

Safeguarding Policy for Employment and Skills



Updated June 2017

Role	Name	Contact details
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Designated Safeguarding Lead (DSL)	Bev Ashley	Tel (01782) 238338 email: beverley.ashley@stoke.gov.uk
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Safeguarding Champion	Diane Wardle	Tel (01782) 236094 Email: diane.wardle@stoke.gov.uk
Local Authority Designated Officer (LADO)	Carol Powell	01782 235382
	Jean Evans	01782 235862
	Louise Cooke	01782 233480
Early Help Co-ordinator	Debbie Mohindra	early.help@stoke.gov.uk
Targeted early help services for children with level 2 and 3 needs	Co-operative Working Teams	01782 232200
Locality Social Worker– for advice about concerns	Sara Belford Jenna Timmis	07717 892744 07827 281639
	Tina Forkin	07826 891800
	Laura Shaw	07771 508475
Stoke-on-Trent Children's Social Care – for making referrals	Safeguarding and Referral Team (ART)	01782 235100
	Emergency Duty Team – after hours, weekends and public holidays	01782 234567
Staffordshire Children Social Care – for making referrals for children living in Staffordshire	First Response	0800 1313126
Safeguarding Education Development Officer	Dawn Casewell	01782 235897 dawn.casewell@stoke.gov.uk

Stoke-on-Trent Safeguarding Children Board		www.safeguardingchildren.stoke.gov.uk
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Child Protection and Safeguarding Policy

1 INTRODUCTION

- 1.1. Safeguarding children and young people is everyone's responsibility. Everyone who comes into contact with children, young people and families has a role to play.
- 1.2. Our learners' welfare is our paramount concern. We will safeguard and promote the welfare of learners and work together with other agencies to ensure that we have adequate arrangements to identify, assess and support those learners who are suffering or likely to suffer harm.

2 SCOPE

- 2.1 In line with the law, this policy defines a child as anyone under the age of 18 years.
- 2.2 This policy applies to all members of staff, including all permanent, temporary and support staff, volunteers, contractors and external service or activity providers.

3 THE LEGAL FRAMEWORK

- 3.1 This policy and the accompanying procedure have been developed in accordance with the following statutory guidance and local safeguarding procedures:
 - *Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children, March 2015*
 - *Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, July 2015*
 - *Safer Working Practice for Adults Working with Children and Young People.*
 - Stoke-on-Trent Safeguarding Children Board Procedures
<http://www.safeguardingchildren.stoke.gov.uk/ccm/portal/>

4 ROLES AND RESPONSIBILITIES

- 4.1 The person with overall **responsibility for the management of child protection and safeguarding** in our setting is the Strategic Manager Employment and Skills (Delivery) - Derek Brough.
- 4.2 The strategic manager delegates the daily responsibilities of safeguarding and child protection to the **Designated Safeguarding Lead (DSL)**.

This is Beverley Ashley - Quality Officer/Careers Advisor

4.3 Each team has a **Safeguarding Champion** to lead on good practice and to liaise with the Designated Safeguarding Lead:-

- **Adult & Community Learning:** Stacey Hargreaves (Post 16 Learning and Skills Operational Support Officer)
- **Jet Team** – Diane Wardle
- **Learn4Work:** Wesley Weston (Learn4Work Tutor)
- **Careers Team:** Sharon Slaymaker (Operational Support Officer)
- **E-Safety:** David S. Bloor (ICT & e-Curriculum Lead)

4.4 The **Case Manager for dealing with allegations** of abuse made against staff members is the strategic manager, Derek Brough.

4.5 **All staff members**, know how to recognise signs and symptoms of abuse, how to respond to learners who disclose abuse and what to do if they are concerned about a child.

4.6 **All Staff, including volunteers** are appropriately trained and understand that it is their responsibility to ensure they have read and understand this policy

5 SUPPORTING LEARNERS

5.1 We recognise that those who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self-worth. They may feel helpless, humiliated and some sense of blame.

5.2 We will support all learners by:-

- ensuring the content of the curriculum includes social and emotional aspects of learning;
- ensuring a comprehensive curriculum response to e-safety, enabling children and parents to learn about the risks of new technologies and social media and to use these responsibly;
- ensuring that child protection is included in the curriculum to help learners stay safe, recognise when they do not feel safe and identify who they might or can talk to;
- providing learners with a number of appropriate adults to approach if they are in difficulties;

- supporting the learners development in ways that will foster security, confidence and independence;
- encouraging development of self-esteem and self-assertiveness while not condoning aggression or bullying;
- ensuring repeated hate incidents, e.g. racist, homophobic, gender or disability-based bullying, are considered under child protection procedures;
- liaising and working together with other support services and those agencies involved in safeguarding children; and
- Monitoring learners who have been identified as having welfare or protection concerns and providing appropriate support.

CHILD PROTECTION AND SAFEGUARDING PROCEDURE

- 6.1 When working in a school or other educational establishment, staff will follow the safeguarding and child protection procedures in place there.
- 6.2 Staff will request a copy of the education establishment's procedures on their first visit to the establishment (This will be included in an official handover if there is due to be change of staff in school/college)
- 6.3 In the absence of an establishment's procedure, we have developed a procedure in line with Stoke-on-Trent Safeguarding Children Board Procedures which will be followed by all members of the staff in cases of suspected abuse. **This is detailed in Appendix H**
- 6.4 In line with the procedures, the Safeguarding and Referral Team (SRT) will be notified as soon as there is a significant concern (or the relevant Children's Social Care Team if there is already a social worker involved).
- 6.5 We will ensure that learners, parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of adults and children by ensuring a full induction is carried out with all learners and safeguarding information is included in a learner handbook and we encourage this to be shared with parents and carers.

7 RECORD KEEPING

- 7.1 All child protection and welfare concerns will be recorded in compliance with the schools safeguarding policy and on the schools paperwork.
- 7.2 Where a concern arises whilst not working under schools procedures, staff will complete a record of concern form, and immediately notify the DSL. A Record of Concern form can be found at **Appendix I** (SG1)

- All safeguarding incidents to be reported to Beverley Ashley who will then record on Safeguarding spread sheet and follow up as appropriate
- Quarterly Safeguarding Meetings to be held with Beverley Ashley to lead and all Safeguarding Champions invited

8 SAFER WORKFORCE AND MANAGING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS

- 8.1 We will prevent people who pose risks to children from working in our team by ensuring that all individuals working with us in any capacity have been subjected to safer recruitment procedures and safeguarding checks in line with the statutory guidance - *Keeping Children Safe in Education: July 2015*.
- 8.2 All staff in our team are considered to be in a position of trust.
- 8.3 **It is the responsibility of each individual member of staff to notify their line manager if there are any changes to their DBS status. Failure to do so could result in the commencement of disciplinary procedures.**
- 8.4 All staff will follow the guidance contained within Safer Working Practice for Adults Working with Children and Young People.
- 8.5 If an allegation is made against a member of staff, we will follow *Stoke-on-Trent Safeguarding Children Board Procedure: Managing Allegations against Adults Working with Children and Young People*. See Appendix G.

9 STAFF INDUCTION, TRAINING AND DEVELOPMENT

- 9.1 All new members of staff will be given induction that includes basic child protection training on how to recognise signs of abuse, how to respond to any concerns and familiarisation with the Safeguarding and Child Protection Policy, Safer Working Practice for Adults Working with Children and Young People, Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, Part One, 2015 and other related policies.
- 9.2 The induction will be proportionate to staff members' roles and responsibilities.
- 9.3 The DSL and departments managers, will undergo updated relevant safeguarding training every two years.
- 9.4 All staff members will undertake face to face safeguarding and child protection training which is regularly updated and at least every three years.
- 9.5 The DSL will provide regular briefings (during Team Meetings – minimum annual basis) to staff on any changes to child protection legislation and procedures and relevant learning from local and national serious case reviews.
- 9.6 We will maintain accurate records of staff induction and training.

10 CONFIDENTIALITY, CONSENT AND INFORMATION SHARING

- 10.1 We recognise that all matters relating to child protection are confidential.
- 10.2 The DSL will disclose any information about a learner to other members of staff on a need-to-know basis only.
- 10.3 All staff members must be aware that they cannot promise confidentiality if to do so might compromise safety or well-being.
- 10.4 All staff members have a professional responsibility to share information with other agencies in order to safeguard children.
- 10.5 All staff members who come into contact with children and young people will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children's welfare.

11 INTER-AGENCY WORKING

- 11.1 We will develop and promote effective working relationships with other agencies, including agencies providing early help services to children, the police and Children's Social Care.
- 11.2 We will ensure that relevant staff members participate in multi-agency meetings and forums, including early help meetings, child protection conferences and core groups, to consider individual children and young people.
- 11.3 We will participate in serious case reviews, other reviews and file audits as and when required to do so by Stoke-on-Trent Safeguarding Children Board. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

12 CONTRACTORS, SERVICE AND ACTIVITY PROVIDERS AND WORK PLACEMENT PROVIDERS

- 12.1 We will ensure that contractors and providers are aware of our safeguarding and child protection policy and procedures. We will require that employees and volunteers provided by these organisations use our procedure to report concerns.
- 12.2 We will seek assurance that employees and volunteers provided by these organisations and working with our children have been subjected to the appropriate level of safeguarding check in line with *Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges, July 2015*. If assurance is not obtained, permission to work with our children or use our school premises may be refused.
- 12.3 When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement.

13 WHISTLE-BLOWING AND COMPLAINTS

- 13.1 We recognise that children and young people cannot be expected to raise concerns in an environment where staff members fail to do so.
- 13.2 We will ensure that all staff members are aware of their duty to raise concerns where they exist, about the management of child protection, or any behaviour by an adult which causes concern (this may include the attitude or actions of colleagues.)
- 13.3 We have a clear reporting procedure for children and young people, parents and other people to report concerns or complaints, including abusive or poor practice.

Whistle Blowing Policy can be read via the link below:

<http://stokeinside/ccm/content/employment-jobs-and-careers/employment-relations/employee-handbook/manager-handbook/confidential-reporting---whistle-blowing-procedure.en>

14 QUALITY ASSURANCE

- 14.1 We will ensure that systems are in place to monitor the implementation of, and compliance with this policy and accompanying procedures.
- 14.2 Action will be taken to remedy without delay, any deficiencies and weaknesses identified.

15 POLICY REVIEW

- 15.1 This policy and the procedures will be reviewed every academic year. All other linked policies will be reviewed in line with the policy review cycle.
- 15.2 The DSL will ensure that staff members are made aware of any amendments to policies and procedures.

16 ASSOCIATED POLICES AND PROCEDURES

Working with vulnerable adults:

<http://stokeinside/ccm/content/community/customer-services---local-centres/stoke-on-call/lifeline/vulnerable-adults.en>

Adult Safeguarding

Care Statutory Guidance – Updated 24th February 2017 and can be accessed using the link below:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

How to report abuse and neglect and a general guide to raising concerns

A safeguarding concern may be raised by anyone, including service users and informal carers when they believe that an adult who:

- needs care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

Self-neglect is now seen as a classification of 'abuse' and therefore should be referred in the same way as abuse by others.

It is always important that paid staff apply appropriate professional judgement in deciding whether a referral should be made and this does not preclude checking of basic facts that might inform a concern. By raising a concern staff is stating that they believe that abuse may be taking place or that there is a high and demonstrable risk that it will occur.

Where a concern does need to be raised it should be done by the person who believes that abuse may be occurring and the raising of the concern should not be delegated to another person, body or agency.

People raising a concern may become aware of possible abuse when they:

- a. Witness an abusive act.
- b. Are told about abuse by someone else.
- c. Are told about abuse by the adult.
- d. Find evidence of abuse.
- e. Recognise several of the risk indicators and become concerned that there is a high risk of abuse.

Whistleblowing and confidentiality for people raising a concern

In most cases staff will raise concerns without recourse to Whistleblowing procedures and it is important that the use of Whistleblowing policies is not used as a means of seeking anonymity where there would be no genuine fear of repercussions. While every effort will be made to protect the identity of workers who are raising concerns, anonymity cannot be guaranteed throughout the process. It is important to remember:

- In cases where the police are pursuing a criminal prosecution, workers may be required to give evidence in court.
- All information from the Safeguarding Enquiry and Disciplinary Investigation will be shared with the person identified as the source of risk if a referral to the Independent Safeguarding Authority is made.
- There is a possibility that a worker may be asked to give evidence at an employment tribunal.
- Anyone can be requested to give evidence when the employer has referred a member of staff to a professional body. e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Medical Council (GMC).
- The adult or the potential source of risk may request to see information held about them under the Data Protection Act 1998).

It is always preferable to know who is raising a concern. However a member of the public cannot be made to give their personal details.

If the identity of the person raising the concern has been withheld, the process will proceed in the usual way. This will include information being recorded onto the SG1 Form – Form and Procedure Attached Appendix G

Advice to staff who receive a disclosure of abuse

People who become aware of abuse or the risk of abuse should:

Ensure the immediate safety of the adult. If there is an injury appropriate health care should be arranged (e.g. an ambulance, visit to Accident and Emergency Department). If a suspected crime has just occurred or is still occurring then the Police should be informed immediately by ringing 999.

Why is this important for the adult?

Immediate protection and health care is provided.

Criminal investigation can begin immediately.

Ensure that any evidence of abuse is kept safe and free from contamination to avoid interference with the investigation. This would especially apply to clothing and bedding where there has been a sexual assault but also to documentary evidence in other situations.

Refer the incident / abuse to Social Care.

Record all details of the abuse concerns clearly and factually as soon as possible. When recording any disclosure then record the actual words used by the adult. If there are any visible injuries these should be recorded on a Body Map.

Evidence is secure and the adult will have the option of making a complaint.

Social Care support can be offered as part of the investigation.

A clear record exists of the adult's initial comments and injuries. The adult will be able to see what is recorded about them and might have a better understanding of what has occurred.

What to do when abuse is disclosed by an adult

Do

Listen carefully, stay calm and make notes of what they say using their own words.

Be aware that medical evidence may be needed.

Reassure the adult that the information will be treated seriously.

Help the adult to understand that whatever has happened is not their fault.

Explain the referral process and that others will need to be made aware.

Explain that the matter will have to be referred on even if they do not consent but that their wishes will be made clear if this happens.

Make the referral immediately.

Don't

Question or put pressure on the adult for more details, start your own enquiry or take photographs.

Act in a way that may prevent the adult talking about the abuse in future.

Promise to keep secrets.

Make any promises that you may not be able to keep (e.g. 'It won't happen again').

Question any person who is a potential source of risk.

Agree not to refer because the adult withholds consent.

Wait to discuss with colleagues or gather more information.

Speaking to the adult who is experiencing, or is at risk of, abuse or neglect before raising the concern

Integral to effective person-centred approaches to adult safeguarding is engaging the adult in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Engaging with the adult in a meaningful way, at as early a stage as possible, is key to promoting good person-centred practice.

From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management or from an external agency as appropriate.

When speaking to the adult :

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances;
- Get the adult's views on the concern and what they want done about it;
- Give the adult information about the adult safeguarding process and how that could help to make them safer;
- Explain confidentiality issues, how they will be kept informed and how they will be supported;
- Identify communication needs, personal care arrangements and access requests;
- Discuss what could be done to make them safer.

Mental Capacity

Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA), its principles and the MCA Code of Practice. This practically means that, for any decision that the adult may not fully understand or is unable to make, an assessment of the adult's mental capacity will be necessary and, where the adult does not have capacity to make the decision, others will need to make a decision that is in the adult's best interests.

Consent

All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

At the concern stage, the most common capacity & consent issues to consider will usually be:

- Whether the adult has the *mental capacity* to understand & make decisions about the abuse or neglect related risks, & any immediate safety actions necessary, and
- Whether the adult *consents* to immediate safety actions being taken, whether the adult *consents* to information being referred / shared with other agencies.

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the mental capacity to make decisions. This may require the assistance of other professionals. In the event of the adult not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

Recording

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report.

The written report will need to include:

- the date and time when the disclosure was made, or when you were told about / witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- Any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied
- make sure you have printed your name on the report and that it is signed and dated
- keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- keep the report/s confidential, storing them in a safe & secure place until needed

Reporting without consent

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, the concern *must* be reported. This includes situations where:

- there is a risk or harm to the wellbeing and safety of the adult or others,
- other adults or children could be at risk from the person causing harm,
- it is necessary to prevent crime or if a crime may have been committed,
- the person lacks capacity to consent.

The adult would normally be informed of the decision to report and the reasons for this, unless telling them would jeopardise their safety or the safety of others. The key issues in deciding whether to report a concern without consent will be the harm or risk of harm to the adult, and risks to any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

If any person is unsure whether to report, they should contact the relevant local Lead Agency for advice.

Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case

Reporting Adult Safeguarding Concerns

Refer any safeguarding concern to the Local Authority for the area where the adult is currently living.

In addition, if a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur.

If a crime is in progress or life is at risk, dial emergency - 999.

You must contact the Local Authority Children's Services if a child is identified as being at risk of harm.

If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures (e.g. NHS colleagues may still need to report under clinical governance or serious incident processes, report to HR department if an employee is the source of risk).

People causing harm who are employed in paid or unpaid Positions of Trust

Where allegations relate to paid staff or others in positions of trust proportionate action should be taken to ensure the immediate protection of the adult(s) with care and support.

If your agency has a Designated Adult Safeguarding Manager (DASM), inform the DASM of the concern. If your agency does not have a DASM, see local procedures about where to go for advice.

If the concerns require Police involvement, wherever possible liaise with the Police prior to speaking or communicating with the person who works in a Position of Trust.

If the person is a member of staff in your organisation, HR advice should be sought, an immediate decision may have to be made to take action to protect the adult or other service users against any potential risk of harm (e.g. suspension without prejudice, supervised working). Actions taken will need to be compliant with employment law and the employee will have a right to know in broad terms that allegations or concerns have been raised about them.

For any additional information or to read the whole policy **Staffordshire and Stoke on Trent Adult Safeguarding Enquiry Procedures** by contacting david.steele@stoke.gov.uk

APPENDIX A - The role of the Designated Safeguarding Lead

1 MANAGING REFERRALS – the Designated Safeguarding Lead:-

- a. Liaises with the strategic manager with overall responsibility for safeguarding and child protection.
- b. Has a good understanding of Stoke-on-Trent's Guide to Levels of Need to ensure that children, young people and families get the right support and intervention at the right time.
- c. Has oversight of any welfare or child protection concerns raised with a designated safeguarding lead within an educational establishment, via their procedures.
- d. Refers all cases of suspected abuse to Stoke-on-Trent's Safeguarding and Referral Team (SRT) and to the Police if a crime may have been committed (if not already done through an educational establishment's child protection procedures.)
- e. Liaises with the appropriate staff regarding safeguarding issues relating to individual learners, especially ongoing enquiries under section 47 of the Children Act 1989.
- f. Acts as a source of support, advice and expertise to staff members on matters of child protection and safeguarding.
- g. Liaises with agencies providing targeted early help services and coordinate referrals from the school to early help services for children in need of support.

2 RECORD KEEPING – the Designated Safeguarding Lead:

- a. Keeps written records of child protection and welfare concerns in line Stoke-on-Trent Safeguarding Children Board guidance Record Keeping Guidance.
- b. Ensure a stand-alone file is created as necessary for adults, children and young people with safeguarding concerns.
- c. Maintain a chronology of significant incidents for each adult, child or young person with safeguarding concerns.
- d. Ensure such records are kept confidentially and securely and separate from the child or young person's educational record.

3 INTER-AGENCY WORKING AND INFORMATION SHARING – the Designate Safeguarding Lead:

- a. Cooperates with Children's Social Care for enquiries under section 17 and section 47 of the Children Act 1989.
- b. Attends, or ensures other relevant staff members' attendance at early help meetings, child protection conferences, core group meetings, child in need meetings and other multi agency meetings as required.
- c. Liaises with other agencies working with the child or young person to share information as appropriate and contribute to assessments.

4 TRAINING – the Designated Safeguarding Lead:

- a. Undertakes appropriate training, **updated every two years**, in order to:-
 - Be able to recognise signs of abuse and how to respond to them, including special circumstances such as child sexual exploitation, female genital mutilation, fabricated or induced illness (see Safeguarding Children Board website – policies and procedures);
 - Understand the assessment process for providing early help and intervention, e.g. Stoke-on-Trent's Guide to Levels of Need guidance and the early help assessment process;
 - Have a working knowledge of how the local authority conducts initial and review child protection conferences and contribute effectively to these;
 - Be alert to the specific needs of children in need (as specified in section 17 of the Children Act 1989), those with special educational needs, pregnant teenagers and young carers.
- b. Ensures each member of staff has access to and understands the safeguarding and child protection policy and procedures, including providing induction on these matters to new staff members.
- c. Organises child protection training for all staff members at least **every three years**.
- d. Links with Stoke-on-Trent Safeguarding Children Board to identify appropriate training opportunities for relevant staff members.
- e. Ensures that time and resources are allocated every year for relevant staff members to attend training.
- f. Encourages a culture of listening to adults, children and young people, and taking account of their wishes and feelings in any action taken to protect them.
- g. Maintains accurate records of staff induction and training.

5 AWARENESS RAISING – the Designated Safeguarding Lead:

- a. Reviews the safeguarding and child protection policy and procedures annually to update and implement them.
- b. Makes the safeguarding and child protection policy and procedures available to learners and their parents or carers.
- c. Gives an annual briefing to staff on any changes to child protection legislation and procedures and relevant learning from local and national serious case reviews.

6 QUALITY ASSURANCE – the Designated Safeguarding Lead:

- a. Monitors the implementation of and compliance with policy and procedures.
- b. Has responsibility for remedying any deficiencies and weaknesses identified in child protection arrangements.

APPENDIX B – Definitions and Categories of Abuse

1 DEFINITIONS

- a. **Abuse**, including neglect, is a form of maltreatment. A person may abuse a child by inflicting harm or by failing to prevent harm. Children may be abused within their family, in an institutional or community setting, by those known to them, or more rarely, by a stranger.
- b. **Children** are any people who have not yet reached their 18th birthday; a 16-year-old, whether living independently, in further education, in the armed forces or in hospital, is a child and is entitled to the same protection and services as anyone younger.
- c. **Child protection** is part of safeguarding and promoting the welfare of children and refers to activity undertaken to protect specific children who are suffering, or likely to suffer, significant harm.
- d. **Early help** means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years to teenage years.
- e. **Harm** is ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.
- f. **Safeguarding children** is the action we take to promote the welfare of children and protect them from harm. **Safeguarding and promoting the welfare of children** is defined in Working Together to Safeguard Children 2015 as:
 - protecting children from maltreatment;
 - preventing impairment of children's health and development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - Taking action to enable all children to have the best outcomes.
- g. **Significant harm** is the threshold that justifies compulsory intervention in the family in the best interests of the child. Section 31 of the Children Act 1989 states 'where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.'

2 CATEGORIES OF ABUSE

- a. **Emotional abuse** is the persistent emotional maltreatment of a child such that it causes severe and persistent adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may also occur alone.

Emotional abuse may involve:

- making a child feel worthless, unloved or inadequate
 - only there to meet another's needs
 - inappropriate age or developmental expectations
 - overprotection and limitation of exploration, learning and social interaction
 - seeing or hearing the ill treatment of another, e.g. domestic abuse
 - making the child feel worthless and unloved - high criticism and low warmth
 - serious bullying
 - exploitation or corruption
- b. **Neglect** is the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Once a child is born, it may involve a parent failing to:-
- provide adequate food, clothing and shelter, including exclusion from home or abandonment
 - protect a child from physical and emotional harm or danger
 - ensure adequate supervision, including the use of inadequate care givers
 - ensure access to appropriate medical care or treatment
- c. **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- d. **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Activities may involve physical contact, including penetration of any part of the body, or non-penetrative acts. They may include non-contact activities, such as involving children looking at or in the production of sexual images, including on the internet, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation is also sexual abuse; for further information see 3c.

3 SPECIFIC SAFEGUARDING ISSUES

- a. Staff members need to be aware of specific safeguarding issues and be alert to any risks. Stoke-on-Trent Safeguarding Children Board Procedures, Section D has detailed information about specific issues such as child sexual exploitation, fabricated or induced illness, Female Genital Mutilation (FGM), Forced Marriage, private fostering etc, and the local procedures to respond to risks.

<http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/d---cyp-specific-circumstances.en>

- b. The government website, [GOV.UK](http://gov.uk), has broad government guidance on a variety of issues. The following is not a comprehensive list and staff members should search the GOV.UK website and *Stoke-on-Trent Safeguarding Children Board Procedures* for advice on other issues:-

- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation and the Prevent duty
- sexting
- teenage relationship abuse
- trafficking

c. **Further information on Child Sexual Exploitation**

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food,

accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.

What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused. Practitioners should be aware that young people particularly aged 17 and 18 may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited.

As much as possible it is important that the young person is involved in decisions that are made about them.

Attention is drawn to **Base 58**, a specialist project working with and supporting young people at risk of or experiencing sexual exploitation in Stoke-on-Trent.

Contact Base 58 on: 01782 286862 or email: info@brighter-futures.org.uk

d. **Further information on Female Genital Mutilation (FGM)**

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that could suggest that a child or young person may be at risk of FGM. One indicator alone may not suggest risk but if there are two or more indicators present, this could signal a significant risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Staff have a statutory duty to report, and should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Df E Multi-Agency Practice Guidelines which can be found at:-

<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

‘Girls who are threatened with, or who have undergone FGM may withdraw from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally. Staff may become aware of a student because she appears anxious, depressed and emotionally withdrawn. They may be presented with a sudden decline in her performance, aspirations or motivation. There may be occasions when a student comes to school or college but then absents herself from lessons, possibly spending prolonged periods in the bathroom.

e. **Further information on Preventing Radicalisation**

There is no such thing as a 'typical extremist' and those involved in extremism come from a range of backgrounds and experiences. Most individuals, even those who hold radical views, do not become involved in violent extremism.

Research shows that indicators of vulnerability can include:

- Identity Crisis - Distance from cultural / religious heritage and uncomfortable with their place in the society around them.
- Personal Crisis - Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging.
- Personal Circumstances - Migration; local community tensions; events affecting country or region of origin; alienation from freedom, tolerance of others, and accepting personal and social responsibilities; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy; being easily led and desperate to please or impress others;
- Unmet Aspirations - Perceptions of injustice; feeling of failure; rejection of civic life;
- Criminality - Experiences of imprisonment; poor resettlement/reintegration; previous involvement with criminal groups.

The Counter-Terrorism and Security Act, 2015, places a duty on local authorities, childcare, education and other children's services providers, in the exercise of their functions, to actively prevent people from being drawn into terrorism ("the Prevent duty").

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

Stoke-on-Trent has a multi-agency “Channel panel” in place who will:

- identifying people at risk of being drawn into terrorism,
- assessing the nature and extent of that risk,
- developing the most appropriate support plan for the people concerned.

The Channel process is about safeguarding children, young people and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from risk before a crime occurs.

Concerns regarding anyone being drawn into extremist behaviour should be share with the DSL. If necessary, the DSL will refer concerns to Staffordshire Police Prevent Team for assessment and discussion at Channel Panel is appropriate:-

Tel: 01785 238239 or 01785 233109

Email: prevent@staffordshire.pnn.police.uk

f. Private fostering

Private fostering refers to the situation of a young person who is under 16 (or under 18, if they are disabled) being cared for by someone other than a parent or close relative for 28 days or more. Carers may be members of the extended family (e.g. cousin, great aunt), friends of the family, or someone the child doesn't know.

If we become aware of a child or young person who is being privately fostered and believe the Local Authority may not be aware of this arrangement, we will encourage the parent/ carer to inform the Local Authority. Additionally we will report the private fostering arrangement to the DSL who will make a referral to Safeguarding and Referral Team on 01782 235100.

APPENDIX C – Dealing with disclosures

DEALING WITH A DISCLOSURE MADE BY A CHILD OR YOUNG PERSON

If a child discloses that he or she has been abused in some way, the member of staff or volunteer should follow this guidance.

- Listen to what is being said without displaying shock or disbelief.
- Only ask open questions when necessary to clarify what is being said.
- Accept what is being said.
- Allow the child/young person to talk freely – do not put words in their mouth.
- Reassure them that what has happened is not his or her fault, and they have done the right thing by talking to you.
- Do not record what the child/young person is saying whilst they are disclosing (recordings should be made after the disclosure.)
- Do not make promises that you may not be able to keep.
- Do not promise confidentiality – you will speak to a DSL about the matter, and it may be necessary to refer the child to Children's Social Care.
- Do not criticise the alleged perpetrator.
- Do not ask the child/young person to write down what they are saying.
- Explain what has to be done next and who has to be told.
- Inform the DSL without delay.
- Complete the appropriate paperwork and pass it to the DSL.
- Dealing with a disclosure from a child and safeguarding issues can be stressful. Consider seeking support for yourself and discuss this with the DSL.

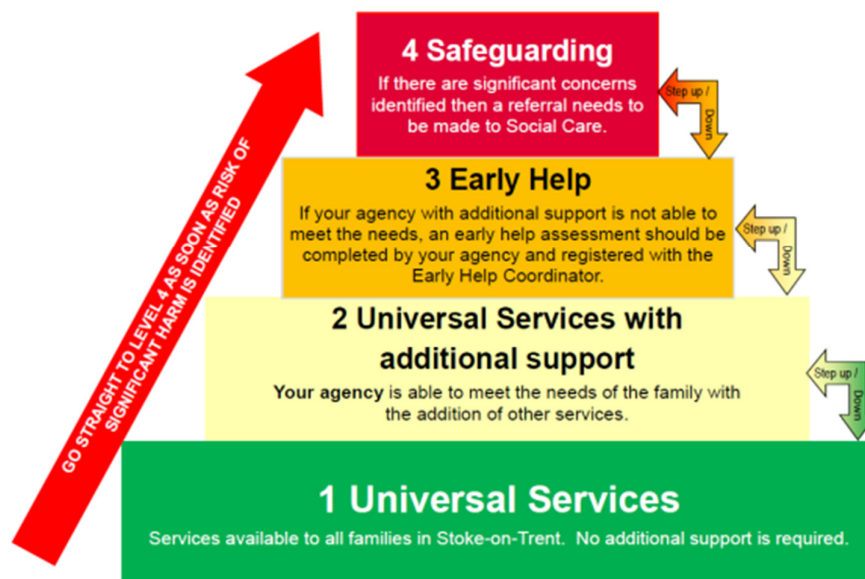
APPENDIX D – Guide to Levels of Need

1 GUIDE TO LEVELS OF NEED, EARLY HELP and SAFEGUARDING

- a. The Safeguarding Children Guide to Levels of Need has been developed so that everyone working with children in Stoke-on-Trent has a common understanding of the indicators which signal that there are particular needs or risks for children and their families, and what the most appropriate intervention might be.
- b. The Guide to Levels of Need does not replace professional judgement, but it is intended to support decision-making and discussions between services and practitioners.
- c. It is important that staff members are familiar with the Guide to Levels of Need. It comes in two parts – the diagram showing levels of need (see below) and an indicator tool describing a range of situations that can be used to identify the level of need and intervention required.
- d. The full document can be found on the SCB website:-

<http://www.safeguardingchildren.stoke.gov.uk/ccm/navigation/category.jsp?categoryID=667337>

Guide to Levels of Need - Early Help and Safeguarding 2016



APPENDIX E – Action to be taken if you have a safeguarding concern

Staff member	What action to take if you have concerns
<p>Section 1</p> <p>Any member of staff or volunteer</p>	<p>Are you working in a school/education setting?</p> <p>IF YES – follow the school/education settings child protection procedures</p> <p>This will include:-</p> <ul style="list-style-type: none"> • Sharing the information with the school/education establishments Designated safeguarding lead without delay • Recording your concerns using the paper work provide by the school/educational establishment (if no paper work, please record on your own) <p>Then:-</p> <ul style="list-style-type: none"> • Inform you own DSL (Bev Ashley) as soon as is reasonably possible. <p>If you are concerned that the right protective action is not being taken by the school/educational establishment, then you should contact your DSL immediately, explaining your concerns.</p> <p>IF NO – the following procedures will apply:-</p> <ul style="list-style-type: none"> • Discuss your concerns with your DSL without delay. • Complete the child protection record of concern/welfare concern form and pass it to the DSL. • If the DSL is not available, you should contact a locality social worker for advice as to the action you need to take (contact details at the front of this document.) • Record the advice given and any subsequent actions you take. • If instructed to make a safeguarding referral, follow actions outlined in section 2 (below) • Provide your records of your consultation and what actions you have taken to your DSL
<p>Section 2</p> <p>Designated safeguarding lead</p>	<p>If staff have followed school/educational establishments safeguarding policy, contact their DSL to ensure action has been taken and record.</p> <p>If not working to school/educational establishments settings, the following procedures will apply:-</p> <p>You are concerned that the child is at risk of significant harm (Level 4 of the Guide to Levels of Need)</p> <ul style="list-style-type: none"> • Contact the Safeguarding and Referral Team immediately. You must provide as much information as you can about your concerns. • If you believe that the child is in immediate danger, or you suspect a crime has been committed, you must also contact the police

	<p>immediately.</p> <ul style="list-style-type: none"> • If SRT accepts your contact as a referral, send them a completed Multi-agency Referral Form (MARF) within 24 hours (found on homepage of SCB website) • ART may decide, in discussion with you, that the child's needs are at Level 2 or 3 and you are best placed to provide support. See points below on early help. • Record all your discussions and decision-making on the child protection record of concern/welfare concern form sent by the staff member who contacted you originally. Add this, and a copy of the MARF to the child's file. • If the child/young person does not have a stand-alone child protection file, you will need to create one including a front sheet. Update or start the chronology. Continue to update the file and chronology as the investigation and the resulting work continues.
	<p>You believe the child is <u>not</u> at risk of significant harm, but the child or their family need support (Level 3 of the Guide to Levels of Need)</p> <ul style="list-style-type: none"> • Use the Guide to Levels of Need tool to identify the level of need. • Discuss your concerns with senior colleagues in another agency, if necessary. • Contact the locality social worker for further advice if needed. • If the locality social worker advises a referral into ART, contact them immediately as per section above. • If your consultation results in the decision that the child and family are in need of help at Level 3, then an Early Help Assessment will be appropriate. • You will need to identify an appropriate person, to provide additional support in the school and/or refer the child or their family to other agencies providing early help services.
	<p>PROFESSIONAL CHALLENGE AND DISAGREEMENTS</p> <ul style="list-style-type: none"> • Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare • If there are any professional disagreements between practitioners from other agencies, the DSL will raise concerns in line with guidance in the <i>Interagency Disagreement Protocol (escalation policy)</i> found on the SCB website:- http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/g-appeals-and-disagreements.en • This may include decisions made by Children Social Care or other agencies.

DISCUSSING CONCERNS WITH THE FAMILY AND THE CHILD – ADVICE FOR THE DESIGNATED SAFEGUARDING LEAD

In general, you should always discuss any concerns that you may have with the child/young person's parents. They need to know that you are worried about their child. However, you should not discuss your concerns if you believe that this would place the child at greater risk or lead to loss of evidence for a police investigation.

INFORMATION SHARING AND CONSENT

We will proactively seek out information as well as sharing it. This means checking with other professionals whether they have information that helps us to be as well informed as possible when working to support children and young people.

The Data Protection Act 1998 is not a barrier to sharing information. It is there to ensure that personal information is managed in a sensible way and that a balance is struck between a person's privacy and public protection.

We will try to get consent from parents (or the child, if they have sufficient understanding¹) to share information, if possible. However, we do not need consent if we have serious concern about a child or young person's safety and well-being. If we decide to share information without consent, we will record this with a full explanation of our decision.

Consent is necessary for:

- Children's Social Care investigations or assessments of concerns under section 17 of the Children Act 1989.
- Early help assessments. Assessments are undertaken with the agreement of the child/young person and their parents or carers.

Consent is not necessary for:

- Children's Social Care child protection enquiries under section 47 of the Children Act 1989.

Whilst consent is not required for child protection referrals under section 47, parents will usually be informed of these referrals unless to do so would:-

- place a child at increased risk of harm; or
- place an adult at risk of serious harm; or
- prejudice a criminal investigation; or
- lead to unjustified delay in making enquiries about allegations of significant harm to a child

¹ Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. All people aged 16 and over are presumed, in law, to have the capacity to give or withhold their consent, unless there is evidence to the contrary.

APPENDIX F – Record of Concern Form

Family name of child/young person		First name(s)		Alias / also known as	
Address		Postcode		D.O.B	
				Age	
Name of school					
Nature of concern (Brief outline, record in detail below)				Date that concern was raised	
				Time that concern was raised	
Name of person raising concern				Relationship to child/young person	
Who have you passed this information to?				On what date?	
Detail of concern – To be passed on <u>without delay</u>. Please include as much detailed information as possible. (The quality of your information will inform the level of intervention initiated. If necessary, attach additional sheet.)					
Signature of person raising concern			Date		Time

Details of all actions/decisions taken in respect of this concern To be completed by the Designated Safeguarding Lead								
Number of Previous Records of Concern		Is child known to CAF/Early Help	YES / NO	Is child known to Children's Social Care	YES* / NO	Previously on Child Protection Register	Yes	No
						*Child protection Plan	Current	Closed
						*Child in Need Plan	Current	Closed
Action Taken					By who		Date & time completed	
Outcome								
Action Taken					By who		Date & time completed	
Outcome								
Action Taken					By who		Date & time completed	
Outcome								
Action taken					By who		Date & time completed	
Outcome								
Name of Designated Safeguarding Lead / Child Protection Officer					Signature		Date	

APPENDIX G – Managing Allegations against Staff and Volunteers

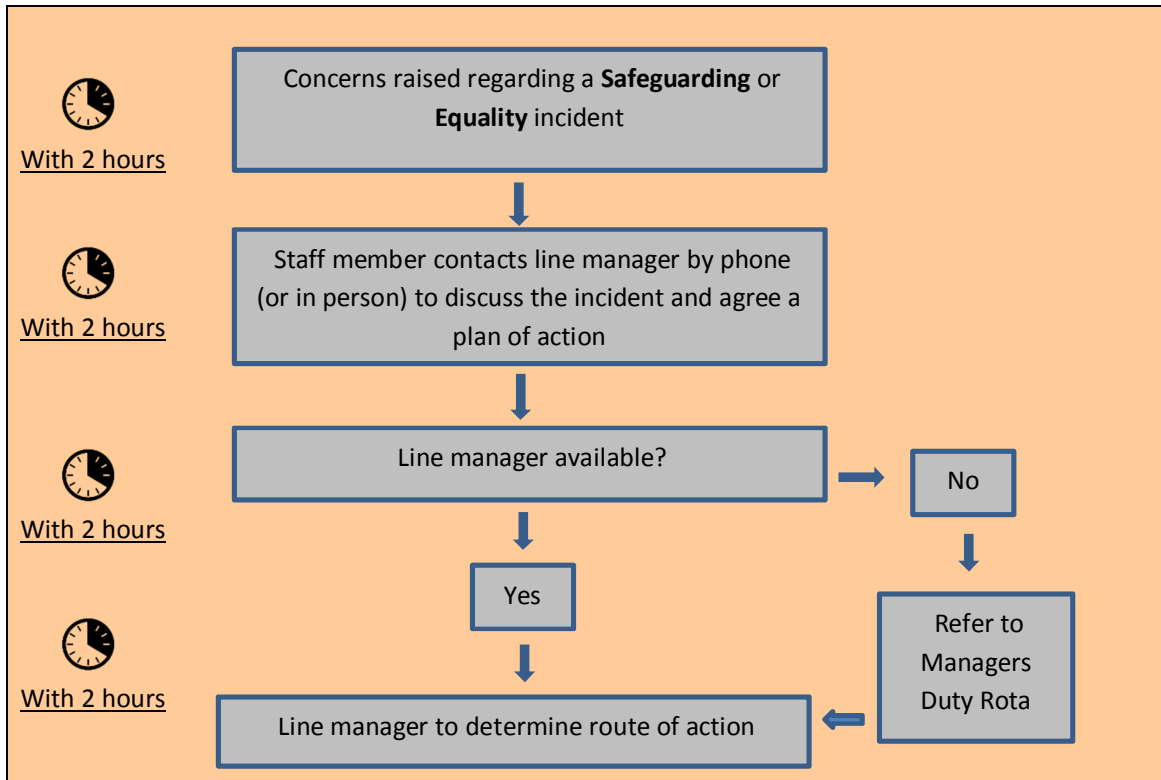
PROCEDURE FOR MANAGING ALLEGATIONS OF ABUSE MADE AGAINST STAFF MEMBERS AND VOLUNTEERS

- We follow Stoke-on-Trent Safeguarding Children Board Procedure – Managing Allegations Against Staff and Volunteers Working with Children and Young People, which can be found at the link below

<http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/d---cyp-specific-circumstances/>
- Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.
- If an allegation is made or information is received about an adult who works in our setting which indicates that they may be unsuitable to work with children, the member of staff receiving the information should inform the Strategic Manager, Derek Brough, immediately.
- No member of staff will undertake further investigations, nor inform the member of staff against whom the allegation has been made before receiving advice from the Local Authority Designated Officer (LADO)
- The LADO is an independent and objective person who will advise on the action to be taken, and co-ordinate / oversee the investigation an allegation made against a person in a position of trust.
- Suspension of staff members during an investigation will be a last resort and is a neutral act.
- Appropriate support will be made available to anyone who has an allegation made against them.
- Should investigations reveal that a member of staff has harmed a child or young person, or poses a risk to them, we have a legal duty to refer to the Disclosure and Barring Service (DBS). The DBS will consider whether to bar the person from working with children. Any such referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the LADO and Human Resources.

APPENDIX H

Employment & Skills Procedure for reporting a Safeguarding and Equality incident



Appendix I



Safeguarding and Equality Incident Report Form – SG1

This form is to be used to record basic information in the light of an allegation, suspicion or disclosure of a potential safeguarding or equality concern. Completing this record should not stand in the way of contacting Police or Social Services in the event of an emergency or urgent safeguarding incident.

Name of the person completing this form (YOU)
Date and time of completing this form
Your position or relationship to who your safeguarding concern is about
Your telephone number
Your address
Name/names of person/s the safeguarding concern or incident is about
Address (if known) of the person the safeguarding concern is about
Telephone number (if known) of the person the safeguarding concern is about
Name and Address of Parent, carer or guardian of alleged victim
Telephone Number
Age and Date of Birth of alleged victim (if known)
Date and time of any incident

What have you seen or heard?	
Has the alleged victim said anything to you? (do not lead or investigate – just record actual details) Continue on another sheet if required Any other relevant information	
ACT NOW – SEE REPORTING PROCEDURE FLOWCHART IF YOU ARE UNSURE WHAT TO DO	
Reported to Line Manager? Yes/No Name of Manager Reported to Safeguarding Champion? Yes/No Name of Champion Date recorded on Safeguarding and Equality Log	
Police – 999 Yes/No	Name and Contact Number Details of advice received
Social Service Yes/No	If yes – which area? Name and Contact Number Details of advice received
Local Authority Yes/No	If yes – which? Name and Contact Number

(ie - Housing, Family Support)	Details of Advice Received
Other (ie – NSPCC, ARCH)	If yes – which? Name and Contact Number Details of Advice Received
Signature	

The completed form should be sent to the Safeguarding Champion for filing. All evidence (emails, notes etc) needs to be attached to the relevant SG1 Form