

LBBD

Safeguarding Children Guidance

(The Green Book)

Policy and Procedures for
Voluntary, Community, Faith,
Private Organisations and Out of
School settings.

V2: January 2021

This document was originally developed in 2013 and has been updated to reflect current changes in local and national policies and procedures.

Who should use this Guidance?

This Guidance should be used by all organisations, groups and individuals in the voluntary and community sector providing information, advice and or support to children, young people and or/families, whether or not, they are registered as a charity with the Charity Commission.

It applies to all VCS staff and volunteers, including trustees, committee members, senior management, religious leaders, students on work placements and sessional workers.

This document should also be adopted by individuals such as a tutor, organisations who provide out of school provision, such as clubs and sports activities and faith organisations who provide religious based supplementary education to children and young people.

How to use this Guidance?

This green book should inform the day-to-day work of all groups and organisations in direct contact with children and or families.

The process for adopting the Green Book as your organisation's policy and procedures is explained in Chapter 2.

While all staff and volunteers are encouraged to gradually familiarise themselves with the contents of the Green Book, the Designated Safeguarding Lead (DSL), Deputy Designated Safeguarding Lead, trustees and (senior) managers are advised to read through the whole document carefully and explore relevant resources referenced in the book.

It is also the responsibility of the Designated Safeguarding Lead and their deputies to support all staff and volunteers in understanding the Green Book and applying it in their everyday work.

Accessing additional resources:

Further guidance, information and training opportunities can be found on the NSPCC website under Voluntary and Community organisations. In addition, local guidance and training information can be obtained on the Barking and Dagenham Safeguarding Children Partnership website:

<https://bdsafeguarding.org/>

Contents

Section 1	Basic Principles	5
	Safeguarding Children – The 5 R’s	6
Section 2	Introduction: Adopting the Green Book as your policy and procedures	9
Section 3	Keeping Children Safe in Out-of-school-settings (OOSS)	
Section 4	Key Definitions	10
Section 5	Keeping the child at the centre of your work	14
Section 6	Legislation	15
Section 7	Types and indicators of abuse	16
	• Physical Abuse	16
	• Accidental and non-accidental physical injury chart	17
	• Emotional Abuse	18
	• Neglect	19
	• Sexual Abuse	20
Section 8	Children in Specific Circumstances	21
	• Disabled Children	21
	• Female Genital Mutilation (FGM)	21
	• Forced Marriage	22
	• Honour based violence	22
	• Gangs and Serious Youth Violence	22
	• Lesbian, gay, bisexual and transgender (LGBT)	23
	• Missing Children	23
	• Private Fostering	23
	• Sexual Exploitation	24
	• Spirit Possession or Witchcraft	24
	• Trafficking	25
	• Unaccompanied Asylum-Seeking Children	25
	• Peer on Peer Abuse	25
	• Criminal Exploitation	26
	• Radicalisation and Extremism	26
Section 9	Safeguarding Children in Diverse and Faith Communities	28
Section 10	Domestic Abuse	29
Section 11	What to do if you are worried a child is being abused	31
		37

Section 12	LBBB Multi-Agency Threshold of Need	39
Section 13	Responding to a child/young person (allegations of abuse)	42
Section 14	The role and responsibilities of the Designated Safeguarding Lead (DSL).	43
Section 15	Allegations against Staff and Volunteers who work with children	47
Section 16	Information Sharing – GDPR and Seven Golden Rules	49
Section 17	Online/E-safety E-safety incident flowchart	51 53
Section 18	Staff and Volunteer recruitment and selection	54
Section 19	Disclosure and Barring Service	55
Section 20	Managing Staff and Volunteers	58
Section 21	Protecting yourself when working alone	60
Section 22	Good practice in your setting Adult to child ratios Safety tips for outings and trips Reducing the risk of children going missing Photographing and recording children Use of mobile phone guidance	61 61 61 62 63 64
Section 23	Insurance and Risk Assessment Insurance Risk Assessment	65 65 67
Section 24	Other Policies in your organisation	68
Appendix 1	Safeguarding Procedures Checklist	69
Appendix 2	Guidance on developing a safeguarding policy statement Model Policy Statement	71 72
Appendix 3	Model code of behaviour for staff and volunteers	74
Appendix 4	Recording log	76
Appendix 5	Model Risk Assessment form	78
Appendix 6	Key Contacts in LBBB Other useful contacts Resource Bank Commonly used acronyms	84 85 86

Section 1

Basic Principles

- The child's welfare is paramount
- Safeguarding children and young people is the responsibility of everyone.
- All children and young people have the right to protection from abuse regardless of their race, ethnicity, immigration status, religion or belief, sex, gender identity, sexual orientation, or disability. This includes unborn children and children aged 0-18years.
- All allegations and suspicions of abuse will be taken seriously and responded to swiftly and appropriately. This must not be ignored.
- If somebody believes that a child may be suffering, or is at risk of suffering significant harm, they should always refer the concern to Children's Social Care or the Police.
- All voluntary, community, faith and private organisations/service providers working with children/young people and their families must take all reasonable measures to ensure that risks of harm to children and young people are minimised.
- All organisations and persons working or volunteering with children should hold the view that **'it could happen here'** when considering the safeguarding of children. When concerned about the welfare of a child, staff should always act in the **best** interests of the child.

Every group/organisation **MUST** select a senior member of staff or manager who has specific responsibility for safeguarding and child protection issues (this would usually be someone working on site).

For the purpose of this document we refer to this person as the **'Designated Safeguarding Lead (DSL)'**



[See Chapter 13](#) for guidelines for the Designated Safeguarding Lead

Safeguarding Children- The 5 R's

Recognise:

- Be Vigilant
- Know the children you work with
- Be familiar with the types and indicators of abuse

Respond:

- Never ignore concerns, signs or reports related to children's wellbeing and safety
- Do not delay your response

Report:

- Always report your concerns to the Designated Safeguarding Lead or their Deputy
- Ensure every member of staff/ volunteer is aware of who the DSL and Deputy DSL are.

Record:

- Always make a record of what happened – the incident or concern, the exact words of the child where possible, if they made a disclosure and any immediate actions taken.
- Use your organisation's standard recording log
- Don't delay it – record information as soon as possible

Refer:

- All cases where there is a concern about significant harm or risk this must be referred to LBBB Multi-Agency Safeguarding Hub (MASH) using the online Multi-Agency Referral Form (MARF) <https://www.lbbd.gov.uk/report-a-serious-concern-about-a-child-marf-for-professionals>
- MASH can be contacted on 020 8227 3811
- This should be completed by DSL, but all staff should be familiar with the process of referring concerns to children's services.

If you believe a child to be at immediate risk of harm, please call the Police on 999

Section 2

Introduction: Adopting the Green Book as your policy and procedures

All organisations working with children and young people should have up-to-date child protection procedures in place, which are compliant with the London Child Protection Procedures and Working Together to Safeguard Children 2018.

Organisations that do not currently have their own policies and procedures can use this document to create their own or adopt this Green Book as their policy and procedures. Those organisations, including those affiliated with national bodies' e.g. church diocese, sports organisations, should use this document to ensure that their local settings follow these procedures. This is important as **there must be a consistent approach to how children and young people are safeguarded and supported in LBBD.**

By adopting these procedures, your organisation has agreed to be committed to implementing these procedures so that everyone understands and accepts their responsibilities to safeguard children from harm and abuse.

The aim of this document is to promote good practice and to ensure that everyone involved in the provision of support and activities to children and young people in LBBD:

- Understands their personal responsibility for protecting the children they work with;
- Is able to take appropriate action if there are suggestions that a child/young person is being abused;
- Is informed and able to respond in a supportive manner to any child/young person who alleges or discloses that abuse is happening; and
- Takes steps to minimise opportunities for misunderstanding by following a code of conduct.

Please note that if you adopt these procedures you must also have a **'policy statement'**, which states your organisations commitment to child protection.

This statement should be displayed in your setting, e.g. on a wall/notice Board or website, for everyone to see (parents/carers, staff/volunteers and the children/young people).

Section 3

Keeping Children Safe in Out-of-School Settings (OOSS)

Are you a coach, or run an independent after school club, activity or tuition for children and young people?

This guidance has now been extended to include all Out of School Setting and will help you understand how you can run a safe out-of-school setting that ensures the safety and welfare of the children you are working with.

We are aware that many of children and young people attend activities outside of school, be it music lessons, sports, tuition, or religious education. The Children Act 2004 places a duty on groups and organisations to safeguard and promote the wellbeing of children.

The Green Book outlines best practices and provide you with guidance and a range of resources that will help you develop/ strengthen existing policies and procedures to be able to respond to child protection concerns.

What is an Out-of-School Settings?

An Out of School setting (OOSS) is an individual, organisation or setting providing tuition, training, instruction, or activities to children. This does not apply to schools, academies or colleges registered with the Department for Education (DfE).

The following is a non-exhaustive list of some out-of-school settings:

- Tuition centres and supplementary school (which may be used to support mainstream, or home education) e.g. key stage 1-4 curriculum; English and mathematics skills; examination preparation (i.e. SATs, GCSE, A Level and 11 plus / school entry exams) etc.
- Extracurricular clubs or settings, e.g. ballet or music classes, drama or sports clubs.
- Uniformed youth organisations, e.g. the Scouts and Guides, Cadet services.
- Open access youth providers, e.g. centre-based and detached youth work.
- Private language schools, including those for children coming from abroad.
- Religious settings which offer education on their own faith, culture, religious texts, preparation for rites of passage, etc. e.g. Jewish yeshivas and chedarim, Muslim madrassahs, Hindu OOSS, Sikh OOSS, Christian Sunday schools, etc.

You may be delivering in a range of venues, from private residential settings, larger and more formal settings such as community and youth centres, sports clubs, schools and places of worship. Fees may or may not be charged, and some settings may be operating on a commercial basis.

OOSS are currently not regulated in the same way as mainstream Schools and childcare provisions and therefore, not required to be registered with Ofsted, Department for Education or the council. However, you have a duty of care to the children who attend your sessions and must take reasonable steps to ensure that your setting is a safe place and is able to protect them from harm.

To ensure that your organisation is taking reasonable steps to ensure the safety of the children and young people using your service. We recommend as a minimum for all OOSS to have the following policies and practices in place:

- Child Protection / safeguarding policy, including a designated lead for safeguarding.
- Health and Safety Policy
- Suitability of staff and volunteer's policy, including appropriate DBS checks.

As well as having all the relevant and up to date policies and procedures to run an OOSS, it is important that all staff and volunteers understand and have appropriate training. You should also have appropriate insurances such as public liability insurance, more information on this can be found in this guidance on page 62.

As part of taking up policies to help insure children are appropriately safe, providers should also try to ensure that parents and carers are made aware of, and are satisfied with, the arrangement and environment before they choose to send their child to you setting.

It is parents' and carers' right to check and receive assurance of the safety of a setting. Therefore, you should be able to reassure parents and carers that your setting is a safe place to send their children.

Childcare providers: Register with Ofsted

Most childcare providers looking after children under the age of 8 must register with Ofsted. Childminders can choose to register with a childminder agency instead.

However, there are several exceptions to this. There are some situations when you do not have to register with Ofsted, and some when you cannot register (for example, if you are related to all the children you want to look after).

Tutoring, coaching and clubs

You do not have to register if you provide tutoring or coaching in either one or two of the following activities to children aged 3 and over:

- school study support or homework support
- sports
- performing arts
- arts and crafts
- religious, cultural or language studies

However, you cannot look after children under 5 for more than 4 hours in any one day.

The activity needs to be the focus of what you offer, such as drama club, choir practice, netball or swimming. This should be specific tuition or coaching to help children improve their skills, rather than offering childcare for working parents. We do not necessarily expect everyone working with children to be a specialist coach, but they should have particular skills in those areas to help children improve.

For further information about when you cannot register and when you do not have to please visit Gov.uk Registration Exemptions Guidance (<https://www.gov.uk/guidance/childminders-and-childcare-providers-register-with-ofsted/registration-exemptions>)

Keeping Children Safe in Out of School settings: Government Guidance.

All out of school settings need to ensure they are aware of and adhere to the non-statutory government guidance for keeping children safe. Whilst the guidance is non mandatory, there is an expectation within Barking and Dagenham that any provision for children is working within the parameters of the guidance as a minimum and that the **Green Book** is adopted as part of local policy and procedures to ensure that children are safe. Below are links to the relevant guidance. **You are advised to ensure that access to these documents is made available to parents and carers and that all staff have read and understood the guidance.**

General guidance for all settings:

<https://www.gov.uk/government/publications/keeping-children-safe-in-out-of-school-settings-code-of-practice>

Guidance for tuition and faith groups:

<https://www.gov.uk/government/publications/information-on-safeguarding-for-providers-of-tuition-and-faith-groups>

Guidance for sports and extracurricular activities:

<https://www.gov.uk/government/publications/information-for-providers-on-keeping-children-safe-in-sports-clubs-and-other-extra-curricular-activities>

<https://www.gov.uk/government/publications/safeguarding-for-providers-of-extra-curricular-clubs-youth-organisations-and-study-groups>

Guidance for all settings:

<https://www.gov.uk/government/publications/seven-steps-checklist-towards-running-a-safe-club-activity-or-tuition-class-for-children>

Guidance for parents and carers:

<https://www.gov.uk/government/publications/guidance-for-parents-and-carers-on-safeguarding-children-in-out-of-school-settings>

<https://www.gov.uk/government/publications/information-for-parents-choosing-an-after-school-club-community-activity-or-tuition>

Section 4

Key Definitions

Term	Definition
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Child	A child is anyone who has not yet reached their 18 th birthday.
Child in Need	Under Section 17 (10) of the Children's Act 1989, a child is in need if without the provision of local authority services: <ul style="list-style-type: none">• He or she is unlikely to achieve or maintain a reasonable standard of health or development;• His or her health or development is likely to be significantly impaired; or• He or she has a disability
Child Protection	The process of protecting individual children identified as either suffering, or at risk of suffering significant harm as a result of abuse or neglect. It is a part of safeguarding and promoting the welfare of children.
Children perceived as 'different'	Research indicates that children who may be perceived as 'different' e.g. disabled children, children from minority ethnic groups or cultures and children with differing sexual orientations are vulnerable to abuse. It is therefore vital that all agencies promote equality of opportunity and anti-discriminatory practice. Failure to do so may expose particular children to significant harm.

<p>Disclosure and Barring Service (DBS)</p>	<p>The DBS is designed to help prevent unsuitable people from working with children and vulnerable adults. Anyone working or volunteering with children should be DBS checked as part of the recruitment process. If there is a possibility that a person will work with children unsupervised, they will require an enhanced DBS check.</p> <p>In all cases where someone has been dismissed from either paid or unpaid employment / volunteering due to concerns about their behaviour towards a child or vulnerable adult, or has behaved in a way which suggests they are not suitable to work with children, then it is the organisations responsibility to refer that person to the DBS for consideration of barring them from working with children and vulnerable adults.</p> <p>Further guidance can be found from the Disclosure and Barring Service website https://www.gov.uk/dbs-check-applicant-criminal-record</p>
<p>Early Help</p>	<p>We recognise that there may be times that some families require additional support. Community, Faith and Voluntary Organisations often have a vital role in the support for children and their families where the level of need may not require statutory intervention (see definition of Child in Need and Child Protection).</p> <p>All organisations working with child and families at an early help / preventative level, can seek advice and support from the local authority https://www.lbbd.gov.uk/early-help-for-professionals-working-with-children</p> <p>With parental consent, you are also able to share information and form part of the child’s early help network by consulting with partners in education, health, housing and other community-based organisations.</p> <p>Often the ability to share information and work in partnership, enables the family to receive appropriate early targeted support to prevent concerns from escalating.</p>
<p>Local Authority Designated Officer (LADO)</p>	<p>The Local Authority Designated Person is responsible for the coordination of the multi-agency response to allegations where a person who works or volunteers with children has;</p> <ul style="list-style-type: none"> • behaved in a way that has harmed a child, or may have harmed a child; • possibly committed a criminal offence against or related to a child; or

	<ul style="list-style-type: none"> • behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children. <p>In all cases where there is concern that the conduct of a staff member or volunteer has met the above criteria, the LADO should be contacted immediately.</p>
<p>Designated Safeguarding Lead (DSL)</p>	<p>It is best practice that every organisation has a Designated Safeguarding Lead. This person has responsibility for coordinating the response to child protection concerns within their organisation, is sufficiently trained, is able to support staff and volunteers to understand their responsibilities for the safeguarding of children, keep accurate and secure records and has sufficient knowledge of the local procedures to escalate safeguarding concerns.</p> <p>Where possible, it is advisable organisations identify a deputy DSL who can act in the absence of the Designated Safeguarding Lead and who is trained to the same level.</p> <p>The NSPCC offer training for DSL's to ensure that they are sufficiently equipped with the skills and knowledge to undertake the role. DSL's are also able to enrol on local training specific to the safeguarding of children through the Barking and Dagenham Safeguarding Children Partnership website.</p>
<p>Parent</p>	<p>Parent or carer including a person with a Special Guardianship Order or Child Arrangement Order. The term can include foster parents acting on local authority's behalf for children in care.</p>
<p>Risk to Children</p>	<p>Description of an adult or child who has been identified (by probation services/ youth offending team, police or health services, individually or via the Multi-Agency Public Protection Arrangements) as posing an ongoing risk to a child (replaces the term Schedule 1 offender).</p>
<p>Safeguarding and Promoting the Welfare of Children</p>	<p>The process of:</p> <ul style="list-style-type: none"> • Protecting children from maltreatment. • Preventing impairment of children's health or development. • Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care. • Taking action to enable all children to have the best life chances.

Significant Harm	<p>A situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection services.</p> <p>The Children Act 1989 introduced the concept of significant harm as the threshold level that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.</p>
Staff	Any individual/s working in a voluntary, employed, professional or unqualified capacity including foster carers.
Third Sector	Non- governmental organisations that are value driven and which principally reinvest their surpluses to further social or cultural objectives e.g. voluntary and community organisations, charities, social enterprises, co-operatives and mutual' s.
Well-being	<p>The achievement of the best outcome for children. That is, for every child to:</p> <ul style="list-style-type: none"> • Be healthy; • Stay safe; • Enjoy and achieve; • Make a positive contribution; • Achieve economic well-being, and; • Not to cause harm to others.

Section 5

Keeping the child at the centre of your work

It is essential that those who work directly with children/young people get to know them as individuals and regularly consider how their situation feels to them. This is what is sometimes referred to as '**understanding the child's lived experience**'.

Organisations should prioritise direct communication with children and develop positive and respectful relationships with them ensuring the child's wishes and feeling are the basis of your organisation's approach, plans and or activities.

Children/ young people need to feel they are respected and understood as individuals and to have their wishes and feelings consistently taken into account.

The '**Child's Voice**' should be central to how we respond to safeguarding and child protection. Effective action to keep the child/young person in focus includes:

- Being vigilant and noticing when children appear troubled or anxious.
- Developing a direct and stable relationship based on trust and understanding with the child.
- Obtaining information from child about his or her needs.
- Finding out about the child's wishes and feelings about their situation now as well as plans and hopes for the future.
- Providing children with honest and accurate information about the current situation as seen by professionals and future possible actions and interventions.
- Involving the child in key decision-making (appropriate to age and level of understanding).
- Providing appropriate information to the child about his or her right to protection and assistance.
- Inviting children to make recommendations about the services and assistance they need and.
- Ensuring children have access to independent advice and support (for example through advocates or children's rights officers) to be able to express their views and influence decision-making.

It is also very important to obtain and respond to view and experiences of children with regards to staff and volunteers. Providing the space for children/young people to voice their experiences of contact with staff and volunteers is crucial in building and maintaining a safe and responsive environment.

Section 6

Legislation

Reading legal documents is a daunting task for most people.

It is very important, however that professionals supporting children, young people and families are familiar with the laws that make up the child protection system. Rather than ploughing through various pieces of legislation, voluntary and community sector professionals should focus on familiarising themselves with the key principles and concepts contained within certain Acts as this should underpin their work with children and families.

This knowledge is also essential if professionals are to effectively support parents and carers to understand the UK system and seek help when needed.

There is a considerable body of legislation. Of fundamental importance are The Children's Act 1989 and The Children's Act 2004.

The Designated Safeguarding Lead should have a basic understanding of how legislation, and local and national policies and procedures underpin our work in the safeguarding of children. DSL's are asked to familiarise themselves with the following documents and pass on knowledge through training, team meetings and supervision of all staff.

Below is a list of legislation and statutory and non-statutory guidance which the Designated Safeguarding Lead should be familiar with.

- Children Act 1989 (national)
- Children Act 2004 (national)
- Children and Families Act 2014 (national)
- Child and Social Work Act 2017 (national)
- The Safeguarding Vulnerable Groups Act 2006 (national)
- Working Together to Safeguarding Children 2019 (national)
- What to do if you're worried a child is being abused 2015 (national)
- Information Sharing – Advice for Practitioners (national)
- London Child Protection Procedures (London boroughs)
- Prevent Duty for England and Wales (2015) under section 26 of the Counter Terrorism and Security Act 2015 (national)
- Barking and Dagenham Threshold Document (local)
- Barking and Dagenham Procedures for managing allegations against staff and volunteers (local).

Free legal advice from the Coram Children's Legal Centre (CLC):

Family, child and education Legal Advice – 08088 020 008 Mon-Fri 8am-8pm

Migrant Children's Project Legal Advice Line 0207 636 8505 Tues-Thurs 10am-6pm

Types and Indicators of Abuse

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child (including Female Genital Mutilation/female circumcision). Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Physical Signs

- Injuries which the child cannot explain, or explains unconvincingly
- Untreated injuries or injuries that have been treated inadequately
- injuries on parts of the body where
- accidental injury is unlikely, such as
- the cheeks, chest or thighs
- bruising in babies and in children who are not independently mobile
- bruising to the face, back, abdomen, arms, buttocks, ears and hands
- bruising which reflects an imprint of
- an implement or cord, or hand or
- finger marks
- multiple bruises – in clusters or of uniform shape
- human bite marks
- fractures in children under 18 months
- fractures that are inconsistent with the
- child's developmental stage
- scalds, especially those with upward splash marks where hot water has
- been deliberately thrown over the child, or tide marks – rings on the child's arms, legs or body where the

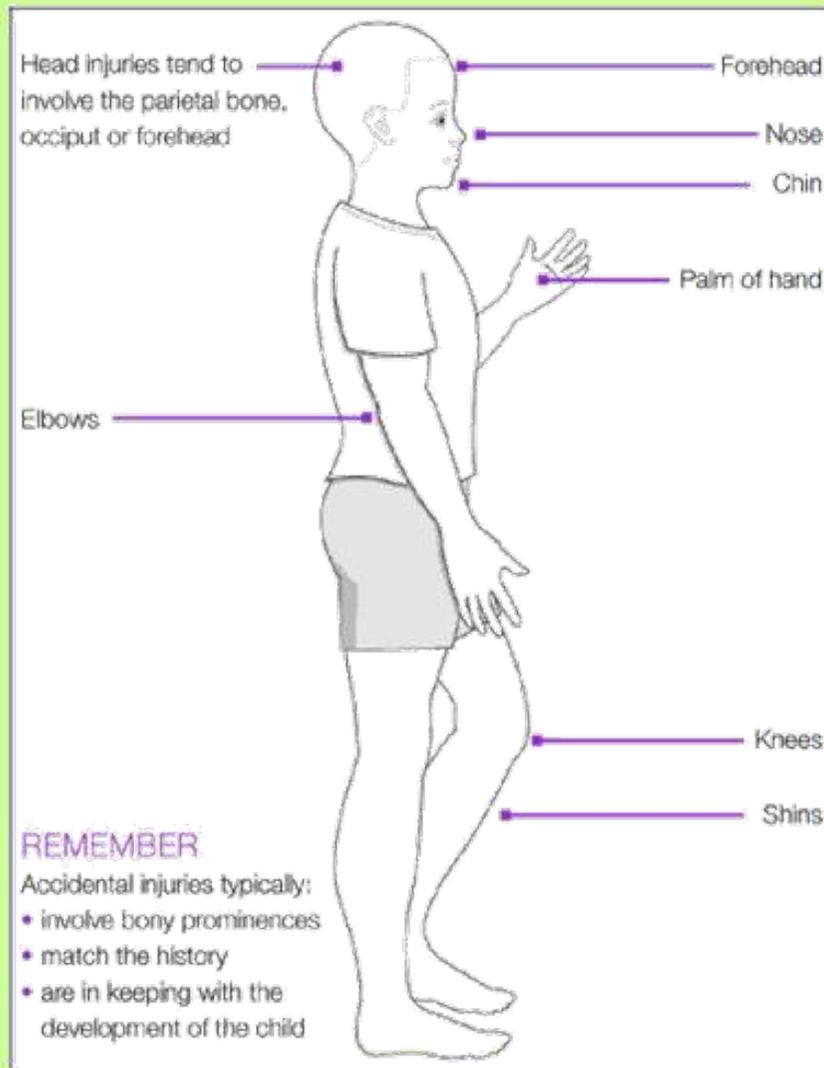
child has been made to sit or stand in very hot water

- multiple burns, burns with a clearly defined edge and burns affecting unusual areas of the body such as the back, shoulders or buttocks

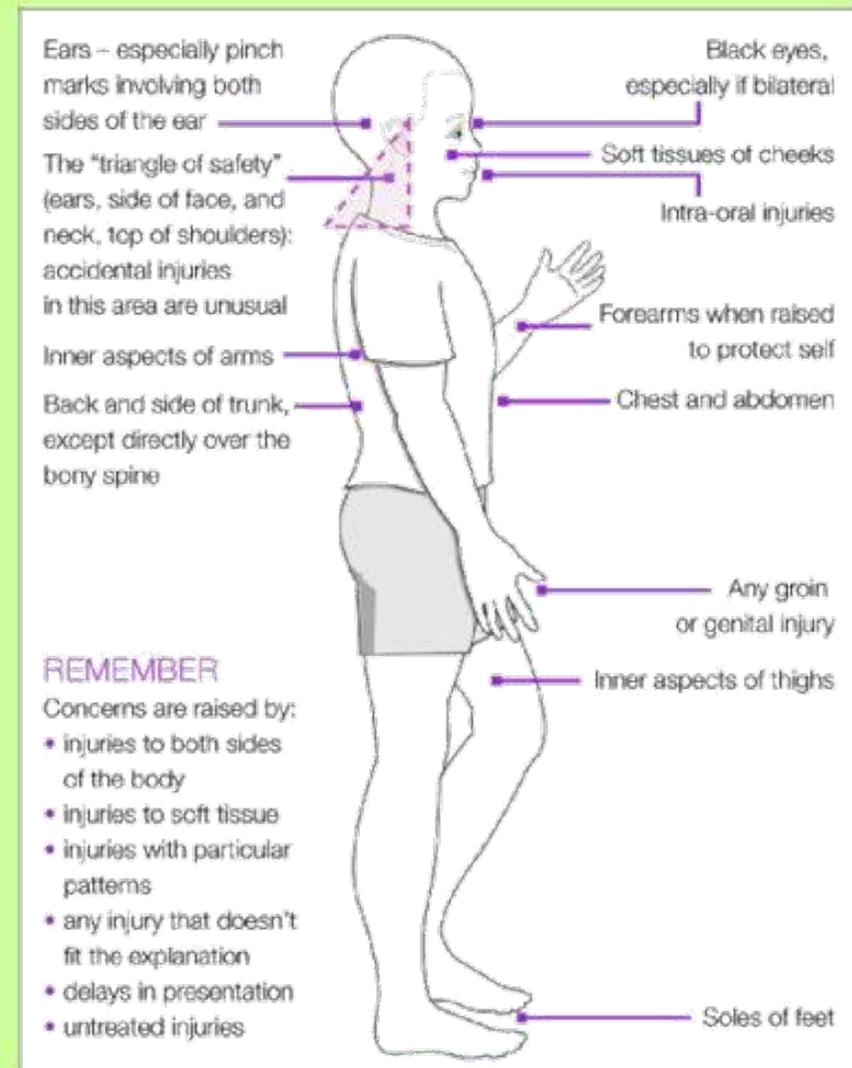
Behavioural Signs

- reluctance to have their parents contacted
- aggressive behaviour or severe temper outbursts
- running away or showing fear of going home
- flinching when approached or touched
- reluctance to get undressed for sporting or other activities where changing into other clothes is normal
- covering arms and legs even when hot
- depression or moods which are out of character with the child's general behaviour
- unnatural compliance with parents or carers

INDICATION OF LIKELY ACCIDENTAL INJURY



INDICATION OF LIKELY NON-ACCIDENTAL INJURY



Please note, that the diagrams above show only the common places for certain types of injuries.

Both accidental and non-accidental injuries can occur ANYWHERE on the body

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child/young people which can have severe and persistent effects on the child's emotional development. It can include:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability
- Overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another such as witnessing domestic violence (DV) in the home.
- Serious bullying (including cyber 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 maltreatment of a child, though it may occur alone.

Physical Signs

- A failure to grow and thrive;
- Sudden speech disorders;
- Delayed Development;
- Physical or emotional stress related illnesses (e.g. eating disorders);
- Continually putting themselves down or observing caregivers being overly critical;
- Fear of new situations;
- Compulsive nervous behaviour (e.g. stutters, ticks, nail biting, skin picking)

Behavioural Signs

- The child seeing themselves as unworthy of love and affection;
- Excessive lack of confidence (not just shyness or low self-esteem);
- Over-reaction to mistakes;
- Self-harming behaviour;
- Wetting or soiling;
- Excessive need for attention, approval, affection;
- Difficulty in managing their emotions or displaying volatile behaviour;
- Withdrawn / easily upset

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or emotional needs, which is likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers).
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Physical Signs

- Abnormal growth including failure to thrive.
- Underweight or overweight (obese).
- Recurring medical conditions without seeking medical attention.
- Unkempt / dirty appearance.
- Smelly.
- Unwashed, inadequate, or inappropriate clothing for age / weather.
- Hunger (stealing food, taking from rubbish bins)
- Lack of appropriate supervision

Behavioural Signs

- Attachment disorders (mood, behaviours or forming healthy relationships)
- Indiscriminate friendliness (which could be an indication of an attachment disorder)
- Poor social relationships
- Poor concentration
- Development delay

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve:

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

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

Physical Signs

- Pain, itching, bruising, or bleeding to genital or anal areas.
- STD's, recurrent genital discharges, or Urinary Tract Infections (UTI's) without apparent cause.
- Stomach pain or discomfort when the child is walking or sitting.
- Unexpected pregnancy, especially in young girls.
- Sudden change in appearance whereby the child looks more unkempt than previously.

Behavioural Signs

- Sexual knowledge inappropriate for age
- Sexual behaviour in young children
- Sexually harmful or risk-taking behaviour
- Sudden or unexplained change in behaviour
- Nightmares, bedwetting, eating disorders, self-harm, periods of emotional crisis.
- Reluctance to change in front of peers

Useful tool:

<https://legacy.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

Section 8

Children in specific circumstances

Listed below are some areas which may or may not apply to your group. They are listed here because **children/young people affected by these areas might be more vulnerable to harm or abuse and significant harm is always a very real risk for these children**. A high degree of awareness and co-operation between professionals is essential in recognising and identifying their needs and in acting to meet those needs.

Disabled children

Any child with a disability is by definition a 'child in need' under section 17 of the *Children Act 1989*. This means that Local Authorities have a legal duty to support them and their families to ensure that they are safeguarded and that their needs are met.

Research suggests that children with a disability are three to four times more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability (Ofsted 2012). The increased vulnerability is attributed to risk factors such as: increased likelihood of being socially isolated; dependency on parents and carers for practical assistance in daily living, including intimate personal care; an impaired capacity to resist or avoid abuse; possible communication barriers, such as speech impairments; limited access to someone they can trust to disclose that they have been abused. Evidence also indicates that disabled children are especially vulnerable to bullying and intimidation.

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice and strengthening the capacity of children and families to help themselves.

Female genital mutilation/cutting (FGM)

Female genital mutilation (FGM) is a collective term for procedures that remove part or all of the external female genitalia for cultural or other non-medical reasons. The age at which girls are subjected to female genital mutilation varies greatly, from shortly after birth to any time up to adulthood, with the average age being 4 to 13 years.

A child for whom FGM is planned is at risk of significant harm through physical abuse and emotional abuse. Health implications can range from severe pain and emotional / psychological trauma to death from blood loss or infection. Depending on the type of FGM carried out, girls and women can also experience urinary problems, difficulty with menstruation, pain, vaginal infections and specific problems during pregnancy and childbirth.

Female genital mutilation is a **criminal offence in the UK**. The Female Genital Mutilation Act (2003) makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

Forced Marriage

A forced marriage is a marriage that takes place without the full and free consent of both parties. Force can include physical force, as well as being pressurised emotionally, being threatened or being a victim of psychological abuse. Forced marriages are not the same as arranged marriages. In arranged marriages, families take the lead in selecting a marriage partner, but the couple have the free will and choice to accept or decline the arrangement.

Forced marriage involving a young person under the age of 18 is a child protection issue as the child is at risk of significant harm through physical, sexual and emotional abuse. Situations where a child fears being forced into marriage falls under the definition of domestic violence. forced marriage may involve the child being taken out of the country (trafficked) for the ceremony, is likely to involve non-consensual and or underage sex and refusal to go through with a forced marriage has sometimes been linked to so called 'honour killing'.

Honour based violence

Honour based violence is the term used to describe acts of violence in the name of so-called honour. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame. These acts can include physical assaults, abduction and murder, which are carried out in the name of family honour. A child who is at risk of honour-based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member. Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

Families may feel shame long after the incident that brought about dishonour occurred, and therefore the risk of harm to a child can persist. This means that the young person's new boy/girlfriend, baby (if pregnancy caused the family to feel 'shame'), associates or siblings may be at risk of harm.

These acts are illegal and are an offence under the Domestic Violence, Crime and Victims Act (2004).

Gangs and Serious Youth violence

Defining a gang is difficult however it can be broadly described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a distinct group for whom crime and violence is integral to the group's identity.

A child who is affected by gang activity or serious youth violence can be at risk of significant harm through physical, sexual, and emotional abuse. The risk or potential risk of harm to the child may be as a victim, a perpetrator or both – in relation to their peers or to a gang

involved adult. There is evidence of a high incidence of rape of girls who are involved with gangs.

One factor which influences a child's propensity to imitate violence is parenting which is permissive and neglectful, resulting in a lack of guidance and creating ineffectiveness and poor self-control for a child. The child is then not equipped to resist an environment or group which instigates violence.

The factors which influence a child's propensity to initiate violence include: parenting which is cold / uncaring, non-nurturing and neglectful or one that includes harsh disciplining; maltreatment; trauma.

Lesbian, gay, bisexual, and transgender (LGBT)

Children and young people can identify themselves as lesbian (women attracted to women), gay (men attracted to men), bisexual (people who are attracted to both men and women), transgender (people who see their gender identity as different from the one ascribed to them at birth) or transsexual (people who take steps to change their gender e.g. through clothing, hormone therapy or surgery).

LGBT children and young people may experience discrimination, prejudice, and bullying, become victims of hate crime, and suffer serious harm through physical, sexual, emotional abuse and/or neglect. Research indicates that children and young people unsure about their sexual orientation or gender identity or unable to disclose their sexual orientation or gender identity to their families or social support networks are more vulnerable to sexual exploitation, depression, self-harm and/ or involvement in substance misuse. In some communities, they may be also more vulnerable to forced marriage or honour-based violence.

Missing Children

The London Child Protection Procedures defines a child as 'missing' if their whereabouts are unknown, whatever the circumstances of their disappearance. Children who are most vulnerable to going missing from care and home include those missing from school, looked after children and asylum-seeking children.

When a child goes missing from care or home, they could be at risk of significant harm through physical or sexual abuse. The child may go missing from care, home or school because they are suffering physical, sexual or emotional abuse and or neglect and decide to run away.

Professionals should be aware that unauthorised absences (where children stay out longer than agreed) should be carefully monitored as the child could subsequently go missing.

Private Fostering

A private foster carer is someone other than a parent or a close relative (including grandparent/s, brother or sister, aunt or uncle, or a stepparent) who cares for a child for a period of 28 days or more, in agreement with the child's parent. It applies only to children

under 16 years, or under 18 if they are disabled. This does not include children who are being looked after by the local authority.

Private fostering can place a child in a vulnerable position as the carer may not provide the child with the protection that an ordinary parent might provide. In many cases, the child is also looked after away from a familiar environment in terms of region or country. Therefore, private foster carers and those with parental responsibility are required to notify LA children's social care of their intention to privately foster or to have a child privately fostered. This is necessary to ensure that child is properly safeguarded. If you suspect or doubt that Children's Social Care have been informed about a private fostering situation that you are aware of, you must call and advise them.

Sexual Exploitation

The sexual exploitation of children is a form of child sexual abuse which includes some combination of: Pull factors - children exchanging sex for attention, accommodation, food, gifts or drugs; Push factors - children escaping from situations where their needs are neglected and there is exposure to unsafe individuals; Control, brain washing, violence and threats of violence by those exploiting the child. Increasingly, victims are identified under-16 years of age, across all cultures.

Sexually exploited children commonly have low self-esteem and typical vulnerabilities include: living in a chaotic or dysfunctional household, history of abuse, living in residential care or supported accommodation; recent bereavement or loss; learning disabilities; homelessness; attending school or association with children who are being exploited; gang association.

Sexually exploited children also suffer physical and emotional abuse and often neglect.

Professionals should be aware that sexually exploited children are rarely visible on the streets, and grooming children for abuse via the internet has contributed to the invisibility of the sexual exploitation of children.

Spirit Possession or Witchcraft

Where parents, families, and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This 'evil' is variously known as 'black magic', 'kindoki', 'ndoki', 'the evil eye', 'djinnns', 'voodoo', 'obeah'. Children are called witches or sorcerers. A belief in spirit possession is not confined to particular countries, cultures, religions/faiths, or communities.

A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. The forms of abuse that acts of 'exorcism' can take include physical, emotional, and sexual abuse and neglect.

Common factors that put a child at risk of harm include:

- Belief in evil spirits (this is commonly accompanied by a belief that the child could 'infect' others with such 'evil')

- Scapegoating because of a difference; Rationalising misfortune by attributing it to spiritual forces and when a carer views a child as being 'different' (for instance because of a disability, bedwetting or rebelliousness)
- Changes and / or complexity in family structure or dynamics
- Change of family circumstances for the worse; and parenting difficulties

Trafficking

Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability. A trafficked child is coerced or deceived by the adult who brings them into the country or moved within the UK. When the child arrives in the UK or is moved within the country, they are denied their human rights and are forced into exploitation by the trafficker or the adult/s into whose control the child is delivered.

Trafficked children may experience various types of exploitation, including domestic servitude, sexual exploitation, forced marriage, criminal activity such as street robbery or credit card fraud, begging, benefit fraud, acting as a drug mule or decoy for adult traffickers, sweatshop or restaurant work. All professionals must be aware that children are legally incapable of consent to exploitation. The physical, sexual and / or emotional abuse, and neglect, a trafficked child may suffer constitutes significant harm.

Unaccompanied Asylum-Seeking Children

These are children under the age of 18 years who are seeking asylum, but not living with their parents, relatives or guardians in the UK. Most come from countries which are in a state of chaos, including war and endemic violence.

Unaccompanied asylum-seeking children (UASC) require a broad package of support, including legal advice, advocacy, emotional and/psychological support, language support, help with adapting to a different culture and other basic needs such as health, education, housing and general care.

Evidence indicates that some children trafficked into the UK apply for asylum following instructions received by the traffickers. Research and evidence also show higher vulnerability of unaccompanied asylum-seeking children to sexual exploitation and going missing from care, home and/or school.

All UASC should be referred to LA's children's social care as there is a statutory duty of care towards them.

Peer on Peer Abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to): bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiation/hazing type violence and rituals.

We should avoid labelling children as ‘perpetrators’ in cases of peer on peer abuse and see both children as victims. Children who display harmful behaviour towards others may have been exposed to harm or abuse in a different context.

The DSL should use their judgement in the severity of abuse or harm. If a child has or is likely to have suffered significant harm, the DSL should contact the social care MASH with the view to completing a referral.

Criminal Exploitation

Criminal exploitation is also known as ‘county lines’ and is when gangs and organised crime networks groom and exploit children to move and sell drugs. Often these children are made to travel across counties.

Criminals deliberately target vulnerable children, those who are homeless, experiencing learning difficulties, going through family breakdowns, struggling in school, living in poverty or being a child in care can make children additionally vulnerable to criminal exploitation. Criminals groom children into trafficking their drugs for them with promises of money, friendship, and status. Once drawn in, children are controlled using threats, violence and sexual abuse.

Radicalisation and extremism

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social or religious ideals and aspirations that reject or undermine the status quo or reject and/or undermine contemporary ideas and expressions of freedom of choice. The Threats to children and young people take many forms, not only the high-profile incidents of those travelling to countries such as Syria and Iraq, but in a much broader perspective. The internet, in particular, social media is being used as a channel to promote and engage children. Often this promotion glorifies violence, attracting and influencing many people, including children and in the extreme cases, radicalising them. Research concludes that children can be trusting and not necessarily appreciate the bias that can lead them to being drawn into these groups and adopt these extremist views, and in viewing this extreme content may become normalised to it.

Remember: The safeguarding of children and protecting them from harm is **everyone’s** responsibility.

Section 9

Safeguarding children from minority ethnic, culture and faith communities

For children and families whose faith, culture, nationality and possibly recent history differs significantly from that of host nation families, there is a range of issues which can potentially obstruct their ability to seek help, protect themselves or fulfil their roles as protective adults.

- Children and their parents may be unable to speak, read or write English, at all or well
- Children and their parents who are newly immigrant are likely to have weak or non-existent social networks
- Newly immigrant families may be reluctant or averse to engaging with statutory services. This may be due to a lack of confidence in navigating the UK public services system or due to bad experiences in their home country
- The parent/s may have a perspective on child rearing practices underpinned by culture or faith which are not in line with UK law.

Safeguarding issues most commonly occurring in the context of ethnically, culturally or faith diverse communities includes:

- Female Genital Mutilation (FGM)
- Honour-Based Violence (HBV)
- Forced Marriage
- Harm to children linked to beliefs in witchcraft and spirit possession
- Trafficking
- Private fostering
- Domestic abuse
- Physical chastisement of children

However, it is important to remember that all types of abuse, physical, emotional, sexual and neglect, happen in all communities and professionals must avoid rigid associations between specific cultures/faiths and specific safeguarding issues.

REMEMBER

When family circumstances appear complex, clarity of purpose comes from keeping the child and his or her needs in focus. To do this, professionals must:

- Be able to distinguish a healthy child from one whose health and development is being impaired due to abuse or neglect
- Be able to see past the child's culture to identify actual or potential impairment to health and development.

Section 10

Domestic Abuse

The term 'domestic abuse' is increasingly used to refer to domestic violence to reflect the non-physical forms of abuse it can take. Barking and Dagenham has one of the highest levels of domestic violence in the country. It is therefore vital that we are alert and respond when we suspect that children are living in environments where domestic violence is a factor.

What constitutes domestic abuse?

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional. This includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage.

The main characteristic of domestic abuse is that it is intentional and is calculated to exercise power and control within a relationship.

Examples include: slapping, pushing, physical restriction of freedom, intimidation and threats, constant criticism, damaging property or items of sentimental value, stalking, non-consensual sex, refusing safe sex, depriving or taking control of money.

Who are the perpetrators?

Although both men and women can be victims, a greater proportion of women experience all forms of domestic abuse and are more likely to be seriously injured or even killed.

Domestic abuse may be perpetrated by a partner or a spouse, as well as extended family members, such as parents or parents-in-law.

Why is it a child protection issue?

- Children are at risk of physical injury during an incident. Research shows that this happens in up to 60% of cases.
- Children who witness (see or hear) domestic violence, suffer emotional and psychological maltreatment. This is proven to cause various psychological and behavioural problems in children, such as anxiety, withdrawal, lack of empathy, lack of conflict resolution skills, propensity for violent or anti-social behaviour and others.
- Domestic abuse rarely exists in isolation. Many parents also misuse substances and experience mental ill health. One or a combination of these factors can significantly impact on parental capacity to protect children and meet their child's needs.

- Research shows that violence towards women increases both in severity and frequency during pregnancy. Babies under 12 months old are particularly vulnerable to violence. Nationally, over 50% of child protection cases involve domestic violence.

Responding to domestic violence:

Professionals in all agencies are in a position to identify or receive a disclosure about domestic violence. Professionals should be alert to the signs that a child or mother may be experiencing domestic violence, or that a father/partner may be perpetrating domestic violence.

Professionals in all voluntary, community and faith groups should take the following steps to enable identification and ensure correct responses to domestic violence.

Be familiar with signs and indicators of domestic violence in both children and mothers. This can be best achieved by attending domestic violence training via the Barking and Dagenham Safeguarding Partnership Training Programme.

The issue of domestic violence should only ever be raised with a child or mother when they are alone, in a safe space and away from the abuser/s.

Information about domestic violence should be available in English and relevant community languages, giving information about domestic violence, inviting children and mothers to seek help and giving contact details of local support services.

Listen to children and take what they say seriously.

REMEMBER

If there is a concern about the risk of significant harm to the child, then every professional's overriding duty is to protect the child.

Section 11

What to do if you think a child is being abused.

If you think a child/young person is being abused, inform your Designated Safeguarding Lead (or Deputy DSL if unavailable) who should contact LBBB MASH on 0208 277 3811 without delay (or Emergency Duty Team during out of hours: 02085948359).

Online Multi-Agency Referral Form <https://www.lbbd.gov.uk/report-a-serious-concern-about-a-child-marf-for-professionals>

In emergencies /if immediate action is required call the Police on 999.

Do I inform the parents/carers about contacting MASH?

Unless you feel it could place the child/young person at increased risk, you should inform the parents/carers. Although you do not need parental/carer consent to make a referral, parental cooperation will almost always benefit the child/young person and ease the investigative process. However, make sure you discuss with the MASH Team what – if anything – you should say to the child's parents/carers.

Once you have referred to MASH your concerns are known as a 'referral'.

What happens once you have contacted MASH?

Statutory assessments:

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately. Referrals should follow the local referral process.

Children in Need (CIN):

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm (Child Protection / CP):

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

What will the local authority do?

Within one working day of a referral being made, a local authority social worker should acknowledge receipt to the referrer and decide about the next steps and the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required.
- the child is in need, and should be assessed under section 17 of the Children Act 1989.
- there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made, and the child assessed under section 47 of the Children Act 1989.
- any services are required by the child and family and what type of services
- further specialist assessments are required to help the local authority to decide what further action to take.
- to see the child as soon as possible if the decision is taken that the referral requires further assessment.

The referrer should follow up if this information is not forthcoming. **Remember:** it is the referrers responsibility to check with the MASH that a referral has been received.

If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the Designated Safeguarding Lead (or deputy) as required).

If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves. Barking and Dagenham's escalation protocol can be found on the safeguarding partnership website <https://bdsafeguarding.org/>

Early Help:

If the MASH team determine that statutory intervention is not required but that the child or their family is in need of targeted support, the referral may be passed to the Early Help service or the matter may be passed back to your agency to take the lead on an early help assessment. It is important that the Designated Safeguarding Lead is familiar with this process so that families can be supported at the right time to prevent matters escalating.

All organisations working with child and families at an early help / preventative level, can seek advice and support from the local authority <https://www.lbbd.gov.uk/early-help-for-professionals-working-with-children>

Section 12

LBBB'S Multi-Agency Thresholds of Need

Making an Effective Referral:

Before making a referral, the risk indicators outlined below, should be used as a tool to support the thinking process behind the concern and determine next steps.

The list of indicators is not exhaustive but serves as providing examples of children's needs and circumstances that correspond to a certain level of vulnerability. It is likely that the level of worry or concern will be dependent on a number of factors and indicators and not reliant on just one indicator. Consideration should be made on whether the needs of the child can be met by services or professionals already involved or through a single agency referral.

Our MASH aims to ensure that we identify and assess need early and act as quickly as possible by working closely with our partners. When making a referral to MASH it is essential that all information about the child is shared. This will enable better decision making and allocation of support and intervention. We are dependent on the information in the referral in order to make safe decisions about the need to offer immediate protection from harm.

All referrals should be discussed with the parent or carer, unless doing so would place the child at immediate risk of harm. It is important to work together with families and be open and transparent about the concerns for their child. If a person is unsure or unclear about when it is safe to inform parents or carers, they should contact the MASH, so we can advise.

We will inform referrers of the outcome of a referral; however, we would always encourage partner agencies to make contact where there are any delays.

Indicators of Possible Need:

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. They should be used to guide professional discussions and not to support fixed and inflexible positions as there will be some situations where a single indicator, in the absence of any other indicator(s), is so significant that it will demand support at a particular level.

It is therefore important that full consideration is given to assess accumulative indicators and impact on children that may interplay and escalate or de-escalate through the levels.

The core purpose is to help practitioners and managers make a next steps decision about whether and how a family and its associated network are able to protect and promote the welfare of a child or children

Tier 1: Universal / Prevention

Children, young people and families whose needs are being met through mainstream universal services. This includes early support from agencies, where a child begins to show signs of additional needs which can be met through universal services.

Key universal services that may provide support at this level include:

- Education provisions
- Children Centres
- Early years providers
- School Nursing, Health Visiting & Midwifery services
- GP and community health services
- Play & leisure services
- Youth Services
- Police
- Housing
- Voluntary and community sectors

No referral is required.

Below are indicators of what you would expect to see when determining whether a child's needs can be met at a Universal / Preventative level.

<p>Health:</p> <ul style="list-style-type: none">▪ Physically well▪ Nutritious diet▪ Adequate hygiene and dress▪ Developmental and health checks immunisations up to date▪ Developmental milestones and motor skills appropriate▪ Sexual activity age-appropriate▪ Good mental health	<p>Basic Care, Ensuring Safety and Protection:</p> <ul style="list-style-type: none">▪ Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care▪ Protection from danger or significant harm.▪ Family feels part of the community.
<p>Behavioural Development:</p> <ul style="list-style-type: none">▪ Takes responsibility for behaviour▪ Responds appropriately to boundaries and constructive guidance	<p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none">▪ Shows warm regard, praise and encouragement▪ Ensures stable relationships

<p>Identity and Self-Esteem:</p> <ul style="list-style-type: none"> ▪ Can discriminate between safe and unsafe contacts. 	<p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> ▪ Ensure the child can develop a sense of right and wrong ▪ Child/young person accesses leisure facilities as appropriate to age and interests
<p>Family and Social Relationships:</p> <ul style="list-style-type: none"> ▪ Stable and affectionate relationships with family ▪ Is able to make and maintain friendships. 	<p>Family Functioning and Wellbeing:</p> <ul style="list-style-type: none"> ▪ Good relationships within family, including when parents are separated.
<p>Learning:</p> <ul style="list-style-type: none"> ▪ Access to books and toys ▪ Enjoys and participates in learning activities ▪ Has experiences of success and achievement ▪ Sound links between home and school ▪ Planning for career and adult life 	<p>Housing, Work and Income:</p> <ul style="list-style-type: none"> ▪ Accommodation has basic amenities and appropriate facilities, and can meet family needs ▪ Managing budget to meet individual needs.
<p>Emotional Development:</p> <ul style="list-style-type: none"> ▪ Good quality early attachments ▪ Able to adapt to change ▪ Able to understand others' feelings. 	<p>Social and Community Including Education:</p> <ul style="list-style-type: none"> ▪ Has friendships and is able to access local services and amenities

Tier 2: Targeted Early Help Services

Children, young people and families at this level are in need of coordinated early help intervention with targeted services. These are children with additional needs, who may be vulnerable and showing early signs of need e.g. abuse and /or neglect, their needs are not clear, not known or not being met.

This is the threshold for an early help assessment to begin. Support will be provided within universal or targeted provisions and do not include services from Children Care & Support.

Key early help services that may provide support at this level include

- Early help services (includes parenting, education welfare, education psychology, family support, SEN support, CAMHS early intervention)
- Team around the family interventions led by other agencies
- A range of commissioned services
- Targeted Youth work
- Housing support
- Additional learning support

If you would like to discuss what early help support is available in LBBDD you can contact us on 020 8227 5600 9am to 4.45pm Monday to Friday. This is for consultations / conversations about what is available and does not replace the referral or Early Help assessment process.

Below are indicators of what you would expect to see when determining whether a child's needs require targeted early help services.

Health:

- Missing immunisations/checks
- Ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments
- Child is slow in reaching developmental milestones
- Disability requiring support to be maintained in mainstream settings
- Minor concerns re diet, hygiene, clothing

Identity and Self-Esteem:

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be exhibiting bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/appearance e.g. inappropriately dressed for school
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying.

<ul style="list-style-type: none"> ▪ Dental difficulties untreated/some decay ▪ Missing some routine and non-routine health appointments ▪ Self-harming behaviours ▪ Limited or restricted diet e.g. no breakfast, no lunch money ▪ Concerns about developmental progress: e.g. overweight / underweight / bedwetting/soiling ▪ Vulnerable to emotional difficulties, perhaps in e.g. child seems unduly anxious, angry or defiant for their age ▪ Experimenting with tobacco, alcohol or illegal drugs ▪ Frequent accidents ▪ Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression and eating disorder ▪ Physical/learning disability requiring constant supervision 	<p>Learning:</p> <ul style="list-style-type: none"> ▪ Has some identified specific learning needs with targeted support and/or statement of SEN ▪ Language and communication difficulties ▪ Regular underachievement or not reaching education potential ▪ Poor punctuality/pattern of regular school absences ▪ Not always engaged in play/learning, e.g. poor concentration ▪ No access to books/toys • Some fixed term exclusions. ▪ Short term exclusions or at risk of permanent exclusion, persistent truanting ▪ The young person is not in education, employment or training (NEET) or their attendance is sporadic, and they are not likely to reach their potential
<p>Emotional Development:</p> <ul style="list-style-type: none"> ▪ Some difficulties with family relationships ▪ Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn ▪ Some evidence of inappropriate responses and actions ▪ Limited engagement in play with others/has few or no friends. 	<p>Family and Social Relationships:</p> <ul style="list-style-type: none"> ▪ Lack of positive role models ▪ Child has some difficulties sustaining relationships ▪ Unresolved issues arising from parents' separation, step parenting or bereavement. ▪ Domestic abuse within the home ▪ Relationships with family experienced as negative ('low warmth, high criticism') ▪ Family breakdown related to child's behavioural difficulties ▪ Social isolation ▪ Child has few positive relationships

<p>Behavioural Development:</p> <ul style="list-style-type: none"> ▪ Not always able to understand how own actions impact on others ▪ Finds accepting responsibility for own actions difficult ▪ Responds inappropriately to boundaries/constructive guidance ▪ Finds positive interaction difficult with peers in unstructured contexts ▪ Additional needs from CAMHS ▪ Challenging at school, possible threat of exclusion and school have been providing support for some time 	<p>Self-care Skills and Independence:</p> <ul style="list-style-type: none"> ▪ Disability limits amount of self-care possible ▪ Periods of inadequate self-care, e.g. poor hygiene ▪ Child is continually slow to develop age-appropriate self-care skills. ▪ Young person is main carer for family member.
<p>Basic Care, Ensuring Safety and Protection:</p> <ul style="list-style-type: none"> ▪ Basic care is not provided consistently ▪ Parent/carer requires advice on parenting issues ▪ Parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (e.g. child appears fearful of the parent) ▪ There is concern that it may escalate in frequency and/or severity. Parents / carers willing to access professional support to help them manage their child's behaviour ▪ Young, inexperienced parents ▪ Inappropriate childcare arrangements and/or too many carers ▪ Some exposure to dangerous situations in the home or community ▪ Unnecessary or frequent visits to doctor/casualty ▪ Parent/carer stresses starting to affect ability to ensure child's safety. ▪ The parent/carer is struggling to adjust to the role of parenthood 	<p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> ▪ Parent/carer offers inconsistent boundaries ▪ Lack of routine in the home ▪ Child/young person spends considerable time alone e.g. watching television ▪ Child/young person can behave in an anti- social way in the neighbourhood, e.g. petty crime. ▪ No effective boundaries set by parents/carers impacting on child's wellbeing ▪ <p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none"> ▪ Inconsistent responses to child/young person by parent/carer ▪ Parents struggling to have their own emotional needs met ▪ Child/young person not able to develop other positive relationships ▪ Starting to show difficulties with attachments. ▪ Child appears regularly anxious, angry or phobic and demonstrates a mental health condition

Family Functioning and Wellbeing:

- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family
- Concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.

Housing, Work and Income:

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt difficulties
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debt/poverty impact on ability to have basic needs met • Rent arrears put family at risk of eviction or proceedings initiated
- Not in education employment or training post-16.
- Families with No Recourse to Public Funds

Tier 3: Child in Need

Children, young people and families at this level will be facing complex problems, their needs are not met and evident through early signs of abuse or neglect. Children at this level, often described as a Child in Need (CIN), are unlikely to reach or maintain a satisfactory level of health and development. Such children may be seen to be at risk and without support their development will be impaired.

Assessments and services required may also come from a range of provisions outside of Children's Social Care including Tier 2 support. Consultation with your Designated Safeguarding Lead and or the MASH Team may be required. A MASH consultation can be undertaken by contacting 0208 227 3811. The consultation will be recorded by the MASH team including the names of the professionals. If, following a consultation, a professional wish to make a formal referral, they should do this separately.

The **Report a serious concern about a child (MARF)** referral form should be completed. This can be found on the council website and is an electronic form.

A referral is required to Children's Social Care

Below are indicators of what you would expect to see when determining whether a child's needs require a statutory assessment under s17 of the Children Act.

Health:

- Child has some chronic/recurring health difficulties that are not treated or being poorly managed by the family
- Child has been admitted into hospital for a period exceeding 12 weeks
- Despite support provided developmental milestones are not being met attributable to parental care
- Unsafe sexual activity
- Self-harming behaviours assessed as medium / high risk by medical / psychiatric professionals

Self-care Skills and Independence:

- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and behaviours predispose them or others to significant dangers

Learning:

- No school placement due to parental neglect
- Child/young person is out of school due to parental neglect.
- Parent/carer actively discourages or prevents the child from learning or engaging with the school.

<ul style="list-style-type: none"> ▪ Pregnancies were children have been removed from the care of either or both carers ▪ Failure to access any antenatal care ▪ Positive toxicology results in pregnancy ▪ Seriously obese/seriously underweight ▪ Significant dental decay through persistent lack of dental care ▪ Persistent and high-risk parental substance misuse ▪ Acute mental health difficulties e.g. severe depression ▪ Children assessed as being at risk of FGM e.g. generalised /nonspecific intention to travel to a country where FGM is prevalent • Persistent lack of food 	<p>Emotional Development:</p> <ul style="list-style-type: none"> ▪ Sexualised behaviour placing the child and others at significant risk ▪ Young carer whose development is being compromised by virtue of having those responsibilities. ▪ Starting to commit serious offences/re-offend ▪ Severe emotional/behavioural challenges ▪ Puts self or others at risk through behaviour ▪ Severe emotional/behavioural challenges.
<p>Behavioural Development:</p> <ul style="list-style-type: none"> ▪ Changed behaviour and reference to radicalised ▪ thoughts and threats to act ▪ Prosecution of offences resulting in court orders, custodial sentences or ASBOs or ▪ youth offending early intervention ▪ Deliberately harming animals / pets 	<p>Other Indicators:</p> <ul style="list-style-type: none"> ▪ Regular missing episodes ▪ Professional concerns – but difficulty accessing child/young person ▪ Evidence or suspicion of young person connecting others to gangs/ unsafe adults / illegal activities ▪ Unaccompanied refugee/asylum seeker
<p>Family and Social Relationships:</p> <ul style="list-style-type: none"> ▪ Misses school consistently ▪ History of Domestic Violence ▪ Privately Fostered ▪ Family have physical and mental health difficulties impacting on their child ▪ Significant parental/carer discord and persistent domestic violence and discord between family members ▪ Concern that the child may be subject to harmful traditional practices e.g. witchcraft. 	

Tier 4: Child protection

Children and young people at this level have suffered or are likely to suffer significant harm as a result of abuse or neglect.

If an agency identifies a child thought to have suffered or be at risk of significant harm, a referral to MASH must be made.

- In an emergency, the agency should call 999 and ask for a Police response.
- Contact the MASH on 02082273811 during working hours. For any out of hours child protection emergencies contact the Emergency Duty Service on 02085948356.
- Complete the **Report a serious concern about a child (MARF)** form on the council website. This is an electronic form.

Below are indicators of what you would expect to see when a child has suffered or is likely to suffer significant harm as a result of abuse or neglect and need of urgent protection.

Health:

- Pregnancy in any child under the age of 13
- Sexual exploitation or trafficking
- Sexual abuse
- Non-accidental injury and/or unexplained injuries
- Allegation of abuse or suspicious injury to non-mobile child
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
- Disclosure of abuse from child/young person
- Disclosure of abuse/physical injury caused by a professional / parent / carer
- Children at risk of FGM, honour-based violence or forced marriages
- Failure to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new-born child.
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
- Suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority

Family and Social Relationships:

- Rejection by a parent/carer, family no longer want to care for - or have abandoned a young child
- Significant injuries caused to a child by a parent carer or household member e.g during a domestic abuse incident or as result of chastisement
- Evidence that the child has been be subject to harmful traditional practices e.g. witchcraft & exorcism

Emotional Warmth and Stability:

- Children subject to parental delusions
- Parents / carer requesting that a young child be accommodated

Learning:

- Causing / suffering serious harm / injuries to / from other children
- Being exposed to inappropriate material or taught extremist ideology

<ul style="list-style-type: none"> ▪ Child/young person has severe/chronic health difficulties that pose a danger to their wellbeing and attributable to parental care ▪ Failure to thrive ▪ Refusing medical care endangering life/development 	<p>Emotional Development:</p> <ul style="list-style-type: none"> ▪ Continually places self and or others in danger e.g. regularly missing from home / care setting ▪ Disclosing suicidal thoughts
<p>Other Indicators:</p> <ul style="list-style-type: none"> ▪ Abusing other children ▪ Young person suspected / known for committing sexual offences ▪ Serious offending behaviour likely to lead to custody/remand in secure unit/prison. ▪ Known / suspected exploitation e.g. drug dealing and gang affiliation ▪ Child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities. 	<p>Identity and Self-esteem:</p> <ul style="list-style-type: none"> ▪ Failed education supervision order – 3 prosecutions for nonattendance, family refusing to engage ▪ Evidence of radicalisation
<p>Basic Care, Ensuring Safety and Protection:</p> <ul style="list-style-type: none"> ▪ New-born babies withdrawing from substances ▪ Parents/carers unable to care for previous children ▪ The parent/ carer significantly physically harms child ▪ Parents/carers involved in violent or serious crime, or crime against children ▪ Chronic and serious domestic violence involving child/ young person ▪ Disclosure from parent of abuse to child/young person ▪ Suspected/evidence of fabricated or induced illness. ▪ Child has been made subject to Police Powers of Protection ▪ Slavery 	<p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> ▪ Child causing harm or committing a serious crime at the instruction of a parent / carer
	<p>Housing, Work and Income:</p> <ul style="list-style-type: none"> ▪ Physical accommodation places child in imminent danger ▪ Child labour
	<ul style="list-style-type: none"> ▪ Evident problematic parental drug / alcohol misuse e.g. blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, involving the child in procuring illegal substances, and substance overdoses
	<p>Family Functioning and Wellbeing:</p> <ul style="list-style-type: none"> ▪ Child/young person in need where there are child protection concerns ▪ Individual posing a risk to children in or has contact with household ▪ Family home used for drug taking, prostitution, illegal activities.

Section 13

Responding to a Child/Young person (allegations of abuse)

If a child/young person says that he or she is being abused or provides information that suggests that they are being abused ('allegation of abuse'), the person receiving that information should:

- remain calm, accessible and receptive
- listen carefully without interrupting or asking leading questions
- communicate with the child/young person in a way that is appropriate to their age, understanding and preference
- be aware of the non-verbal messages you are giving
- make it clear that you are taking them seriously
- acknowledge their courage and reassure them that they are right to tell
- reassure them that they should not feel guilty and say that you are sorry that this has happened to them
- let them know that you are going to do everything you can to help them and what may happen as a result
- make a note of what was said and who was present, using the child/young person's actual words wherever possible

You should NEVER

- investigate or seek to prove or disprove possible abuse
- make promises about confidentiality or keeping 'secrets' to children/young people
- assume that someone else will take the necessary action
- jump to conclusions, be dismissive or react with shock, anger, horror etc
- speculate or accuse anybody
- investigate, suggest or probe for information
- confront another person (adult or child/young person) allegedly involved
- offer opinions about what is being said or the persons allegedly involved
- forget to record what you have been told
- fail to pass this information on to the correct person

Remember to always **RECORD** what has happened and **REPORT** to the Designated Safeguarding Lead.

Section 14

The role and responsibilities of the Designated Safeguarding Lead (DSL)

There must be someone in your organisation who will take action if there is a concern, a report of abuse/risk of harm, or if an allegation is made against a member of staff or volunteer in relation to maltreatment of a child.

What does the Designated Safeguarding Lead do?

The Designated Safeguarding Lead has a specific responsibility for safeguarding and child protection matters within an organisation.

The DSL's role includes:

- Overseeing the preparation and implementation of the safeguarding policy and ensuring that it is regularly reviewed, and that the policies and procedures are followed.
- Liaison with the Council and other child protection agencies (i.e. Police) and making referrals
- Reporting any concerns to Children's Services or the Police (urgent concerns must be reported immediately even if the DSL is not available)
- Acting as the lead person in circumstances where an allegation has been made against a member of staff/volunteer within their agency
- Acting as a source of advice on all child protection matters within their organisation and seeking further advice and guidance from other agencies as needed e.g. LA, LADO
- Ensuring that confidential records are kept of any concerns about a child or young person and of any conversation or referrals to statutory agencies
- Ensuring that any such records are kept safely and securely
- Making sure that staff/volunteers receive adequate child protection training
- Promoting the needs of children and young people in the workplace and keeping the staff and volunteers informed on good practice.
- Attending meetings following disclosures or investigations, including case conferences, giving either support to a child or family members (not both at the same time)
- **Being available!**

Need for a Deputy

There needs to be at least one Deputy DSL. If an allegation is made against the DSL, there must be someone else that the person/s complaining can go to. If a concern of possible abuse is raised and the DSL was on holiday or unavailable, then have having a Deputy DSL overcomes this.

Working as part of a team

As well as informing the statutory agencies, you may also be required as a condition of your insurance to inform your insurer of any safeguarding concern. In addition, if your organisation is part of a denomination or other umbrella organisation there may be an expectation that you inform them e.g. within an Anglican Diocese you may need to contact the Bishop's Adviser for child protection. Familiarise yourself with the process within your organisation and note relevant telephone numbers or contact names and addresses.

Safeguarding concerns within an organisation can be emotionally demanding, so it's important to ensure that you have support in place for yourself. Also remember that confidentiality is important for all concerned.

What should the DSL do if they have/receive a child protection concern?

It is likely that you could be contacted by a child/young person who may disclose abuse directly to you, a worker may approach you with a concern, or a parent may want help or advice. Where there is a concern of physical, emotional abuse or neglect the following general guidelines should be followed:

- If deliberate injury is suspected, there is a concern for a child's safety, or they are afraid to return home, Children's Social Care should be contacted without delay. Do not discuss with parents/carers prior to seeking advice from MASH.
- Seek medical help if needed urgently advising doctor of suspicions
- If a child isn't in immediate risk e.g. the concern is poor parenting, encourage parent/carer to seek help themselves, refer to Children's Social Care and monitor the situation.

Where sexual abuse is suspected or disclosed:

- Always contact Children's Social Care or the police immediately.
- **Never tell the parents**
- Follow up the telephone referral with a written referral and ask for confirmation

What should the DSL do if they receive an allegation against a member of staff or volunteer?

 This section should be read in conjunction with [Chapter 15: Allegations against staff and volunteers](#)

Finally....

Being a Designated Safeguarding Lead may seem very daunting but remember you are not meant to be an expert in child protection; leave that to the statutory agencies.

You should, however, equip yourself with certain skills and knowledge by undertaking child protection training and reading your organisations requirements to better understand your role.

By creating an environment that is conducive to effective safeguarding and the promotion of children/young people's rights and welfare, you

- Ensure that only suitable people are working with children/young people
- Promote an environment of vigilance
- Protect and enforce the rights of children and young people.

Section 15

Allegations against Staff/Volunteers

All concerns, complaints and allegations must be recorded (📌 see [Appendix 4](#)) and brought to the attention of the Designated Safeguarding Lead. There are circumstances when allegations are about bad practice rather than child abuse, but it is important that all allegations are investigated so that bad practice can be addressed.

If the information relates to the harm of a child/young person or the risk thereof then the Designated Safeguarding Lead must contact the Local Authority Designated Officer (LADO) immediately, no later than within one working day.

The DSL must contact the Local Authority Designated Officer (LADO) immediately if an allegation or concern has been made about a staff member/volunteer who has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child; and/or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The London Child Protection Procedures ask that we apply additional considerations in the safeguarding of children. The LADO should be consulted if staff member / volunteer:

- Has behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include arrest for possession of a weapon or drug offences.
- As a parent or carer, has become subject to child protection procedures.
- Is closely associated with someone in their personal lives (e.g. partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the member of staff is responsible in their employment / volunteering. (This covers disqualification under the Childcare Act 2006 for schools and early years settings where a person works with children under the age of 8).

If the DSL feels that the allegation does not meet the above criteria, s/he should carefully record why this is, along with any decisions s/he has made regarding any further action needed. The person about whom the allegation has been made should be kept informed, as well as the child/young person's parents and the child/young person themselves.

If the DSL is unsure about this, s/he should discuss the case with the LADO to consider how to move forward. The LADO can be contacted between Monday-Friday, 9am-5pm.

There will be occasions when urgent action is needed to safeguard the child/children (e.g. police contact in an emergency or medical attention for the child following an incident). In all cases, however, the LADO must be contacted without delay and all decisions should be made in consultation with the LADO.

Steps must be taken to fully support anyone who, in good faith, reports his or her concerns about a colleague and every effort must be made to maintain confidentiality for all parties whilst the allegation is considered.

Managing the member of staff against whom the allegation has been made

If there is an allegation that a person has harmed or may have harmed a child, the person who the allegation is against should not be spoken to about the allegation before speaking to the LADO.

It may be necessary to suspend the person about whom the allegations have been made or remove them from duties with children. This decision should be made in liaison with the LADO, a senior manager and HR advice (where available) and any decision should be carried out so that it is consistent with the organisation's disciplinary and staff procedures. Remember that those being accused must be treated fairly during any investigations.

Where suspension is the next step, it will usually be necessary to tell the person why they are being suspended. Details of the allegation should not be shared until this is agreed by the LADO as part of the investigation process. It is enough to simply say that an allegation has been made or that a safeguarding concern has been raised.

Suspension should be seen as a neutral act which protects the individual concerned as well as the child as it can prevent further allegations or any recriminatory behaviour.

If the person is a member of the union or professional association, s/he should be advised to seek support from that organisation. The DSL must also consider whether the person has children or has access to children in another setting and through consultation with the LADO, decide whether those organisations/agencies need to be informed.

All agencies should carry out internal disciplinary/investigative processes according to their own procedures, alongside an on-going consultation with the LADO. This ensures that the matter is handled in line with legal processes, including the child protection process. Internal processes are usually carried out following the conclusion of the child protection investigation and are informed by the findings of that investigation.

Remember that the LADO's involvement in the handling of any allegations against staff and volunteers;

Ensures compliance with statutory requirements

Provides the DSL with guidance and support to make certain the process is handled sensitively and appropriately.

LADO

Every local authority has a Local Authority Designated Officer (LADO) to whom allegations must be reported and with whom plans should be made about how matters are progressed. The LADO is a senior member of staff who:

- Is involved in the management and oversight of individual cases which meet threshold (the LADO does not investigate allegations).
- Provides advice and guidance to employers and voluntary organisations
- Liaises with the police and other agencies
- Monitors the progress of cases to ensure that they are dealt with as quickly as possible, following a consistent, thorough and fair process.
- Makes referrals to the Disclosure and Barring Services where there is no employer to do so.

Though allegations of abuse can be made to anyone in an organisation, it is the role of the Designated Safeguarding Lead to take these forward and to be the link between the organisation and the LADO until the matter is resolved.

It is important to bear in mind that children/young people can be abused in all kinds of settings and therefore all allegations must be taken seriously. This should not be ignored but should be acted on immediately.

Role of Staff member/volunteer to whom allegations is made.

Allegations may be made directly by the child/young person, a parent, a friend of the child or indeed by another staff member/volunteer. It is important to listen to what is said to reassure the person that what they have said will be taken seriously but that you need to report the matter to the Designated Safeguarding Lead to deal with such matters.

Further information.

The full Barking and Dagenham Procedures for managing allegations against staff and volunteers can be found on the page for professionals at <https://bdsafeguarding.org/>

Section 16

Information Sharing

With regards to the welfare of children/young people, information sharing is key to enabling early intervention and preventative work. By sharing genuine concerns about a child or family, professionals can construct a more accurate picture about a child/young person's safety and well-being. **Data Protection should not be a barrier to sharing information where you suspect a child or young person is at risk of harm.**

Seven golden rules for information sharing

1. Remember that the General Data Protection Regulation, Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018, you may share information without consent if, in your judgement, there is lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Further guidance on Information Sharing can be found on the government website:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Section 17

Online/E-Safety

The internet, mobile phones, social networking and other interactive tools and spaces have transformed the way in which we live. Children and young people are among the early adopters of the new technologies and move effortlessly between the various interactive services and devices to communicate, create and share content with family and friends.

Whilst most children and young people use the internet responsibly and safely, it is essential that all potential risks are recognised, identified and mitigated and that staff and volunteers feel confident about evaluating e-safety and seeking help when needed.

In 2008, Professor Tanya Byron conducted a review of risks that children face from the internet and modern technology. The so called '3Cs' risk matrix illustrated below is helpful in understanding the breadth and depth of potential risks.

	Content Child as recipient	Contact Child as participant	Conduct Child as actor
Commercial	Adverts Spam Sponsorship Personal Info	Tracking Harvesting personal information	Illegal downloading Hacking Gambling Financial scams Terrorism
Aggressive	Violent/hateful content	Being bullied, harassed or stalked	Bulling or harassing another
Sexual	Pornographic or unwelcome sexual content	Meeting strangers Being groomed	Creating and uploading inappropriate material
Values	Bias Racist Misleading information or advice	Self harm Unwelcome persuasions	Providing misleading information or advice

In the community and voluntary sector, professionals have the responsibility to firstly, support children and young people to stay safe online and secondly manage an E-safe environment within their organisation.

Supporting children and young people to stay safe online

All staff and volunteers have the responsibility to support children and young people to stay safe and use internet responsibly by:

- Educating children and young people about the potential risks and ways of avoiding/mitigating them
- Raising awareness of issues such as grooming, bullying, IT based sexual exploitation and pornography
- Providing children and young people with information about expert organisations and sources of help and advice
- Supporting parents and carer to effectively monitor their children's access to and use of internet and help their children stay safe online

 For dedicated recourses for professionals, parents/carers and children can visit CEOP ThinkUKnow: <http://www.thinkuknow.co.uk/>

Creating and managing an E-safe environment within your organisation

It is the responsibility of the Designated Safeguarding Lead and the management to ensure your organisation has an e-safety policy and clear rules regarding the use of the internet, social media, mobile phones and other modern technology tools within the workplace.

The rules that staff and volunteers should follow are:

- Do not take photographs of children on your mobile phone or personal camera
- Do not accept or invite children as 'friends' or contacts on social networking sites
- Ensure your personal profile on websites such as Facebook is not visible to 'strangers' and that it does not contain any inappropriate content e.g. pictures of you while drunk or wearing revealing clothing
- Make all children and young people aware of the meaning and importance of professional boundaries and how they impact on the child/young person to professional relationship.

Guidance on how to write a e-safety policy and risk assess your organisation , further information can be found at <https://www.saferinternet.org.uk/advice-centre/teachers-and-school-staff/online-safety-policy>

Section 18

Safer Recruitment

It is vital that any organisation employing professionals or volunteers to work with children create a culture of safe recruitment procedures that deter, reject, or identify people who might abuse children.

In the recruitment of staff, organisations must ensure that:

- **Recruitment documentation:** (application form and adverts) contain reference to the organisations commitment to safeguarding children and young people.
- **Employment history:** Employers should always ask for written information about previous employment and check that the information is complete and not contradictory, for example there are no overlaps or unaccounted for gaps in employment.
- **References:** A minimum of two references are obtained, including one from the applicant's current or most recent employer. Where possible one reference should be from a person who has experience of the applicant's work with children/young people. Referees are asked questions relating to the applicant's suitability to work with children/young people, including whether the applicant has been subject of any disciplinary sanctions and where there has been any allegations made against him/her which relate to the safety and welfare of children and outcome of these.
- **Identification:** Applicants should be asked to bring original or certified copies of documents confirming any necessary or relevant educational and professional qualifications. All applicants should be asked to bring interview evidence of their identity, which could include a full birth certificate, passport or photo card driving license and additionally a document such as a utility bill that verifies the candidate's name and address. Applicants should be able to evidence their right to work in the UK.
- **Interviews:** Applications should be scrutinised for any anomalies or discrepancies in the information provided. Any gaps in the applicant's history should be explored and any safeguarding matters which came up during the reference stage should be addressed and answered for by the applicant. Interviews should be rigorous in addressing safeguarding issues.
- **DBS:** All applicants who are being considered for employment working with children should have a check via the Disclosure and Barring Service. The level of activity an applicant will have with children will determine the level of DBS check required. However, if a person at any point during their employment will work with children unsupervised, it is recommended they are subject to an Enhanced DBS with barred list check.

Further information on DBS checks and Safer Recruitment can be found at:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service> and <https://learning.nspcc.org.uk/safeguarding-child-protection/safer-recruitment>

Section 19

Managing Staff and Volunteers

All staff, both paid and voluntary, should receive an induction, support, and supervision throughout their employment/volunteering and appropriate training in the recognition and response to potential child protection concerns and the operation of safeguarding policy and procedures.

Paid and voluntary appointments should be conditional on successful completion of a probationary period.

Induction

Induction in organisations working with children/young people and families should clearly define the expectation of commitment to safeguarding and the requirement to comply with the organisation's safeguarding policies and procedures and the code of conduct.

📍 See [Appendix 2: Safeguarding policy and statement](#) and [Appendix 3: Code of Behaviour](#)

This should include being explicit about:

- Role boundaries and professional propriety
- Individual safeguarding responsibilities, including what to do if concerns about a child's welfare arise
- Providing the name, contact details and responsibilities of Nominated Safeguarding Person and their Deputy within the organisation
- Providing a copy of your organisation's safeguarding children policy statement, providing a copy of your organisation's code of conduct and undertaking relevant training related to the post.

Supervision

The work that both paid staff and volunteers take on can be difficult and demanding. This can have an unexpected impact on staff members themselves, placing them in potentially sensitive or risky situations that even the most experienced person will need help in dealing with.

Supervision is essential in organisations providing services to children/young people, as it allows staff and volunteers to reflect on their own practice and their relationship with children, and to raise concerns or difficulties.

It also enables the organisation to ensure that staff and volunteers are always clear about professional standards, boundaries, and organisational objectives.

Though supervision may be more formal for paid staff than for volunteers, it should always:

- Follow a standard format
- clarify the objectives of your organisation and the expectations on the individual and their role in meeting those objectives
- support the individual in fulfilling their role and responsibilities
- ensure an anti-discriminatory approach to practice which puts the welfare of children/young people first
- be clear about confidentiality and its limits
- be appropriately recorded
- ensure that standards, content, storage, and status of records are agreed by both parties
- be jointly reviewed and evaluated
- ensure both parties share responsibility for ensuring supervision is regularly undertaken and outcomes acted upon
- ensure both parties share responsibility for being open and honest in raising concerns about practical, developmental, or emotional blocks to effective delivery of service, and work together to identify solutions

Training

All staff working with children/young people should have basic safeguarding/child protection training that equips them to recognise and respond to child welfare concerns.

Ideally all staff and volunteers should receive initial basic training (Level 1) when they are first appointed. This is either provided externally or through in-house training provided by an external organisation.

Where that is not immediately possible, due to shortage of available courses, the organisation should make alternative arrangements. This might include providing appropriate guidance/literature, regular safeguarding briefing session or basic safeguarding awareness packs.

Having undertaken the basic awareness course, staff and volunteers should undertake refresher courses **every 2 years** thereafter to keep their knowledge and skills up-to-date.

The NSPCC have many online training course which can be accessed via their website:

<https://learning.nspcc.org.uk/training/our-elearning-courses>

Section 20

Protect yourself when working alone

Working on your own with a child, in your setting or as a tutor, could mean that you are more vulnerable to allegations as there is no one to witness what happens in the setting/home. Because of this, it makes sense to take steps to protect yourself, particularly when many of these steps are simply good practice.

You should:

- Report suspicious injuries or your concerns promptly.
- Keep a diary or daily record. As well as noting all the activities that happen during the day, you can record details of any behaviour that is different in the child
- Keep a record of any accidents and make sure parents/carers know about them – this makes explanations easier if questions are raised
- Always keep parents/carers fully informed of things that happen during the day
- Get parents/carers' written permission before photographing or filming children
- Attend training to update your understanding of child protection
- Familiarise yourself with these child protection procedures.

If you are providing a service from your home, you should also make sure that everyone else in your home is aware that they are also open to allegations. Explain that, while you are working and have children in your home, some things could be misinterpreted. For example, would it be suitable for your teenage son to “just nip downstairs” in his underwear to get some jeans out of the tumble dryer? Think about how a young child might tell their parents about this.

If you are employing another childminder, or an assistant, then follow safe recruitment and employment processes, to ensure that they are suitable to work with children.

The NSPCC has further information on lone working and precautions that can be taken on their website: <https://learning.nspcc.org.uk/safeguarding-child-protection/lone-working>

Section 21

Good practice in your setting

This chapter focuses on the practices that should be implemented in the day to day running of your organisation's activities with children/young people. By applying these processes, you keep children safer and reduce the risk of allegations against staff/volunteers being made due to poor practice.

Adult to Child Ratios

When working with groups of children or young people, it is important that the level of supervision is appropriate to their age group and their needs, which may be very specific.

In general, younger children need to be more closely supervised and will require a higher adult to child ratio. The following are the adult to child ratios we would recommend for voluntary organisations, which are based on NSPCC guidelines:

Child's Age	Amount of Adults	Amount of Children
0-2	1	3
2-3	1	4
4-8	1	6
9-12	1	8
13-18	1	10

If the group is mixed gender, the supervising staff should also include both male and female workers wherever possible.

When deciding on the number of adults required, it is important to bear in mind that these ratios are guidelines only: in certain situations, it will be necessary to have a higher number of adults than our recommendations suggest. If, for instance, the children or young people have specific support needs, or a risk assessment identifies behaviour as a potential issue for the group or event, the number of supervising adults will need to be higher.

It may not always be possible to adhere to these recommended ratios. However, every effort should be made to achieve the best level of supervision of children at all times.

Safety tips for outings and trips

Many of you take your children out on trips during the school holidays, below are some top tips on keeping your children safe whilst out and about:

- Ensure you have written parental permission to take the children on outings.
- Visit each specific location before taking the children, to identify any potential risks. Carry out a full risk assessment and produce an action plan
- Will you use public transport? What are the risks? Stairs, lifts, escalators, etc
- Check the public transport timetable. Are you using a coach or minibus?
- Do you have a back-up plan in the event of a breakdown?
- Have you got a named driver? Do you have adequate vehicle insurance?
- Consider your adult to child ratios; do you need to exceed the normal ratio requirements?
- Are you able to identify all of your children whilst out and about? Do they wear a coloured tabard/ vest, hat, coloured strip etc?
- Can the children identify you if they get lost? Do you wear a uniform?
- Is there a lost child point?
- Check the weather report, are the children dressed appropriately?
- Create sticky labels with the organisation's mobile number on for each child.
- What happens in the event of a medical emergency?

Essential item to take with you:

- First aid kit (at least one adult should be first aid trained)
- Contact numbers for parents
- Mobile phone (fully charged)
- Register (also remember to leave a copy with a member of staff who is not going on the trip. Make sure that the parents/carers have this person's details in case they need them to contact you in an emergency)
- List of allergies if the children have any

Although this may seem a vast list, it is necessary to ensure that you are prepared for any situation to ensure the children are kept safe. By doing these checks you and the children will have a stress free, fun outing.

Reducing the risk of children going missing

Discovering that a child in your care has gone missing is one of the most traumatic situations staff and volunteers may have to deal with. Groups/organisations must take necessary steps to safeguard and promote the welfare children.

Legal requirements specific to premises and security are:

- The premises - both indoors and outdoors - must be safe and secure
- Providers must only release children into the care of individuals named by the parent/carer
- Providers must ensure that children do not leave the premises unsupervised
- Providers must take steps to prevent intruders from entering the premises

The safety checklist provided below should help you evaluate your security systems to determine future improvements, and form part of your regular self-evaluation processes.

- All gates and doors into the setting well secured and child proof
- Visitors cannot enter your premises unnoticed
- Children cannot leave your premises unnoticed
- All staff and children are signed in, with actual times recorded for arrival and departure
- All visitors including prospective parents sign your visitors' book, and are asked for proof of identity
- There is a list of adults other than parents who are authorised to collect children
- Notices are displayed to reinforce security where necessary
- There is a system for monitoring children e.g. headcounts
- Ratios are always maintained
- Children are adequately supervised
- Regular risk assessments are carried out
- A robust missing child procedure is in place, and all staff are inducted into the procedure.

It is good practice to regularly check all entry and exit points. Wooden doors and gates for example can expand or contract with changes in the weather making a gate that could shut securely in the summer unable to shut in the winter.

Regularly review your procedures for recording all arrivals and departures and monitor the whereabouts of other users of the premises.

Photographing and recording children

It is important that children and young people feel happy with their achievements and have visual aids to reinforce their special moments. The majority of occasions when people take photographs of children and young people are appropriate and do not provide any cause for concern.

Unfortunately, there are occasions when this is not the case, and these are some of the risks associated with photographing children:

- The collection and passing on of images which may be misused
- The identification of individual children to facilitate abuse
- The identification of children in vulnerable circumstances.

There are several issues to be aware of:

- Permission (verbal or written) of all the people (children and adults) who will appear in a photograph, video or web cam image must be obtained before the photograph is taken or footage recorded
- It must be made clear why that person's image is being used, what you will be using it for, and who might want to look at the pictures

- If images are being taken at an event attended by large crowds, such as a sports event, this is regarded as a public area and permission from a crowd is not necessary
- If photographs or recordings of children's / youth groups are made and individual children can be easily identified, children's / youth leaders must find out whether any parents do not want their children to be in the photography
- Children and young people under the age of 18 should not be identified by surname or other personal details. These details include e-mail or postal addresses, telephone or fax numbers. In particular cases, such as a youth group in a small rural area, it might be wise to avoid even using first names since in a small locality these children could be very easily traced
- When using photographs of children and young people, it is preferable to use group pictures
- Obtain written and specific consent from parents or carers before using photographs on a website

Use of mobile phone guidance

Nearly all mobile phones now have cameras and access to the Internet. It has therefore become necessary to introduce some safeguarding measures to reduce the risk of potential allegations against staff and volunteers.

The following recommendations have been developed to assist you in putting together a mobile phone policy for your organisation

- Staff and volunteers must not have their phone on their person whilst on duty with the children
- All mobile phones must be switched off and locked away at the beginning of each shift in a secure designated area, which is not accessible to children
- Phones can be used away from the children during scheduled breaks, but must be switched off and returned to the secure designated area before returning to duty
- In case of emergencies that may require staff to keep their phone switched on, it will be a management responsibility to assess and manage the risk
- All staff should provide the landline phone numbers of the setting for friends and family to contact them in an emergency
- A mobile phone with no camera or access to the Internet can be used during outings. Staff mobile phones should remain locked securely in the centre during outings
- Staff should be reminded of their responsibility to report to management any breaches of agreed procedures
- Any substantiated breaches of procedure should lead to disciplinary action, according to your setting's disciplinary procedures.

Chapter 22

Insurance and Risk Assessments

Insurance

All organisations need to take out insurance. Whatever you do there is a risk and we live in a world where people and organisations are increasingly likely to take your organisation to court. Terrible things do happen. Imagine an organisation taking children to the seaside and one child being injured running across the road. It could be claimed that the organisation failed to provide adequate supervision, which is why it is essential to do Risk Assessments (see the next page).

When taking out insurance, you need to make sure that it covers the risks that your organisation may face e.g. being sued over a child becoming injured in your setting.

The only way you can do this is assess all the possible risks that your organisation may face. Below are some key points that you should consider before taking out insurance:

- Is the insurance compulsory or required to meet the needs of funding agreements?
- What risks are covered by the policy?
- What risks are excluded?
- What are the conditions of the policy? For example, do door locks need to be of a specific standard?

General guidance on taking out insurance for voluntary and community sector organisations:

Make sure that you complete any forms related to insurance applications or claims with great care and with complete honesty. Any significant information that has been missed out or falsified could result in your insurance being rendered invalid.

Your insurance may well rely on you having specific arrangements (such as child protection policies and procedures, adequate health and safety provision, or security measures) in place. Make sure that you have checked this out and that you have done what you need to do to make sure that you are covered.

Check out the small print to make sure that your insurance covers your needs and is sufficient. If there is anything that you are unsure of, ask before you commit to it.

Keep all your insurance documents together in a safe place. As a minimum you should keep hold of the certificate and the schedule for each insurance type, plus the contact details in case you need to make a claim. Review your insurance regularly and audit it against your needs

If your group is part of a national charity, check with your head office to see whether the insurance you are considering is already arranged or whether your project can be part of a corporate purchase.

Some types of insurance are a legal requirement. Others are a matter of choice. It is important to be adequately insured, but it is equally important to be proportionate and not to waste money on insurance policies that are unnecessary.

The most common and probably the most important types of insurance cover are:

- Public liability insurance
- Employer's liability insurance
- Professional indemnity insurance
- Buildings and contents insurance

Risk Assessments

A risk assessment is simply a careful examination of what in your work could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Everyone in your organisation (children/young people, staff/volunteers, parents/carers, trustees etc.) has a right to be protected from harm caused by a failure to take reasonable control measures.

With regards to working with children and young people, risk assessments must be undertaken for any activities/excursions you are planning. Factors such as behaviour of children/young people, weather conditions and the medical needs of any children/young people must be considered, and a plan put into place to deal with any problems that may arise.

Also, some organisations recruiting staff and volunteers may need the person to start before their Enhanced DBS check has come through (as they can take several weeks). If this is the case, then a risk assessment **MUST** be done to ensure that the children and young people in your care are protected. This includes ensuring that the staff member is not left alone with the children/young people and that their references, identity, and qualifications have been thoroughly checked.

The five steps to assessing risk are:

1. Identify the hazards/risks
2. Decide who might be harmed how
3. Evaluate the risks and decide on precaution
4. Record your findings and implement them
5. Review your assessment and update if necessary

 For a model risk assessment form a Appendix 5

Section 23

Other Policies in your Organisation

Safeguarding Policies and Procedures are an essential element of an effective safeguarding practice within all organisations. Some other policies play an important role in keeping children safe. In addition, they are essential in ensuring the safety and well-being of all staff and volunteers.

Equal opportunities policy

This policy should ensure that no child/young person is discriminated against on the grounds of race, gender, culture, sexual orientation, economic status or ability (other than where such a distinction is an inherent part of the activity e.g. gender specific activities, religious observance or competitive sports). The policy should address both the corporate and personal responsibilities of agencies and staff, to ensure that all children are treated with respect and encourage them to respect each other.

Complaints and grievance policies

Each organisation should develop and publish a procedure by which aggrieved children and/or their parents/carers may make representations should they believe that they have been subject to discriminatory, abusive, or inappropriate treatment. The procedures must provide for an element of independent review and for adequate redress where a complaint is substantiated.

Confidentiality policy

This details how any information regarding children and their families will be held and under what circumstances such information may be shared with other agencies. The policies must be in accordance with the requirements of the Data Protection Act 1998 and the Human Rights Act 1998.

Healthy and Safety Policy

A health and safety policy sets out your general approach, objectives, and the arrangements you have put in place for managing health and safety in your business. It is a unique document that says who does what, when and how.

Whistle- blowing policy

This provides a method for staff, volunteers, or service users to make known any concerns that they may have about the behaviour of any other person within the organisation. Such policies will detail how these matters will be handled and investigated.

Staff Behaviour Policy

This should set out the minimum expectations of staff conduct both inside and outside your organisation. It should reference what is deemed a conduct issue, an allegation and what steps may be taken if staff are found to be in breach of this policy.

Appendix A:

Safeguarding Procedures Checklist

Answer each question to determine if your organisation has key safeguarding processes in place. Use this document to list the actions you will take if you have answered any of the questions 'no'.

Designated Safeguarding Lead (DSL)	Yes	No	Action
Has a Designated Safeguarding Lead been appointed in your organisation?			
Is it clear to all staff and volunteers who the DSL is and what their role is?			
Has a deputy DSL been appointed who can act in the absence of the DSL?			
Does the organisation / DSL follow the LBBB safeguarding children (Green book) as a model for responding to child protection matters?			
Information to all staff and volunteers	Yes	No	Action
Do all staff understand their role and responsibility in the safeguarding of children?			
Does the organisation have a child protection policy statement?			
Does the organisation have a staff behaviour policy which staff have read and understood?			
Do you make child protection documentation easily accessible to all staff?			
Do all your staff and volunteers receive child protection training which is regularly updated every 2 years as a minimum?			
Children and Young People	Yes	No	Action
Is the ethos of your organisation one where children and young people are valued, respected, listened to and taken seriously?			
Do staff and volunteers create opportunities for children and young people to communicate about issues that concern them?			

Do children and young people understand your organisations role to keep them safe and their right to be protected from harm?			
Recording Keeping	Yes	No	Action
Is there a system for staff and volunteers to log their concerns to pass to the DSL?			
Does the DSL have a system for recording and storing confidential child protection information?			
Are staff and volunteers aware that time to time, they may be asked to monitor children with regards to child protection concerns?			
Are staff aware that they may be called upon to complete a referral to social care and do they know how to make a referral if required?			
Information to parents and carers	Yes	No	Action
Is information about the organisation's responsibility for the safeguarding of children made available to parents / carers?			
Are concerns about children shared with parents / carers? (Unless to do so may place the child at increased risk of harm).			
Safer Recruitment	Yes	No	Action
Does your organisation follow safer recruitment guidelines?			
Allegations against staff and volunteers	Yes	No	Action
Are procedures in place regarding what to do if an allegation of harm is made against a member of staff or volunteer?			
Do you know who your local authority designated officer is, and do you report all concerns where a member of staff or volunteer may have harmed a child?			
Is your organisation pro-active in its attempts to reduce the possibility of allegations against staff?			

Guidance on developing a safeguarding children policy statement

Why do you need a safeguarding policy?

There is a legal requirement (Section 11 of the Children Act 2004)

To effectively protect children from harm and abuse to promote their welfare

To set out clear rules for all staff and volunteers to follow

To help parents/carers make informed decisions about trusting you with their children

To make it harder for risky/unsuitable individuals to get access to children and young people

To evidence your organisation's commitment to safeguarding to the Local Authority, the

Charity Commission, funders, commissioners and other strategic partner and stakeholders

Safeguarding children policy should contain the following elements:

The purpose of your policy

Statement of commitment

Definitions of safeguarding and child protection

Scope of the policy/who does it apply to (staff, trustees, volunteers, sessional workers etc).

Underlying principles (welfare of the child is paramount, working in partnership)

Legislative framework (Children Act 1989, Working Together 2013)

Details of your NSP and their Deputy (name, job/role, title, contact details)

Date when adopted and review arrangements (how often you plan to review it)

To make your safeguarding policy more effective document, attach a Code of Behaviour to the policy document

Please refer to [Appendix 3](#): Model Code of Behaviour for staff and volunteers

Model Policy Statement

Safeguarding Children Policy Statement

Statement of commitment

We are aware that many children and young people are victims of different kinds of abuse. This includes children who live or access activities in LBBB. We are also aware that many families in LBBB experience hardship and various difficulties and they need support to provide adequate care for their children.

At *[name of your organisation]* we aim to create an environment that is safe, and we are committed to doing everything in our power to protect children, promote their welfare and support their families.

Purpose of this policy

The purpose of this policy is to:

- Effectively safeguard children and promote their rights and welfare
- Provide all staff and volunteers with clear rules to follow
- Make all staff and volunteers aware of what is expected of them in terms of their approach, behaviour, and actions
- Evidence to *[name of your organisation]* users, parents and carers, the local community, partner organisations, the Local Authority and funding and commissioning bodies that *[name of your organisation]* is committed to safeguarding.

Scope of this policy

This policy applies to all *[name of your organisation]* staff and volunteers, including trustees, sessional workers, students on work placements and anyone working on behalf of *[name of your organisation]*.

Definitions

Safeguarding and promoting the welfare of children is the process of: -

Protecting children from maltreatment

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

Child protection is the process of protecting individual children identified as either suffering or at risk of suffering significant harm as a result of abuse or neglect.

Legislative Framework

At [*name of your organisation*] we recognise our legal responsibility to safeguard children and promote their welfare. We will therefore act within the framework set by the Children Act 1989 and The Children Act 2004. We will also follow the Working Together to Safeguard Children 2018 guidance.

As our safeguarding procedures we adopt the LBBB's Safeguarding Children Guidance 2020 (the Green Book).

Underlying principles

At [*name of your organisation*] we will endeavour to safeguard children by:

- Following the Green Book guidance in our day-to-day work
- Listening to children and young people and respecting and valuing them at all times.
- Challenging discrimination and promoting the right to equal protection regardless of race, ethnicity, culture, religion, faith, gender, sexual orientation, disability, social or immigration status or any other element of diversity
- Providing effective management to staff and volunteers through support, supervision, and training
- Recruiting staff and volunteers safely, ensuring that all necessary checks are made, and safe recruitment good practice guidelines are followed
- Responding to both child protection and non-child protection concerns immediately.
- In cases of doubt, questions or need for guidance, always seek advice by calling the MASH number (020 8 227 3811), or, in cases involving staff/volunteers, the Local Authority Designated Officer (LADO).
- Working in partnership with children, their parents and carers, members of the local community and local statutory and voluntary organisations
- Adhering to the attached Code of Behaviour for staff at all times.

Details of the Designated Safeguarding Lead and their Deputy

The Designated Safeguarding Lead for [*name of your organisation*]:

Name:

Job/Role Title

Contact Tel:

Email:

The Deputy Designated Safeguarding Lead for [*name of your organisation*] is

Name:

Job/Role Title

Contact Tel:

Email:

Review Arrangements

[*Name of your organisation*] will review this policy annually. In cases of relevant legal or local procedures changes, we will review this policy accordingly.

This policy statement was adopted by the Board of Trustees on

.....

Appendix 3

Code of Behaviour for Staff and Volunteers

Below is a sample 'Code of Behaviour' for staff and volunteers. It is not an exhaustive list and can be added to and adapted to suit the needs of your organisation. When developing a Code of Conduct for your organisation, follow these two simple rules:

- Consider the type of activities you provide, age of children and any specific cultural issues of relevance to your work and reflect these in your Code of Conduct.
- Keep it succinct and straightforward; avoid vague statements

Codes of Behaviour outline good and desirable behaviours and actions towards children and young people, as well as unacceptable and wrong behaviours that put children, young people, and staff/volunteers.

All staff and volunteers are expected to follow their organisation's Code of Behaviour at all times and must contact the Designated Safeguarding Lead or their Deputy if they have any questions or if they are unclear about any of the points included in the Code.

Staff and Volunteers SHOULD AT ALL TIMES:

- Be aware that your main priority is the child/young person in your care
- Listen to children and young people and talk to them about their right to be kept safe from harm
- Be respectful towards the children in your care, their parents/carers, and fellow workers
- Seek advice and support from your colleagues, activity leaders or supervisors and your Designated Safeguarding Lead
- Report all concerns, disclosures, or allegations (made by children, parents/carers or colleagues) to the Nominated Safeguarding Person or their Deputy
- Avoid physical contact with children unless it is clearly for purposes of an activity

Staff and Volunteers SHOULD NOT:

- Never use any kind of physical punishment or chastisement such as smacking or hitting.
- Use excessive verbal chastisement of a child, such as swearing or language which could be deemed emotionally harmful
- Do not kiss or cuddle children, do not allow children to sit on your lap and do not give them presents
- You should not invite a young person to your home or arrange to see them outside set activity times
- You should not engage in any sexual activity (this would include using sexualised language) with a young person you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
- Do not add children/young people onto social networking sites e.g. Facebook, Instagram. Also be aware of your online profile and check your privacy settings
- Do not investigate any concerns or reports. Instead, you should contact your Designated Safeguarding Lead or the Deputy immediately.
- Never let allegations, made by anyone, go unacknowledged, unresolved, or not acted upon. Talk to your Designated Safeguarding Lead or Manager

Staff and volunteers should also follow the following GOOD PRACTICE GUIDELINES:

- Be careful about forming personal relationships with parents/carers. This could make it difficult to report allegations/suspensions of abuse. Remember your duty of care is to the child/young person
- Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help
- Exercise caution about being alone with a child or young person. In situations where this may be needed (for example where a young person wants to speak in private) think about ways of making this seem less secret. For example, by telling another worker or volunteer what you are doing and where you are or leaving a door open. Remember to record your conversation in the log
- Remember you set an example to children and young people - dress appropriately, use appropriate language and show respect to your colleagues, parents/carers, children, and young people at all times.

Internal Cause for Concern log

Section 1: Details of the child and their Parent/Carer:		
Name of Child/Young Person:		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	Date of Birth:
Parent's/ Carer's Name(s):		
Home Address (including Postcode):		
Section 2: Your Details:		
Your Name:	Your position:	Date and Time of Incident:
Section 3: Your Report:		
Are you reporting your own concerns or responding to concerns raised by someone else?		
<input type="checkbox"/> Responding to my own concern <input type="checkbox"/> Responding to concerns raised by someone else	If responding to concerns raised by someone else, please provide their name and position within the organisation:	

What are you concerned about?

The Child/Young person's account, (if it can be given) of what happened and how:

Signature: _____

Designated Safeguarding Lead received Information on

Date:

Time:

Signature: _____

Appendix 5

Model Risk Assessment Form

What are the hazards/risk?	Who might be harmed or affected?	RAG  rating	What action is needed to remove or manage the risk?	Who is responsible for taking action and by when?	Tick, sign, and date when action has been taken

Red Amber Green (RAG) rating

Probability	Impact	Probability + Impact = RAG rating
1 = very unlikely	1 = insignificant	
2 = unlikely	2 = fairly serious	1-3 not serious 
3 = possible	3 = serious	4-6 serious 
4 = likely	4 = very serious	7-8 very serious 

Key Contacts in LBBB

<p>MASH (Children’s Social Care) 0208 227 3811 Between 8:45 and 4:45 Monday to Friday Reporting a concern is now done via the Barking and Dagenham website: https://www.lbbd.gov.uk/report-a-serious-concern-about-a-child-marf-for-professionals</p> <p>Emergency Duty Team (EDT) In an emergency out of these hours: 0208 594 8356</p> <p>Local Authority Designated Officer (LADO) lado@lbbd.gov.uk 020 8227 2513 or 020 8227 3934</p> <p>Barking and Dagenham Domestic and Sexual Violence Service (delivered by Refuge) 0300 456 0174 (Mon-Fri 9am-5pm)</p> <p>Substance Misuse Services Frank helpline 0300 123 6600 Subwize Services 0300 303 4613</p> <p>Carers of Barking and Dagenham 334 Heathway, Dagenham, RM10 8NJ 020 8593 4422</p> <p>NSPCC The NSPCC helpline provide help and support to thousands of adults, children and families. Call – 0808 800 5000 Text – 88858 Email – help@nspcc.org.uk</p>	<p>ChildLine ChildLine is a private and confidential service for children and young people up to the age of nineteen. 0800 1111</p> <p>Community Food Clubs William Bellamy Community Food Club: cfc.wbcc@lbbd.gov.uk Sue Bramley Community Food Club: Cfc.sb@lbbd.gov.uk Barking Learning Centre Community Food Club: Cfc.blc@lbbd.gov.uk</p> <p>Homes and Money Hub Advice on debt, benefits, and housing 020 8724 2115 or at homesandmoneyhub@lbbd.gov.uk</p> <p>Housing and Homelessness John Smith House - 020 8724 8323 or housingadvice@lbbd.gov.uk</p> <p>Children’s Centres Becontree Children’s Centre: becontreechildrenscentre@lbbd.gov.uk Gascoigne Children’s Centre: gascoignechildrenscentre@lbbd.gov.uk Leys Children’s Centres: leyschildrenscentre@lbbd.gov.uk Marks Gate Children’s Centre: marksgatechildrenscentre@lbbd.gov.uk Sue Bramley Children’s Centre: sue.bramleycentre@lbbd.gov.uk William Bellamy Children’s Centre: williambellamychildrenscentre@lbbd.gov.uk</p>
--	--

**If you have a concern about the safety of a child or if
you are worried that a child has suffered abuse,
contact**

**LBBB MASH 0208 227 3811
0208 594 8356 out of hours**

**You can also contact the
NSPCC Helpline 0800 800 5000**

If it is an emergency DIAL 999 for the police