. This means that from the 1st July 2015 every local authority (and other relevant 'authorities') will have a legal duty to, "when exercising its functions, have due regard to the need to prevent people from being drawn into terrorism. This duty is conferred upon organisations commissioned by Local Authorities and any other 'authority' named in the Act. Places. Places a statutory duty on a range of organisations – including child care settings – to co-operate with local Channel arrangements/panels.</p>	<p><i>Promotes</i></p> <p>Increased reporting of individuals at risk of radicalisation.</p> <p>Multi-agency working when an individual is deemed to be at risk of radicalisation.</p>
The Children and Social Work Act 2017	<p>Established Local Safeguarding Children Partnerships (replacing Local Safeguarding Children Boards (LCSBs)</p>	
Working Together to Safeguard Children: a guide to inter-agency working 2018	<p>Statutory guidance for multi-agency working and the responsibilities of individual agencies.</p> <p>It Includes:</p> <ul style="list-style-type: none"> • Assessing need and providing help • Organisational responsibilities • Local arrangements for safeguarding children led by Safeguarding Children Partnerships • Learning and improvement frameworks • Child Safeguarding Practice Reviews and other statutory reviews 	<p><i>Promotes:</i></p> <p>Child's needs paramount Information sharing Use of professional judgement Regular reviews of outcomes</p> <p>Individual agencies are responsible for ensuring staff competence & confidence to fulfil their safeguarding responsibilities</p>
Health and Care Act 2022	<p>The 2022 Health and Care Act introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services, building on earlier recommendations by NHS England and NHS Improvement.</p> <p>Clinical Commissioning Groups are replaced with Integrated Commissioning Boards.</p>	<p><i>Promotes</i></p> <p>Improved commissioning, strategic planning and joined up working across the health economy and social care.</p>
Domestic Abuse Act 2021	<p>Creates a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse</p> <p>Establishes in law the office of Domestic Abuse Commissioner and sets out the Commissioner's functions and powers provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order</p>	<p><i>Promotes</i></p> <p>Raising awareness and understanding about the devastating impact of domestic abuse on victims and their families.</p>

	<p>Places a duty on local authorities in England to provide accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation</p> <p>Prohibits perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales</p>	<p>Further improvements to the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice.</p> <p>Strengthened support for victims of abuse by statutory agencies.</p>
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APPENDIX 2 - SAFEGUARDING CHILDREN TRAINING MATRIX

Level 1

During 1st Month

All staff receive:

Local project and
Departmental Induction

PLUS Family Action
Corporate Induction

Review of Family Action
Safeguarding Policies,
Procedures and Standards

E-Learning Child Protection
Awareness, Protection of
Vulnerable Adults Courses
and Domestic Abuse
Awareness

Level 2 – Foundation

*Completed within 6 – 12
months*

All operations staff:

Social Care Induction

Child Protection Foundation

Supervisees

Interagency
Safeguarding/Working
Together (*)

Domestic Abuse – Risk
Identification Training

Level 3

*Completed within 12
months*

Some operations staff:

Safeguarding Intermediate

Neglect

Recording & Report Writing

Assessment/Risk
Management

Level 4

Managers/Supervisors:

Supervision Skills

Safeguarding for Managers

Enabling Reflective Practice

Safer Recruitment

Serious Case Reviews/Child
Practice Learning Reviews
& Research Updates

Frontline Staff:

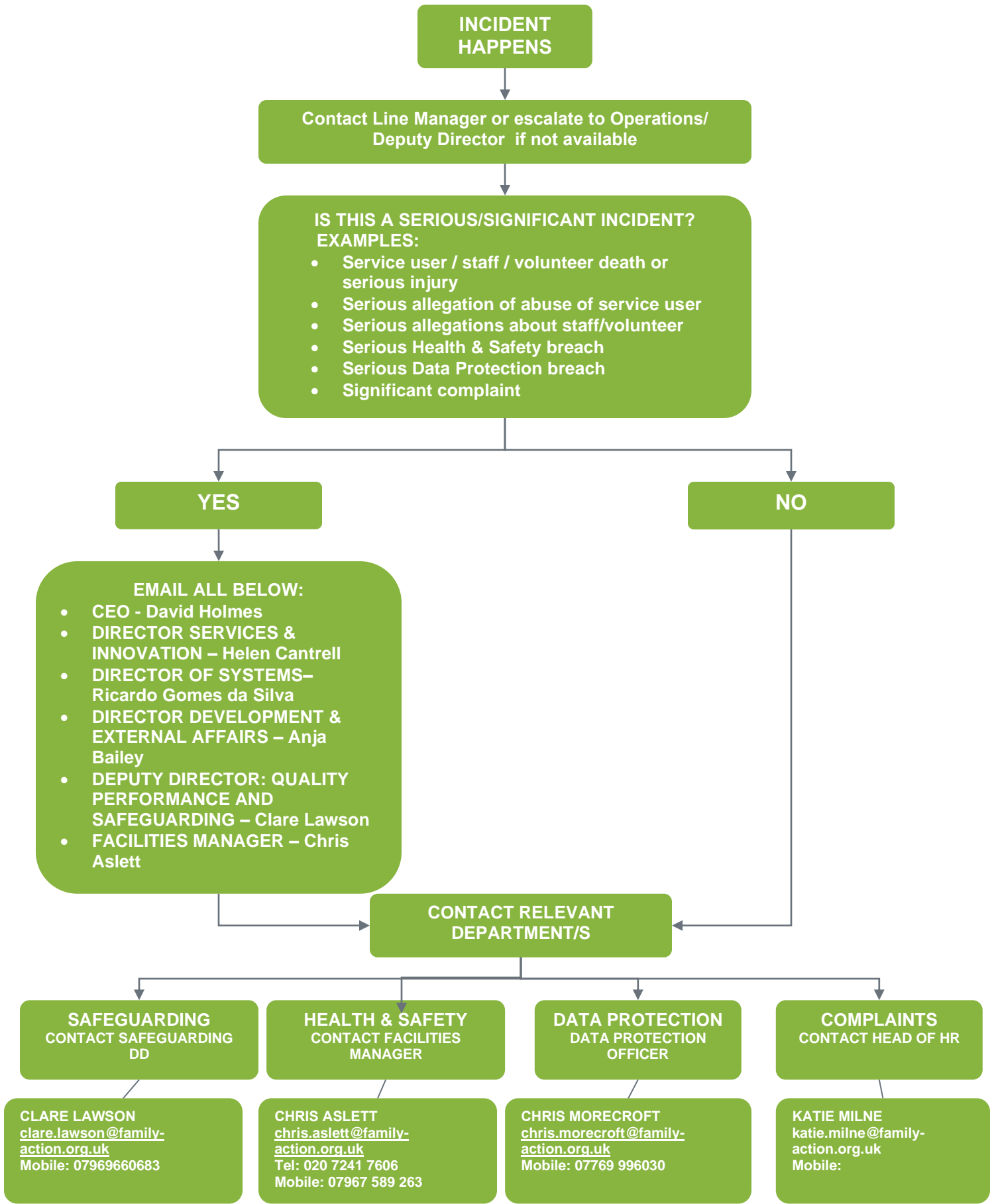
Other topics/areas relevant to Safeguarding that individuals would benefit from training in (*):

- Safeguarding in a digital world
- Child Sexual Exploitation
- Working with hostile families/conflict management
- Prevent (Extremism) Awareness
- Young expectant parents
- Attachment
- SEN/Disability
- FGM, forced marriage, spirit possession and honour based violence
- Child development
- Mental Health

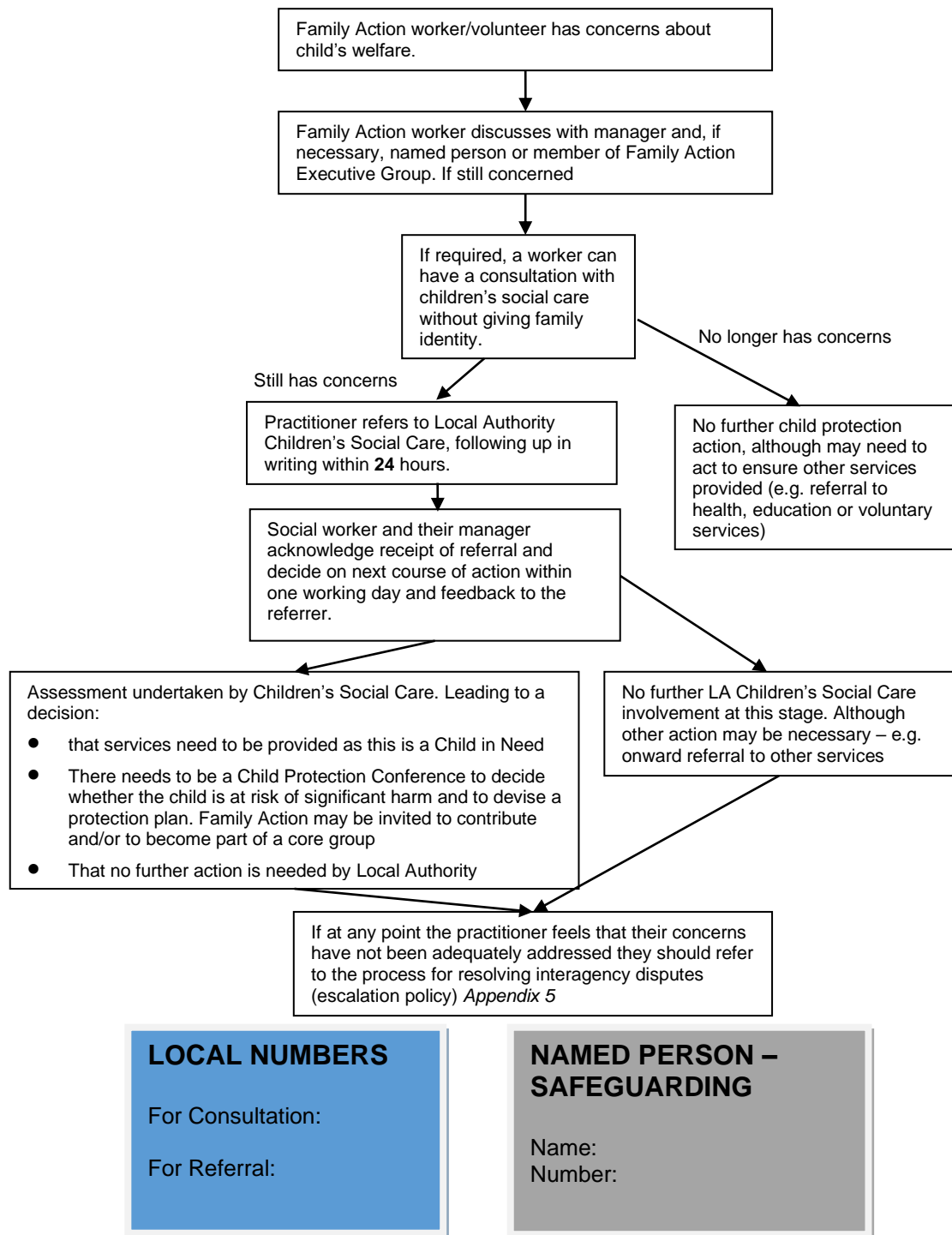
*Safeguarding Children Partnerships provide a range of specialist training which can be accessed locally

**Further information available on the Safeguarding and Domestic Abuse pages of the Intranet

APPENDIX 3 – SERIOUS INCIDENT FLOWCHART



APPENDIX 4 - What to do if... Referral Flowchart



APPENDIX 5 – Resolving Interagency disagreements (escalation procedures)

Please view the relevant procedure of the Safeguarding Children Partnership for your area to understand who to contact and timescales for each stage of escalation.

Problem solving is an integral part of interagency working and particularly in relation to safeguarding children. Professional disagreements are to be expected as part of a dynamic process and only become dysfunctional if not resolved in a transparent, constructive and timely fashion.

Effective 'working together' can only be achieved when agencies establish an open and honest relationship based on a genuine commitment to partnership working. As part of this, there needs to be an agreement and an agreed system in place, to enable disagreements to be resolved promptly and hopefully to the satisfaction of all parties. The aim should be to resolve difficulties at the level at which they occur e.g. if two practitioners from different agencies disagree, in the first instance they should try and resolve the difficulty themselves. If this proves impossible, then the matter should be escalated until it is resolved.

Disagreements may arise in a number of areas, but often it can be in relation to thresholds and differing opinions about the need for action, communication difficulties between agencies and a lack of clarity about roles and responsibilities. It is really important to:

- avoid professional disputes that put children at risk
- ensure the focus on the child is not lost or becomes obscured
- resolve difficulties within and between agencies quickly and transparently
- identify problem areas in partnership working and, where necessary, amend any joint protocols or procedures

What to do when difficulties arise

When problems first arise, initial attempts to resolve the difficulty should be made by the people immediately involved. Differences in status and experience may impact on a worker's confidence to pursue this unsupported, in which case, it is imperative that they discuss the matter and get any necessary support from their line manager, in a timely manner.

If the matter remains unresolved then it should be referred to the line manager for resolution at the next level. It will then be necessary for that line manager to discuss the issue with their opposite number in the other agency in an attempt to achieve resolution. This may include a face to face meeting between the managers and workers involved in an attempt to explore the problem openly and transparently and to gain resolution. It is important to follow each step of the Safeguarding Children Partnership's procedure for Escalation/Resolving Professional Disagreements. If you remain concerned about a child, then you must act and implement this procedure.

APPENDIX 6 - Information sharing flowchart

