



lifeworks

Learning disability champions

Lifeworks Charity Limited

Safeguarding Children and Child Protection Policy v2

September 2022

Notice to staff using a paper copy of this guidance, the Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Owner: Safeguarding Lead

Policy Information Chart

Title	Safeguarding Children and Child Protection Policy v2.0
Document purpose/summary	The purpose of this policy is to provide clear guidance for all Lifeworks staff on how to identify, raise concerns and respond to safeguarding matters affecting children by implementing this procedure.
Owner	Safeguarding Lead
Policy Department	Safeguarding
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Consultation process	SLT
Ratified by	BOT
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References/ sources of information	Working Together to Safeguard Children 2018 https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#full-publication-update-history Children who run away or go missing from home or care https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care Keeping Children Safe in Education 2022 https://www.gov.uk/government/publications/keeping-children-safe-in-education--2 Safeguarding disabled children guidance 2009 https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9/contents

Associated documentation/cross referenced policies	Accessible Information Behaviour that Challenges, Violence and Aggression Confidentiality Cyber Security Data Protection Legislative Framework (GDPR) Deprivation of Liberty Safeguards Duty of Candour Female Genital Mutilation Handling of Residents Money Meeting Needs Mental Capacity Act 2005 Notifications Position of Trust Radicalisation and PREVENT Record Keeping Restraint Safeguarding Adults Safeguarding Children in a Child Setting Whistleblowing
Supersedes document	College/Community Safeguarding Children and Young People is Everyone's Business V7 Child and Child Protection Safeguarding Policy and Procedure V6.2 College Safeguarding is Everyone's Business V3

Executive approval is subject to the understanding that the policy Owner has followed the organisation process for policy ratification.

Document Review History

Version no.	Type of Change: Major, minor, none or taken out of use	Date	Author of change	Description of change
1.0	New Document	Nov 2015	SLT	Complete revision
1.0	Major	Jan 2016	SLT	Addition of Appendix
1.0	Minor	Nov 2017	SLT	Updated
1.0	Minor	Sept 2020	CEO	Updated
2.0	Major	Sept 2022	Safeguarding Lead	Separation of Adult and Child Policies Creation of overarching charity policy

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1.0 Equality, Diversity and Inclusion

- 1.1 Lifeworks is committed to encouraging equality, diversity and inclusion among our workforce and eliminating unlawful discrimination. The aim is for our workforce to be truly representative of all sections of society and our customers, and for each employee to feel respected and able to give their best. The Charity, in providing services, is also committed against unlawful discrimination of young persons or the public.

2.0 Introduction

- 2.1 Promoting the welfare of children and protecting them from harm is everyone's responsibility under Working Together to Safeguard Children HM Government 2018.
- 2.2 All children without exception have the right to protection from abuse regardless of the child's background, culture, parental or pregnancy status, age, disability, gender, racial origin, religious belief, sexual orientation and/or gender identity. They have the right to participate in an environment which is safe and free from violence, fear, abuse, bullying and discrimination.
- 2.3 Children at Lifeworks have the right to be protected from harm, exploitation, abuse and to be provided with safe environments to live, learn and play. Working in partnership with them, and giving them a voice, alongside their parents and carers and other agencies, is essential to the promotion of their welfare.
- 2.4 Lifeworks is committed to keeping children safe from harm and abuse and will always act in the best interest of the child, working to the above key guiding principles in promoting the welfare and protection of children. The welfare of the child is paramount.
- 2.5 Anyone under the age of 18 is defined as a child.
- 2.6 All staff have a responsibility to report an incident of abuse, or suspected abuse of any child living at or involved with Lifeworks and its services. Failure to do so will be treated as a disciplinary issue.
- 2.7 It is expected that all staff (including agency staff and contractors), volunteers and trustees know of the requirements placed on them by this policy and accompanying procedures around safeguarding children at risk and what to do if they have concerns.
- 2.8 Lifeworks will take all necessary actions to prevent and stop any harm and neglect experienced by children, in partnership with statutory agencies, no matter whether that harm or neglect is caused by Lifeworks' staff or other representatives, family or other carers, the general public or other users of Lifeworks' services.
- 2.9 The Board of Trustees is accountable for ensuring effective safeguarding practices are in place with associated quality assurance. Lifeworks is committed to being a learning organisation and therefore any learning from reviews and quality assurance will be taken forward proactively.
- 2.10 This policy will be subject to annual review to ensure that the policy and associated procedures remain consistent with Devon and Torbay Safeguarding Children's Board procedures, relevant legislation and guidance as well as Charity Commission requirements.

3.0 Purpose

- 3.1 This policy is designed to outline the process required when there has been evidence, allegation or suspicion of abuse, harm, neglect or risk of or actual radicalisation by a young person, member of Lifeworks staff, another young person, or any other person.

4.0 Scope

- 4.1 To provide guidance to staff dealing with allegations of abuse, harm or neglect. This policy also contains information regarding the following:
- Categories of Abuse
 - Indicators of Abuse
 - Reporting
- 4.2 Lifeworks recognises that a child is anyone between the ages of 0 and 18, and that regardless of age any child has a right to be safe. Where the child concerned is aged between 16 and 18, Lifeworks will aim to work within the requirements of the Mental Capacity Act 2005 and associated guidance (see Appendix C for further information) whilst recognising that the safeguarding of the child is the priority.

5.0 Definitions

For the purposes of this document and avoidance of doubt, the following definitions are adopted from Working Together 2018:

- 5.1 Safeguarding and promoting the welfare of children: Defined for the purposes of this guidance as:
- 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; and
 - taking action to enable all children to have the best life chances.
- 5.2 Child protection: Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
- 5.3 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.

6.0 Responsibilities

6.1 Responsibilities of All Staff

Safeguarding is everyone's responsibility.

Everyone employed by or volunteering with Lifeworks is responsible for reporting anything that is or could potentially be abuse, neglect or the risk of abuse or radicalisation and are responsible

for implementing these policies and procedures in association with their line managers and other relevant agencies.

6.1.1 All Staff have a responsibility to:

- Maintain an attitude of “it could happen here” in order to remain vigilant to the possibility of abuse and ensure that any and all safeguarding concerns are acted upon in the appropriate manner.
- Be clear about their own role and that of others in providing a caring and safe environment for all children and must know how they should respond to any concerns about an individual that may arise.
- Ensure they are aware of and adhere to this policy and all related policies and procedures listed in the reader information chart of this document.
- Ensure they are familiar with and adhere to all relevant procedures involved in recognising and reporting incidents.
- Ensure they are aware of the contents of Working Together to Safeguard Children 2018 <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#full-publication-update-history>
- All college staff must ensure they are aware of the contents of part one of Keeping Children Safe in Education <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- Report all concerns, without judgement about their significance, to the Designated Safeguarding Lead.
- Adhere to appropriate confidentiality.
- Ensure they fulfil the mandatory safeguarding training and induction requirements.
- Maintain professional relationships with young persons at all times. No attempt should be made to build or encourage any friendship with service users or their families outside of work. This includes telephone and personal contact and connecting via social media.
- Ensure that any and all correspondence with young persons and their families is via Lifeworks systems. Staff must not give their personal contact details to young persons including e-mail, home or mobile telephone numbers.

6.1.2 All staff undertake online safeguarding training as part of their induction and this is updated at least every 3 years. Staff in each service area attend additional safeguarding training and updates throughout the year.

6.2 Responsibilities of the Charity Safeguarding Lead

Lifeworks Charity has an overall Charity Safeguarding Lead who is a member of the SLT.

6.2 1 The Charity Safeguarding Lead has a responsibility to:

- Take ownership of all Safeguarding policies and procedures across the Charity, reviewing and monitoring their implementation.
- Provide bi-monthly group supervision to charity DSLs.
- Circulate updates relating to Safeguarding to the charity DSLs.
- Provide an annual formal report to the Board of Trustees on Safeguarding (including items stated in 6.5.4).
- Undertake an annual safeguarding audit/review alongside key staff and the Trustee Safeguarding Champion.
- Inform the CEO, Chair of the Board and the Trustee Safeguarding Champion immediately of any notifiable safeguarding incident and ensure an investigation takes place.

- Ensure that the Charity's requirements for external reporting of Safeguarding events are fulfilled.

The Charity Safeguarding Lead undertakes Level 5 training in order to fulfil their role.

6.3 Responsibilities of the Designated Safeguarding Leads (DSL) and their Deputies

Each service area (Lifeworks College, Robins, Sesame and CP) has a Designated Safeguarding Lead (DSL) who has overall responsibility for child safeguarding in the setting. In the absence of the DSL, the Deputy DSL will undertake the DSL's duties.

6.3.1 The DSL has a responsibility to:

- Liaise with the LA, Social Services, Police and other agencies on individual cases of suspected or identified abuse.
- Ensure the Deputy Safeguarding Lead is up to date in terms of training and is fully involved and supported in decisions made.
- Act as the contact person/s within the service area.
- Be responsible for co-ordinating action within the service area on safeguarding issues
- Liaise with staff on a 'need to know' basis so that young person's rights to confidentiality are ensured
- Represent the service area at safeguarding meetings if required
- Ensure staff and visitors within the service area are familiar with this policy and procedure
- Ensure all staff receive regular update training on such current safeguarding issues.
- Ensure the staff team is aware of how to identify and respond to risks to students from extreme or radical views.
- Embed a contextual safeguarding approach within the College, working to ensure that environmental and social factors that may impact upon students' welfare and safety are understood, considered and communicated to any safeguarding partners as necessary.
- Discuss concerns and support colleagues to arrive at effective responses within the confidentiality of the Safeguarding Policy.
- Generate timely safeguarding reports.
- Call multi-agency Best Interest meetings where appropriate
- Refer cases to the Channel programme as required, for students who have been identified as being vulnerable to being drawn into terrorism
- Support staff involved in reporting incidents
- Refer cases to Lifeworks HR Team where a person is dismissed or has left due to risk/harm to a student to the Disclosure and Barring Service as required
- Refer cases where a crime may have been committed to the Police as required
- Attend (as appropriate) Local Authority Designated Officer Support Network meetings.

6.3.2 The Lifeworks College DSL undertakes additional Multi-agency Safeguarding and Child Protection training in order to fulfil their role. The Community Programmes, Robins and Sesame DSLs undertake additional safeguarding training modules in order to fulfil their role.

6.4 Responsibilities of the HR Department

The HR Department is a centralised team, based at Head Office, who oversee all recruitment across the Charity.

6.4.1 The HR Team has a responsibility to:

- Ensure that an up-to-date Safer Recruitment Policy is in place and procedures within are followed.
- Ensure that Safeguarding children and child protection is implicit throughout any recruitment process and this commitment is clear to all applicants.
- Ensure that an up to date Single Central Record of DBS checks is maintained at all times.
- Ensure that Safeguarding Policies are readily available to staff and external stakeholders.
- Manage and monitor the safeguarding training of all staff.

6.4.2 The HR Manager and HR Officer are trained in Safer Recruitment, alongside key management personnel in each service area and oversee the recruitment process of all staff members across the Charity.

6.5 Responsibilities of the Board of Trustees

6.5.1 Trustees should proactively safeguard and promote the welfare of their charity's young persons. They must take reasonable steps to ensure that their young persons or others who come into contact with their charity do not, as a result, come to harm.

This should be a key governance priority for Trustees. Trustees are responsible for safeguarding even if certain aspects of the work are delegated to staff. It is therefore essential that trustees:

- know their responsibilities
- have adequate measures in place to assess and address safeguarding risks
- have adequate safeguarding policies and procedures appropriate for the charity's particular circumstances and which reflect both the law and best practice
- make sure that these policies and procedures are effectively implemented and regularly reviewed

These steps are vital, given that charities are accountable to the public and must operate for the public benefit. Trustees should be familiar with their responsibilities and the Charity Commission guidance:

[Safeguarding and protecting people for charities and trustees \(last updated June 22\)](#)

6.5.2 There is a clear line of responsibility and accountability in the provision of services within Lifeworks to safeguard and protect the welfare of children, young people and adults at risk. Trustees must be confident that young persons, visitors and staff know who they should contact to report any safeguarding concerns they may have. The Charity Safeguarding Lead directly reports to the Lifeworks Board of Trustees.

6.5.3 Safeguarding is every board member's governance responsibility and in addition there is a nominated trustee safeguarding champion. All trustees are appointed in line with safer recruitment practices and undertake level 2 children and child safeguarding as part of their trustee induction programme. The Board of Trustees safeguarding champion will in addition undertake level 3 safeguarding training.

6.5.4 Trustees have legal responsibility for the organisation's safeguarding arrangements and must be informed of any safeguarding incidents and internal investigations. The safeguarding policy will be regularly reviewed, updated and formally ratified at trustee meetings. This enables the trustees to be able to support the senior leadership and staff teams by continually evaluating the information provided and know when they need to become more involved. This includes:

- Allegations made against the most senior members of staff
- Ensuring safer recruitment practices are carried out for senior staff
- Disciplinary proceedings for the most senior members of staff
- Being notified about any complaints made in relation to safeguarding
- Investigating any whistleblowing allegations made against the most senior members of staff
- Undertaking, alongside key staff, annual internal safeguarding audits and reviews
- Agreeing the organisation's risk management framework including how safeguarding risks will be mitigated
- Ensuring full investigations are conducted in response to any serious notifiable safeguarding incident in line with Charity Commission, Ofsted and CQC regulations
- Meeting on an annual basis with the CEO and Charity Safeguarding Lead to formally review the previous 12-month number and type of incidents and accidents, investigation responses and outcomes

The overall governance of Lifeworks is critical to underpinning the foundation and development of good safeguarding practice. Trustees will need to be confident effective safeguarding systems and processes are in place and being followed at all times. Children and child safeguarding policies should be formally reviewed annually, or updated with changes in legislation as they happen.

Safeguarding is an agenda item at every quarterly BOT meeting whereby the SLT will formally report on any incidents or accidents including notifiable safeguarding related incidents, investigations and outcomes. In addition, any notifiable safeguarding incident will be reported immediately by the Charity Safeguarding Lead to the Board safeguarding champion and the Chair of the Board and they will be kept fully informed.

See Appendix C for more information and links from The Charity's Commission on the Board's role in Safeguarding.

7.0 Abuse and Neglect

The following definitions and explanations are taken from 'What to do if you are worried a child is being abused'.

7.1 Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

7.2 Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-

term impacts on all aspects of a child's health, development and well-being.

7.3 The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health. By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

7.4 There are a number of warning indicators which might suggest that a child may be being abused or neglected.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;

- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

7.5 There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to. *Working Together to Safeguard Children* (2015) statutory guidance sets out full descriptions.

7.6 Physical abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.¹ Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained:
 - bruises or cuts;
 - burns or scalds; or
 - bite marks.

7.7 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.²

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities

to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

Emotional abuse may involve serious bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

7.8 Sexual Abuse

Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

7.9 Child sexual exploitation

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

7.10 Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child's health or development.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action.³ However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care⁴; and
- Parents who fail to seek medical treatment when their children are ill or are injured.⁵

8.0 Specific Safeguarding Policies and Procedures

8.1 Safeguarding children in an adult setting

This organisation is aware of its obligations under the Health and Social Care Act 2008 (Regulated Activities) 2010 to protect and safeguard children visiting, or in other ways related to, our adult settings.

Refer to our Safeguarding Children in Adult Settings policy. This policy sets out the responsibilities of staff concerning any allegation of abuse involving children that may be witnessed by staff whilst in the employ of this organisation. We are committed to working in partnership with other multi-agency partners so that the protection and safeguarding of children is consistent with current policy and guidance.

8.2 Safeguarding Adults

This organisation is aware of its obligations to protect and safeguard adults within our Further Education College, Sesame and Community Programmes.

Refer to our Adult Safeguarding Policy for responsibilities and procedures relating to adults at risk.

8.3 Prevent and Radicalisation

This organisation is aware of its obligations to protect our stakeholders from risk of radicalisation and of the Prevent duty.

Refer to our Prevent and Radicalisation Policy for responsibilities and procedures relating specifically to radicalisation.

8.4 **Female Genital Mutilation (FGM)**

This organisation is aware of its obligations to protect our stakeholders from risk of FGM.

Refer to our FGM Policy for responsibilities and procedures relating specifically to this form of abuse.

9.0 **The Mental Capacity Act 2005**

The MCA starts with the presumption that, from the age of 16, we can make our own decisions – including about our safety and when and how services intervene in our lives. People must be assumed to have the capacity to make their own decisions and be given all practicable help to make a specific decision before anyone treats them as not being able to make their own specific decision. Where a child is found to lack the capacity to make a decision then any action taken, or any decision made on their behalf, must be made in their best interests.

Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA). They should use their professional judgement and balance many competing views. They will need considerable guidance and support from their employers if they are to help young people manage risk and put them in control of decision making if possible.

Regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently in difficult and sensitive situations.

Mental capacity is frequently raised in relation to safeguarding. The requirement to apply the MCA in safeguarding enquiries for young people of 16 and 17 years of age challenges many professionals and requires utmost care, particularly where it appears a young person has the capacity for making specific decisions that nevertheless places them at risk of being abused or neglected.

The MCA created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that child's care and support, such as paid staff but also family carers as well as people who have the legal authority to act on that child's behalf (i.e. persons with power of attorney or court-appointed deputies).

These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Abuse by an attorney or deputy: If someone has concerns about the actions of an attorney acting under a registered enduring power of attorney (EPA) or lasting power of attorney (LPA), or a deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG). The OPG can investigate the actions of a deputy or attorney and can also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy. Whilst the OPG primarily investigates financial abuse, it is important to note that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare LPA or a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered EPA or LPA, regardless of the child's capacity to make decisions.

See Appendix C for further information about the MCA.

10.0 Recruitment and Disclosure

- 10.1 Lifeworks recruitment is always conducted in accordance with Safer Recruitment procedures. Every interview panel has at least one member who is Safer Recruitment trained. Once an offer of employment has been made, Lifeworks Charity will apply for an enhanced disclosure from the DBS and a check of the Children's Barred List (now known as an Enhanced Check for Regulated Activity) in respect of all positions which amount to "regulated activity" as defined in the Safeguarding Vulnerable Groups Act 2006 (as amended). The purpose of carrying out an Enhanced Check for Regulated Activity is to identify whether an applicant is barred from working with children by inclusion on the Children's or Childs Barred List and to obtain other relevant suitability information.

The DBS issues the DBS disclosure certificate to the subject of the check only, rather than to Lifeworks. It is a condition of employment with Lifeworks Charity that the original disclosure certificate is provided to the HR Team as soon as is practical after the certificate is received. Employment will remain conditional upon the original certificate being provided and it being considered satisfactory by the HR Team.

- 10.2 Additional pre-employment checks (verification of identity, address and qualifications; references) are carried out for every candidate, as well as (where relevant to the role) checks on prohibition from teaching, EEA Sanction, prohibition from management and childcare disqualification. While Disqualification by Association no longer applies, it remains the case that the relationships and associations that staff have in work and outside (including online) may have an implication for the safeguarding of young persons and as such there is an expectation that staff will speak to their DSL promptly if any such situation should arise. Please refer to our Recruitment & Selection Policy for full details.

11.0 Dissemination of policy and procedures

- 11.1 As identified in this policy all new staff and volunteers, including any new member of the Board of Trustees, will be required to be familiar with the policy as part of their induction. At mandatory induction all staff are issued with a copy of this policy and given the appropriate time and opportunity to read and digest it, then sign an acknowledgement record to confirm this. The inductee's understanding of the policy and operating procedures will be checked and formally confirmed by their line manager as part of their mandatory training completion and record.

- 11.2 All practitioners will also undertake Level 2 E-Learning Awareness of Safeguarding Childs, Multi-Agency Safeguarding & Child Protection and A2: Level 2 Mental Capacity Act & Deprivation of Liberty Safeguards within week one of their induction.

The college DSL and Deputy DSL complete the Multi-Agency Safeguarding and Child Protection (Group 3 Core) and additional LADO training from DCC. This is updated every three years.

The Robins DSL and Deputy DSL complete the Level 5 Safeguarding for Leaders (from Dialogue) and the Level 2 Responding to Safeguarding Concerns (from DCC).

- 11.3 In addition to being covered as part of the Induction process this policy will be revisited as part of probation objectives/ supervision/ annual appraisal system to ensure that all staff remain familiar with its contents as well as safeguarding being a standing agenda item on individual supervision

and regular staff and Board meetings. Any changes to this policy will be formally cascaded to staff and reinforced in individual supervision meetings.

- 11.4 Where required the policy will be available in different formats to make it more accessible.
- 11.5 External contractors will be required to commit to work within the scope of this policy.
- 11.6 In every service the contact details for the Designated Person and Deputy Person will be displayed prominently.

12.0 Visitors/External Service Providers

Risk assessments are carried out as necessary for visitors or external service providers. Upon arrival, all visitors to the service areas are provided with key safeguarding information and asked to provide confirmation of identity if being left unsupervised by a member of our staff.

13.0 Working with families

Keeping relevant, up-to-date and accurate information about our young persons is a key aspect of effective safeguarding. We will regularly ask all families to provide us with the following information, where relevant to the individual, and to notify us of any changes that occur:

- Names and contact details of persons with whom the young person normally lives
- Names and contact details of all persons with parental responsibility
- Names and contact details of emergency contacts for the young person
- Details of transport arrangements in place (if different from above)
- Any relevant court orders in place including those which affect any person's access to the young person (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)
- Name and contact detail of the young person's general practitioner
- Any other factors which may impact on the safety and welfare of the young person

Information about the young person given to us by the young person themselves, their parents or carers, or by other agencies will remain confidential. Staff will be given relevant information only on a "need to know" basis in order to support the young person if that is necessary and appropriate.

We are, however, under a duty to share any information which is of a child protection or safeguarding nature, as noted in Keeping Children Safe in Education which states "The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children." We understand that information sharing in this context is in the best interests of the young person and overrides any other duties we have regarding confidentiality and information sharing.

We have a duty to keep any records which relate to child protection/safeguarding work undertaken by us or our partner agencies and to ensure that these are kept apart from the main young person's record, stored securely and only accessible to key members of staff. We also have a duty to send copies of these records to any other provider to which the young person transfers.

If we have a reason to be concerned about the welfare of a young person we will always seek to discuss this with their family in the first instance, subject to the conditions laid out in our Safeguarding Procedure. On occasion, according to the nature of our concern, it may be necessary for us to make an immediate referral to social care services when to do otherwise may put them at risk of further harm either because of delay, or because of the actions of parents or carers.

14.0 E-safety

Use of the Internet and other technologies generates significant opportunities for people with learning disabilities to enhance the accessibility of communication with friends, parents/carers, other learning providers, community activities and employers. However, there are also significant potential risks for vulnerable people when using new technology, including:

- Access to illegal, harmful or inappropriate images or other content
- Unauthorised access to, loss of, and sharing of personal information
- Internet grooming and/or radicalisation
- The sharing and distribution of personal images without consent
- Inappropriate communication and contact with others
- Cyber-bullying
- Sexting
- An inability to evaluate the quality, accuracy and relevance of information on the internet
- Plagiarism and copyright infringement
- Illegal downloading of music or video files
- Excessive use which may impact on social and emotional development and learning

Lifeworks has a clear responsibility to recognise the benefits of technology and the opportunities they present, and to support our young persons to be able to safely navigate the digital world.

The College promotes safe use of technology and ensures that the use of ICT is embedded throughout the curriculum. Our assessments are rigorous and pinpoint what resources and learning materials a student will require in order to fully access our curriculum.

15.0 Safeguarding Disabled Children

This policy has been cross-referenced with the practice advice included in 'Safeguarding disabled children guidance 2009' which makes clear that disabled children have exactly the same human rights to be safe from abuse and neglect and to be protected from harm as non-disabled children. Lifeworks recognises that disabled children do however require additional action. This is because they experience greater and created vulnerability as a result of negative attitudes about disabled children and unequal access to services and resources, and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments. The 'Guidance for professionals' section of the document is presented in full in appendix D and should be read by staff who work with young people at Lifeworks.

16.0 Immediate Actions in the event of a Child Safeguarding Concern Flowchart

The flowchart below provides a summary of the key steps to take in the event of a child safeguarding incident. Each step is explained more fully in the sections that follow.



17.0 What to do in the case of immediate danger

- 17.1 If there is an immediate risk to life, serious injury or there is the suggestion that a criminal act has been committed the Police should be contacted as a matter of urgency on 999. Criminal investigation by the Police will take priority over all other lines of enquiry.

If staff initially encounter a situation that warrants emergency attention, they should inform their Designated Safeguarding Lead as soon as the immediate danger has been mitigated.

17.2 Preserving evidence

Where possible steps should be taken to preserve and record any physical evidence of abuse, however it is recognised that at times this may not be possible due to the traumatic nature of what is presented.

In cases of physical or sexual assault only touch what you have to and wherever possible leave things as they are. The abused person should be advised not to wash or remove clothing. You should also preserve anything that is used to comfort the person (e.g. blankets).

18.0 How to respond to an allegation (disclosure) or risk of harm

- 18.1 If a young person discloses harm to any staff member it must be remembered that the staff member's role is to recognise and refer abuse, not to investigate. This is to avoid contamination of evidence gained in any subsequent investigation undertaken by Police &/or Children's Services and to ensure that the person is not placed in the stressful position of having to repeat their story over and over again.

'Not investigating' does not mean that the staff member receiving the concern cannot ask any questions. However, careful thought needs to be given to how and what questions are asked, avoiding anything that can be interpreted as 'leading' the young person. The basic rule of thumb is that staff should ONLY ask enough questions of them to clarify whether there is a safeguarding concern. Once the person has clarified that they are being harmed or are at risk (or the staff member is reassured that they are safe), no further questions are required.

If a young person presents with an injury accompanied by a clear allegation that they have been harmed, or makes a clear sexual allegation it should not be necessary to question the child other than perhaps to clarify who was involved and when an incident took place. The young person should be listened to actively and their story carefully recorded. In this situation the staff member should ensure immediate information sharing with the Designated Safeguarding Lead (or Deputy DSL in DSL's absence). It is likely that such a scenario will require immediate consultation about action to be taken and an urgent referral will be necessary.

In other situations where the young person appears to be making a possible allegation or has a suspicious injury, it is reasonable to ask open, non-leading questions in order to establish details. Examples of questions are. "That's a nasty bruise, how did it happen?; Tell me about what happened?; You seem a bit upset and I'm worried about you, is anything troubling you?; Can you tell me more about that?" You may wish to use the acronym 'TED' as a reminder that the person can be encouraged to 'Tell', 'Explain' and 'Describe' the concern. If it is necessary to seek further clarification, staff should keep to open questions such as What? When? Who? How? Where? It is important to remember that questions should only be asked to help clarify whether

the person is at risk of harm. Once clarification is achieved, no further questions should be asked.

18.2 Confidentiality and Sharing of Information

Where an allegation has been made, staff must let the child know the position regarding their role and what action they will have to take as a result. In the first instance, this will be to inform the DSL and seek advice. Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of children at risk with other professionals, particularly investigative agencies and child social services.

All personal information regarding a child at risk will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the DSL and appropriate agencies.

Within that context, the child must, however, be assured that the matter will be disclosed only to people who need to know about it and be asked what they would like to be the outcome.

In the case of a young person aged 16 or 17, where possible, consent should be obtained from the child before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the child at risk is the priority. Decisions will need to be made about the young person's capacity and whether it is possible for them to give consent.

Staff must assure the child that they will keep them informed of any action to be taken and why. The child's involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

19.0 Who to inform about a safeguarding concern

19.1 The Designated Safeguarding Lead or their Deputy will discuss the concerns and help to form a view as to the next steps. This may include contacting the Police, referring to the local Safeguarding Children's Service or making a record of the concern. Such decisions and reasons for the decision must be recorded and signed. The DSL will take the lead on phone calls to the Safeguarding Boards.

19.2 The DSL has access to the safeguarding chronology of individual young persons and so is able to use this knowledge to build a full picture of the situation. They are also trained to a higher level of knowledge in Safeguarding and therefore are best placed to support staff members in determining next steps. However, if the staff member is concerned that the suggested outcome will put the child at further risk, they have a duty to escalate their concerns to the Charity Safeguarding Lead.

19.3 Internal Contacts

Role	Site			
	College	Robins	Sesame	Community Programmes
Designated Safeguarding Lead	Karen Dorow	Emma Quaintance	Amanda Parnell	Sarah-Jane Lowson
Deputy Designated Safeguarding Lead	Neil Leonard	Jake Hocking	Amanda Percival	
Charity Safeguarding Lead	Richard Crompton			
Trustee Safeguarding Champion	Paul Clarkson			
Prevent Officer	Sarah Gontsi			
Whistleblowing Officer	Laura Fraser-Crewes (Paul Clarkson in the case of an allegation against CEO)			

20.0 Making a Referral

20.1 Notifying Parents

Lifeworks will normally seek to discuss any concerns about a young person with their parents/carers. This must be handled sensitively and the DSL will make contact with the parent in the event of a concern, suspicion or allegation. However, if the staff involved believe that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from children's MASH, e.g. familial sexual abuse.

Where there are concerns about forced marriage or honour-based violence, parents should not be informed a referral is being made as to do so may place the child at a significantly increased risk. In some circumstances it would be appropriate to contact the police.

20.2 Gaining Consent for a Referral

It is the responsibility of the DSL or leading staff member to speak to the child/young person about their concerns before making an enquiry. Children have the same data protection rights as adults over their personal data and can exercise those rights, including being asked for their own consent, as long as they are competent to do so.

If the child or young person is under the age of 13 or is not considered competent, consent should still be sought from a parent or person with parental responsibility to exercise their rights on their behalf, unless this puts the child/young person at risk of harm.

20.2 Making a Referral: Contact Details

- For children who live in the Devon Council boundary – Devon MASH on 0345 155 1071. Or you can email mashsecure@devon.gov.uk.

The online referral form can be found here:

https://devoncc.sharepoint.com/:w:/s/PublicDocs/Education/ERPs4nOgNCNBs1ss-U_sslkBXBa2A8zZ2MAFpsCdGHcp4A?rttime=m7-63qKf2kg

▪ For children who live in the Torbay Council boundary – Torbay Safeguarding Hub on 01803 208100. Or you can email mash@torbay.gov.uk

The online referral form can be found here: <http://torbaysafeguarding.org.uk/professionals/hub/>

▪ For children who live in the Cornwall Council boundary - Multi Agency Referral Unit (MARU) on 0300 1231 116, Or you can email MultiAgencyReferralUnit@cornwall.gcsx.gov.uk

The online referral form can be found here: <https://ciossafeguarding.org.uk/scp/p/our-policies-and-procedures/referral-forms>

Out of normal working hours

The Out of Hours Duty Teams for the respective area should be contacted:

Devon – 0345 6000 388

Torbay – 0300 456 4876

Cornwall – 01208 251 300

Contacting the Police

If a crime has been, or may have been, committed, the matter should be reported to the police who will then lead an investigation. In the case of an emergency and immediate risk, this should be via 999. Where there is no immediate risk, the relevant Safeguarding Board (see 25.2 for contact details) can advise on police involvement.

21.0 Recording and Reporting

21.1 Recording

It is important to build a chronology of any safeguarding concerns or observations– whether referred or not – to aid the DSL and other agencies in understanding the full picture when making decisions. Therefore, **all** concerns should be logged and passed to the DSL, no matter how insignificant they may seem.

Following a safeguarding incident or allegation, an accurate record should be made using the Lifeworks Incident Reporting Form (Appendix A). This must be completed and forwarded to the DSL before the end of your shift. The form includes:

- The date and time of the incident and location
- Details of the alleged abuser, if known
- Details of the suspected abuse or neglect or what has been reported to you. Use factual information, use the young person's own words.
- The appearance and behaviour of the alleged victim, including any injuries. Use a body map to record the location of any injuries.
- All actions you have taken, including those to secure the wellbeing of the young person and who you have notified of the safeguarding incident
- Whether you have made a referral

The DSL should ensure that a copy of the form is attached to the young person's safeguarding record. In the case of a referral made by telephone, a copy should be sent to the Safeguarding Board or police (where relevant) no more than 24 hours after the telephone conversation.

21.2 Reporting to Stakeholders

In addition to reporting the incident to the DSL, significant safeguarding incidents must be reported by the DSL or Charity Safeguarding Lead to Lifeworks' external stakeholders.

Reporting to Ofsted

Robins is an Ofsted regulated Children's Home and as such Robins has a duty to report any allegations of abuse or neglect to Ofsted. See Children Home Regulations Regulation 40.

The Charity Safeguarding Lead should immediately inform the CEO, the Chair of the Board and the Trustee Safeguarding Champion of any significant safeguarding incidents. They should also present a quarterly update to the Board of all safeguarding concerns. Safeguarding is a standing item on all SLT/Service Area Management meeting agendas.

22.0 Allegations Against Staff

- 22.1 All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- 22.2 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.
- 22.3 We understand that a young person may make an allegation against a member of staff or staff may have concerns about another staff member. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform their DSL.
- 22.4 The DSL must alert the LADO (Local Authority Designated Officer) to all cases in which it is alleged that a person who works with children has:
- behaved in a way that has harmed, or may have harmed, a child
 - possibly committed a criminal offence against children, or related to a child
 - behaved towards a child or children in a way that indicated they may pose a risk of harm to children.

The DSL on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) at the earliest opportunity and always within one working day and before taking any further action.

Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

Where a child from another Local Authority Area is involved, the lead responsibility for action lies with the local authority for the area where the alleged abuse occurred where there is most organisational risk. Therefore, any such incidents at Lifeworks College or Robins should be reported to Devon LADO on 01392 384964 and accompanied by a completed referral form which can be found here: <https://www.devon.gov.uk/educationandfamilies/child-protection/managing-allegations-against-adults-working-with-children/>

- 22.5 If the allegation made to a member of staff concerns the DSL, the person receiving the allegation will immediately inform the Charity Safeguarding Lead who will consult the LADO as above, without notifying the Headteacher first.
- 22.6 It is essential that any allegation of abuse made against a person who works with vulnerable children, including those who work in a voluntary capacity, is dealt with fairly, quickly and consistently, in a way that provides effective protection for the vulnerable child and, at the same time, supports the person who is the subject of the allegation.
- 22.7 Staff or volunteers should not:
- attempt to deal with the situation themselves
 - make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents
 - keep information to themselves or promise confidentiality
 - take any action that might undermine any future investigation or disciplinary procedure (e.g. interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator, parents or carers).
- 22.8 The DSL/registered manager should ensure that the subject of the allegations is:
- Advised at the outset to contact her/his union or professional association;
 - Treated fairly and honestly and helped to understand the concerns expressed, processes involved and possible outcomes;
 - Kept informed of the progress of the case and of the investigation;
 - Clearly informed of the outcome of any investigation and the implications for disciplinary or related processes;
 - Provided with appropriate support (via occupational health or employee welfare arrangements where these exist);
 - (If suspended) kept informed about workplace developments.

An investigation will not be seen as an assumption of guilt.

- 22.9 In order for the matter to be fully investigated, and to ensure that that the young person and the staff member receives equal protection, the staff member may be suspended on full pay until the investigation is complete. The duration of the suspension will be as short as possible.
- 22.10 It is accepted that the employee may feel isolated and every effort will be made to give them appropriate assistance. If the outcome of the investigation is that there is no case to answer, then the employee should be sensitively inducted back to work and given the appropriate support by their Line Manager. Consideration should also be given to the ongoing relationship between the young person and the member of staff.

23.0 Whistleblowing

- 23.1 We recognise that young people cannot be expected to raise concerns in an environment where staff fail to do so.
- 23.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the charity's safeguarding arrangements. In this instance, staff should follow the procedures in the Whistleblowing policy.
- 23.3 The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk

24.0 Monitoring compliance

- 24.1 All reports of abuse, neglect or radicalisation will be monitored as appropriate, and evaluated and reviewed on a regular basis, at least every year by the Lifeworks Safeguarding Steering Group. This includes the Charity Safeguarding Lead, the CEO and the Trustee Safeguarding Champion. Following evaluation information being submitted to the Board, actions can be recommended to reduce potential for future occurrences. The effectiveness of the policy will also be evaluated against all case studies as part of the review. As part of this review, completed cases will be evaluated to see how they have been handled.
- 24.2 The HR Team manage and monitor the safeguarding training of all staff using a training matrix. This information is recorded in staff personnel files.
- 24.3 Supervisors ensure that the mandatory safeguarding training has been completed by new employees and that all safeguarding policies have been read and understood. Safeguarding knowledge and queries, alongside expectations of training, are discussed and recorded at supervision and as part of the appraisal process.
- 24.4 The DSL of each service area undertakes 'spot-check' monitoring of staff knowledge and implementation of safeguarding policies and procedures. Outcomes of these spot-checks are discussed during group supervision with the Charity Safeguarding Lead.

Recording Form for Safeguarding Incident

Staff, volunteers and regular visitors are required to complete section A and give it or email it to the DSL or Deputy DSL if they have a safeguarding concern about a person in our service area.

SECTION A: To be completed by person who is reporting the concern	
Information Required	Enter Information Here
Name of person completing the form	
Your Signature	
Job role	
Date of occurrence	
Time of occurrence	
Full name of person involved	
Date of birth	
Gender	
Witness if any	
Incident Details <i>Please include where you were when the person made a disclosure, what you saw, who else was there, what did the person say or do and what you said.</i> <i>Ensure that if there is an injury this is recorded (size and shape) and a body map is completed</i> <i>[Make it clear if you have a raised a concern about a similar issue previously]</i>	

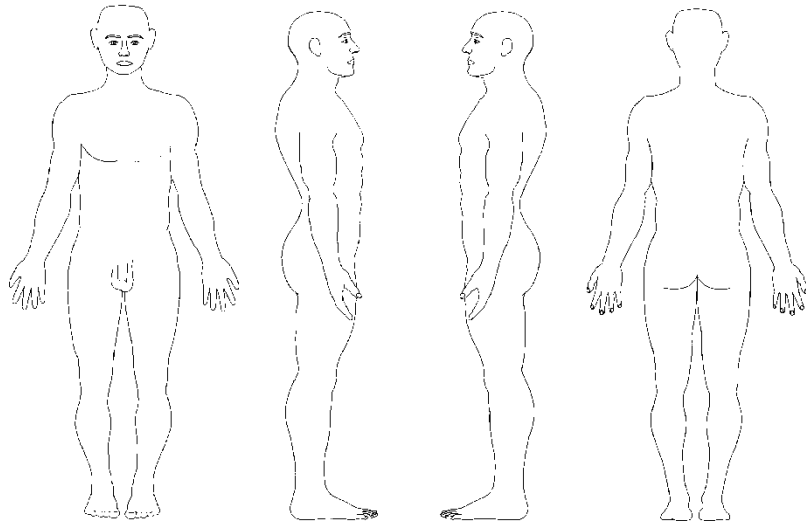
Incident Details contd.

SECTION B: To be completed by DSL

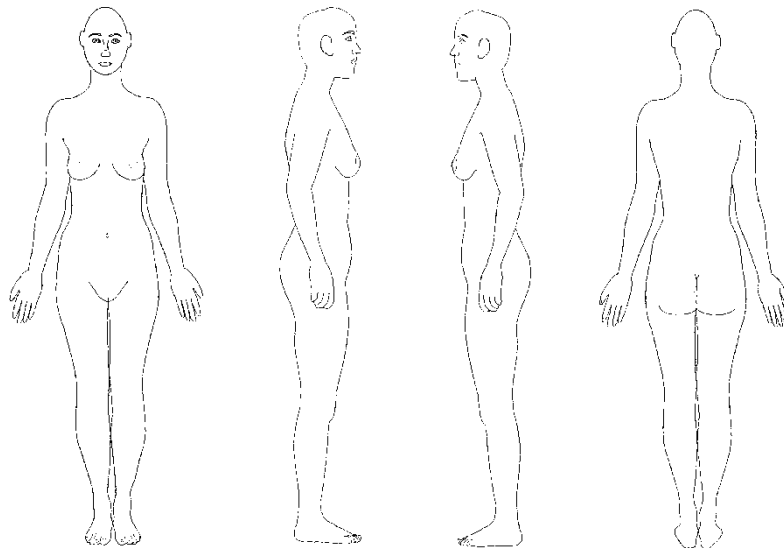
Time form received by DSL	
Nature of concern/disclosure	
Parents/Carers Informed [yes/no, date and time]	
Referral made to police [yes/no, date and time]	
Referral Made to Other Agency [yes/no, date and time, name of organisation]	
Feedback given to young person [yes/no, date and time]	
Feedback given to pastoral team/key worker [yes/no, date and time]	
Feedback given to person who recorded disclosure [yes/no, date and time]	
Full Name of DSL	
Signature of DSL	
Date of Signature	

Body Chart

Male



Female



Describe any injury that was sustained during the occurrence or any unexplained or unwitnessed injury being reported, including what type of injury, where it is, how big it is, what first aid measures were needed, if medical intervention was needed. Also, mark the location and proportion of the injury on the body chart.

Appendix A2: Community Programmes Recording Form for a Safeguarding Incident

Name of person completing the form	
Designation	
Date of occurrence	
Time of occurrence	
Name of person involved	
Male/female	
Status i.e. service user/staff/visitor/public/contractor	
Age	
Witness name if any	

Specification of occurrence type

INCIDENT (violence/abuse/physical attack on staff/absconding/ missing person/hospitalisation damage to property/major utility failure etc.)	ACCIDENT (fall or other injury/car accident/any accidental or unintentional injury)	INJURY FROM KNOWN RISK ASSESSED BEHAVIOUR (self-harm if risk assessed)	INJURY OF UNKNOWN ORIGIN (child/young person/ young adult comes into service with bruises/cuts/scrapes/grazes etc.)	NEAR MISS (potential to cause harm)

Nature of occurrence: tick the most appropriate box

Fatality		Major Injury		Dangerous Occurrence		Abusive Incident		Minor Injury		Utility failure	
Damage to Property		Risk to Self or Others		Missing Person		Service User Allegation		Assault		Altercation	

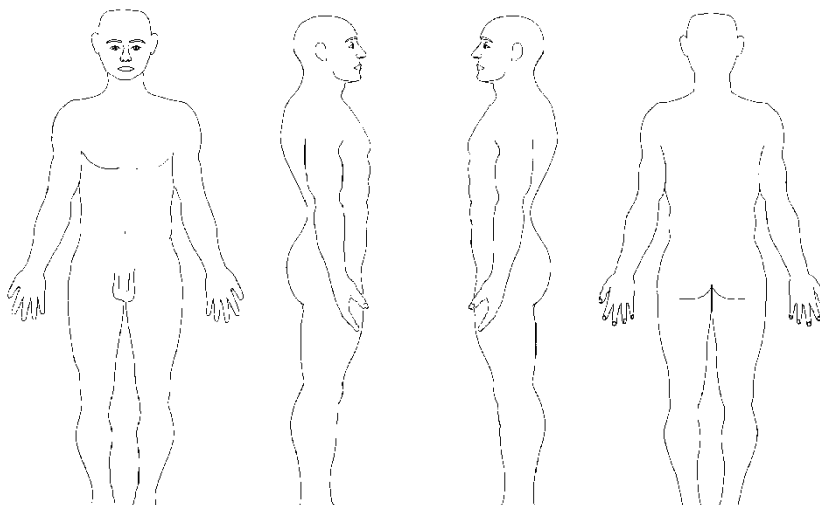
What was the cause of the occurrence?

Industrial disease		Road Traffic Accident		Physically assaulted by a person		Injured whilst handling, lifting, or carrying.		Illness	
Injury by an Animal		Struck by a moving vehicle		Theft		Infectious disease		Absconding	
Medication error		Self injury		Verbal Abuse		Behavior related		Drowning or asphyxiation	
Disclosure		Other please Specify:		Slip trip or fall from height/same level		Fire/flood/gas leak/explosion		Fall witnessed or unwitnessed	

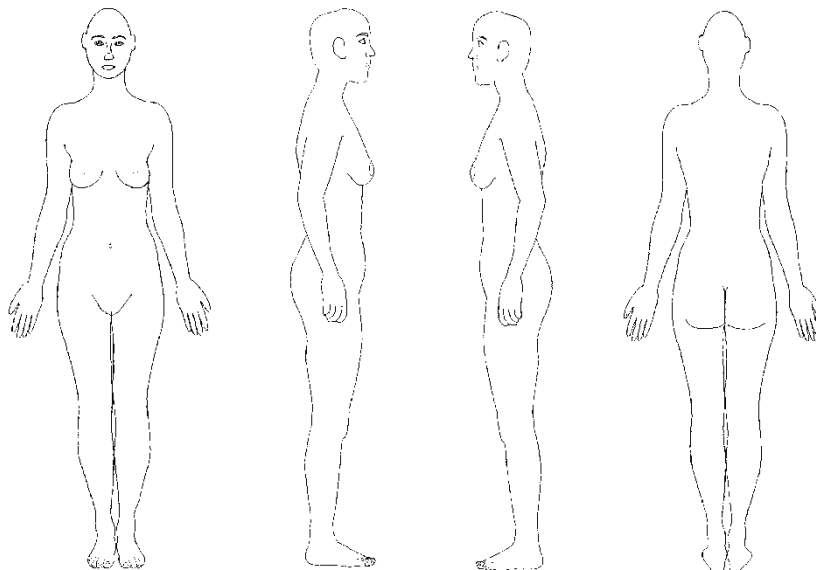
What happened? Please describe the events that took place in as much detail as possible including how staff were alerted / response times / witnesses / injuries / what was said by those present / how did the occurrence happen?

Body Chart

Male



Female



Describe any injury that was sustained during the occurrence, including what type of injury, where it is, how big it is, what first aid measures were needed, if medical intervention was needed. Also, mark the location and proportion of the injury on the body chart.

Also use the body chart for any unexplained or unwitnessed injury

Body Chart Completed by:

Date & Time:

If there are any untoward or unexplained injuries or any cause for concern, then the GP, 111 or 999 must be contacted immediately. If the child/young person/young adult refuses to be examined by the visiting GP or paramedic then the refusal must be witnessed and recorded below

Which service did you contact?
Which professional attended?
If DR / paramedic visited did the child/young person consent to an examination?
Name of witness to refusal:
Did the child/young person consent to being supported during the examination?
Name of person supporting the child/young person during examination

What action did staff take during the incident and after the incident?

How was the incident managed and what did staff do to ensure all parties were safe?

--

PRN/Rescue Medication

Was any prn or rescue medication required or used?
If yes ensure mar chart is completed correctly including the description of why the medication was administered (attach copy)
Copy attached?

Did anyone else witness the occurrence (add name and designation)

Witnesses:	Designation:

Observations by person in charge of shift. What could be done to prevent this from happening again?

Who have you informed?

Next of kin yes / no	Person informed	Time
Manager yes / no	Person informed	Time
On call manager yes / no	Person informed	Time

Is it a safeguarding matter? If so do you need to take any further action?

Do you need to call the police or complete a safeguarding referral (MASH/LADO/Adult safeguarding)?

Is a REG 40/STAT notification or other notification required?

Child/young person's/young adult's debrief: What is the child/young person's/young adults's thoughts on what happened? How do they feel about it? Is there anything they would like to say? Is there anyone they would like to speak to? What do they want to happen?

Name of person completing the form:

Signature:

Name of shift leader:

Signature:

For manager to complete:

Any further action required? Do you need one or more statutory notifications? Does an HSE form need

To be completed? Is the occurrence reportable under RIDDOR? Do support plans risk assessments

need completing or updating? Is a full debrief required? Does there need to be any further investigation? Any occupational health

Involvement required?

Signature of manager: _____

date: _____

Appendix A3: Robins Recording Form for a Safeguarding Incident

Name of person completing the form	
Designation	
Date of occurrence	
Time of occurrence	
Name of person involved	
Male/female	
Status i.e. service user/staff/visitor/public/contractor	
Age	
Witness name if any	

Specification of occurrence type

INCIDENT (violence/abuse/physical attack on staff/absconding/missing person/hospitalisation damage to property/major utility failure etc.)	ACCIDENT (fall or other injury/car accident/any accidental or unintentional injury etc)	INJURY FROM KNOWN RISK ASSESSED BEHAVIOUR (self-harm if risk assessed)	INJURY OF UNKNOWN ORIGIN (child comes into service with bruises/cuts/scrapes/grazes etc.)	NEAR MISS (potential to cause harm)

Nature of occurrence: tick the most appropriate box

Fatality		Major Injury		Dangerous Occurrence		Abusive Incident		Minor Injury		Utility failure	
Damage to Property		Risk to Self or Others		Missing Person		Service User Allegation		Assault		Altercation	

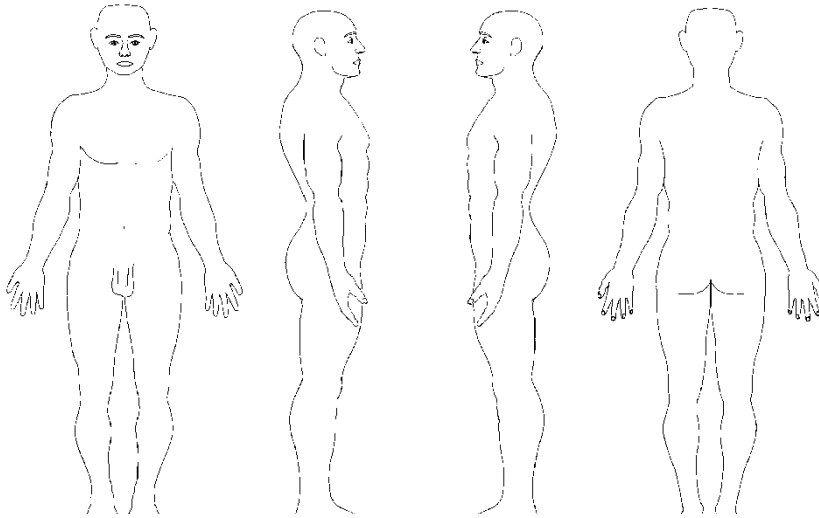
What was the cause of the occurrence?

Industrial disease		Road Traffic Accident		Physically assaulted by a person		Injured whilst handling, lifting, or carrying.		Illness	
Injury by an Animal		Struck by a moving vehicle		Theft		Infectious disease		Absconding	
Medication error		Self injury		Verbal Abuse		Behavior related		Drowning or asphyxiation	
Disclosure		Other please Specify:		Slip trip or fall from height/same level		Fire/flood/gas leak/explosion		Fall witnessed or unwitnessed	

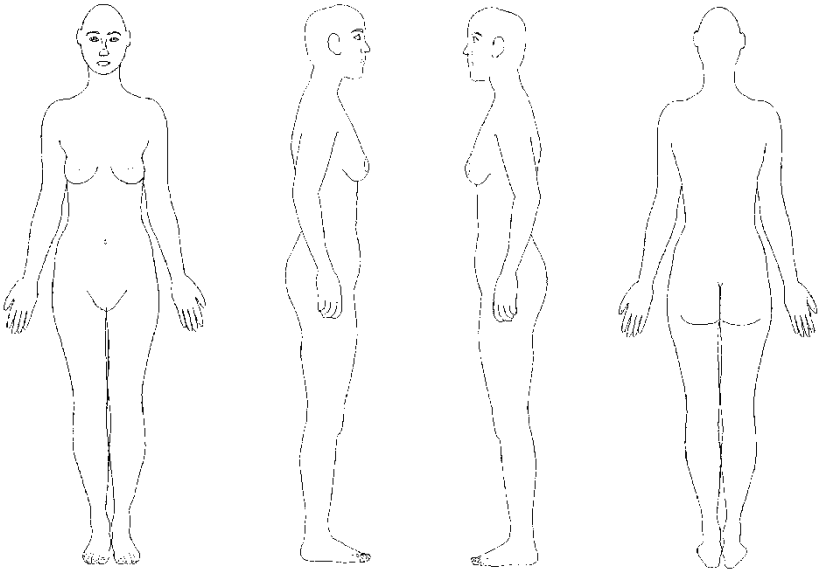
What happened? Please describe the events that took place in as much detail as possible including how staff were alerted / response times / witnesses / injuries / what was said by those present / how did the occurrence happen?

Body Chart

Male



Female



Describe any injury that was sustained during the occurrence, including what type of injury, where it is, how big it is, what first aid measures were needed, if medical intervention was needed. Also, mark the location and proportion of the injury on the body chart.

Also use the body chart for any unexplained or unwitnessed injury

Body Chart Completed by:

Date & Time:

If there are any untoward or unexplained injuries or any cause for concern, then the GP, 111 or 999 must be contacted immediately. If the child/young person refuses to be examined by the visiting GP or paramedic then the refusal must be witnessed and recorded below

Which service did you contact?
Which professional attended?
If DR / paramedic visited did the child/young person consent to an examination?
Name of witness to refusal:
Did the child/young person consent to being supported during the examination?
Name of person supporting the child/young person during examination

What action did staff take during the incident and after the incident?

How was the incident managed and what did staff do to ensure all parties were safe?

PRN Medication

Was any prn medication required or used?
If yes ensure mar chart is completed correctly including the description of why the medication was administered (attach copy)
Copy attached?

Did anyone else witness the occurrence (add name and designation)

Witnesses:	Designation:

Observations by person in charge of shift. What could be done to prevent this from happening again?

Who have you informed?

Next of kin yes / no	Person informed	Time
Manager yes / no	Person informed	Time
On call manager yes / no	Person informed	Time

Is it a safeguarding matter? If so do you need to take any further action?

Do you need to call the police or complete a safeguarding referral (MASH/LADO)

Is a REG 40 required?

Child/young person's debrief: What is the child/young person's thoughts on what happened? How do they feel about it? Is there anything they would like to say? Is there anyone they would like to speak to? What do they want to happen?

Name of person completing the form:

Signature:

Name of shift leader:

Signature:

For manager to complete:

Any further action required? Do you need one or more statutory notifications? Does an HSE form need

To be completed? Is the occurrence reportable under RIDDOR? Do support plans risk assessments

need completing or updating? Is a full debrief required? Does there need to be any further investigation? Any occupational health

Involvement required?

Signature of manager: _____

date: _____

Appendix A4: Sesame Recording Form for a Safeguarding Incident

Name of person completing the form	
Designation	
Date of occurrence	
Time of occurrence	
Name of person involved	
Male/female	
Status i.e. service user/staff/visitor/public/contractor	
Age	
Witness name if any	

Specification of occurrence type

INCIDENT (violence/abuse/physical attack on staff/absconding/ missing person/hospitalisation damage to property/major utility failure etc.)	ACCIDENT (fall or other injury/car accident/any accidental or unintentional injury etc)	INJURY FROM KNOWN RISK ASSESSED BEHAVIOUR (self-harm if risk assessed)	INJURY OF UNKNOWN ORIGIN (child comes into service with bruises/cuts/scrapes/grazes etc.)	NEAR MISS (potential to cause harm)

Nature of occurrence: tick the most appropriate box

Fatality		Major Injury		Dangerous Occurrence		Abusive Incident		Minor Injury		Utility failure	
Damage to Property		Risk to Self or Others		Missing Person		Service User Allegation		Assault		Altercation	

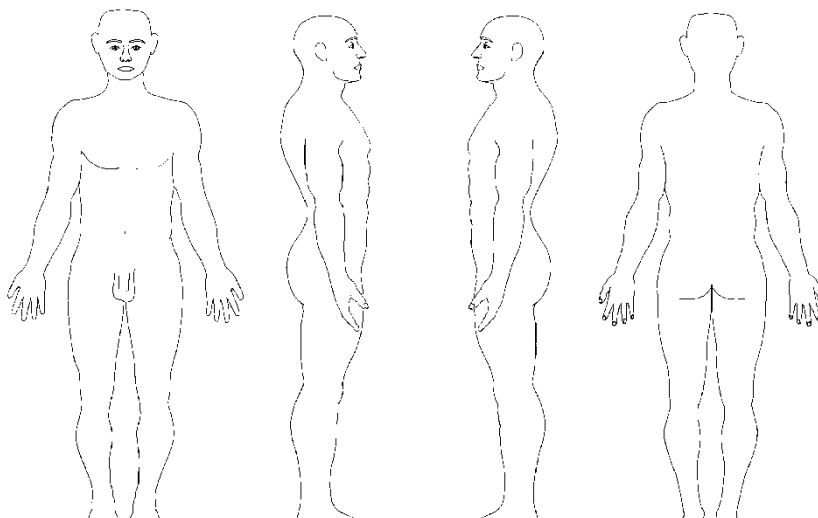
What was the cause of the occurrence?

Industrial disease		Road Traffic Accident		Physically assaulted by a person		Injured whilst handling, lifting, or carrying.		Illness	
Injury by an Animal		Struck by a moving vehicle		Theft		Infectious disease		Absconding	
Medication error		Self injury		Verbal Abuse		Behavior related		Drowning or asphyxiation	
Disclosure		Other please Specify:		Slip trip or fall from height/same level		Fire/flood/gas leak/explosion		Fall witnessed or unwitnessed	

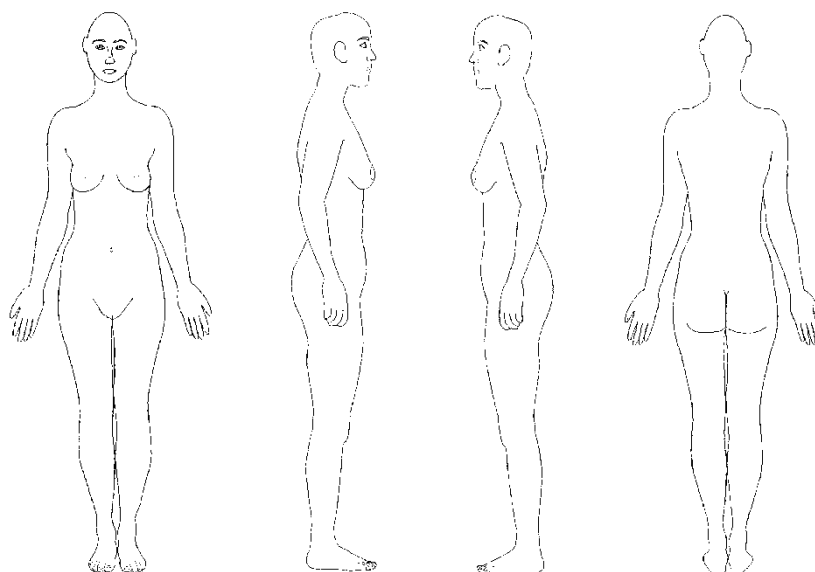
What happened? Please describe the events that took place in as much detail as possible including how staff were alerted / response times / witnesses / injuries / what was said by those present / how did the occurrence happen?

Body Chart

Male



Female



Describe any injury that was sustained during the occurrence, including what type of injury, where it is, how big it is, what first aid measures were needed, if medical intervention was needed. Also, mark the location and proportion of the injury on the body chart.

Also use the body chart for any unexplained or unwitnessed injury

--

Body Chart Completed by:

Date & Time:

If there are any untoward or unexplained injuries or any cause for concern, then the GP, 111 or 999 must be contacted immediately. If the person refuses to be examined by the visiting GP or paramedic then the refusal must be witnessed and recorded below

Which service did you contact?
Which professional attended?
If DR / paramedic visited did the child/young person consent to an examination?
Name of witness to refusal:
Did the child/young person consent to being supported during the examination?
Name of person supporting the child/young person during examination

What action did staff take during the incident and after the incident?

How was the incident managed and what did staff do to ensure all parties were safe?

--

PRN Medication

Was any prn medication required or used?
If yes ensure mar chart is completed correctly including the description of why the medication was administered (attach copy)
Copy attached?

Did anyone else witness the occurrence (add name and designation)

Witnesses:	Designation:

Observations by person in charge of shift. What could be done to prevent this from happening again?

Who have you informed?

Next of kin yes / no	Person informed	Time
Manager yes / no	Person informed	Time
On call manager yes / no	Person informed	Time

Is it a safeguarding matter? If so do you need to take any further action?

Do you need to call the police or complete a safeguarding referral?

--

Resident's debrief: What is the Individual's thoughts on what happened? How do they feel about it? Is there anything they would like to say? Is there anyone they would like to speak to? What do they want to happen?

Name of person completing the form:

Signature:

Name of shift leader:

Signature:

For manager to complete:

Any further action required? Do you need one or more statutory notifications? Does an HSE form need

To be completed? Is the occurrence reportable under RIDDOR? Do support plans risk assessments

need completing or updating? Is a full debrief required? Does there need to be any further investigation? Any occupational health

Involvement required?

Signature of manager: _____

date: _____

Trustees' Charity Law Duties in Relation to Safeguarding

The Charity Commission's position, is that the overriding duty of charity trustees in safeguarding matters is as follows:

Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity are not harmed in any way through contact with it. They have a legal duty to act prudently and this means that they must take all reasonable steps within their powers to ensure that this does not happen.

The Commission has issued 10 actions trustee boards need to take to ensure good safeguarding governance:

- Safeguarding should be a key governance priority for all charities
- Ensure your charity has an adequate safeguarding policy, code of conduct and any other safeguarding procedures. Regularly review and update the policy and procedures to ensure they are fit for purpose
- Identify possible risks, including risks to your young persons or to anyone else connected to your charity and any emerging risks on the horizon
- Consider how to improve the safeguarding culture within your charity
- Ensure that everyone involved with the charity knows how to recognise, respond to, report and record a safeguarding concern
- Ensure people know how to raise a safeguarding concern
- Regularly evaluate any safeguarding training provided, ensuring it is current and relevant
- Review which posts within the charity can and must have a DBS check from the Disclosure and Barring Service
- Have a risk assessment process in place for posts which do not qualify for a DBS check, but which still have contact with children or adults at risk
- Periodically review your safeguarding policy and procedures, learning from any serious incident or 'near miss'

The Importance of Reporting Serious Incidents

The Charity Commission includes in its Annual Return a statement, which trustees must make, confirming that there have been no serious incidents in the relevant period that

have not been reported previously. It can constitute an offence to make a false statement in this document and trustees who have – however unwittingly – allowed an employee to submit a return without making proper enquiry on this point can find themselves in an uncomfortable position.

Given the Commission's current "no tolerance" approach to regulatory failings of a serious nature, the general advice is to submit a serious incident report if in doubt as to whether one is warranted or not, and to do so promptly.

[How to report a serious incident in your charity](#)

[Deciding what to report](#)

Conclusion

It is essential that the board of trustees are familiar with their charity law duties to manage safeguarding risks, allegations and incidents appropriately. They must have in mind the need for their charity to engage personally and thoughtfully with how safeguarding policies and procedures are developed, recorded and implemented. It is, therefore, of great importance that Trustees can frame their decision making and risk mitigation. Safeguarding is, by nature, not risk free, so by ensuring Lifeworks Trustees are effectively supported themselves and undertake up to-date relevant trustee training, they can help to reassure young persons, families, stakeholders, investors, partner agencies and staff that safeguarding is a key governance priority.

The Mental Capacity Act 2005 (the Act) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for a child who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves.

The same rules apply whether the decisions are life-changing events or everyday matters.

Section 1 of the Act sets out the five 'statutory principles' – the values that underpin the legal requirements in the Act. The Act is intended to be enabling and supportive of people who lack capacity, not restricting or controlling of their lives. It aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

The five statutory principles are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The Act applies to anyone **aged 16 and over**, with guidance stating:

The Act's starting point is to confirm in legislation that it should be assumed that a child (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. This is known as the presumption of capacity. The Act also states that people must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process.

For further information please see guidance available at: [Mental Capacity Act Code of Practice](#)

Practice guidance for professionals

1.1 This section offers practice guidance for all professionals working with disabled children. This includes those working in children's social care, health, education, schools, early years, youth services, the youth justice system, the police, and the independent and voluntary sectors. It aims to raise the awareness of practitioners of the possible safeguarding risks disabled children can experience, and to take these into account in their day-to-day involvement with disabled children. In particular it needs to be read in conjunction with Chapter 5 of *Working Together to Safeguard Children: A guide to Interagency Working to Safeguard Children* (2006)¹⁷. Other relevant legislation, guidance and policy specifically relating to disabled children can be found at Appendix 1.

1.2 Safeguarding disabled children's welfare is everybody's responsibility, and given that we know that disabled children are more vulnerable to abuse than non-disabled children, awareness amongst professionals about safeguarding disabled children and what constitutes best practice, is essential. Section 4 details the reasons why disabled children are more vulnerable to abuse and these are summarised below:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

What does this mean for practice?

- Professionals from all agencies/disciplines must be aware that the belief that disabled children are not abused or beliefs that minimise the impact of abuse on disabled children can lead to the denial of, or failure to report abuse or neglect.
- Essentially disabled children at risk of or who have experienced abuse should be treated with the same degree of professional concern accorded to non- disabled children.
- Additional resources and time may need to be allocated, if an investigation of potential or alleged abuse is to be meaningful. This is a basic premise and should not be ignored at any stage of the safeguarding process.
- Basic training and awareness raising of the susceptibility of disabled children to abuse is essential for all those working with disabled children, including ancillary staff such as bus drivers, care assistants, escorts and personal assistants.
- Reporting safeguarding concerns needs to be encouraged at all levels of professional involvement, and prompt and detailed information sharing is vital.
- The impairment with which a child presents should not detract from early multi-agency assessments of need that consider possible underlying causes for concern.
- Where a criminal offence is alleged, investigation by the police needs to be handled sensitively and in accordance with *Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children* (2000)¹⁸.
- Parents and carers need to be made aware (if they are not already) of the vulnerability of their children to abuse or neglect, but also of their potential role in the safeguarding process.

All practitioners need to be aware of the possible indicators of abuse and/or neglect for disabled children

Whilst at times, it is immediately apparent that a non-disabled child has suffered significant harm, it is not always so and lengthy enquiries are often necessary. Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not

mask or deter an appropriate investigation of child protection concerns. Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in *Working Together to Safeguard Children* (2006).

When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child's disability. The following are some indicators of possible abuse or neglect:

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will.

Some of the above behaviours can constitute criminal offences. For example misuse of medication to manage behaviour, depending on the circumstances, might be classed as assault and breach of the Medicines Act 1968 or breach of the Care Standards Act 2000. Similarly, inappropriate restraint, sanctions, humiliation, intimidation, verbal abuse, and having needs ignored may all, depending on the circumstances, be criminal offences.

If insufficient time is given for a child with restricted arm and hand movement to have an adequate lunch, the child could experience hunger or dehydration. A one off experience like this may not be very damaging, but the impact if such an experience is repeated over a few days or weeks is considerable.

Removing batteries out of an electric wheelchair to restrict liberty solely for the convenience of staff might equate to a non disabled child being locked in a room or having their legs tied.

Professionals may find it more difficult to attribute indicators of abuse or neglect, or be reluctant to act on concerns in relation to

disabled children, because of a number of factors, which they may not be consciously aware of. These could include:

- Over identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a disabled child
- A lack of knowledge about the impact of disability on the child
- A lack of knowledge about the child, e.g. not knowing the child's usual behaviour
- Not being able to understand the child's method of communication
- Confusing behaviours that may indicate the child is being abused with those associated with the child's disability
- Denial of the child's sexuality
- Behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse
- Being aware that certain health/medical complications may influence the way symptoms present or are interpreted. For example some particular conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

All professionals who work with disabled children should be alert to the above indicators of abuse and take them into account, where appropriate, if they have concerns about the welfare of a disabled child. They are however, particularly relevant to those undertaking safeguarding and/or criminal investigations.

“If children are given too much medication it can make them feel ill – parents need to read the instructions carefully.”

Initial contact and referral

Where a professional has concerns that a disabled child may be being abused or neglected, they should follow their own agency policy and procedures for making a safeguarding referral

to children's social care, the NSPCC, or the police. Of the utmost importance however, is to share such concerns at the first opportunity either with an appropriate manager or with the designated member of staff who has responsibility for safeguarding in the agency/service provider, so that a referral can be made promptly.

Do not be 'put off' by concerns that a referral to a statutory agency will not be taken seriously or that an inappropriate concern is being raised about the welfare of a child. Disclosing abuse is difficult for any child. For a disabled child it may be especially difficult, as they may not have the means to communicate about their abuse experience(s). For some disabled children with speech, language and communication needs, making known that they have been subject to abuse, neglect or ill treatment is dependent on the positive action undertaken by professionals. Thus, it is of the utmost importance that such concerns are passed on to a statutory agency.

For those working in children's social care

Each local authority's IT system will include the information to be recorded on the contact and the referral and information record. The requirements of Contactpoint also need to be taken into account at this stage.

For those receiving initial contacts and referrals concerning a disabled child, there are however additional points, which need to be taken into account at this early stage.

These are:

- When a referral is received which relates to a disabled child it is important to decide which team – the initial assessment team or the disabled children's team – should respond to this referral. As discussed in Section 2, not all practitioners working in disabled children's teams are trained to recognise safeguarding concerns. Similarly, those working in initial assessment teams may not feel confident about assessing the safeguarding needs of a disabled child. However, it is fundamental that all staff working with disabled children or who are likely to receive safeguarding referrals concerning disabled children, receive appropriate training to equip them with the knowledge and awareness to assess risk of harm to a disabled child and know how best to work together to provide a high quality service to the child.
- Extra resources may be necessary, especially where a child has speech, language and communication needs, in order to ensure that an appropriate assessment can be undertaken.
- It is thus recommended best practice that safeguarding concerns/referrals concerning disabled children are assessed by practitioners who are both experienced and competent in child protection work, with additional input from those professionals who have knowledge and expertise of working with disabled children.
- As with non-disabled children, it is not always obvious from an initial contact with a family that there is a child protection issue to be

considered. Professionals, the family, the child and others may emphasise other problems or difficulties and the need for protection from harm may not always be obvious. Thus, the practitioner receiving the referral should systematically seek information about the identified needs and circumstances that have prompted the contact.

The following is a summary of a composite case study exemplifying some of the additional stumbling blocks to successful professional challenge in work with a disabled boy who experienced neglect at home.

A Serious Case Review was undertaken after the boy was accommodated at the age of 12 in a seriously neglected state. A large number of professionals were involved with the family and they differed in their opinion of his diagnosis. The child was educated at home from the age of eight and became socially isolated. Significant focus was placed on treating the boy as a disabled child, focusing on his behaviour, with little assessment of the daily care he received. Several agencies assessed that he needed to be cared for outside of the home but there was a year's delay in this happening. The insistence of a senior health professional finally led to the child being placed in foster care.

Key learning points included: not treating a child differently because of his or her disability; challenging parental power; the need for a lead professional; for professionals to have the confidence to challenge each other's opinions and for training in the recognition of neglect.

(Source: DCSF *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003–2005* Available from : <http://www.dcsf.gov.uk/research/programmeofresearch/projectinformation.cfm?projectid=14591&resultspage=1>

- As with safeguarding referrals concerning non-disabled children, it is important that where possible as much accurate information is gathered, in order to fully understand the context and assess the likelihood of harm to the child. It may be necessary to obtain an accurate assessment of the child's understanding and language abilities from their parent, teacher and speech and language therapist and then take advice on communicating or working with the assistance of someone who knows the child well. In addition, the following questions should be considered and asked when a referral is received concerning a disabled child:

- What is the disability, special need or impairment that affects the child? Ask for a description of the disability or impairment: for example, 'learning disability' could mean many things and does not tell you much about the child or their needs
- If you do not know how to spell a word that describes an impairment or condition ask how it is spelt. This will be important if further enquiries are required about how the condition might be expected to affect the child
- How does the disability or impairment affect the child on a day-to-day basis?
- How does the child communicate? If someone says the child can't communicate, simply ask the question: "How does the child indicate s/he wants something?"
- How does s/he show s/he is happy or unhappy?
- Has the disability or condition been medically assessed/diagnosed?

Investigating allegations of abuse involving disabled children

Where there is a reasonable cause to believe that a disabled child is suffering, or is at risk of suffering, significant harm:

"The child should be seen by the practitioner and kept in focus throughout the work with the child and the family. The child's voice should be heard and account taken of their wishes and feelings."

(Working Together to Safeguard Children, 2006 p.99)

Additional resources may be required for disabled children if their account of abuse is to be made possible and their wishes and feelings heard. *Working Together* makes clear that there are four key processes underpinning safeguarding and promoting the welfare of children: assessment, planning, intervention and reviewing. Thus, where there are any concerns about the welfare of a disabled child, they should be acted on in accordance with the guidance set down in Chapter 5 of *Working Together*.

It is particularly important however to note that:

"Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers should act quickly to secure the immediate safety of the child."

(Working Together to Safeguard Children, 2006. p11)

Strategy discussion

Disabled children are subject to the same procedures for initiating a strategy discussion, as non-disabled children.

"Wherever there is reasonable cause to suspect that a child is suffering or is likely to suffer, significant harm, there should be a strategy discussion involving LA children's social care and the police, and other bodies as appropriate and in particular any referring agency."

(Working Together to Safeguard Children, 2006 p.89)

Section 47 enquiries and core assessments

The core assessment is the means by which a section 47 enquiry is carried out. Section 47 of the Children Act 1989, states that the Local Authority has a duty to investigate when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm (*Working Together*, p. 118). The section 47 enquiry will include an objective assessment of the needs of the child, including the likelihood of abuse or neglect and need for protection, as well as the family's ability to meet those needs. These enquiries should take account of any information gathered through the Common Assessment Framework (CAF) or initial assessment. The core assessment needs to be undertaken in line with the *Framework for Assessment of Children in Need and Their Families*¹⁹, which includes additional practice guidance concerning disabled children.²⁰

When undertaking investigations/assessments into allegations of abuse concerning disabled children, practitioners need to take into account the following considerations.

What does this mean for practice?

Whilst section 47 enquiries are being carried out, the first responsibility, as with any investigation into allegations of abuse and/or neglect is to ensure that the child is safe

- Where there are abuse allegations relating to a disabled child the safeguarding needs of any siblings living in the family home also need to be considered.
- Where there are allegations of abuse and a disabled child is the alleged perpetrator, investigations need to be handled with particular sensitivity. A duty of care should be shown to both the victim and the alleged perpetrator.
- Any enquiries planned or undertaken should be carried out with sensitivity and an informed understanding of a disabled child's needs and disability.

This includes taking into consideration matters such as the venue for the interview/s; the care needs of the disabled child; whether additional equipment or facilities are required; who should conduct the interview and whether someone with specialist skills in the child's preferred method of communication needs to be involved.

- As with all section 47 enquiries, the need for accurate, detailed, contemporaneous recording of information is essential.
- Throughout all discussions (including strategy discussions, section 47 enquiries/core assessments, the initial child protection conference and any subsequent child protection review conferences), all service providers must ensure that they communicate clearly with the disabled child and family, and with one another, as there is likely to be a greater number of professionals involved with a disabled child than with a non-disabled child.
- The disabled child's preferred communication method for

understanding and expressing themselves needs to be given the utmost priority, and where a child has speech, language and communication needs, including those with non verbal means of communication and deaf children, arrangements will need to be made to ensure that the child can communicate about any abuse or neglect she/he is experiencing and their views and feelings can be made obtained.

- Where the parents of a disabled child have a disability themselves, arrangements also need to be put in place to accommodate their needs throughout the investigation/assessment process.
- The number of carers involved with the child should be established as well as where the care is provided and when. A disabled child's network of carers could include short break foster carers, volunteer befrienders, sitters, personal assistants, community support workers, residential care staff, independent visitors and learning support assistants.
- The collating of medical information concerning the health needs of the child is important as it may have a bearing on the outcome of any enquiry/investigation.
- Where there is a need for a medical examination, consideration needs to be given to the most appropriate medical professional who should undertake the examination, the venue, timing and the child's ability to understand the purpose of the medical procedure.
- Where there is to be a police investigation into allegations of abuse or neglect of a disabled child, those undertaking such investigations should not make presumptions about the ability of the child to give credible evidence. All such investigations should be undertaken in accordance with the practice guidance *Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children* (Home Office, 2000), which includes specific guidance in relation to disabled children. Measures made available through the Youth Justice and Criminal Evidence Act (1999), with the introduction of intermediaries, are specifically designed to address the barriers and enable disabled children to give evidence.
- Following any section 47 enquiries, the need for the disabled child and their family to be provided with ongoing support, should be recognised. This is especially important where disabled children have disclosed that they have been abused. The need for therapeutic services for disabled children, following such experiences is not always recognised. Emotions can show themselves in other ways, for example, self-harm or challenging behaviour.
- The needs of disabled people who have been abused as children, to be able to access therapeutic services should also be given consideration.
- A very useful question to ask when assessing a disabled child is:

"Would I consider that option if the child were not disabled? Clear reasons are necessary if the answer is No." (*Assessing Children in Need and their Families: Practice Guidance, Department of Health, 2000 p.80*)

Initial child protection conference, completion of the core assessment, the child protection plan and child protection review conferences

Working Together to Safeguard Children (2006) clearly sets out the procedures to be followed, and these should be adhered to where a disabled child is the subject of child protection concerns. It is especially important that the completion of the core assessment, within 35 working days, is met within this timescale. In order for this to be achieved it may be necessary to call upon extra and specialist resources.

Allegations of abuse by an employee or volunteer against a disabled child

In the event of allegations being made against an employee or a volunteer involving a disabled child, the safeguarding children policies and procedures of the agency or LSCB need to be instigated, in line with disciplinary procedures, where appropriate. This includes referring such allegations to the Designated Officer in the Local Authority (LADO). In addition the *Procedures for managing allegations against people who work with children* in Appendix 5 of *Working Together to Safeguard Children* (2006) should be adhered to.

The Guidance for Safer Working Practice for Adults who Work with Children and Young People (DCSF, 2007)²¹ developed by the Allegations Management Advisors Network is a particularly useful tool and offers best practice guidance to all those working with children.

Where an employee or volunteer is dismissed or resigns during the course of investigations concerning the abuse of any child or vulnerable adult, a referral should be made to the Independent Safeguarding Authority (ISA) for consideration as to whether the individual should be barred from working with children and/or vulnerable adults.

The ISA is a non-departmental public body, which investigates all allegations of abuse against children or vulnerable adults. It has assumed the duties and responsibilities of the Department for Children Schools and Families for investigating allegations and deciding whether individuals should be barred from working with children and vulnerable adults, formally placed on list 99 (teachers and those working in education), the Protection of Children Act List, (POCA) and the Protection of Vulnerable Adults List (POVA).

The ISA (<http://www.isa.gov.org.uk/>) was established under the Safeguarding Vulnerable Groups Act 2006. Employers will be able to access on line information as to whether an individual is registered with the ISA (a requirement for all those employed in statutory and non statutory agencies working with children and vulnerable adults), once the Act is fully operational.