

Policy and Procedure for Safeguarding and Protecting Children and Young People (aged under 18)

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A POLICY

1.0 Purpose of CHS' Safeguarding Policy and Procedure

- 1.1 Safeguarding children and young people is everyone's responsibility. Everyone working with children and young people has an important role to play in protecting them, and anyone can recognise, record, report and refer concerns about abuse.
- 1.2 The purpose of this CHS' Safeguarding Policy and Procedure is to:
- keep children and young people safe and promote their welfare within our services
 - ensure all CHS employees know what to do if abuse is suspected
 - assist our staff to avoid situations where abuse might be alleged

2.0 Guidance and Legislation

- 2.1 Legislation and good practice policy and procedure govern how we must safeguard vulnerable people. For children and young people these are:
- Cambridgeshire Local Safeguarding Children Board Procedures, updated January 2014
 - Government Guidance: 'Working together to Safeguard Children' 2015, 'Safeguarding Children who may be affected by gang activity' 2010, and the 'Statutory Framework for the Early Years Foundation Stage – safeguarding and welfare requirements' Sept 2014
 - Prevent and Safeguarding Guidance: Supporting individuals Vulnerable to Violent Extremism, National Police Chiefs Council undated.
 - Mental Health Crisis Care Concordat – Improving Outcomes for People Experiencing Mental health Crisis, HM Government 2014
 - Keeping Children Safe in Education 2015
 - Care of Unaccompanied and trafficked children: Statutory guidance for local authorities on the care of unaccompanied asylum seeking and trafficked children July 2014
 - Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers, DfE March 2015
 - What to do if you're worried a child is being abused – Advice for practitioners March 2015
 - The Care Act 2014 means that good safeguarding practice is compulsory across CHS in all service areas.
 - Modern Slavery Act 2015 and Help Free the UK from Modern Slavery, Home Office and NSPCC
 - Serious Crime Act 2015
 - Children and Families Act 2014
 - All this is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens
 - The reporting/sharing of personal information must be within the provisions of the Data Protection Act (1998)

3.0 Focus of CHS Policy and Procedure

- 3.1 This document contains the policy and the procedure for children and young people living in CHS supported and general needs housing, or receiving CHS Floating Support or Community Investment services in accommodation owned by CHS or other landlords, as well as children using our day care nurseries, and children and young people visiting our services/properties.

4.0 Duty to Act and Apply the policy

4.1 It is the duty of all employed by CHS, Board members and volunteers under the law to act if they have any concern that a child or young person is being abused, neglected or exploited. All have a duty to follow this policy and procedure.

5.0 Definitions

5.1 **Child.** A child is anyone under the age of 18.

5.2 **Abuse** is a violation of the individual's human rights. It may be a single or repeated act. It may be physical, verbal, sexual, psychological/emotional, financial, institutional, discriminatory (e.g. racism, ageism), as well as domestic violence, forced marriage and trafficking. It includes acts of neglect and omission to act, as well as exploitation (sexual and other forms), harassment and threats. Abuse includes such activity as Female Genital Mutilation.

5.3 Abuse may occur through deliberate targeting or grooming of the child or young person and may be carried out by individuals or groups of individuals, by gangs and through radicalisation activity. Abuse may be perpetrated by staff or other service users.

5.4 See **Appendix 1** for summary of how to recognise different kinds of abuse.

6.0 Risk of abuse

6.1 This is increased if the child or young person is socially isolated, has a family with history of violence, if there are communication problems, drugs/alcohol are involved, relationships are under stress, there are low staffing levels, staff training is inadequate. Most reported cases of abuse are in the person's own home or a care setting, but can be in any situation.

7.0 Significant Harm

7.1 This is the threshold that justifies compulsory intervention by Local Authorities to safeguard a child or young person. Local Authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm ('Working Together', 2010). See **Appendix 7** for a definition of significant harm. If the child/young person is not at risk of significant harm, it is still required that any concerns are logged by CHS staff and investigated as decided by a senior CHS manager (Community Support Manager, Head of Community Support Services).

8.0 Gang related activity

8.1 Some young people, especially young people in care, are vulnerable to becoming involved with gangs. Gang related activity may lead to involvement with violence, weapons, drugs and sexual exploitation. Additional support is likely to be required to help a young person involved with a gang.

9.0 Radicalisation

9.1 Young people may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use charismatic individuals with a persuasive rationale to attract people to their cause with promises of glory and a better life, and to some young people, especially young people in care, are vulnerable to becoming involved in gangs. Additional

targeted support may be required. Gang related activity may lead to involvement with violence, weapons, drugs and sexual exploitation.

- 9.2 There are a number of factors that may make an individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual: identity or personal crisis, particular personal circumstances, unemployment or underemployment and criminality. All of these may contribute to alienation from UK values and a decision to undertake radical actions and cause harm to symbols of the community or the state.
- 9.3 The Home Office leads on the anti-terrorism strategy 'CONTEST', and PREVENT is part of the overall CONTEST strategy, placing specific duties on schools and registered child care providers. The Prevent duty aims to prevent people from being drawn into terrorism. In early years education (our Nurseries) this means that providers must ensure they educate children about fundamental British values of democracy, the rule of law, individual liberty and mutual respect, and tolerance of others with different faiths and beliefs. Any concerns that a child or family may be being drawn into terrorism needs to be referred to local Channel Panels, Channel Police Practitioners or the Local Children's Safeguarding Board.

10.0 Missing Persons and Unauthorised absence

- 10.1 When children who are in care go missing this is always regarded as a safeguarding incident.
- 10.2 Unauthorised absence of children in care or not in care may be a safeguarding issue depending on the circumstances - Refer to CHS Missing Person Policy and Procedure.

11.0 The Principles of the CHS Safeguarding Policy

- 11.1 CHS staff know how to respond. They recognise record, report and refer:
- **Recognise:** know what to look for, are trained to recognise the signs/symptoms, listen to concerns of those working with children/young people
 - **Record:** note the issue so that details are not forgotten
 - **Report:** know who to report the concern to
 - **Refer:** know where to refer to outside CHS, to get advice and help
- 11.2 Children and young people are safeguarded from abuse in our services and housing through an established protective culture.
- 11.3 The services received by children and young people from CHS are person centred and actively promote their empowerment and well-being.
- 11.4 CHS employees work themselves, and together with all responsible agencies, to prevent abuse.
- 11.5 CHS employees are trained to recognise abuse and report it. They work closely with all responsible agencies to resolve cases of abuse or suspected abuse.
- 11.6 CHS takes a person centred approach to managing incidents of abuse. CHS employees deal sensitively and effectively with incidents of abuse or suspected abuse.
- 11.7 CHS employees are vigilant about possible abuse issues and implement this policy accordingly.

11.8 CHS employees have a duty of care to report any concerns.

12.0 Safeguarding by CHS

12.1 CHS seeks to instil a culture of openness, fairness, trustworthiness and thoughtfulness in which the potential for abuse is significantly reduced. Employees, volunteers and Board members apply these concepts at all times when carrying out all activities.

12.2 Safeguarding at CHS is supported by a robust recruitment process that is followed at all times. Key features of the process are:

- Clearly defined Job Descriptions and Person Specifications
- Behaviours framework
- Completion of application forms
- Declaration from applicants regarding convictions
- Enhanced Disclosure and Barring Service checks, which are repeated 3 yearly
- 2 verbal and written references taken up, including ascertaining whether the referrer has any concerns regarding the applicant working with children or vulnerable adults
- Identity checks
- Full employment/occupation history required from age 16
- Interviews by a Panel, of whom at least one must have received recruitment and selection training, and which includes assessment of behaviours and suitability for working with children/young people
- Equality and Diversity Policy
- Induction processes and probationary periods
- Regular supervision and appraisals

12.3 Regular training is provided to ensure that employees understand and implement the policy and the procedures effectively. Employees receive training on CHS Policy and Procedures, which is in line with Cambridgeshire County Council Policy and Procedure.

12.4 Managers/Designated People receive additional training provided by Cambridgeshire County Council.

12.5 Coaching, advising and direction on good practice is provided through regular 1:1 supervision sessions and team discussions.

12.6 Staff can access practical and legal guidance, advice and support through the operational lead for safeguarding at CHS – Head of Community Support Services.

12.7 CHS has effective links with the Local Authority Safeguarding Leads to ensure cooperation and information sharing, and to improve joint working and address any issues or barriers; the formal link being via the CHS Head of Community Support Services. The Head of Community Support Services also has a link with the Safeguarding Children Board (SCB).

12.8 Risk assessments cover areas relevant to safeguarding, including risks posed to clients through lone working, and the potential for employees and others to obtain personal benefit from their work.

12.9 CHS has a policy on the use of mobile phones, cameras and sharing of images, which all employees and volunteers must adhere to.

- 12.10 Employees follow the CHS Professional Boundaries Policy and must maintain consistent boundaries in each service and across services.
- 12.11 Employees working with children are familiar with and make use of the provisions of the Common Assessment Framework (CAF). If a practitioner believes that a child's health or development would be impaired without the provision of services by the Local Authority then a CAF form is completed with the child and family and used as a basis for deciding whether referral to Social Care is appropriate. If an employee believes that a child/young person is suffering or is likely to suffer significant harm then they should always refer their concerns immediately to Children's Services.
- 12.12 CHS contributes to MASH (Multi-Agency Safeguarding Hub) when appropriate, i.e. when an individual service user has been identified as a high-risk offender or has been identified as being at risk of domestic violence. There is a duty of care to report any concerns. If they are related to Safeguarding this will be through the usual safeguarding process and if not related to Safeguarding will be to the MASH (Multi-Agency Safeguarding Hub – see page X for contact details). An action plan to support the individual can then be created.

13.0 The person centred approach to protection from abuse (children)

- 13.1 The key principles of the Children Act 1989 inform CHS's approach and are summarised as:
- 13.2 The safety and welfare of the child is paramount and there is the duty to promote this.
- 13.3 Children are individuals, whose views must be listened to and must be taken into account.
- 13.4 Children and young people are best brought up and cared for by their own family for as long as it is assessed as safe to do so. Children are not removed from their home unless it is considered to be in their best interest. The Local Authority is responsible for making such a decision based on an assessment of whether significant harm would result from the child or young person being left in the family.
- 13.5 All agencies work collaboratively with parents and carers, enabling them to maximise their parental responsibility except where to do so would not be consistent with the duty to safeguard and promote the welfare of the child.
- 13.6 CHS practice is in line with the Children Act 2010, promoting the welfare of children through achieving the five Every Child Matters Outcomes, including staying safe.
- 13.7 Each CHS service provides safeguarding information and awareness-raising amongst its service users, and endeavours to ensure that all service users can recognise abuse, know how to report it and are confident enough to report it.

14.0 Visitors to our services

- 14.1 The principles of this policy apply to all children or young people who may be visiting our services. A Visitors procedure is in place at our supported housing services that contain measures to promote the safety of children and young people whilst at the service.
- 14.2 If an employee/volunteer believes that a visiting child or young person has suffered abuse or is an abuser then s/he has a duty to report this immediately in line with the procedures set out below.

14.3 Visitors who are adults (aged 18 or over) who may harm children or young people or has caused harm must be reported immediately in line with this procedure.

15.0 Recording and Reporting abuse

15.1 It is really important that employees/volunteers record, and where necessary report all cases of suspected or alleged abuse in line with the procedure.

15.2 Clear detailed written records need to be kept for any concern about children, using a logging concern form, noting the date, event and action taken – even where there is no need to refer the matter to Social Care. In the Nurseries the logging concerns form is completed. In Supported Housing services the Adverse Incident reporting form is used.

15.3 Reporting abuse can feel difficult. To support individuals in making such reports CHS offers the following support:

- Employees/volunteers can speak with a Manager from a different service
- Employees can use the whistle blowing procedure
- Employees can use the free Employee Assistance service to help them think through their report
- Employees may contact 'Public Concern at Work'
- If an employee or the person receiving a report considers that an employee may be at risk of reprisal as a result of making a report, an assessment of that risk will be undertaken and appropriate actions agreed.

15.4 If an employee does not report concerns about suspected abuse or evidence of abuse, this may put a child or young person at risk and as such may be a disciplinary matter.

16.0 Further Advice

16.1 If in doubt, further advice may be sought from the Contact Centre about the most appropriate way of dealing with an incident of abuse or suspected abuse.

17.0 Procedure

17.1 CHS employees will follow the procedure attached to this Policy (**Procedure B1**). Flow charts are provided for employees in the Community Services Directorate.

17.2 There is a separate procedure for residents and service users for reporting abuse, suspected abuse or neglect (**Procedure B2.**)

17.3 Nursery Managers complete a self-evaluation form each year – attached as **Appendix 4.**

18.0 Confidentiality and Information Sharing

18.1 The principle is to preserve confidentiality. Consent to refer should be sought from the person who has been abused. Information held by CHS is subject to the legal 'duty of confidence' and is normally not disclosed without the consent of the person who has provided the information or is subject of the information. Young children are, however, unlikely to be of sufficient age and understanding to give consent for information to be shared, and their permission is not required to share information. Where a child is of sufficient age and understanding they should be told of the action to be taken. There is the need to share information with the Early Years Named Senior Officer for Safeguarding and they will decide whether to involve/consult the Local Authority Designated Officer (LADO) and their seek opinion and advice.

- 18.2 Staff must ensure that confidentiality protocols are adhered to and information is only shared appropriately. Within CHS confidential information is shared on a need to know basis. The employees that need to know are the line manager in the service, the Community Support Manager and the Head of Community Support Services (latter in the case of red or amber concerns). CHS employees must work together with these senior managers to decide next steps.
- 18.3 Parents/carers of young children. If the child has come to the Nursery showing signs of abuse then staff will ask the parent/carer what has happened. In seeking an explanation from the parent/carer staff will be mindful that the child could potentially have been abused or still be at risk of abuse. Any issue which remains potentially suspicious after the parent/carer has explained what happened will be discussed with the Early Years Named Senior Officer for Safeguarding (EYNSOS) and their advice sought – the parent/carer will not be told that we are discussing the matter with the EYNSOS if it may put the child further at risk. Discussion with the EYNSOS must happen without delay so that any necessary resultant actions are taken quickly to safeguard the child at risk.
- 18.4 If the safeguarding issue has taken place whilst the child is in our care, then parents will be informed and staff will report the issue immediately to the County Council’s Children’s Safeguarding Team and Ofsted is informed. If a staff member is suspected of the abuse, then the CHS Disciplinary Procedure is followed (the staff member is suspended immediately and an investigation is carried out).
- 18.5 In general we would seek to discuss our concerns with the young person and to inform them of our intention to share information with Police/Social Care. If the young person does not agree with this and is considered to be at serious risk of abuse, then the public interest in maintaining confidentiality can be overridden by the public interest to protect vulnerable people. Disclosure without consent must be necessary and justifiable, and the minimum amount of information must be disclosed to achieve the aim of protecting the vulnerable person(s). Any disclosure made outside these exceptional circumstances would be in breach of confidentiality and a breach of the Data Protection Act 1998.

19.0 Lead Officers and Review of Policy and Procedures

- 19.1 The senior manager at CHS with strategic responsibility for safeguarding is the Director of Community Services. The operational lead for safeguarding at CHS is the Head of Community Support Services.
- 19.2 All managers at CHS attend training in managing Safeguarding. At the Nurseries, senior staff receive training at the appropriate level from the Early Years Partnership to act as Safeguarding and Child Protection Leads within each Nursery. The names of the CHS operational lead for safeguarding, and other Designated Persons for Child Protection, are displayed at each Nursery.
- 19.3 The CHS Safeguarding Policy and Procedures are subject to annual review, interim updates as appropriate, and learning in line with best practice, as follows:
- 19.3.1 An assessment of effectiveness of the policy and procedures in resolving each case of abuse that has arisen during the year is conducted. This includes seeking feedback from staff, service users and other agencies as appropriate. The number and type of safeguarding concerns and actual cases, and seriousness rating is summarised.
- 19.3.2 A check of any Cambridgeshire County Council good practice guidance.

19.3.3 A written report to the Operations Committee on the effectiveness of the Policy and Procedures including any proposals for revision, and an action plan.

19.4 Each safeguarding incident or concern is recorded on the Adverse Incident form and copied to the line manager, Head of Community Support Services and the Quality Assurance Manager. On the basis of the forms, monthly reports on safeguarding incidents are produced by the Quality Assurance Manager for the Head of Community Support Services, other Heads of Service in the Community Services Directorate, and the Community Support Managers. These are to look for patterns, trends, and consider what further actions can be taken to support customers and employees. An annual report on safeguarding incidents is also produced for the Annual Review of Safeguarding for Operations Committee.

20.0 Prevention of Abuse

20.1 CHS employees endeavour to prevent abuse and reduce the risk of it occurring by doing the following:

- Ensuring that they know what abuse is, and are aware of how it can happen and the kinds of context in which it is likely to happen (e.g. young people missing from their accommodation could be at risk of or be being abused)
- Ensuring that they are able to recognise signs of abuse
- Being alert to indicators of potential abuse or abusive situations
- Knowing the procedures for reporting concerns and poor practice and following them
- Performing their work, particularly concerning needs and risk assessments and care/support planning and provision, to a high standard
- Ensuring appropriate information, including telephone numbers, is available to users of our services e.g. by way of notice boards and welcome pack
- Erring on the side of caution and seeking earliest discussion with Community Support Manager or head of Community Support Services.

B1 Procedure for Safeguarding Children and Young People (aged under 18) – For Community Support Services: Staff, Students and Volunteers

- **Railway House**
- **120 Mill Road**
- **1 Wheatsheaf Close**
- **Fenland Young Peoples Service**
- **Young Parent Project**
- **East Cambs Floating Support Service**
- **Sunflower Nursery Cambridge**
- **Sunflower Nursery Cambourne**

THE KEY ELEMENTS FOR ALL STAFF TO REMEMBER ARE:

RECOGNISE (signs of abuse)

RECORD (clear, factual)

REPORT (to Manager)

REFER (Normally Managers will decide when to do this, employees retain a responsibility to refer if cannot contact Manager and the situation is urgent)

1.0 Definition of 'Child'

1.1 See Policy Section 5.

2.0 Low level concerns

2.1 Any concern about a child or young person must be noted and recorded. Concerns may arise from something the employee has seen or heard, may arise from changes in a child/young person's behaviour, or may arise from information given to them by a third party.

2.2 Where these concerns do not reach the threshold of 'significant harm', they must still be recorded, as a pattern of concerns may suggest that support is required or that abuse is occurring. At the Nurseries these are recorded on 'Logging Concern' forms by the staff member, and passed to their Designated Person, and an Adverse Incident form is completed in each case and immediately copied to the Quality Assurance Manager, Head of Community Support Services. The record should include the date, event and action taken. Logging concern forms are stored securely and separately from the child/young person's file, along with the Adverse Incident form. In supported housing young people's services the Adverse Incident form is used to record these concerns and incidents. This information is used to spot any patterns or trends.

2.3 In some cases workers may consider that a child or young person's health or development may be impaired without the provision of services by the Local Authority. In such cases, for under 18's, a Common Assessment Framework (CAF) assessment should be completed and used as a basis for deciding whether referral to a Locality team is appropriate. Children, when old enough and/or their parents should be consulted prior to referral being made to the Locality team.

3.0 Reporting concerns: Nursery and Support staff responsibilities

- 3.1 Higher level concerns that abuse may be occurring can arise from something an employee sees or hears, or has reported to them, or that a child or young person discloses. It may be that suspicions are raised by the behaviour of the child/young person or their family e.g. a young person who suddenly has access to more money, or a new phone may be being exploited in some way, including radicalisation, or a family who are taking their female children out of school and Nursery in term time to travel abroad may be planning female circumcision.
- 3.2 If abuse is disclosed directly to the employee, the employee should react calmly so as not to frighten the child/young person, and listen carefully to what is being said, note what behaviour the child is exhibiting without displaying shock or disbelief, and accept what is said.
- 3.3 The child/young person should be reassured that you are glad they told you, that it was the right thing to do, they are not to blame and the disclosure will be taken seriously. An accurate record of the actual words the child/young person says needs to be written down as soon as possible.
- 3.4 Maintain a neutral emotional response, and do not express any anger, even towards the alleged abuser.
- 3.5 Clarify what you have heard, and establish the basic facts. Avoid asking leading questions. Do not ask questions about explicit details.
- 3.6 Do not promise to keep it to yourself. Explain that you need to make sure that they or the person who they consider may have been abused will be safe, and that to do this you will need to pass information to your Manager and may also pass it on to another agency, who is trusted to deal with it appropriately; and that this will be done confidentially.
- 3.7 If a child/young person is in immediate danger or in need of emergency medical treatment, immediate referral must be made to emergency services. The Police are likely to need evidence of physical abuse, so will also need to be informed. Tell your CHS line manager.
- 3.8 Record without delay the issue discovered, using the appropriate form (Logging Concerns **Appendix 3** Sunflower Nurseries; Adverse Incident form **Appendix 5** Support Services and Nurseries).
- 3.9 Explain to the child/young person what will happen next: that you will pass on the information to a senior manager in confidence; that they will take action to protect the child/young person.
- 3.10 If the alleged abuse concerns serious physical or sexual assault within the last 3 days, then the employee should ensure that any evidence is preserved, in consultation with the Police.
- 3.11 Any employee in CSS who suspects or knows that a child or young person is suffering or is likely to be suffering abuse, should immediately discuss their concerns with their line manager, or a senior manager (Community Services Manager or Head of Community Support Services), or if out of office hours the On-call Manager; or a Designated Person in the Nurseries. At this point of handover to their line manager or to a senior manager, the CHS employee discovering the issue does not need to do anything else unless/until asked by the senior manager.

- 3.13 The employee must maintain confidentiality and should not discuss their concerns with other members of staff. The employee's line manager will decide who the information should be shared with, and advise the employee accordingly. The general principle applied is that information is only shared on 'a need to know basis'. In young people's services there will normally be a need for the whole team to be made aware in order to ensure effective support for the young person.
- 3.14 Usually all further action will be carried out under the instructions of the Manager. If the employee is unable to contact any Manager then s/he retains a responsibility to make a referral to Cambridgeshire County Council Customer Services and should follow the guidance for Managers as given below.
- 3.15 Where trafficking is suspected then further advice and information may be obtained from the organisations listed in **Appendix 2**.
- 3.16 Employees may also meet situations where there is no immediate or direct evidence that a child is being harmed, but where the child's behaviour/appearance etc. gives cause for concern. All such concerns must be recorded and reported to line managers/designated people who will determine whether any further action is required.

4.0 Reporting Concerns – Manager responsibilities (Service Manager in Support Services; Designated Person in Sunflower Nurseries)

- 4.1 The safety and welfare of the child/young person is the most important consideration and all serious concerns about the welfare or suspected abuse of a child must be referred to Cambridgeshire County Council Children's Services.
- 4.2 The Manager/Designated Person must ensure the immediate safety of the child and, if necessary, make arrangements to remove the alleged perpetrator from the immediate vicinity. If the suspected abuse is by a CHS employee or volunteer, the procedure in section 7.0 below is followed.
- 4.3 On receipt of a report of alleged abuse the Manager/Designated Person must consider the information and decide a course of action. S/he must decide whether or not they think abuse may have occurred and thus whether a Safeguarding referral is required.
- 4.4 If there is no immediate danger to the individual, but a safeguarding referral is appropriate, then the Manager/Designated Person must inform the Community Support Manager, and refer the situation to Customer Services. Referral must be done as soon as possible, and within 24 hours of the alleged abuse becoming known. Customer Services will pass the information to the most appropriate person.
- 4.5 The Adults and Children's resources team should be informed and if the young person is a Looked After Child then the Social Worker should be informed. If the young person is at risk of Child Sexual Exploitation then the police will be informed. If the young person is missing then the procedure in the CHS Missing Persons Policy and Procedure will be followed.
- 4.6 The Manager/Designated Person has responsibility for ensuring a referral is made. However, the employee raising the concerns has a personal responsibility for ensuring that referral takes place if the Manager/Designated Person is not available. The referral will be made within 24 hours of discovering the safeguarding issue.

- 4.7 If serious physical or sexual assault is alleged then the Manager/Designated Person should ensure any evidence is preserved and contact the Police. If the Police take no action the Manager should decide if any other investigation is necessary.
- 4.8 In general, referral will first be discussed either with the child/young person (depending on their age and ability to understand) or with their parents/carers. , If it is considered that in doing so the child/young person would be at increased risk of abuse, then information may be disclosed without informing parents/carers (see Policy section 10).
- 4.9 Between 8am and 8pm referrals are made to Customer Services. Overnight, from 8pm to 8am referrals should be made to the Emergency Duty Team or to the Police.
- 4.10 A formal referral should be made of any suspected abuse, even if it is known that Social Care is already involved.
- 4.11 If the suspected abuse is by another under 18 year old, then both under 18's should be referred.
- 4.12 In assessing the seriousness of the concern and level of risk posed, the following factors will be taken into account:
- Age and specific vulnerabilities of the child/young person
 - The nature and extent of abuse
 - Changes in behaviour
 - Context of alleged abuse
 - Whether the alleged abuse is carried out by someone in the course of their employment
 - The alleged perpetrator – any known vulnerabilities, or problems
- 4.13 If the alleged abuser is another service user, then plans must be made for the protection of the individual and others who may potentially be at risk.
- 4.14 In the Nurseries, the Designated Person will where necessary seek corroborative information as to who has parental responsibility.
- 4.15 The Manager/Designated Person at the Nurseries will pass any safeguarding concern forms relating to a particular child to his/her next setting, whether school or alternative child care setting. The information must be handled confidentially and provided to the new setting's Safeguarding officer.

5.0 Information to be provided in a referral to Customer Services

- 5.1 As much as possible of the following information should be provided when making a referral. However, the referral should not be delayed if you do not have some of the information.
- Referrer details
 - Child/young person's name, date of birth, address, contact details, ethnic origin and language spoken
 - Whether the child/young person is currently safe and any deadlines approaching (e.g. child about to be collected) or when child was last seen
 - Reasons for concern and facts as they are known
 - Any immediate risk to the child/young person
 - Whether consent has been obtained to making the referral, and if not the reasons for referring

- Parents response to the concerns, if they are aware
- Other family members and any other significant carers
- Any alternative names for the child or family members
- Source of the information
- Changes in the child's behaviour or presentation
- Whether the child/young person has a disability or any special needs
- Knowledge of involvement with any other agencies
- Information about other children in the family
- History of contact with the child/family
- Any actions already taken

6.0 Response to our referrals to the Contact Centre

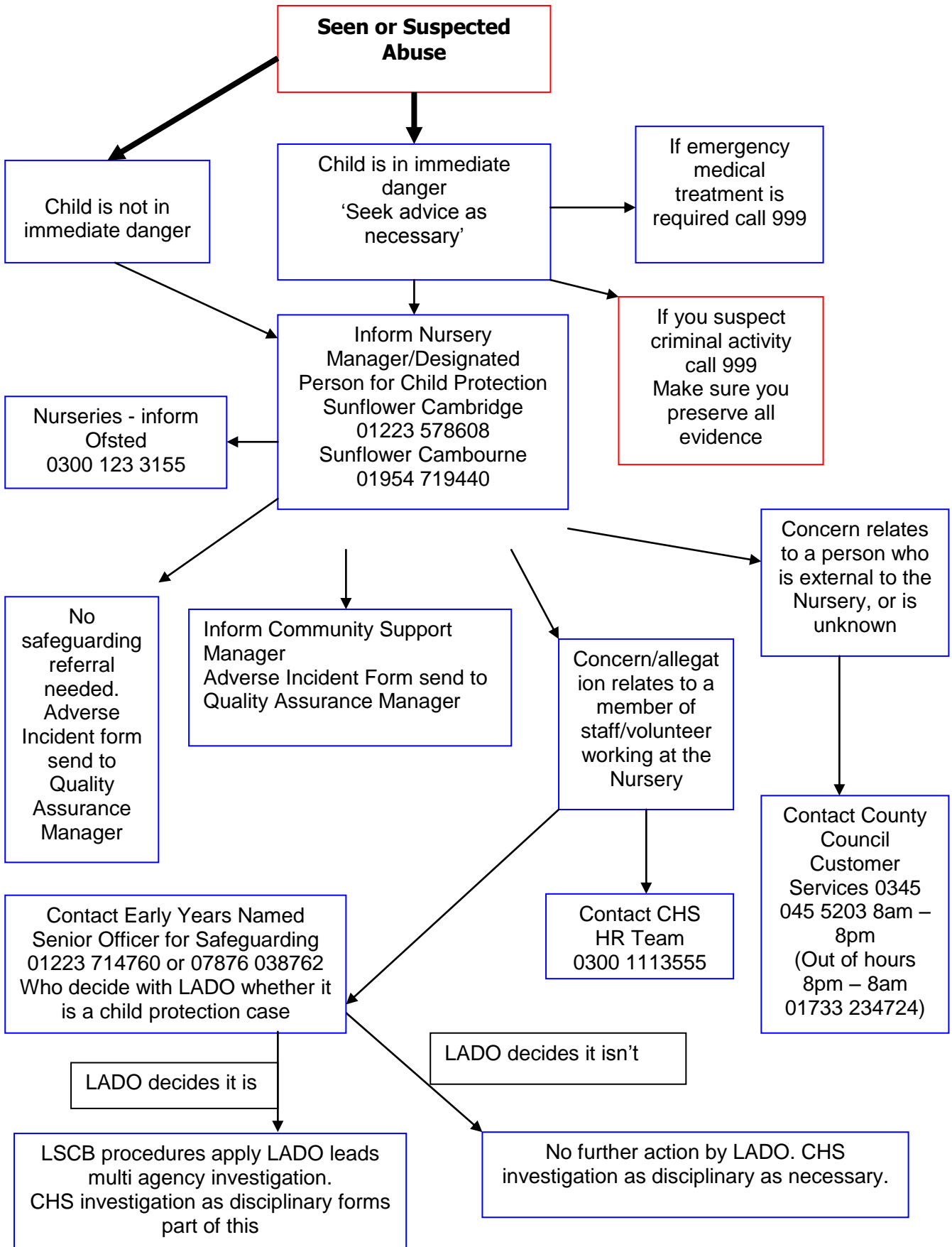
- 6.1 On receipt of a referral Social Care/Police will first consider whether any immediate action is required to make the child/young person or other children in the family/service safe. They will check Social Care records and the information will either be passed to a practitioner already involved with the child/young person, or to a Duty Worker in the appropriate Intake and Assessment Team.
- 6.2 All referrals should be considered within 24 hours of receipt, and a decision will be made as to whether (a) no further action needs to be taken, or (b) a Strategy discussion or meeting needs to take place.
- 6.3 Where further action is deemed necessary, the Local Authority will arrange for a strategy discussion/meeting to take place. The overall purpose of this is to gather information about what is alleged to have taken place, assess the risk, determine a course of action to be taken and establish who will take the lead in any subsequent action. The CHS Manager or delegated appropriate employee will be asked to contribute to the discussion.
- 6.4 If the abuse is of a criminal nature then the Police may take the lead in the investigation.
- 6.5 If appropriate the need for a medical examination is considered.
- 6.6 A child in need of protection plan may be produced, detailing action to be taken regarding protection and/or investigation together with the monitoring and review arrangements. CHS employees may be involved in contributing to this plan.
- 6.7 The individual care/support plans for the child/young person (and the perpetrator if they are also a CHS service user) must be reviewed in conjunction with other involved agencies.
- 6.8 Full written records must be maintained.

7.0 Concerns regarding abuse by an employee or volunteer

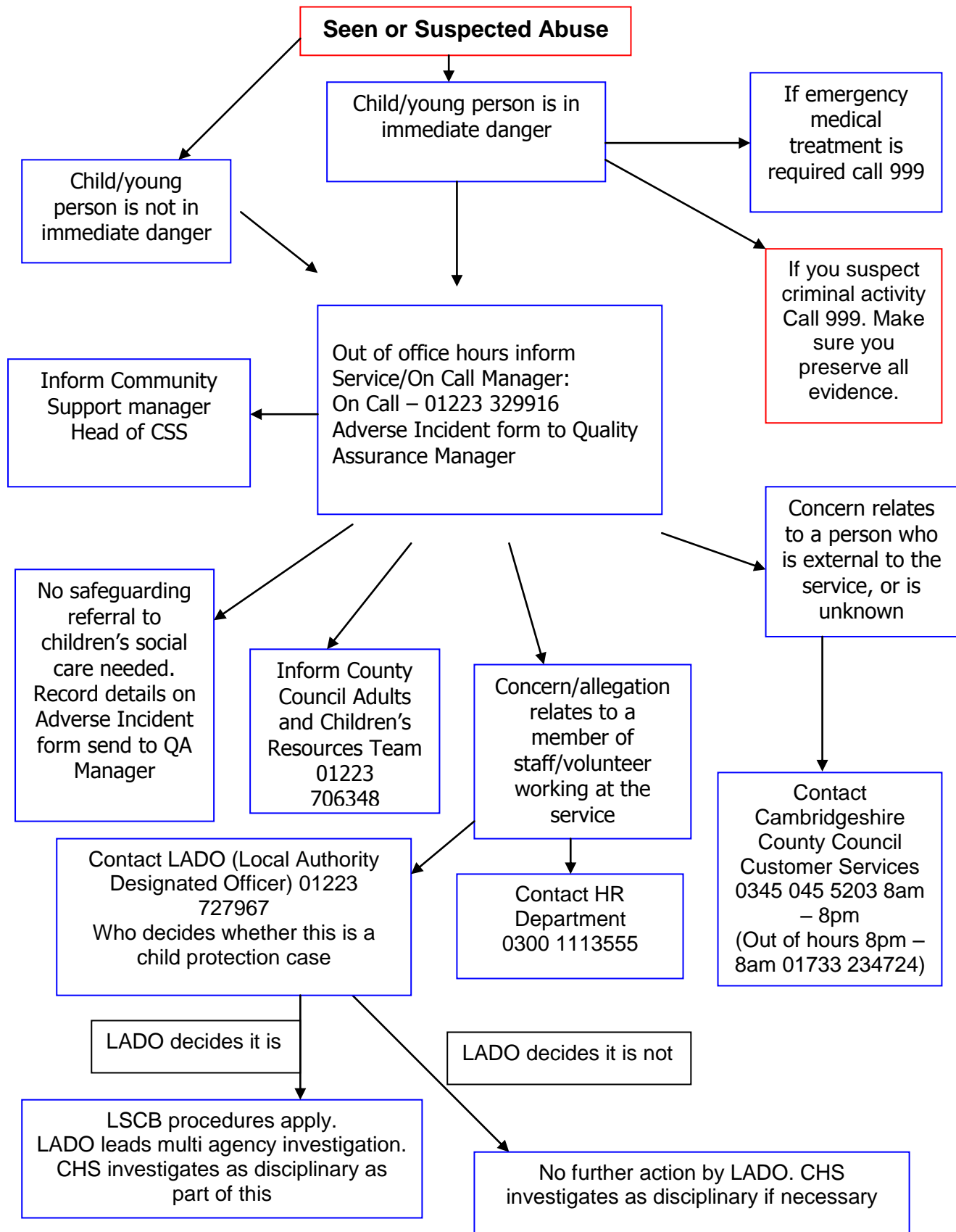
- 7.1 Any concerns/allegations of abuse regarding a CHS employee should be reported immediately to the Service/Nursery Manager or Nursery Designated Person, or in their absence another CHS senior manager or the Head of Community Support Services. If the concerns are about the Service/Nursery Manager the employee must report their concerns to the Community Support Manager or other senior manager or The Head of Community Support Services.
- 7.2 In any case where it is not felt possible to raise the concern in the above way, the employee can contact a CHS Board member named in the Confidential Reporting (Whistle-blowing) Policy.

- 7.3 The County Council must also be informed of any allegation of abuse carried out by an adult working with children. In the Nurseries, the Early Years Named Senior Officer for Safeguarding must be informed), who then consults with the Local Authority Designated Officer (LADO) unit. For other settings, the LADO unit must be notified by the CHS Manager immediately of the situation. The LADO unit has responsibility for ensuring that all allegations against adults working with children in Cambridgeshire are managed in accordance with Working Together 2010 and Cambridgeshire Local Safeguarding Children Board (LSCB) Procedures. No investigation should be commenced prior to the involvement of the LADO unit. For young people's services the Adult and Children's Resources team must be informed.
- 7.4 First consideration will be given to immediate action required to protect the child/ren or young person. Safeguarding concerns will normally involve suspending the employee/volunteer pending the investigation, subject to the CHS Disciplinary Policy. In making any decision regarding suspension advice should be sought from both the LADO and the CHS Human Resources Department. All action in accordance with the Disciplinary procedure is taken in consultation with Human Resources. If the allegation concerns an agency worker, the agency worker will cease work and the agency will be informed.
- 7.5 Full documentation of concerns raised and actions taken must be made by involved parties.
- 7.6 If the LADO unit decides that this is or may be a situation where a child is in need of protection, and that LSCB Procedures apply, then they will gather information, consult with relevant parties and convene a strategy meeting. This is a multi-agency meeting chaired by the LADO to exchange information and decide on the need for a formal investigation which may include the police.
- 7.7 If the LADO decides that this is not a child protection situation, they will take no further action. In this case the CHS Manager will investigate the concern as a potential disciplinary issue, with advice from HR. In the nursery setting, support in doing this is available from the Child Care Business Employer Support Team.
- 7.8 The lead Manager, with their line manager and the HR team, will consider the outcome of the investigation and any disciplinary action to be taken. This will be fed back to the LADO.
- 7.9 In the Nurseries, the Manager/Designated person will inform Ofsted of any allegations of abuse.
- 7.10 In CHS Support Services, the manager handling the issue will inform the relevant County Council contract manager of the allegation of abuse and what action we are taking.
- 7.11 The manager will ensure that the young person or their parent/carer is fully aware of the Society's Complaints procedure and provide them with a copy of this if required.
- 7.12 The manager will complete a written report into the investigation.
- 7.13 In the light of the investigation the child/young person/s support/care plan will be reviewed in conjunction with any other agencies involved.

PROCEDURE FOR DEALING WITH ALLEGED ABUSE TO CHILDREN IN THE SUNFLOWER NURSERIES



PROCEDURE FOR DEALING WITH ALLEGED ABUSE TO YOUNG PEOPLE IN COMMUNITY SUPPORT SERVICES



B2. Procedure for Safeguarding Children (aged up to 18 years) for Staff in General Housing, Community Investment, Property Services Teams

1.0 Your duty of care

- 1.1 You have a duty of care under the law to report any signs of abuse immediately to a CHS senior manager and for seeking their advice. Record the information on an Adverse Incident form and send immediately to the Quality Assurance Manager, Head of Community Support Services and your line manager.
- 1.2 The senior manager is either a Community Support Manager, or the Head of Community Support Services.
- 1.3 The senior manager will decide the most appropriate course of action. You may be further involved in helping to gather more information if necessary.
- 1.4 You must attend training and regular refresher training on safeguarding to ensure that you understand your obligations and feel confident about recognising signs of abuse and about what to do next. The flowchart in 3.0 below summarises what to do.

2.0 Recognising signs of abuse of children

2.1 Neglect:

2.1.1 Neglect is the persistent failure to meet the child's basic physical and/or psychological needs. It may include a parent/carer failing to provide adequate food, clothing, shelter, protecting from physical harm/danger or ensuring access to appropriate medical care/treatment. It may also include unresponsiveness to the child's emotional needs.

2.1.2 Key signs of neglect include:

- Failure to thrive (where a child is not meeting his or her basic developmental milestones)
- Consistently unkempt, dirty appearance
- Medical needs of child unmet
- Developmental delay without other clear cause
- Lack of social responsiveness
- Self-stimulating behaviours e.g. head banging/rocking
- Repeated failure by parents to prevent injury
- Consistently inappropriately dressed for the weather
- Hazardous living conditions
- Persistent failure to attend appointments

2.2 Physical abuse:

2.1 This may involve hitting, shaking, throwing, poisoning, burning/scalding, drowning or suffocating. It may also be caused where a parent feigns the symptoms of, or deliberately causes ill health to a child. When assessing signs of physical abuse it is helpful to record the size and position of any physical injuries (on a body map).

2.2 Signs of physical abuse include:

2.2.1 Bruises

- Symmetrically bruised eyes or ears are rare

- Bruising behind the ears
- Bruising in/around mouth (especially small babies)
- Grasp marks on legs/arms or chest of small child
- Finger marks (often 3/4 small bruises on one side of face and one on the other)
- Outline bruising (e.g. hand marks)
- Linear bruising (especially on buttocks or back)
- Bruising on soft tissue e.g. inner thigh
- Bruising of different ages i.e. has occurred at different times
- Any bruising on a baby who is not yet mobile

2.2.2 *Burns/scalds*

- Those with clear outlines are suspicious
- Also ones of uniform depth over a larger area
- Small round burns may be cigarette burns – or can indicate friction burns or a skin condition

2.2.3 *Scars*

- A large number of differing age scars, especially coupled with bruising, may be suspicious, or unusual shaped scars (e.g. round from cigarette burns) or large scars where there was a lack of appropriate treatment.

2.2.4 *Fractures*

- Pain, swelling, and discolouration over a bone or joint may indicate a fracture
- Not using a limb is also indicative of a fracture
- Note that fractures are very rare in children under one year old

2.2.5 *Bites*

- Clear impressions of teeth – human bites are oval/crescent shaped

2.3 Other types of physical abuse:

- Poisoning
- Ingestion/application of a damaging substance e.g. bleach
- Administration of un-prescribed drugs
- Female genital mutilation

2.4 Sexual Abuse:

Physical signs of sexual abuse may include:

- Sexually transmitted diseases
- Genital lacerations or bruising
- Vaginal or anal bleeding
- Abnormal dilation of vagina, anus or urethra
- Itching, redness or soreness of genital area
- (Older children) daytime wetting, faecal soiling/retention

Emotional/behavioural signs of sexual abuse may include:

- Explicit or frequent sexual preoccupation in talk or play
- Sexual relationships with other adults or children
- Hinting at sexual activity or secrets through words, play or drawing
- Withdrawn, fearful or aggressive behaviour
- Psychiatric problems

- Learning problems
- Marked reluctance to engage in physical activity

2.5 Emotional abuse:

- Very low self esteem
- Lack of any sense of fun
- Excessively clingy or attention seeking behaviour
- Over anxiety
- Developmental delay
- Failure to reach potential in learning
- Unusual patterns of response to others showing emotions

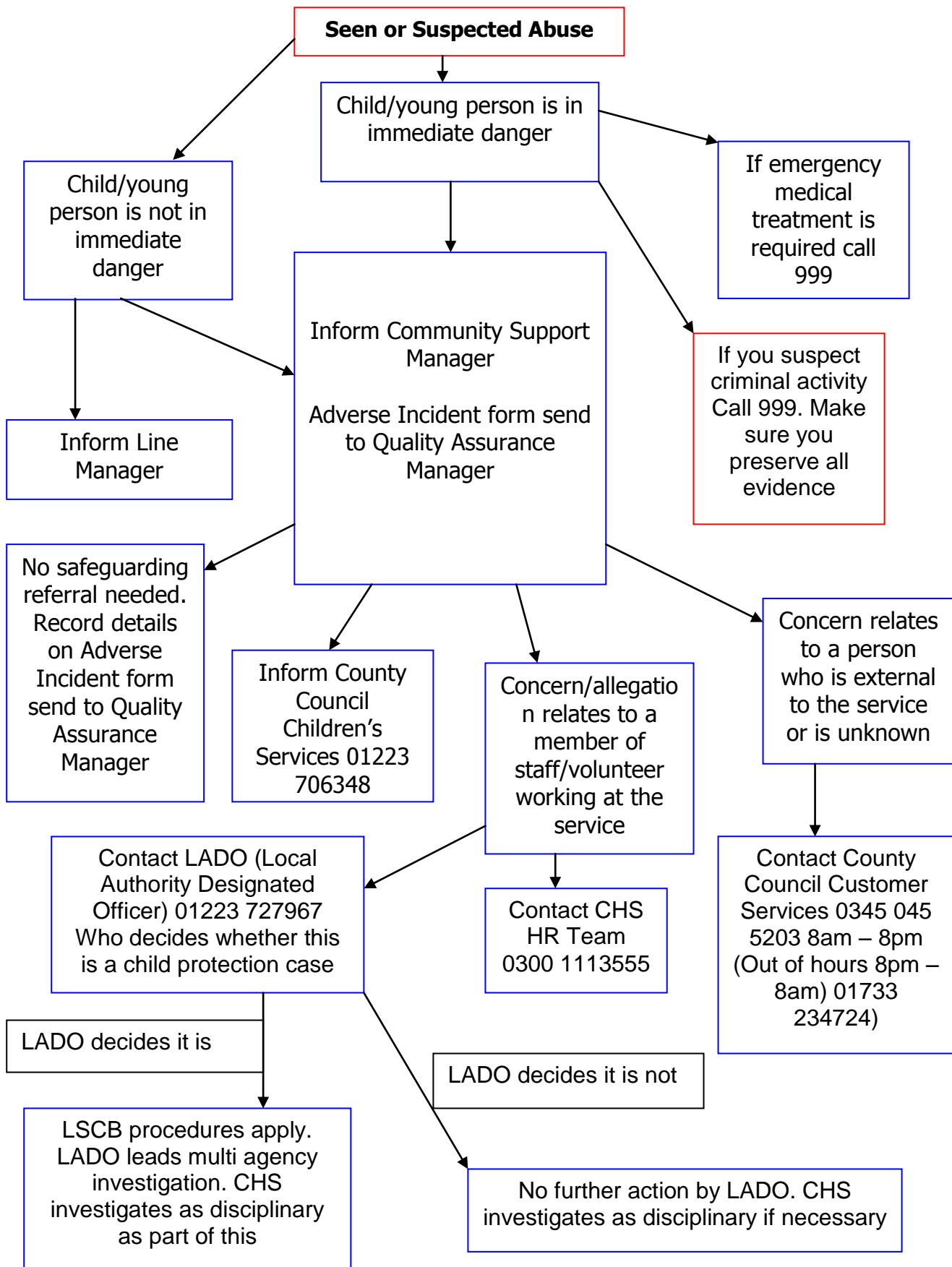
2.6 Children with Disabilities:

2.6.1 Children with disabilities are particularly vulnerable to abuse and staff must be aware of this. Children with disabilities will usually display the same signs and symptoms of abuse as other children, but the risk is that these may be incorrectly attributed to the child's disability.

2.7 Fictitious/fabricated illness:

2.7.1 This is also known as Munchausen's Syndrome by Proxy. The parent/carer fabricates symptoms or signs of illness in the child, or may produce the physical symptoms of illness in the child.

3.0 Flowchart for Safeguarding Children (aged up to 18 years) for Staff in General Housing, Community Investment, Property Services Teams



B3. Procedure for Service Users to Report Abuse, Suspected Abuse or Neglect

1.0 CHS Group takes any instances of abuse or neglect very seriously

Please follow this advice if you feel that you are being abused or neglected, or you think someone else is being abused or neglected.

2.0 Abuse or neglect is being:

- physically hurt or being threatened to be hurt
- bullied or humiliated
- verbally abused
- harassed, because of gender, race, disability, sexuality
- sexually abused
- financially abused
- neglected or harmed by your service provider

3.0 What to do if you know or suspect abuse or neglect:

- Tell someone.
- Tell a member of staff if the person you suspect of abuse is another resident or someone from outside the project
- Tell the Service Manager if the person you suspect of abuse is a staff member
- Tell the Community Support Manager or another Manager at CHS Head Office if the person you suspect of abuse is the Service Manager
- If you do not want to tell anyone within CHS you can contact the Contact Centre or the Police

4.0 What happens next

- An investigation will be carried out
- This is likely to involve talking with the person who may have been abused, and the person who is suspected of abusing
- The safety of the person who may have been abused will be considered and any action to ensure his/her safety taken
- We may not be able to keep everything you tell us confidential. This is because we must act to protect any person who may have been abused or is at risk of being abused
- We realise you may be anxious about the investigation and we will agree with you how we should support you

Contact Details:

Support Officers and Service Manager: At your project or service

Community Support Manager: At Endurance House, Chivers Way, Histon, Cambridge, CB4 9ZR. Telephone 01223 713555

Head of Community Support Services: Endurance House, Histon 01223 713555

Customer Services 8am to 8pm: 0345 045 5203

Police: 0845 4456 45464

Appendix 1 Recognising Signs of Abuse in Children

1.0 Neglect:

1.1 Neglect is the persistent failure to meet the child's basic physical and/or psychological needs. It may include a parent/carer failing to provide adequate food, clothing, shelter, protecting from physical harm/danger or ensuring access to appropriate medical care/treatment. It may also include unresponsiveness to the child's emotional needs.

1.2 Key signs of neglect include:

- Failure to thrive (where a child is not meeting his or her basic developmental milestones)
- Consistently unkempt, dirty appearance
- Medical needs of child unmet
- Developmental delay without other clear cause
- Lack of social responsiveness
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- Repeated failure by parents to prevent injury
- Consistently inappropriately dressed for the weather
- Hazardous living conditions
- Persistent failure to attend appointments

2.0 Physical abuse:

2.1 This may involve hitting, shaking, throwing, poisoning, burning/scalding, drowning or suffocating. It may also be caused where a parent feigns the symptoms of, or deliberately causes ill health to a child. When assessing signs of physical abuse it is helpful to record the size and position of any physical injuries (on a body map).

2.2 Signs of physical abuse include:

2.2.1 *Bruises*

- Symmetrically bruised eyes or ears are rare
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- Bruising in/around mouth (especially small babies)
- Grasp marks on legs/arms or chest of small child
- Finger marks (often 3/4 small bruises on one side of face and one on the other)
- Outline bruising (e.g. hand marks)
- Linear bruising (especially on buttocks or back)
- Bruising on soft tissue e.g. inner thigh
- Bruising of different ages i.e. has occurred at different times
- Any bruising on a baby who is not yet mobile

2.2.2 *Burns/scalds*

- Those with clear outlines are suspicious
- Also ones of uniform depth over a larger area
- Small round burns may be cigarette burns – or can indicate friction burns or a skin condition

2.2.3 *Scars*

- A large number of differing age scars, especially coupled with bruising, may be suspicious, or unusual shaped scars (e.g. round from cigarette burns) or large scars where there was a lack of appropriate treatment

2.2.4 *Fractures*

- Pain, swelling, and discolouration over a bone or joint may indicate a fracture
- Not using a limb is also indicative of a fracture
- Note that fractures are very rare in children under one year old

2.2.5 *Bites*

- Clear impressions of teeth – human bites are oval/crescent shaped

3.0 Other types of physical abuse:

- Poisoning
- Ingestion/application of a damaging substance e.g. bleach
- Administration of un-prescribed drugs
- Female genital mutilation

3.1 Sexual Abuse:

Physical signs of sexual abuse may include:

- Sexually transmitted diseases
- Genital lacerations or bruising
- Vaginal or anal bleeding
- Abnormal dilation of vagina, anus or urethra
- Itching, redness or soreness of genital area
- (Older children) daytime wetting, faecal soiling/retention

Emotional/behavioural signs of sexual abuse may include:

- Explicit or frequent sexual preoccupation in talk or play
- Sexual relationships with other adults or children
- Hinting at sexual activity or secrets through words, play or drawing
- Withdrawn, fearful or aggressive behaviour
- Psychiatric problems
- Learning problems
- Marked reluctance to engage in physical activity

3.2 Emotional abuse:

- Very low self esteem
- Lack of any sense of fun
- Excessively clingy or attention seeking behaviour
- Over anxiety
- Developmental delay
- Failure to reach potential in learning
- Unusual patterns of response to others showing emotions

3.3 Children with Disabilities:

Children with disabilities are particularly vulnerable to abuse and staff must be aware of this. Children with disabilities will usually display the same signs and symptoms of abuse as other children, but the risk is that these may be incorrectly attributed to the child's disability.

3.4 Fictitious/fabricated illness:

- 3.4.1 This is also known as Munchausen's Syndrome by Proxy. The parent/carer fabricates symptoms or signs of illness in the child, or may produce the physical symptoms of illness in the child.

Appendix 2 - Contact details

Children

Customer Services (Children's services) 8am – 8pm 0345 045 5203

Emergency duty team 8pm - 8am 01733 234724

Police (MARU) 01480 847743

Local Safeguarding Children Board 01480 373522 <http://www.cambslscb.org.uk/index.shtm>

Ofsted: 0300 123 1231 enquiries@ofsted.gov.uk

Early Years Named Senior Officer for Safeguarding: 01223 714760 or 07876 038762

Local Authority Designated Officer LADO: 01223 727967

Cambridgeshire County Council Resources Team/Contracts: 01223 706348

Organisations that can provide information/advice regarding trafficking

ECPAT UK www.ecpat.org.uk

United Kingdom Human Trafficking Centre www.ukhtc.org.uk

Child Exploitation and On Line Protection Centre www.ceop.gov.uk

Refugee Council Children's panel www.refugeecouncil.org.uk

NSPCC National Child Trafficking Helpline 0800 10577057

Cambridge Independent Advocacy Service 01733 758278
01223 218500

Public Concern at Work

Public Concern at Work (PCaW) is the independent authority on public interest whistleblowing
Tel: 020 7404 6609 E-mail: whistle@pcaw.co.uk

Appendix 3 – Logging a concern about a child at Sunflower Nurseries

Log of concern about a child’s welfare
August 2014

Name of setting / children’s centre:	Setting / children’s centre address:
Child’s full name:	Child’s date of birth:
Any other relevant information (e.g. ethnicity, additional needs, English as an additional language/EAL, etc.):	
Today’s date and time:	
Name and role of person completing the log:	
Date and time of the incident / concern:	
Description of the incident / concern:	
Signature of person completing log:	
Body map completed? YES / NO (If YES, please attach securely)	
Please pass this form immediately to the Designated Person for Child Protection, who should complete the section overleaf.	

To be completed by the Designated Person for Child Protection:

Received by:

.....
Designated Person for Child Protection

Initial action taken by the Designated Person:

.....
.....
.....

Has the parent / carer been informed of the concern? **YES / NO** (please circle, as appropriate)

If YES, state name of parent / carer:

If YES, please state who informed the parent / carer, action taken and the outcome:

.....
.....
.....

If NO, please provide the reason why not:

.....
.....
.....

Date: Time:

Details of any further action taken or relevant information (this may include follow-up calls, feedback from other professionals, etc. and should include details.) A separate sheet can be used, if required:

Please ensure a record of this log is added to the child welfare chronology and added to the child's welfare file.

Body map

Full name of child: _____

Date of birth: _____

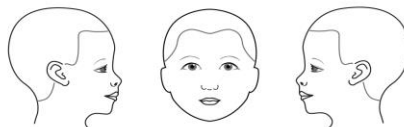
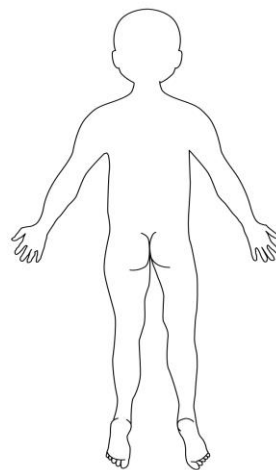
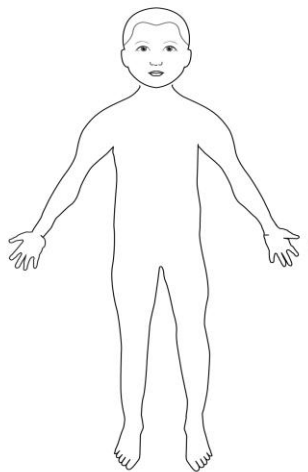
Date body map completed: _____

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Appendix 4

Safeguarding Evaluation Tool for Sunflower Nurseries

August 2014

This Safeguarding Evaluation Tool has been designed to ensure that your provision and practice are compliant with current legislation including the Children Act 1989 and 2004, the Statutory Framework for the Early Years Foundation Stage 2014 and Working Together to Safeguard Children 2013.

This document should be completed by the Child Protection Designated Person/s with input from the management and staff team. It is designed to help you to become more knowledgeable and confident in applying safeguarding.

All staff, students and volunteers must ensure the safety and wellbeing of the children and young people that they work with. Whilst it is essential to have safeguarding policies and procedures in place, safeguarding goes beyond this and is about preventative measures and effective systems being in place.

If advice or support is required to assist with the completion of this Safeguarding Evaluation Tool, please contact:

Gemma Hope, Early Years Safeguarding Manager email:
 gemma.hope@cambridgeshire.gov.uk

or

Sandra Papworth, Early Years Safeguarding Trainer email:
 sandra.papworth@cambridgeshire.gov.uk

Name of setting:

Name of Designated Person/s completing the document:

Date evaluation started: **Date evaluation completed:**

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
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Safeguarding and Child Protection Policy

There is a safeguarding and child protection policy that reflects Local Safeguarding Children’s Board (LSCB) procedures and statutory requirements

The policy:

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
<ul style="list-style-type: none"> is clear, easy to understand and accessible to all staff, volunteers and students 					
<ul style="list-style-type: none"> has been approved and signed by relevant management 					
<ul style="list-style-type: none"> is made available to parents and carers 					
<ul style="list-style-type: none"> includes a statement about how your setting aims to protect children from harm and promote their welfare 					
<ul style="list-style-type: none"> includes the names of Designated Persons 					
<ul style="list-style-type: none"> includes the contact details for Social Care (via the 					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
Contact Centre)					
<ul style="list-style-type: none"> • makes it clear to parents and carers that information may be shared with other agencies on a <i>need to know basis</i> to ensure the safety of the child 					
Continued... <ul style="list-style-type: none"> • includes information about how to respond to an allegation against a staff member or adult working in the setting and what to do if there are concerns about the inappropriate behaviour of an adult 					
<ul style="list-style-type: none"> • includes the contact numbers of the Local Authority Designated Officer (LADO) and Named Senior Officer 					
<ul style="list-style-type: none"> • sets out the role of management in safeguarding children and young people 					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
<ul style="list-style-type: none"> is implemented, monitored and reviewed at least annually 					
<ul style="list-style-type: none"> cross-references to other relevant policies 					
<ul style="list-style-type: none"> covers the use and storage of mobile phones and cameras in the setting. 					
Other Relevant Policies and Procedures					
Supervision and Appraisal					
Whistle-blowing					
Intimate Care					
Safer Recruitment					
Use and storage of Images, Mobile Phones and Cameras					
Social Networking					
Babysitting					
Training and Professional Development					
There are trained Child Protection Designated Person/s.					
Child Protection Designated Person training is updated every 3 years.					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
All staff have attended Basic Child Protection training that is validated by Cambridgeshire Local Safeguarding Children's Board (LSCB).					
Basic Child Protection training is updated every 3 years.					
At least one staff member has attended Common Assessment Framework Training (CAF).					
Staff are encouraged to attend relevant training available through the Local Safeguarding Children's Board (LSCB) to extend their safeguarding knowledge and awareness: http://www.cambslscb.org.uk/prof_training.html					
The manager or a member of the management team has attended Safer Recruitment training.					
The management committee has attended Committee Induction training,					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
if applicable.					
Safer Recruitment					
All recruitment advertisements highlight the importance of safeguarding and the requirement for references and Disclosure and Barring Service (DBS) checks.					
All staff, students and volunteers are interviewed to ensure their suitability.					
Written references are undertaken for all staff, students and volunteers and proof of identification, training and qualifications are seen and recorded.					
Relevant checks have been undertaken for all those in contact with children including the management committee.					
Personnel files are maintained with all recruitment, DBS and induction records included.					
Safeguarding and other relevant policies and					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
procedures are included in the induction process for all staff, students and volunteers.					
Supervision and Appraisal					
There are arrangements in place for the regular supervision and support of staff, students and volunteers.					
Supervisions are recorded and staff receive a copy for their own records.					
Safeguarding is a regular agenda item at team meetings.					
Early Intervention and Multi-Agency Working					
The Common Assessment Framework (CAF) Designated Person has ensured staff are aware of what CAF is and how it can be used to support children and families using the Model of Staged Intervention (MOSI).					
The registration form includes a question about whether or not a CAF is already in					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
place.					
Confidentiality and Information Sharing					
Confidentiality is given a high priority and staff are aware of their own responsibilities in maintaining confidentiality.					
The provision has current registration with the Information Commissioner's Office (ICO) in relation to the Data Protection Act 1998.					
Logging Concerns about a Child's Welfare and Responding to Concerns					
Existing injuries are recorded, on the same day and, where appropriate, discussed with parents and children, and parents are asked to sign a copy of the record.					
Existing injury forms are filed in individual child files and entered on the existing injury record.					
Children's absences are recorded and where no explanation is given, or there					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
may be reason to question the explanation, followed up appropriately.					
All staff and volunteers know the name/s of the Designated Person/s.					
Logging concern forms (including the body map) are readily accessible and all staff, students and volunteers know where they are kept and how to complete them.					
The Designated Person/s monitors the use and quality of logging concern forms, existing injury and absence records and takes appropriate action.					
The Designated Person/s uses the Model of Staged Intervention (MOSI) to assess the level of need.					
The Designated Person/s records all action taken after a log is completed and the outcome.					
The Designated Person/s ensure that all staff, students and volunteers know					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
who to contact in their absence.					
Child Welfare Files and Record Keeping					
A separate child welfare file is created for each child about whom there are welfare concerns.					
Each individual child welfare file contains a front sheet and chronology which contains all child protection information including, where relevant, child protection and child in need minutes and plans.					
Individual child welfare chronologies are cross-referenced to existing injury records.					
All child welfare files are kept in a locked cabinet, separate to children's main files and accessible only to the Designated Person/s.					
There is a note or symbol on the child's main file to indicate that a child welfare file exists.					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
Child Welfare File Transfer					
Child welfare files are transferred to the next setting or school when the child leaves (as per the protocol in the Designated Person handbook).					
A record is kept of the file transfer including who holds the file, date of transfer and relevant contact details.					
Child welfare files that cannot be transferred are archived in a secure cabinet until the child reaches the age of 25 years and then shredded.					
A system is in place to alert Social Care if a child about whom there are child protection concerns leaves the setting.					
Safe Environment					
Visitors sign in and out and identification is checked and logged.					
The premises are secure – entry cannot be gained without authorised					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
access and children cannot leave the premises unsupervised.					
The outside fencing is secure and of a suitable height to ensure the safety of children.					
Details of who has Parental Responsibility are recorded on the registration form.					
Parents have completed and signed the relevant registration and consent forms.					
Parental consent is obtained for emergency medical treatment.					
Existing medical conditions and/or distinguishing marks are recorded on the registration form.					
A record is kept of each time a medicine is administered to a child.					
Specialist training is accessed by staff to ensure appropriate care is provided where a child has specific medical needs.					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
Intimate care routines are appropriately recorded.					
A written record is kept of incidents, accidents or injuries sustained by the child whilst at the setting, and any first aid treatments, and parents are informed on the same day and sign the accident record.					
Staff are effectively deployed (both inside and out) to ensure the safety and wellbeing of children and young people at all times.					
NSPCC, Childline and Domestic Abuse/Violence sources of support posters are displayed.					
The Managing Allegations Flowchart is displayed.					
Contact details for The Contact Centre (Social Care), Police and emergency medical help are easily accessible.					

	In place	Working towards	Not in place	In place - provide details Not in place/working towards – action required	Timescale and person responsible
A copy of <i>Working Together to Safeguard Children 2013</i> is accessible.					
A copy of the Cambridgeshire County Council document (pink book) <i>Basic Child Protection Guidance for Early Years Providers 2014</i> is available to staff, volunteers and students.					
Cambridgeshire County Council <i>Domestic Abuse Guidance for Early Years Settings 2014</i> is available to staff, volunteers and students.					

Appendix 5

Adverse Incident form

This form should be completed for all adverse incidents. This includes health and safety incidents, near misses **and** accidents.

Person Affected			
Status (<i>staff, tenant, contractor</i>)			
Date		Time	
Site		Exact Location(e.g. room)	
Details			
Harm (details)			
Damage to CHS property			
Action taken at the time of the incident			

Incident Grading

Please grade the incident based on the information available at the time. For guidance on how to evaluate the initial impact, please look [here](#)

Initial Severity (Red/amber/green)	
---------------------------------------	--

Person Completing Form	
Job Title	
Date completed	

Please make sure once this form is completed it is sent to your manager as soon as possible.

Adverse Incident Managers Investigation Form

Managers should complete this investigation for ALL red and amber incidents. For incidents that are graded as green the investigation form is not compulsory however you may choose to use this.

Investigation details	
Impact on individual affected	
Root cause	
Contributing Factors	
Learning to be shared locally or throughout CHS	

External Agencies

State the agency it has been reported to?		Type of report	
Why was this reported?			

Damages

Damages to CHS property			
Repair details (note reference numbers)			
Cost of damages			

Medication

GP informed (Yes/No)		Date	
If yes, detail action taken			
Describe any follow up required with GP or resident			
Action taken to prevent reoccurrence			

Final grading

Based on the investigation of the incident, does the initial grading need to be revised? Click [here](#) for guidance

Yes		No	
Overall Impact (Red/amber/green)			

Any actions arising out of the investigations need to be detailed on the action plan (below)

- A copy should be kept with the original incident form at the incident location
- Details should be added to your monthly incident log
- Amber incidents should be sent to the Quality Assurance Manager and the Head of Service
- Red incidents should be phoned through to the Quality Assurance Manager ASAP

ACTION PLAN

Number	Action	Responsible Person	Progress Notes
1			
2			
3			
4			
5			

Once all actions have been completed, the action plan can be signed off and the incident formally closed

Action plan completed by

Name:

Job Title:

Site:

Date:

Appendix 6 Referral form for children and young people (not Sunflower Nurseries children)



Referral form to Cambridgeshire or Peterborough Children's Social Care

To be used by all agencies that wish to report concerns about a risk to a child or young person

IF YOU THINK THAT A CHILD OR YOUNG PERSON IS AT RISK OF SERIOUS HARM CALL THE CONTACT CENTRE IMMEDIATELY. FOR CAMBRIDGESHIRE TELEPHONE 0345 045 5203 – (8am to 6pm Mon – Fri) OR PETERBOROUGH TELEPHONE 01733 864170 – (9am to 5pm Mon – Fri). Out of hours emergencies 01733 234724. ALL TELEPHONE REFERRALS SHOULD BE FOLLOWED UP IN WRITING WITHIN 48 HOURS USING THIS FORM. IF YOU HAVE A CONCERN REGARDING A CHILD OR YOUNG PERSON AND WOULD LIKE TO DISCUSS IT FURTHER YOU CAN ALSO CONTACT THESE NUMBERS.

PLEASE USE BLACK INK ONLY WHEN COMPLETING THIS FORM

IS THIS A REFERRAL FOR CHILD SEXUAL EXPLOITATION CONCERNS? Please also complete CSE checklist on page 4

Details of Person making referral:

Name and Role	
Agency	
Contact details: (in full)	
Date of referral	

Child or Young Person's Details:

Name of baby, child or young person/Any other names known by:			
Forename(s):		Date of birth / EDD:	
Surname:		Gender:	
Names of Parent(s) or Carer(s):		Home Tel & Mobile Tel	
Home Address:		Other household members and siblings: (date of birth where known)	
Child's first language:		Immigration status:	

Parent's first language:		Translator/signer required?	YES / NO
White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Any other White background <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>	Traveller of Irish Heritage <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
			Chinese <input type="checkbox"/>
			Any other ethnic group <input type="checkbox"/>
			Not given <input type="checkbox"/>

Religion:		Asylum Seeker:	YES / NO
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Reference No.: (please explain, e.g. NHS No., UPN etc):	
Name of School/Early Years Setting & Contact person:	
Name and contact details of GP:	
Does the child/young person and or parent(s) carer(s) have a disability? If so, please detail:	YES / NO
Does the child/young person have any other relevant medical information? Is so, please detail:	YES / NO

What are your concerns about the child or young person?

Why are you making a referral to Children's social care? What are you concerned about? What are the risks to the child? (Please refer to [Cambridgeshire Model of Staged Intervention](#) or [Peterborough's Threshold document](#) to support your description). If you think there is a risk of Child Sexual Exploitation please also complete the CSE Checklist attached to this referral and then complete this box

Where on the MOSI or Threshold document would you place this child or young person	Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/>
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Is this referral for information only?

Is there evidence of any other children in the family who are being subjected to abuse (physical, emotional or sexual) or neglect?
If 'YES' please specify:

What key actions have been taken by referring agency/involvement with the family:

Please outline your involvement with the child/family and any ongoing support that is being provided. Detail any past concerns or known involvement of statutory agencies. If a CAF or other assessment document has been completed please attach a copy to this referral.

What outcomes for the child do you anticipate in making this referral to Children's Social Care?

Does the person with parental responsibility know that a referral to Children's Social Care has been made? If 'No' please explain why:
If yes, does the person with parental responsibility consent for members of the family's network to be contacted to obtain further information?

Does the child or young person know about this referral? If so what do they think about it? If not, what do you think they might feel about it?

Any other information that would be helpful in deciding the priority of the referral and/or understanding?

SENDING THIS FORM

This form should be emailed to the Contact Centre. Any referral where the child is at risk of serious harm should be made by telephone first:

Cambridgeshire

Tel: 0345 045 5203

Fax: 01480 376748

Email: referralcentre.childrens@cambridgeshire.GCSX.gov.uk

Peterborough

Telephone: 01733 864170

Fax: 0870 238 4083

Email: cscrecords@peterborough.gcsx.gov.uk

You should also copy this referral to the designated lead for safeguarding in your agency [insert email contact]

Any concern about the referral process and response should be address via the
LSCBs Escalation policy www.cambslscb.org.uk
www.peterboroughlscb.org.uk

Appendix 6 - Actual or Likely Significant Harm

S. 31 of the [Children Act 1989](#) sets out the legal basis or the 'threshold criteria' on which a Family Court can make a [Care](#) or [Supervision Order](#) to a designated LA in respect of a particular child. This is:

- That the child must be suffering, or likely to suffer, significant harm.
- And that the harm or likelihood of harm must be attributable to one of the following:

a) The care given to the child, or likely to be given if the order were not made, not being what it would be reasonable to expect a parent to give; or

b) The child being beyond parental control.

If the LA can demonstrate evidence (on a balance of probabilities) that the threshold criteria have been met, the Court will then go on to consider whether making a Care or Supervision Order would be in the child's best interests. Whether a child is likely or not to suffer harm will also form part of the criteria for the initiation of a [S.47 investigation](#) but may be an actual lower threshold than the test applied by the Court. Thresholds of harm for a S.47 investigation are likely to be defined by the local LSCB or local practice in a LA area.

'Significant Harm'

[The Children Act 1989](#) defines 'harm' as "ill-treatment or the impairment of health or development". 'Development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical. As a result of the Adoption and Children Act 2002, the definition of harm also includes "impairment suffered by hearing or seeing the ill-treatment of another".

According to [Working Together](#), significant harm refers to "the threshold that justifies compulsory intervention in family life in the best interests of children, and gives LAs a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm".

The legislation, however, does not define the line between 'harm' and 'significant harm'. As a practitioner, you should give 'significant' its ordinary meaning (i.e. considerable, noteworthy or important). The child's particular characteristics also need to be taken into consideration. For example, a child

left home alone at the age of 3 could be at risk of significant harm, whereas a child aged 13 years may be less likely so. The test will be subjective to the particular circumstances.

Whether the harm is significant is determined by comparing the child's health and development with what could reasonably be expected from a similar child. For example, if a child is failing to meet developmental or physical milestones, it is necessary to determine whether this is the result of a lack of "good enough" parenting. There is no clearly defined criteria to judge whether harm meets the threshold of 'significant'—it can be the result of a traumatic event or a compilation of acute and long-standing events. As highlighted in *Working Together*, "Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm."

Working Together lists the following as factors to consider in understanding and identifying significant harm:

- The nature of harm, in terms of maltreatment or failure to provide adequate care;
- The impact on the child's health and development;
- The child's development within the context of their family and wider environment;
- Any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family;
- The capacity of parents to meet adequately the child's needs; and
- The wider and environmental family context.

'Likely to Suffer'

A child being 'likely to suffer significant harm' does not mean that there is a more than 50 percent chance that the child will suffer or that it is more likely than not that the child will suffer significant harm. Rather, 'likely' in S. 31 refers to a 'real, substantial risk.' If a Court considers the likelihood of harm to be based on past events regarding which there are disputed facts, it must first make a finding of fact before treating the past event as a grounding of future risk, as has been held by the Supreme Court in *Re. S-B* [2009] UKSC 17.

Appendix 7 Child Sexual Exploitation Checklist

Child Sexual Exploitation Checklist – please complete if you have concerns re CSE. Describe your concerns in the box on page 2 of this referral form

Part 1. Vulnerabilities – These are ‘underlying’ factors which may make a young person more at risk of being targeted for CSE. They give context to the specific indicators of CSE in section 2. However, the absence of these vulnerabilities does not preclude children being targeted; evidence shows victims can come from any background and without any prior vulnerability. Please tick if you are aware of any of these in respect of the child or young person. If you tick any box, you must give more detail on page 2 of this form

	Tick if Yes
Known to Children’s Social Care/CP Plan/LAC, now or previously	
Sexuality (if known) or is the child or young person unsure about their sexual orientation or unable to disclose sexual orientation to their families/friends?	
Migrant/refugee/asylum seeker/trafficked status through NRM?	
Involvement with the Youth Justice system? Is there or has there been involvement from any other Agency, such as drug & alcohol or mental health services?	
Has sexual exploitation previously been identified as a specific issue for this child?	
Is there evidence or knowledge of neglect by parent/carer/family member?	
Is there evidence or knowledge of physical/emotional/sexual abuse by parent/carer/family member? Or has there been a lack of positive relationship with a protective/ nurturing adult?	
Family history of/current knowledge of: substance misuse; mental health difficulties; domestic abuse; parental learning difficulty? Has the young person been a young carer	

Is there a family history or current knowledge of poverty or deprivation? Or unsuitable or inappropriate accommodation (Inc. street homeless, staying with inappropriate adults/hostel/B&B).	
Is there a family history or current knowledge of exploitation or prostitution?	
Breakdown of family relationships, family bereavement; recent bereavement of the child or young person?	
Is there a history or current knowledge or history of social isolation or of low self-esteem or history or current knowledge of being bullied or of bullying?	

Part 2. Risk Indicators: Children are groomed and exploited in different ways. It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of or involvement in sexual exploitation but below are some signs that may signify if the child is being groomed for sexual exploitation or actually being sexually exploited. Please tick if you are aware of any of these in respect of the child or young person. If you tick any box, you must give more detail in Part 6.

2a. Within family/home/relationships	
Change in behaviour – being more secretive/withdrawn/isolated from peers or not mixing with usual friends.	
Increasingly disruptive, hostile or physically aggressive at home or school including use of sexualised language.	
Associating/relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships (record details of adults i.e. occupation/description)	
Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and/or threats.	
Associating with other sexually exploited children.	

Multiple callers (unknown adults/older young people)	
Estranged from family	
Regular coming home late or going missing from home, care or education for any period of time (whether reported or not)	
Returning home after long periods appearing well cared for.	
2 b. Health and Mental health	
Change in physical appearance (new clothes. More/less make-up, weight gain/loss)	
Increased health/sexual health related problems	
Marks or scars or physical injuries on the body or face which they try to conceal	
Expression of despair (Inc. depression, mental ill health, self-harm, suicide thoughts/attempts, overdose, eating disorder)	
Branding (i.e. gang logos)	
Repeat/unplanned pregnancy or pregnancies (including ending in termination/miscarriage(s))	
Sexually Transmitted Infections (STIs) and/or repeat tests particularly with negative result.	
2 c Behaviour and experiences	
Concealed/concerning use of the internet including web-cam, online gaming (via X-Box, PlayStation), chat rooms etc.	

Exclusion from school or unexplained absences from, or not engaged in school/college/training/work	
Failing to respond to attempts to keep in touch by workers/carer or recent disengagement	
Reports of being taken to hotels, nightclubs, takeaways or out of the area by unknown adults.	
Sexualised risk-taking including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers)	
Young gay/bisexual exploring sexuality in unsupported way	
Association with gangs	
Increasing use of drugs or alcohol or misuse of drugs or alcohol	
Fear of victimisation from other gangs due to gang affiliation or rivalry	
Constrained by 'rules' of a gang	
Inability to negotiate exit from a gang due to fear/dependency	
Displaying signs of harassment/unwanted attention	
Fear of gang leaders	
Evidence of sexual bullying and / or vulnerability through the internet and / or social networking sites	

Involved in criminal offending activity (i.e. ASB/criminal damage/theft)	
Unusual association with groups of adults.	
2 d Appearance and possessions	
Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items gifts	
Overt sexualised dress	
Having multiple mobile phones, SIM cards or use of a phone that causes concern – multiple callers or more texts/pings than usual	
Possession of hotel keys/cards of keys to unknown premises	
2 e Incidents	
If any of these are known to have happened and the Police or Social care are not yet aware you must refer to the local CSE Team, if there is one, otherwise to Social Care – or direct to the Police in emergencies. PLEASE PUT DATE, TIME AND PLACE OF INCIDENT WHERE KNOWN	
Child under 13 engaging in penetrative sex with someone over 15 years.	
Entering / leaving vehicles, cars with unknown adults	
Child meeting different adults and exchanging or 'selling' sexual activity	
Frequenting areas known for on/off street sex work	

Receiving rewards of money or goods for introducing peers to CSE adults	
Disclosure of sexual/physical assault followed by withdrawal of allegation	
Knowledge of towns or cities they have no previous connection with	
Being taken to clubs or hotels and engaging in sexual activity	
Abduction or forced imprisonment	
Association with taxi firms/takeaway owners (night-time economy)	
Being taken to brothels/massage parlours	
Seen in CSE hotspots (certain flats, recruiting areas, cars or houses)	