

WELCARE SAFEGUARDING AND CHILD PROTECTION POLICY

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Welcare Safeguarding and Child Protection Policy and Procedures

1. POLICY STATEMENT

Welcare recognises the importance of its support services to families, children, young people and adults and its particular responsibilities to safeguard, protect and promote the welfare of those who are vulnerable or at risk.

Welcare affirms that the needs of the child are paramount and should underpin all safeguarding work and the resolution of any conflict of interest. Where the interests of an adult Service User conflict with those of a child, then the interest of the child must come first.

All children deserve to be safe, and the opportunity to achieve their full potential. Welcare recognises that all children in need of safeguarding are also “children in need” and are consequently entitled to family support services.

Welcare believes that all children have the right to be safeguarded from harm and exploitation whatever their:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health or disability
- Location or placement
- Involvement in criminal behaviour
- Political or immigration status.

This policy applies to all Trustees, staff, students and volunteers. Any allegation or concerns **MUST** be responded to. Safeguarding and promoting the welfare of children is everybody’s business although our individual roles in the process may be different.

Welcare staff are trained and up to date with Safeguarding Policy and Procedures. This is monitored in the annual appraisal cycle. Staff and volunteers are provided with safeguarding training during the induction period. A Trustee of the Board is generally a qualified and experienced social worker. One of the trustees (usually Chair of the Services Committee) has responsibility at Board level for all safeguarding matters. This responsibility includes ensuring that the safeguarding policies are fully implemented, understood, adhered to and monitored throughout the organisation. In providing this overview, the Board member shall challenge and hold to account staff on any aspect of the safeguarding policy. One of the leading managers, who is also an experienced social worker, has lead responsibility for Safeguarding. There is a qualified social worker in each Welcare centre.

Welcare works with parents who may be vulnerable because of learning disabilities, mental health issues, being older (such as grandparents providing

childcare), physical disability or other impairments. There are times when their vulnerability might affect their judgement and ability to protect themselves from harm or exploitation. Welcare's Safeguarding of Vulnerable Adults (SOVA) policy seeks to ensure that these adults are protected and staff are supported to increase staff awareness of such issues .

Safeguarding requires us to:

- Encourage and support those we work with to understand the importance of protecting children.
- Provide clear internal procedures for identifying and dealing with concerns about possible abuse and ensure it is acted upon.
- Provide effective management support to staff, students and volunteers through regular supervision and training.
- Adopt a code of conduct for staff which is transparent.
- Follow safe recruitment process ensuring all the necessary checks are made.
- Publicise and share information about child protection and good practice with parents/carers, staff and volunteers.
- Develop and maintain effective information sharing with statutory services, other agencies, professionals and parents/carers as appropriate.
- Work collaboratively with the local authorities' Safeguarding Boards.
- Have expertise, qualifications, knowledge, skills, DBS checks and safeguarding training at the level required.
- Enable staff to report concerns via the Whistleblowing policy and procedure contained in the Staff Handbook.
- Protect of vulnerable adults – see separate policy.

2. THE LEGAL AND PROCEDURAL FRAMEWORK FOR SAFEGUARDING CHILDREN

For the purposes of this policy a child is defined by the Children Acts 1989 and 2004 as aged 0 to 18 years, including unborn children.

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 Protection of Children Act 1999

The Sexual Offences Act 2003

What to do if you are worried about a child. DOH 2003

The Children Act 2004

National Service Framework for Children,

Young People & Maternity Services 2004

Common Assessment Framework (CAF) for Children and Young People 2005

Information Sharing: Guidance for practitioners and Managers 2008

Working Together to Safeguard Children 2015

For further information, see **Appendix 1**

Terminology

Safeguarding – makes it everybody’s business to protect children from harm which would adversely affect their health, development and to promote their overall well-being. It is therefore important that children are brought up in a safe and nurturing home and community environment which increases their life chances and successful transition into adulthood.

Child Protection – is framed in legislation and refers to the processes of meeting statutory obligations to protect vulnerable children who are at risk of significant harm.

3. WELCARE’S ACCOUNTABILITIES FRAMEWORK

Safeguarding is the responsibility of us all. When dealing with the issues covered by this policy the lines of accountability for responding appropriately apply to **all** staff, students and volunteers. **Appendix 2** provides an accountabilities framework for operations staff.

During the induction period all staff, students and volunteers will be provided with safeguarding training which is relevant to the job role and their experience.

Staff, students and volunteers are required to consult their line manager/supervisor when they have any concerns for the welfare of a child and to discuss any issue openly within or outside of supervision. These managers will consult with their service manager or the Chief Executive Officer who will in turn inform a Trustee.

If a staff member has concerns about the attitudes and / or behaviours of a Welcare colleague or volunteer, they have a duty to comply with Welcare’s Whistle Blowing policy and procedures.

It is the responsibility of managers within each centre to identify any differences between this policy and procedures and that of their Local Safeguarding Children Board (LSCB) (which will take precedence) and to ensure all staff, students and volunteers are fully aware and informed of them.

Welcare will have a designated officer with responsibility for Safeguarding who will support staff to ensure standards are in line with London Child Protection Procedures and Local Authorities’ Procedures. (See also **Appendix 2A**) for the named person profile.

Currently, the named person in Welcare is the Child and Family Support Service Manager (Southwest London).

All Safeguarding concerns will be reported to the **named person** or in their absence the Chief Executive Office (CEO). The **named person** will support

staff to ensure all safeguarding/child protection concerns are reported to the local authority which has the statutory responsibility to investigate.

Any allegations against members of staff must be reported to the Local Authority Designated Officer (LADO).

4. LINKS TO OTHER WELCARE POLICIES

All staff involved with safeguarding and child protection work should be familiar with the other organisational policies which support their work and provide guidance:

- Social care induction
- Equal opportunities and diversity
- Supervision and recording
- Whistle blowing
- Sharing information and confidentiality
- Safeguarding of vulnerable adults
- Codes of conduct
- Lone working
- Health and safety
- Complaints
- Crèche
- Policy and procedure for use of company mobile phone
- Electronic communications and protocols (**NB: Service users and visitors are NOT permitted to use mobile phones whilst in the centres**)

Other related Government policies and Initiatives concerning children and young people are:

- Children with Disabilities
- Missing children from care homes
- Sexually Exploited Children
- Children witnessing Domestic Abuse/Violence
- Child Abuse line to Belief in Spirit Possession
- Child Trafficking in UK
- Young Carers
- Forced Marriage
- Female Genital Mutilation (FGM)
- Internet and Cyber bullying
- Pornography
- Modern Slavery Act

Information can be found on the following websites:

Department for Education (DfE)

Department of Health (DOH)

Pan London Child Sexual Exploitation protocol 2015

National Crime Agency

Child Exploitation & Online Protection – Internet Safety (CEOP)

National Society for the Prevention of Cruelty to Children (NSPCC)

United Nation International Children Emergency Fund (UNICEF)

**Safe Network
Barnardo's
London Safeguarding Board
Modern Slavery Act 2015**

www.londoncp.co.uk

www.londoncb.gov.uk

www.legislation.gov.uk/ukpga/2015/30/section/54/enacted

<https://ceop.police.uk>

www.nspcc.org.uk

<http://www.workingtogetheronline.co.uk/chapters/contents.html>

Procedures

Welcare is a voluntary organisation and the procedures will be in line with the London Child Protection Procedure and guidance 2015 alongside the Pan-London Child Sexual exploitation (CSE) protocol 2015 and The Modern Slavery Act 2015. This requires Welcare to develop and publish internal policies, procedures and processes which ensure all staff, students and volunteers are aware of their responsibility to safeguard and protect the children they are working with.

The purpose of these procedures is to ensure a speedy and effective response for dealing with concerns about the physical, sexual and emotional abuse of children or their neglect.

Adherence to these procedures is mandatory for all Welcare staff, students and volunteers. All staff new to Welcare will be made aware of this policy and procedures through the induction process. All operations staff will receive Basic Safeguarding and Child Protection awareness training during their probation period. In addition, they will be required to attend safeguarding training, at an appropriate level, at least every three years thereafter. The training will be recorded on staff annual appraisals.

Staff Handbook

Each team will have a hard copy of this policy easily accessible to its staff and copies of **Appendix 3** (What to do if... referral flow chart) will be clearly visible and will contain local contact numbers and be placed close to the telephone in each team office.

Safeguarding will be considered at managers' and team reflective practice meetings as a standing agenda item and within each supervision session.

Welcare Safeguarding Children Procedures

1. DEFINITIONS

1.1 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
- Enabling children to have optimum life chances and to enter adulthood successfully.

(Working Together to Safeguard Children 2015)

(Child Exploitation Protocol 2015)

(Modern Slavery Act 2015)

Within 'Working Together' there is an increased emphasis on safeguarding rather than protection. 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 Welcare's ethos and approach but does not override the principle that **the child's welfare is paramount**.

1.2 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 that their health or development will be significantly impaired without the provision of services by a local authority, plus those who are disabled.

1.3 Significant Harm

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduces 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.

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. It is the corrosiveness of long-term emotional, physical, sexual abuse or neglect which causes impairment to the extent of constituting significant harm.

2. WHAT IS CHILD 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 or adults, or another child or children, or by witnessing the abuse of another person. The abuse and neglect of children takes place in all sectors of our community.

2.1 Physical abuse

Physical abuse may include hitting, shaking, biting, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. It may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child.

2.2 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.

- This might convey to a child that they are worthless or unloved, inadequate or not valued. This behaviour will impact on the child's confidence and self-esteem and their ability to relate to others
- This will include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- 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.
- This might involve seeing or hearing the ill treatment of another.
- Bullying (including cyber bullying) causing children frequently to feel frightened or in danger.
- 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.

2.3 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.
- It may also include 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.

2.3.1 Sexual Exploitation

The national definition of child sexual exploitation:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post-sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

2.4 Neglect

This is persistent failure to meet a child's basic physical or psychological needs which 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. 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 access to appropriate medical care or treatment.
- Respond to a child's basic emotional needs.
- Ensure that a child of school age attends appropriate education provision

2.5 Organised or multiple abuses

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

2.6 New technologies and abuse

This can include:

- Abuse through bullying and intimidation using texting and mobile phones, including taking photographs.
- Exposure to inappropriate materials via internet sites and games, e.g. violence, sex, etc.
- Predators meeting children online through social networking sites.

2.7 Modern Slavery

- the person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude,

We will be continuing to develop guidance in this area but the CEOPS (Child Exploitation & Online Protection centre) and UK Council for Internet Safety; both have very good websites with useful resource materials: www.ceop.police.uk

3. CHILDREN & YOUNG PEOPLE CONSIDERED PARTICULARLY VULNERABLE TO ABUSE

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, residential care, boarding schools, hospitals, prisons, etc.
- Disabled children – for their particular needs (see **Appendix 8**).
- 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.

4. ALERTING SIGNS AND SYMPTOMS OF ABUSE

There is a variety of ways that somebody in the organisation might become aware of the actual or likely occurrence of abuse of a child. These might include:

- A child telling them about their concerns or worries.
- Someone else reporting that a child has told them or that they strongly believe that a child has been or is being abused.
- A child showing some signs of physical injury for which there appears to be no satisfactory explanation.
- A child's behaviour indicating that it is likely that they are being abused.
- Something in the behaviour of one of the workers or the young person, or in the way that a worker or young person relates to a child, alerting them or making them feel uncomfortable in some way.
- Observing one child abusing another.

Whenever anyone is concerned that a child may be at risk of abuse, they should follow Welcare's Safeguarding Procedures unless they have been superseded by those of the Local Safeguarding Children Board.

Most children have accidental injuries occasionally, e.g. when falling or playing with other children. Such injuries might include bruising to the knees, shins, arms, elbows or, if having fallen onto the face, cuts to the lip, nose or forehead.

However, there are injuries which are hardly ever caused accidentally and also warning signs which may indicate sexual or 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.

4.1 Physical Indicators

Bruises

Some types of bruises are often 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, on the inside of the arm and/or on genitals.
- Some 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).

4.2 Sexual abuse

- Bruising to breasts, buttocks, lower abdomen, thighs and genital or rectal areas which could indicate sexual abuse.
- 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.
- Continual open masturbation or aggressive sexual play with peers.

4.3 Signs of neglect

- Underweight or obese.
- Always dirty and with a bad odour.
- Poorly and /or inappropriately clothed.
- Always hungry.
- Unduly solemn and unresponsive.
- Under stimulated and not reaching developmental milestones.

- Poor impulse control.
- Inability to form relationships.
- Poor school attendance/punctuality

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.

Skilled social and medical assessment is necessary in order to establish whether a child is failing to thrive.

4.4 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:

- Overly compliant or watchful attitude.
- Acting out aggressive behaviour, severe tantrums.
- Child only appearing happy in school or is being kept away from school.
- Child isolated in school and without friends.
- Use of age-inappropriate language of sexual nature
- Child unable to trust anyone.
- Tummy pains with no medical explanation.
- Eating problems.
- Sleep disorders.
- Frightened child, overly anxious, frozen.
- Child self-harming.
- Constantly running away from home.
- Child showing signs of depression, anxiety, withdrawal, etc.

4.5 Other Factors

There may be other indicators which could raise concerns about the risk of abuse or neglect of a child such as:

- A history of a parent's 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 parent's 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 a Schedule 1 offence.

- Parent lacking awareness of a child's development and needs.
- Parents who hold extreme religious, spiritual or cultural beliefs.
- Parental history of receiving poor parenting
- Inconsistent adults within the household or rapidly changing adult relationships.
- Chaotic families.
- History of social services involvement or children being 'looked after children'.

Remember: It is **not** your responsibility to decide 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 line manager, senior service manager or in their absence the CEO and follow the safeguarding procedures.

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

(See **Appendix 3** Procedure Flow Chart for referral process)

Remember that the welfare of the child is **paramount**. If a child shows signs that s/he is suffering, or is likely to suffer, 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 needs 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 timing and who will be responsible for informing the family of the situation.

(They will need to take into consideration, the current assessment of risk and any risk management or contingency plans which may already exist.)

If no such action is required, the staff member must discuss their concerns immediately with their manager, 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, without necessarily identifying the child, discuss your concerns with senior colleagues in both Welcare and another agency, or consult with Children's Social Care (via the children's services consultation line or duty team), your Local Safeguarding Children Board or the NSPCC. If you consider the child is or may be a child in need, you should refer the child and their family to Children's Social Care. This may include a child whom you believe is, or may be at risk of, suffering significant harm.

Changes to a child's or family's situation, whenever they may arise, will trigger an immediate review of the current risk assessment. Any amendments should be made as necessary and discussed with your supervisor.

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 Welcare will co-operate with and contribute to any subsequent assessment or investigation.

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 Welcare's recording requirements, along with the parent's dissent, and staff should continue to monitor the well-being of the child.

If the refusal constitutes a possible risk of significant harm, or if the child has been identified as a **child at risk of significant harm**, a referral should be made to Children's Social Care or the police if necessary; the referral should be made 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 co-operate with any investigation or assessment, as required. Children's Social Care should inform you, as the referrer, of the outcome of any investigation.

Should you encounter difficulty in getting an appropriate response to your safeguarding concerns from Children's Social Care at Duty or Intake team level discuss with your line manager or designated safeguarding lead, be prepared to follow Welcare's Escalation Policy. If necessary, consult with your Local Safeguarding Children Board which has a responsibility in relation to local thresholds.

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 and normal procedures followed. Other children may still be at risk and further enquiries or investigation may be necessary.

6. INFORMATION-SHARING & CONFIDENTIALITY

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 factor in serious case 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 if 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.

Generally, any concerns should normally be discussed with the family and whenever possible their agreement to make the referral obtained. **However, this should only be done where such discussions would 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 overriding consideration in making any decision.**

Welcare 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.

See **Appendix 4** for information-sharing protocols.

HM Government Information Sharing 2015

7. WHAT TO DO IF A CHILD MAKES A DISCLOSURE

7.1 An allegation against someone outside Welcare

If a child confides in a member of staff and discloses abuse or makes an allegation of abuse against someone outside Welcare, i.e. a family member or another professional, follow the procedure in **Appendix 5**

Remember:

- The safety of the child is paramount.
- Be calm, reassuring and honest.
- Do not make promises which cannot 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.
- To tell the child what will happen next and with whom the information will be shared.
- Consult with your manager, and if necessary your named person, immediately.
- 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, keep them safe, contact the police and co-operate 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. All staff are required to co-operate fully with any subsequent investigation or assessment.

7.2 An allegation against a Welcare member of staff or volunteer

If the allegation of abuse of a child is made against a member of Welcare follow the procedures in **Appendix 6**.

Remember the points in paragraph 7.1 above.

Firstly, ensure the safety of the child. If the allegation is about another member of staff, student or volunteer, but not your manager, inform your manager immediately. If the allegation is about your manager, inform the person senior to them or, in their absence, the CEO.

If a more senior service manager and CEO are unavailable, the Chair of the Trustee Board should be contacted. A referral to Children's Social Care and possibly the police will need to be made and arrangements agreed for informing the parents and carers of the child's disclosure. The Local Authority Designated Officer (LADO) and OFSTED should be informed, usually by a senior service manager or in their absence by the CEO, within 24 hours of the incident being reported. The Chairs of the Trustee Board and Services Committee should be kept informed of the actions taken.

If the allegation is against a staff member who is still working with children Welcare will need to remove them from the situation, advise them that a complaint has been made against them and that an investigation will follow. (See HR protocols for the management of investigations where there have been allegations against staff.) If the person also works with children in another setting, those undertaking the investigation will need to consider who else might need to be informed.

If the person is no longer working with children consideration will need to be given to whether the member of staff should be suspended during the course of the investigation or pending the outcome of any disciplinary processes.

7.3 An allegation against a member of a Welcare worker's extended family

If an allegation is made against a member of staff's extended family, provided that member of staff is not your line manager, it must be reported to your line manager immediately. If it is a member of your line manager's extended family, or your line manager is absent, inform the person senior to them or, in their absence, the CEO. If none of these people is available, contact a member of the Trustee Board immediately. They will decide how best to proceed.

Remember:

*It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is **not** responsible for deciding whether or not abuse has occurred. That is a task for the professional child protection agencies following a referral to them.*

8. RECORDING CONCERNS

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. All recording, whether electronic or paper, must be placed on the case file within one working day. The record should include the context, a **detailed and factual** account of the concerns, and what was said or seen and by whom. It is important to record the **actual words** used by the child or the referrer. The record should indicate who was present, who was consulted, how any decisions were made and by whom, the reasoning behind them and any actions taken. If a decision was made to take no action, the reasoning for that decision must also be recorded. All records must be clearly signed and dated.

Correction fluid (e.g. Tipp-Ex) must **never** be used on case files. If a mistake is made or an amendment required a line should be made through the original so that the wording remains clearly visible.

See also the Recording Checklist at **Appendix 7**.

9. A REFERRAL TO CHILDREN'S SOCIAL CARE (See Appendix 3)

9.1 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 **must** include:

- Full name of the young person (check all names are spelt correctly).
- Age of child or young person (check date of birth is accurate).
- Parent's/parents' 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, postcode, telephone number if possible.
- Special circumstances: e.g. community language, context of disclosure, etc.
- What has prompted the concern, including dates and times, etc.
- Any physical or behavioural signs or indicators.

You must also state whether:

- You are passing on your own concerns or those of a third party. If so, record the details and clarify fact and opinion.
- The child/young person has been spoken to. If so, by whom and what was said.

- The parents have been contacted. If so, by whom and what was said.
- Anybody has been alleged to be the abuser. If so, record the details.
- Anyone else has been consulted. If so, record the details.

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

9.2 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 4** for guidance on information-sharing.) Seek advice if you feel unsure about what should be shared.

9.3 When should the family be informed?

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

- Sexual abuse is suspected.
- Another form of abuse which could be covered up is suspected.
- Informing the family would endanger the child or others.
- It is thought that the family might flee.

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

10. 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 whether they need to undertake **an Assessment** or take no further action and inform the referrer of that decision.

If an Assessment is required which identifies concerns for the child's immediate safety, emergency action may be necessary to safeguard the child.

A strategy discussion will be held between LA Children's Social Care, the police and other agencies as appropriate. They will make decisions about any immediate safeguarding action and on information giving, especially to parents, having taken legal advice as necessary. If a decision is made to initiate an enquiry under Section 47 of the Children Act 1989, a social worker will lead the **Assessment** to be completed within 45 working days which other agencies will contribute. If concerns are substantiated and there is a continuing risk to the child LA Children's Social Care will convene a **child protection conference** within 15 days of the last 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 subject of a **child protection plan** and a **core group** will be established. The core group will be formed from professionals involved with the family, plus

family members. The core group must first 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 six-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 LA Children's Social Care, the Police and the NSPCC have statutory powers to investigate concerns that a child is suffering or at risk of suffering significant harm. However, other agencies, including Welcare, 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 the Assessment concludes 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 sometimes result in services being offered by Children's Social Care and/or other agencies, or it may be decided that an in-depth assessment may be required. Children's Social Care will then co-ordinate an Assessment which will help inform which services need to be provided. A lead professional, usually a social worker, will then co-ordinate those services 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. This place 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.

11. NOTIFICATION OF A CHILD DEATH

When a member of staff becomes aware that

- 1) A child known to Welcare has unexpectedly died or been seriously injured

or

- 2) A child from the immediate locality but unknown to the service has unexpectedly died or been seriously injured

they **must immediately** notify their line manager, their service manager or, in their absence, the Chief Executive. The line manager will then notify the local authority. The Chief Executive Officer will notify the Chair of Trustees, who will agree how to manage the media to avoid any inaccurate reporting. The incident must also be reported to OFSTED.

The CEO, in consultation with senior managers and having heard the details of the case and any involvement Welcare may have had, will advise on whether the file should be restricted. The CEO, in consultation with the Chair of Trustees, will produce a response on behalf of the organisation for use should there be any approach from the media. In addition, any media requests should be referred to the CEO.

Staff are expected to co-operate fully with any subsequent enquiries made by the Local Safeguarding Children Board or Local Authority Children's Social Care Services.

12. THE SUPERVISION OF SAFEGUARDING WORK

Supervision plays a critically important role both in our safeguarding work and in ensuring that Welcare remains a safe organisation. Regular and good-quality supervision should be available to all staff to ensure proper accountability and best practice. The Welcare supervision policy outlines minimum standards required for staff and volunteers. However, the frequency of supervision should reflect the complexity of the work being undertaken together with the skills, knowledge and experience of the staff involved. Safeguarding must be discussed at each supervision session and the risks in families reviewed. These are to be properly recorded and any decisions transferred to the case file without undue delay. Supervision should identify any training needs and ensure that they are addressed.

It is the shared responsibility of both supervisor and supervisee to establish a relationship within supervision which enables an honest and open discussion of any safeguarding concerns or issues which arise either directly from the work or within the workplace. Supervision should be a creative process which may, on occasions, require the robust challenge of the views and/or practice of colleagues, and on rare occasions, if differences cannot be resolved, the possible involvement of senior managers.

All staff should read and be familiar with the Welcare Supervision Policy.

12.1 Supervisors

In addition, supervisors/line managers should note:

1. The welfare of the child is paramount.
2. S/he is acting on behalf of Welcare and should follow the procedures of both Welcare and the Local Safeguarding Children Board (LSCB). If there are differences, those of the LSCB take precedence.
3. Issues of race, culture, disability and gender must be active components of any supervision session. There must be an awareness of the impact of these issues both within the supervisory relationship and in the work with service users.

4. It is important that supervisors remain familiar with the law relating to children and with research and guidance in relation to safeguarding.
5. The supervisor must be aware of the danger that anyone working closely with child protection may become part of the system and that there are inherent dangers attached to this. Known dangers will be addressed in training but there are two in particular that supervisors must take account of:
 - ***The Rule of Optimism*** It is natural for a supervisee (and the supervisor) to want things to improve and go well for the family. Considerable effort will be made by the supervisee to achieve this; it may be painful for the family to make small steps at times. Therefore, any progress, in an encouraging relationship, will be highlighted. Things that do not improve could then be diminished in the mind of the supervisee (and even the supervisor in an encouraging supervisory relationship). This can create a “blindness” in which blatant safety issues can be overlooked or played down. Many child deaths occur at a time when the professional networks are moving towards de-registering and/or reducing services. **Therefore the supervisor must be prepared to go against the grain and use their professional judgement/authority to question and or challenge any perception and collusion by the worker. The supervisor must be prepared to question the professional ‘positions and interests’ of their supervisee or even a whole team around the child or family membership network. It is good practice to have regular reflective practice meetings to engage a team approach and enable case discussion and reflection, particularly on complex cases.**
 - ***The prevailing dominant idea*** An individual supervisee or even a whole team around a child can develop a dominant idea about 'what is going on in this family' or 'this is what this mother is like'. Unchallenged or if not repeatedly questioned (in supervision and other safeguarding processes) this can create danger. It can produce 'The Rule of Optimism', above; it can prevent other creative ways from developing about how to support the family; it can stigmatise and it can cause one part of the system to be ignored. For example, 'they are a family well known to social services for generations' may stop the system from exploring the strengths of grandparents as a protective resource for a child. **Therefore, the supervisor must say 'let's step back' – must question the beliefs behind the ideas about the family and think through the actions that follow those beliefs.**
6. Workers must understand that if they are working on a child protection case and they are denied access by the family or to the child (if that is their role) or an arranged meeting is cancelled without explanation or missed, they must notify Children’s Social Care and record the circumstances accurately.

7. Workers must understand the importance of maintaining appropriate levels of consultation in the inter-agency network, particularly with Children's Social Care if there is a child protection plan and child protection conferences.
8. Workers must understand the importance of maintaining an awareness of the stages of work in individual child protection cases.
9. The supervisor is responsible and accountable for all major decisions that the worker is involved in which relate to the case, and for ensuring that any decisions are recorded on the case file.
10. The supervisor must make sure that all safeguarding cases are regularly discussed to ensure that the work being undertaken is in accordance with the child protection plan and child protection conference decisions.
11. The file and all records must be kept up to date – see Welcare's recording standards.
12. Students on placement with Welcare will not be given sole responsibility for child protection cases but will work jointly with another worker.
13. Supervision needs to deal with issues relating to labelling, stereotyping, prejudice, direct and indirect discrimination, personal and institutional power, and uses and abuses of authority. Supervisors must be prepared to challenge staff when dealing with such issues and to deal with any resistance/ denial which may be encountered.
14. Supervisors have a responsibility to ensure that the supervisee receive the right level of supervision for the complexity of the work undertaken and to meet their individual needs.

12.2 Supervisees

Those working directly with children must be aware that:

1. The child's welfare is paramount.
2. S/he is acting on behalf of Welcare and should follow the organisation's or Local Safeguarding Children Board's procedures.
3. Major decisions about the work should be made in consultation with the supervisor/line manager and recorded on the file.
4. Maintaining appropriate levels of consultation in the inter-agency network, particularly with Children's Social Care and through core groups, the child protection plan and conferences, is very important.
5. Recording must be kept up to date.

6. Safeguarding issues, whether they relate to direct work, the work environment or the impact on the supervisee, must be openly discussed within supervision. Supervisees must be prepared to have their views challenged and any block or resistance exposed.
7. The supervision process should be used to monitor attendance at safeguarding training, and to identify and address any additional training needs.

13. TRAINING

Welcare recognises the complexity of the safeguarding work undertaken by staff and the emotional impact it can have upon them. All staff as part of induction are introduced to 'Safeguarding' and their responsibilities in relation to it. In addition, all staff are required to undertake and successfully complete the Child Protection Awareness and Protection of Vulnerable Adults Courses (e-learning) within their probationary period. Frontline operational staff should complete further safeguarding training at least every three years.

Welcare provides a range of safeguarding training and information, at different levels, to support staff, to extend and update their knowledge and skills and to ensure best practice.

Staff are also encouraged to access a broad range of multi-agency safeguarding training, available through their local safeguarding children boards. See **Appendix 8** Training Matrix

Procedures Appendices

1. **Appendix 1 National Legislation and Policy Framework**
2. **Appendix 2 Safeguarding Accountability within Welcare**
- Appendix 2A Named Person Profile**

Flow Charts

3. **Appendix 3 Referral Flow Chart**
4. **Appendix 4 Information-Sharing**
5. **Appendix 5 Responding to allegations of abuse against someone outside Welcare**
6. **Appendix 6 Dealing with an allegation of abuse against someone working for Welcare**
7. **Appendix 7 Recording Checklist**
8. **Appendix 8 Training Matrix**
9. **Appendix 9 Staff Handbook (which is also available in the centres and on Welcare's Shared drive)**