

# Safeguarding child protection procedure

## 1. Purpose

RNIB believes that the welfare of children is paramount, and that they have the right to be protected from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. We expect everyone to take all welfare concerns seriously and we will always encourage children and young people to talk to us about anything that is worrying them.

We are committed to safeguarding children and young people and we expect everyone who works with children and young people to share this commitment. We will always act in the best interests of the child; through this we will maintain our culture of vigilance in all aspects of safeguarding.

This procedure must be followed when there are concerns that a child is at risk of harm and/or has been abused or neglected.

It should be noted that authorities across the countries have developed differing thresholds for reporting child abuse concerns therefore managers must refer to local multi-agency procedures and thresholds to determine if an incident / concern should be referred. **If there is any doubt a referral must be made.**

## 2. Scope

This procedure outlines common responsibilities and arrangements for everyone who works with or for RNIB.

It applies to all staff, volunteers and contractors.

## 3. Review

This procedure is due for review every 12 months or following any legislative changes, whichever comes first. This means it expires on 5 October 2018.

The procedure will be reviewed by the Safeguarding and Compliance Manager. The final draft of the procedure will then go to the Executive Board representative for safeguarding, the Director of Care (or Director of Services as an alternate), for approval.

#### **4. Role of the Designated Safeguarding Lead and Governors**

All children's services will identify a Designated Safeguarding Lead (DSL) who will attend training to ensure they can carry out the role. In addition, schools and the college must ensure that the DSL complies with appendix 2 of this procedure.

Where applicable schools and the college should have a named Governor and their contact details should be included in the flowchart attached as appendix 1 to this procedure.

#### **5. Safeguarding awareness and training**

We will work with children to help them understand what safeguarding means. This will include supporting them to understand the risks they may face and what action they can take to protect themselves. In addition, we will make sure that children know how to disclose any concerns so that action can be taken to protect them. Managers are responsible for designing and delivering this support at a service level to ensure it is appropriate for the type of activities they provide and the age and ability of the children they support. In addition, our schools and college will be taught about safeguarding through a broad and balanced curriculum.

Abuse can happen to any child but disabled children are over 3 times more likely to be abused or neglected than non-disabled children (Jones et al,2012). Managers must therefore identify children who might need more support to be kept safe or to keep themselves safe. This may be children with special educational needs and disability (SEND), communication barriers and complex disabilities.

All staff will receive the safeguarding policy and this procedure when joining the organisation to ensure they are able to recognise and respond to child abuse concerns appropriately.

Staff members who work closely with children will complete more detailed training within three months of joining the organisation and complete refresher training annually.

People who work in the schools or college will in addition read part 1 of [Keeping Children Safe in Education](#).

DSL's will attend training every two years and in addition to formal training their knowledge and skills must be refreshed at regular intervals, at least annually. DSL's must ensure they keep an accurate record of all development undertaken.

Schools and the college will ensure that staff and Governors involved in recruitment complete safer recruitment training.

## **5 Recognising child abuse**

It is not always easy to recognise when a child is being abused and often there will be other explanations for the signs you may see and interpret as indicators of abuse. However, abuse can cause long term damage to a child and therefore if you do have concerns you must raise them as soon as possible.

Abuse can happen to any child but disabled children are over 3 times more likely to be abused or neglected than non-disabled children (Jones et al, 2012).

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm.

Child abuse is any action or inaction by another person – adult or child – that causes significant harm to a child.

Repeated instances of poor care may be an indication of more serious problems and of what is now described as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

There are four main types of abuse:

## **Physical Abuse**

Includes hitting, shaking, kicking, punching, scalding, suffocating, biting, drowning, throwing, burning, pinching, female genital mutilation, applying undue force and giving harmful substances such as drugs, alcohol or poison. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately causes ill health to a child.

Signs that may indicate physical abuse has taken place:

- Bruises, broken bones and black eyes
- Any injury for which there is no adequate explanation
- Burns of any shape or size
- Any bruising that looks like finger or hand marks
- Any bite marks
- Injuries which are untreated or inadequately treated
- Bladder or menstrual problems
- Bruising on parts of the body which are hard to injure such as the neck or ears
- Partial or total removal of external female genitalia.

## **Emotional abuse**

Includes the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on children's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitations of explorations and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

Signs that may indicate that emotional abuse has taken place:

- Self-harm such as overdosing or cutting and scratching parts of the body
- Attempted suicide
- Children who show high levels of anxiety, withdrawal or unhappiness
- Excessive bedwetting, overeating, rocking and head banging
- Aggressiveness
- Bullying
- Struggling to control strong emotions
- Extreme outbursts
- Apparent isolation, lack of attachment to parents / carers
- Over affectionate towards strangers

## **Sexual abuse**

Involves forcing, pressurising or enticing any child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways either on line or off line.

Signs that may indicate that sexual abuse has taken place:

- Pain, itching, bruising or bleeding in the genital or anal areas
- Pain in the stomach or discomfort when walking or standing
- Sexually transmitted diseases
- Urinary tract infections or genital discharge
- Refusal to attend school or usual social activities
- Standard of schoolwork declines and child seems to be having difficulty concentrating
- Use of inappropriate sexually explicit language or behaviour which is beyond that expected for the child's age of development
- A child referring to adults or young people who give them special attention or who they have a 'secret' friendship with.

## **Neglect**

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

- Provide adequate food, clothing and shelter including exclusion from home or abandonment
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of adequate care-givers)
- Ensure access to appropriate medical care or treatment
- It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Signs that may indicate that a child is being neglected:

- Underweight and / or very small for age group
- Inadequate clothing which may be dirty or damaged and offers no protection from the weather
- Conditions of home is squalid, unhygienic or dangerous
- Constantly tired or lacking in energy.

## **6. Specific safeguarding issues**

The following section provides information relating to specific safeguarding issues. If you work directly with children your line manager will ensure that you are provided with training appropriate to your role to help you understand and respond to these issues.

Further information can also be found on the RNIB safeguarding knowledge wiki as well as accessing your local authority multi-agency policies and procedures and the [TES](#) and [NSPCC](#) websites.

### **Preventing radicalisation and promoting British values**

The prevent duty is a legal requirement under section 26 of the Counter – Terrorism and Security Act 2015. It applies to a wide range of children's services, including schools, operating in Scotland, England and Wales.

The prevent duty does not apply in Northern Ireland.

The aim of the prevent duty is to protect children from extremism and radicalisation.

You can find useful guidance on how the duty applies to your setting on the [Gov.UK website](#).

The following indicators may alert you to the fact that children are developing extremist views or showing signs of becoming radicalised.

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

All RNIB Group Service Leads providing care or education must read the Prevent duty guidance and ensure that the duty is applied in their settings where applicable.

Line managers are responsible for ensuring that people working in settings where the Prevent duty apply understand their responsibilities in relation to the prevent duty and must organise appropriate training for staff teams. The home office has provided [e learning](#) training which can be accessed and completed free of charge.

Our schools and college teach children about core values as well as fundamental British values.

### **Children missing from school or care**

All children's services should monitor attendance carefully and be alert to the fact that the following scenarios may indicate that children are at risk of harm and must report any concerns immediately to the relevant authorities.

- Children who fail to attend school regularly or have been absent without the school's permission for a continuous period of 10 school days or more
- In certain circumstances any pupil who is going to be deleted from the school register
- Children who go missing whilst being cared for within RNIB Group services
- Looked after children absent from placements without authorisation

All children's services should have written procedures in place to ensure that people are aware of the action to be taken if children go missing or if there are concerns about attendance.

Further information is provided by the DfE for schools and the college on [children missing education](#).

### **Female Genital Mutilation**

Female Genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision, cutting or sunna.

FGM can take place at any time from birth to the age of 15 however it is believed that the majority of cases happen between the ages of 5 and 8.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence, [Serious Crime Act, 2015](#). An immediate referral must be made to the relevant authorities in the following circumstances as there is a mandatory duty to notify the police and discuss any such cases with children's social care:

- You are informed by a girl under the age of 18 that she has undergone an act of FGM
- You observe physical signs that an act of FGM may have been carried out on a girl under the age of 18

**The following signs may indicate that FGM may be about to take place or have already taken place:**

- There is a visiting female elder
- There is talk of a special procedure or celebration to become a woman
- Parents may ask to take their daughter out of school to visit an at-risk country
- Parents may wish to withdraw their children from learning about FGM
- Difficulty walking, standing or sitting
- Spending longer than normal in the bathroom due to difficulties urinating
- Frequent urinary, menstrual or stomach problems
- Prolonged or repeated absences from school especially where there are noticeable behaviour changes on the girls return
- Reluctance to undergo normal medical examinations
- Confiding in a professional without being explicit about the problem due to embarrassment or fear
- Talking about pain or discomfort between her legs

### **Child sexual exploitation and trafficking**

The statutory definition for Child Sexual Exploitation is:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. [Working Together to Safeguard Children \(2015\)](#)

Child trafficking is child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. The following signs may indicate that a child is being sexually exploited:

- Acquisition of money, clothes, mobile phones etc without plausible explanation
- Gang association and/or isolation from peers/social networks
- Exclusions or unexplained absences from school, college or work
- Leaving home/care without explanation and persistently going missing or returning late
- Excessive receipt of texts/phone calls
- Returning home under the influence of drugs/alcohol
- Inappropriate sexualised behaviour for age/sexually transmitted infections
- Evidence of/suspicious of physical or sexual assault
- Relationships with controlling or significantly older individuals or groups
- Multiple callers (unknown adults or peers)
- Frequenting areas known for sex work
- Concerning use of internet or other social media
- Increasing secretiveness around behaviours
- Self-harm or significant changes in emotional well being

## **Domestic Abuse**

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

## **Online Abuse**

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, radicalisation sexual exploitation or emotional abuse. This can also include sexting which includes the sharing of naked images, underwear shots, sharing sexual pictures or rude texts and videos.

Sexting is a crime and the UK Council for Child Internet Safety [guidance](#) must be followed if there are concerns that this type of incident has occurred.

Our schools and college have specific responsibilities to protect and educate pupils in online safety as specified in [keeping children safe in Education](#).

All schools and the college must have an online policy in place which specifies how they manage the following risks to children and young people:

- Content: being exposed to illegal, inappropriate, or harmful material;
- Content: being subjected to harmful online interaction with others; and
- Conduct: personal online behaviour that increases the likelihood of, or causes, harm

## **Harmful sexual behaviour**

Harmful sexual behaviour includes:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults.

Children and young people who develop harmful sexual behaviour harm themselves and others.

## **Bullying and cyberbullying**

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

## **Forced Marriage and Honour Based Abuse**

A 'forced marriage' is defined as one which is conducted without the valid consent of both of the parties and where duress is a factor. Duress includes both physical and emotional pressure and cannot be justified on religious or cultural grounds. Forced marriage is child abuse and can put children and young people at risk of physical, emotional and sexual abuse.

The majority of cases of forced marriage encountered in the UK involve South Asian families. However, there have been cases involving families from East Asia, the Middle East, Europe and Africa. Some forced marriages take place in the UK with no overseas element, whilst others involve a partner coming from overseas or a British Citizen being sent abroad. Most cases involve young women and girls aged between 13 and 30, although

there is evidence to suggest that as many as 15 per cent of victims are male.

All professionals working with victims of forced marriage need to be aware of the 'one chance rule'. That is, they may only have one chance to speak to a potential victim and thus they may only have one chance to save a life. This means that all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.

Mediation and involving the family can place a child or young person in danger and should not be undertaken as a response to forced marriage. This includes visiting the family to ask them whether they are intending to force their child to marry or writing a letter to the family requesting a meeting about their child's allegation that they may be forced to marry. Refusal to go through with Forced Marriage has, in the past, been linked to so called honour crimes.

The definition of Honour based abuse is:

' A variety of crimes including assault, imprisonment and murder where the person is being punished by their family or community for actually or allegedly undermining what the family or community believes to be the correct code of behaviour and therefore bringing 'shame' or 'dishonour' onto the family or community' (Home Office)

### **Peer-on-peer abuse**

Staff should be aware that it is not only adults who abuse children but children themselves can abuse their peers. Abuse is abuse and should never be tolerated or passed off as 'banter' or 'part of growing up'.

Peer on peer abuse occurs when a young person is exploited, bullied and/or harmed by their peers who are the same or similar age.

It can include but is not limited to bullying, cyber bullying, gender based violence/sexual assaults and sexting.

### **Private fostering**

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity)

All professionals working with children should be aware that by law local authorities must be informed of all private fostering arrangements.

This is because privately fostered children are a diverse and potentially vulnerable group and local authorities have a duty to satisfy themselves that the welfare of children who are, or will be, privately fostered is being or will be satisfactorily safeguarded and promoted.

Where professionals are aware or suspect that a child is being privately fostered they have a mandatory duty to report this to the local authority in their area.

To support with this duty all professionals working with children across RNIB Group should ensure that they seek information to identify the relationship of those named as people responsible for the child.

## **7. Deprivation of Liberty**

The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005 which is a law designed to protect adults who are unable to make decisions for themselves. The reason deprivation of liberty guidance is provided within this child abuse procedure is that this policy covers children up to the age of 18 and the Mental Capacity Act safeguards apply to young people age 16 and 17. In addition our children's home will on occasion have people over the age of 18. The safeguards apply in England and Wales.

The Deprivation of Liberty Safeguards provide a legal authorisation process that must be followed when managers believe that a deprivation of liberty is necessary to keep a person safe and the person is not able to provide consent. This involves putting safeguards in place to ensure that those who lack capacity and are

residing in care homes, and supported living environments are not subject to overly restrictive measures in their day-to-day lives.

The DoLS provides a legal authorisation process that must be followed when managers believe that a deprivation of liberty is necessary to keep a person safe and the person is not able to provide consent. This involves putting safeguards in place to ensure that those who lack capacity and are residing in care homes, and supported living environments are not subject to overly restrictive measures in their day-to-day lives.

A simple two stage acid test has been introduced to support managers to determine if a deprivation of liberty is taking place, this test came about as a result of the [Cheshire West](#) case:

- The person is subject to continuous supervision and control

and

- The person not free to leave – with the focus not on whether a person seems to want to leave, but on how those who support them would react if they did want to leave?

If a person is subject to the level of supervision described and is not free to leave then it is likely that they are being deprived of their liberty.

Heads of Services providing care homes and supported living services must read the Deprivation of Liberty guidance and ensure that it is applied in their settings.

Line managers are responsible for ensuring that people working in care homes and supported living services understand their responsibilities in relation to Deprivation of Liberty safeguards and must organise appropriate training for staff teams.

The [law society](#) provides guidance to support managers to comply with the law.

## **8. Information sharing**

Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor identified in

many serious case reviews has been a failure by practitioners to record and share information because they fear breaching confidentiality legislation.

This fear arises as a result of the duties placed on individuals and organisations as a result of the Data Protection Act 1998 and Human Rights legislation to process information fairly and lawfully and respect private and family life.

However, the law is very clear in the message that fears about sharing information must not stand in the way of the need to safeguard and promote the welfare of children. Therefore, information should be shared both internally and externally in line with this procedure.

Managers must ensure that when information is shared it is necessary for the purpose for which it is shared, it is shared only with those individuals who need to have it, and it is accurate, up to date, shared in a timely fashion and shared securely.

Managers must make a record of their decision and the reasons for it, whether the decision is to share information or not. If a decision is taken to share information the record should state what has been shared, with whom and for what purposes.

Further guidance on information sharing can be found on the Information Commissioner's [website](#).

## **9. Immediate action to safeguard children**

If there is any possibility that a child may be in immediate danger you must act without delay. If your line manager, Designated Safeguarding Lead or the Safeguarding and compliance manager are not contactable you must call the police or social services who can respond on an emergency basis even outside of normal office hours.

## **10. Initial response and reporting of child abuse concerns**

All child abuse concerns must be reported immediately to the Designated Safeguarding Lead in your service. This will normally be the person in charge of your service. If you do not have a

Designated Safeguarding Lead you should report concerns to [debbie.lynch@rnib.org.uk](mailto:debbie.lynch@rnib.org.uk)

The only exception to this reporting is when shared care arrangements exist. In this instance incidents / concerns should be reported to the responsible lead organisation.

If you feel you cannot report your concern to your Designated Safeguarding Lead then you can email the Safeguarding and Compliance Manager at [safeguarding@rnib.org.uk](mailto:safeguarding@rnib.org.uk)

If there is no immediate danger to a child Designated Safeguarding Leads must carry out initial fact finding as described in section 10 of this procedure and if following that there remains a child abuse concern an external referral should be made following the flowchart which is attached as appendix 1.

The Designated Safeguarding Lead must decide at this point if there is a requirement to report concerns to external regulators, families, social workers, etc and make referrals as required.

If the matter is serious enough to warrant reporting to the Charity Commission then the Executive Board representative for safeguarding must be notified via email, [corinne.mills@rnib.org.uk](mailto:corinne.mills@rnib.org.uk).

The [Charity Commission](#) provides guidance to support decision making when considering reporting requirements. The final decision for reporting will be taken, following discussions with colleagues, by the Executive Board representative for safeguarding. This will ensure that there is consistency of reporting across the group of charities.

In addition any incident of fraud, theft or dishonesty must be reported to the Corporate Services Director by email at [Policy91@rnib.org.uk](mailto:Policy91@rnib.org.uk)

An RNIB accident / incident form MUST be completed for all child abuse concerns / incidents. If you do not have access to this you must email [safeguarding@rnib.org.uk](mailto:safeguarding@rnib.org.uk)

In additional a chronology of events should be created. This will ensure that there is one overarching, easily accessible record of all the actions taken in relation to an incident. This record should

include what action was taken, when and by whom and should be updated regularly until the point the incident is closed off.

## **11. Initial fact finding**

It will be necessary to gather some initial facts to inform external agencies decision making. It is very important to remember that any allegations concerning child abuse can result in criminal proceedings and as such you should only ask questions to clarify essential basic information. Do not probe for more information or ask any other questions or disclose details of the allegation to anyone else – even if the allegations involve them. Do not talk to the person you think is responsible for the harm as this might put you or the child at risk and give them the opportunity to hide evidence.

Reassure the child that they are right to raise the issue and that they are in no way to blame. Explain what you are going to do with the information and reassure them that their concerns will be taken seriously and will be dealt with promptly. Do not promise ‘not to tell anyone’ or say ‘you’ll keep it a secret’.

Complete a written record of what you have seen / heard ensuring that you make a clear distinction between what is fact and opinion. It is important to try and include as much detail as possible particularly about the child or young person such as, full name, date of birth (if known), address, language of the child and remember to include parent / carer details if you know them, then ensure the record is signed, dated and includes the place where the disclosure took place as well as the names of any other person present. This written record may be used in court proceedings or be otherwise made available without alteration to other agencies, the person themselves or their legal representatives.

## **12. Duty of Candour**

In England the Care Quality Commission has put in place a requirement for providers to be open with people and apologise when things go wrong. This duty applies to all registered providers of both NHS and independent healthcare bodies, as well as providers of social care.

The customer or other relevant person must be told that a notifiable safety incident has occurred as soon as possible after the event.

Support needs must be considered and support provided to customers and other relevant people if required, this will always mean treating them with respect, consideration and empathy and could include some of the following:

- Offering the option of direct emotional support during the notification for example from a family member, friend, care professional or a trained advocate
- Offering help to understand what is being said, for example through an interpreter, non-verbal communication aids, Braille etc.
- Providing details of specialist independent sources of practical advice and support or emotional support /counselling
- Providing information about available impartial advocacy and support services
- Providing support to access the complaints procedure

The Head of Service will take the lead when a notifiable safety incident occurs, therefore Managers must contact their Head of Service before taking any action.

The notification must:

- Be given in person by one or more representatives of the registered person
- Provide an account, which to the best of the Managers knowledge is true, of all the facts the Manager knows about the incident as at the date of the notification
- Advise the customer or relevant person what further enquiries into the incident are appropriate
- Include an apology

A written record of the notification including all the details listed above must be completed and a copy given to the customer or relevant person and a copy held securely by the service.

Following all enquiries customers or the relevant person should be provided with an update of outcomes both verbally and in writing and a copy held securely by the service.

If for any reason the customer or relevant person cannot be contacted or declines to speak to the Manager a written record must be kept securely of all attempts to contact the relevant person.

Any correspondence relating to notifiable safety incidents must be retained and held securely.

### **13. Identifying an investigating officer**

External agencies will be responsible for identifying the investigating officer and the method of investigation if the referral is accepted.

The Recognising and responding to low level safeguarding concerns must be followed if a referral is passed back to the service for investigation.

### **14. Action following conclusion of investigation**

Managers must inform all relevant parties of the outcome as applicable; this may include external regulators, families, local authorities etc.

Copies of all investigation records must be sent to the Safeguarding and Compliance manager.

Managers must ensure that any action required arising out of investigations is carried out within the timescales specified.

If a member of staff, volunteer, governor or trustee is dismissed or removed from regulated activity managers must consider if there is a requirement to make a referral to the Independent Safeguarding Authority, Protecting Vulnerable Groups Scheme or other professional bodies such as the nursing and midwifery council.

Where managers decide that a referral is necessary they should ensure that the relevant paperwork is completed and signed by their line manager.

A copy of all referral paperwork must be sent to the Safeguarding and Compliance Manager.

## **15. Internal reporting and monitoring**

All incidents / concerns will be logged on the safeguarding incident log and will be shared with Heads of Services where incidents have occurred.

The Executive Board representative for safeguarding, the Director of Care (or Director of Services as an alternate), will routinely review incidents and arrange the referral of any incident which meets the Charity Commissions referral guidance should this requirement not have been identified earlier.

An analysis of trends will be completed on all safeguarding incidents / concerns and the findings will be reported at Board level at least once per year.

## **16. Raising your concerns at a higher level / externally**

If you are not satisfied that your concerns have been dealt with appropriately you should in the first instance raise the matter with a higher level manager or the Safeguarding and compliance manager.

If you continue to be dissatisfied you may contact the following agencies in your area:

- Social Services
- Local Authority
- Police
- Care Quality Commission, England
- Ofsted
- Care Inspectorate, Scotland
- Care and social services inspectorate, Wales
- Commission for care, Northern Ireland
- NSPCC helpline - 0808 800 5000
- Childline - 0800 1111
- Public Concern at Work on 0207 404 6609.

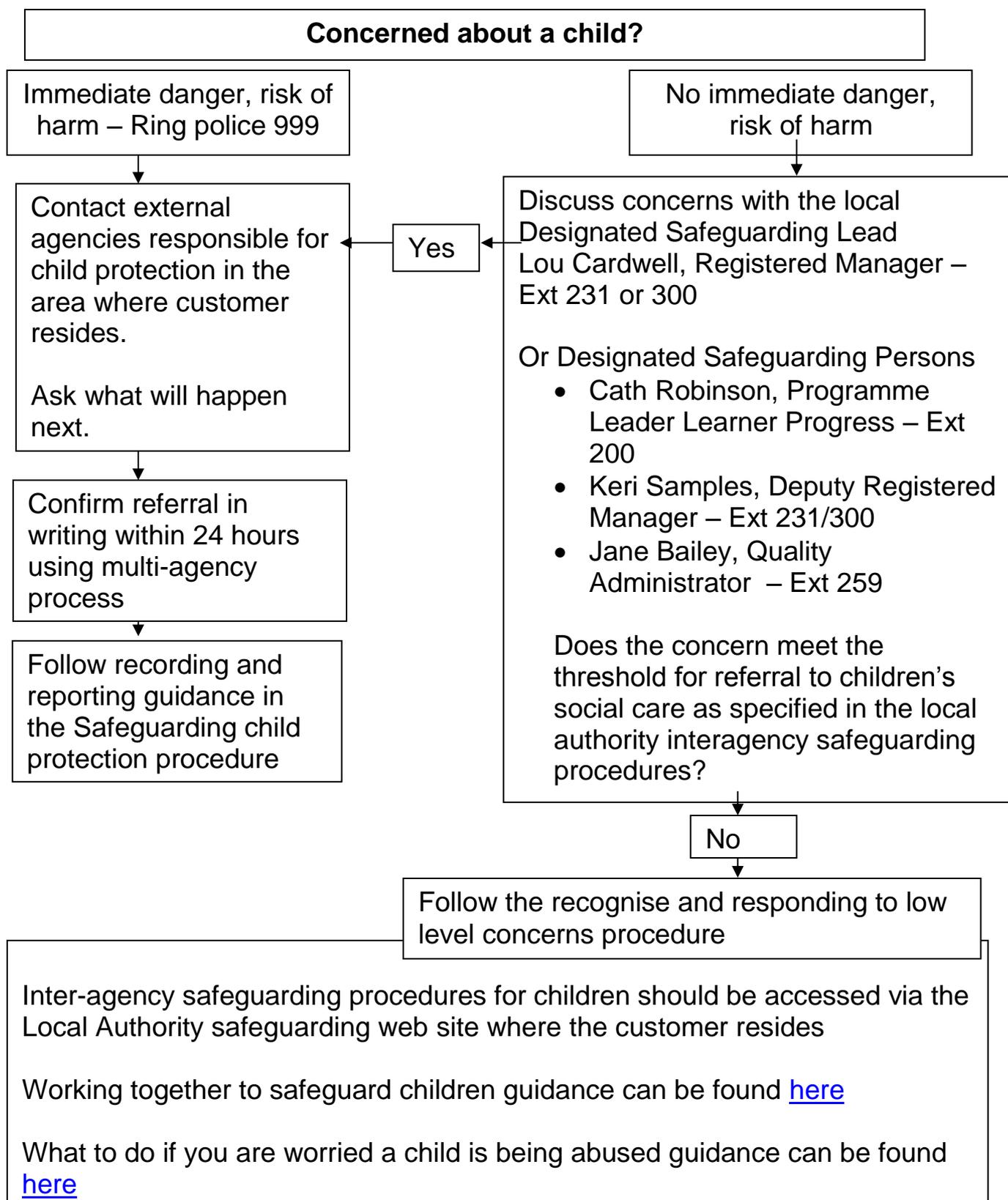
## 17. Additional information

- Safeguarding policy
- Recognising and responding to low level safeguarding concerns
- Disciplinary policy
- Whistle Blowing policy
- Problem solving procedures for volunteers
- Fraud, theft and dishonesty policy
- Duty of Candour policy
- Mental Capacity Act and Deprivation of Liberty Policy

## 18. Version control

Version	Change	Date
1		9 March 2015
2		18 July 2016
3		17 October 2016
4		21 December 2016
5	Definition CSE updated	23 February 2017
6	Various to satisfy school requirements	21 August 2017
7	Change of title	5 October 2017
8	Change of responsibility	5 April 2018
9	Change of responsibility	19 April 2018

## Appendix 1 – Responding to safeguarding concerns flowchart



## **Appendix 2 – Role of the designated safeguarding lead**

Governing bodies, proprietors and management committees should appoint an appropriate senior member of staff, from the school or college leadership team, to take the role of designated safeguarding lead. The designated safeguarding lead should take lead responsibility for safeguarding and child protection. This should be explicit in the role-holder's job description. This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children.

### **Deputy designated safeguarding leads**

It is a matter for individual schools and colleges as to whether they choose to have one or more deputy designated safeguarding lead(s). Any deputies should be trained to the same standard as the designated safeguarding lead.

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead; this lead responsibility should not be delegated.

### **Manage referrals**

The designated safeguarding lead is expected to:

- Refer cases of suspected abuse to the local authority children's social care as required;
- Support staff who make referrals to local authority children's social care;
- Refer cases to the Channel programme where there is a radicalisation concern as required;
- Support staff who make referrals to the Channel programme
- Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and

- Refer cases where a crime may have been committed to the Police as required.

### **Work with others**

The designated safeguarding lead is expected to:

- Liaise with the headteacher or principle to inform him or her of issues especially ongoing enquiries under section 47 of the Children's Act 1989 and police investigations;
- As required liaise with the 'case manager' and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

### **Training**

The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.

The designated safeguarding lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and intervention, for example, through locally agreed common and shared assessment processes such as early help assessments;
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;

- Ensure each member of staff has access to and understands the school or college's child protection policy and procedures, especially new and part time staff;
- Are alert to the specific needs of children in need, those with special educational needs and young carers;
- Are able to keep detailed, accurate, secure written records of concerns and referrals;
- Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- Obtain access to resources and attend any relevant or refresher training courses; and
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them

### **Raise awareness**

The designated safeguarding lead should:

- Ensure the school or college's child protection policies are known, understood and used appropriately;
- Ensure the school or college's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this; and
- Liaise with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

### **Child protection file**

Where children leave the school or college ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

### **Availability**

During term time the designated safeguarding lead (or a deputy) should always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual schools and colleges, working with the designated safeguarding lead to define what 'available' means and whether in exceptional circumstances availability via phone or Skype or other such media is acceptable.

It is a matter for individual schools and colleges and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.