



**Thomley Safeguarding Children &
Young People**

Safeguarding Child & Young Person Policy

Version Control Safeguarding Children & Young People Policy

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1. Introduction

- 1.1. Thomley believes in the right of every child/young person to be valued and treated with dignity and respect. It affirms its desire to promote the welfare of all children and young people, acknowledging their right to be safe and their need to flourish in an atmosphere of trust.
- 1.2. This policy has been designed to meet the needs of all children/young people using Thomley's facilities.
- 1.3. This policy document was developed recognising that some children/young people have specific needs and consideration is given to these needs with regard to the application of the major elements of this policy.

2. Who is this for?

- 2.1. This Policy/Procedure is for:
 - 2.1.1. Employees
 - 2.1.2. Casual Staff
 - 2.1.3. Volunteers
 - 2.1.4. Trustees

3. Purpose

- 3.1. Thomley aims to ensure the effective prevention of abuse by helping children/young people use the facility to develop:
 - 3.1.1. self-esteem and self-confidence,
 - 3.1.2. the skills and knowledge to protect themselves, as far as they are able,
 - 3.1.3. an effective management of suspicions of significant harm to protect children/young people whilst they are using Thomley

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4. Scope

- 4.1. Thomley has recognised the importance of the following aims:
 - 4.1.1. To respect the rights and needs of all children/young people using the Thomley facilities, as individuals and as members of the wider community.
 - 4.1.2. To foster self-respect and self-worth, whilst recognising the need to individual privacy and the privacy of others.
 - 4.1.3. To take account of the wishes and opinions of the children/young people, and help them to express these within the level of their abilities.
 - 4.1.4. To accommodate alternative means of communication (these may include speech, signing, visual cues or technological aids and augmented communication as in Facilitated Communications).
 - 4.1.5. To provide a safe environment that promotes the emotional development of the children/young people. The activities provided at Thomley should offer opportunities for the children/young people to share emotions and feelings, encouraging group participation. There should be opportunities to develop positive relationships with peers in both work and recreational situations.
 - 4.1.6. To develop each individual's potential for independence and self-confidence, offering appropriate opportunities to make decisions, choices and solve problems.
 - 4.1.7. To instigate and foster a partnership with parents/carers to encourage consistency and continuity in all activities, care and management that takes place on site.
 - 4.1.8. To co-operate with other professionals working within our area: e.g. Children & Families Social Care Team, the Safeguarding Children team, the local Education Authority, the MASH etc. in order to maintain effective working practices, standards of care and accommodation in line with current legislation.
 - 4.1.9. To promote the physical well-being of the children/young people attending Thomley with attention to their diet, exercise and hygiene.
 - 4.1.10. To ensure that staff are suitably qualified and that there is on-going training and development programme.
 - 4.1.11. To promote staff awareness of the issues surrounding Safeguarding Children.
- 4.2. Make staff aware of the importance of keeping and reviewing adequate records, as a means of building up a clear picture of the child, a means of noting when there are concerns about welfare of a child or when there is a suspicion of significant harm to a child and referral is made to Children & Families Social Care Team.

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5. Designated Safeguarding representative

- 5.1. Safeguarding Lead – Operations Manager – Joe Kitchen – 01844 397121
- 5.2. Designated Safeguarding Trustee – Chair of Trustees – Charles Parry – 07717 287034

6. Definitions of abuse

- 6.1. Definitions and Common Indicators of abuse (taken from 'Working Together' DHSS and NSPCC):

Child abuse is defined as... 'Harm to children by parents, sibling or other relative, a carer (such as foster parent or staff member in a residential home), an acquaintance or a stranger. The harm may be the result of a direct act or by a failure to act to provide proper care, or both'.

7. The catalogues of abuse are:

- 7.1. Neglect: The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive.
 - 7.1.1. This covers situations where children suffer because those who care for them fails to do things such as provide enough food, clothes or a warm home for them. This failure would have to be severe 'Non-organic failure to thrive' means that a child is very small or underweight for their age, and there is no physical reason, such as disease, for this.
- 7.2. Physical: Physical injury to a child, including deliberate poisoning, suffocation or Munchausen's Syndrome by proxy, where there is a definite knowledge, or a reasonable suspicion, that the injury was knowingly inflicted, or not prevented.
 - 7.2.1. If a child or young person is physically hurt by another person, this could be abuse. Different families have different ideas about how to 'punish' children, but if an adult physically hurts a child as punishment, then this is abuse. Possible indications of physical abuse are bruises, cuts, burns or broken bones. It may also be that the adult has not actually caused the injuries but should have taken better care of the child to prevent the injuries. Munchausen's Syndrome by proxy is where parents continually present their children for medical treatment when the child is not ill. The parents may also deliberately make the children ill.

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- 7.3. Sexual: The involvement of dependent and/or developmentally impaired children and adolescents in sexual activities they do not truly comprehend and to which they are unable to give informed consent or that violate the social taboos of family roles.
 - 7.3.1. Sexual abuse is where adults try to use children for their own sexual intentions, this may involve pornography, sexual intercourse or other forms of sexual activity which the child does not consent to and does not understand.
- 7.4. Emotional/Psychological: Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill treatment. This category should be used where it is the main or sole form of abuse.
 - 7.4.1. Emotional abuse is less clearly defined than other categories of abuse, but would include a child being picked on, taunted or continually made an example of by an adult.

NB. These categories of abuse are neither exhaustive nor mutually exclusive.

8. Identification of Abuse

- 8.1. Concerns may arise through observations, information or disclosures from others. Those aspects that may give cause for concern could include:
 - 8.1.1. changes in the behaviour of the child/young person or unusual behaviour including any comments the child/young person makes which give cause for concern.
 - 8.1.2. unexplained or recurring health problems especially bruising/marks
 - 8.1.3. deterioration in progress, educational or otherwise
 - 8.1.4. anxieties expressed or inferred by carers over the child/young person's welfare
 - 8.1.5. signs of uncharacteristic withdrawal or nervousness
 - 8.1.6. changes in personal relationships with peers or adults
- 8.2. Concerns should be communicated to the Safeguarding Officer, CEO or Service Manager as soon as possible.
- 8.3. Individual factors or indicators of abuse may not be particularly worrying in isolation, but in combination they can suggest that there is serious cause for concern. You should be alert to the indicators below and respond to any identified indicators using the procedures outlined in this document.
- 8.4. Particular care and advice should be taken with non-verbal older children/adults to ensure that they are given every chance to communicate and contribute to the procedures.

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8.5. Indicators of Neglect:

- 8.5.1. not receiving adequate food consistent with their potential growth
- 8.5.2. exposed through lack of supervision to injuries, including ingestion of toxic substances
- 8.5.3. exposed to consistently dirty, cold, unsafe environments
- 8.5.4. left in circumstances without appropriate adult supervision which are likely to endanger them
- 8.5.5. prevented by their carers from receiving appropriate medical advice or treatment

8.6. Indicators of Sexual Abuse:

- 8.6.1. sexually transmitted diseases
- 8.6.2. recurrent urinary infections
- 8.6.3. genital and rectal itching and soreness
- 8.6.4. unexplained bleeding and discharges
- 8.6.5. bruising in the genital region
- 8.6.6. sexual play/masturbation which is judged to be inappropriate to a child's age, development and circumstances
- 8.6.7. sexually explicit behaviour
- 8.6.8. young children with more sexual knowledge than would be considered appropriate to their age/development
- 8.6.9. sexually abusive behaviour towards other children, particularly those younger or more vulnerable than themselves

8.7. Indicators of Physical Abuse:

- 8.7.1. bruising to eyes, mouth, ears
- 8.7.2. fingertip bruises (on arms, legs and trunk etc.)
- 8.7.3. bruises of different ages in the same place
- 8.7.4. outline bruises (prints of hands, belts, shoes etc.)
- 8.7.5. bruises without obvious and verifiable explanations
- 8.7.6. bruises to non-mobile babies, children and adults
- 8.7.7. Burns, bites and scars
- 8.7.8. clear impressions of teeth (more than 3cm across likely to be an adult)
- 8.7.9. burns or scalds with clear outlines
- 8.7.10. small round burns which may be from cigarettes

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8.7.11. large numbers of different aged scars

8.7.12. unusual shaped scars

8.7.13. scars that indicate the child did not receive medical treatment

8.7.14. Fractures in children under one year

8.7.15. alleged unnoticed fractures – though be careful with young children and babies whereby fractures may heal quickly and not cause so much pain

8.8. Other injuries

8.8.1. poisoning, injections, ingestion or other applications of damaging substances (including drugs and alcohol)

8.8.2. female genital mutilation, including female circumcision

8.9. Indicators of Emotional/Psychological Abuse:

8.9.1. abnormally passive, lethargic or attention seeking behaviour

8.9.2. specific habit disorders e.g. self-harm, faecal smearing

8.9.3. excessively nervous behaviour, (such as rocking, hair twisting) which is not part of the child/adult's normal behaviour patterns

8.9.4. low self-esteem

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8.10. General indicators: These may occur to any child being abused, but are particularly important in cases of sexual or emotional abuse where outward physical signs may not be present.

8.10.1. onset of enuresis (involuntary discharge of urine) – day or night

8.10.2. sleeping and eating disturbance

8.10.3. recurrent abdominal pains

8.10.4. recurrent headaches

8.10.5. social withdrawal

8.10.6. restlessness and aimlessness

8.10.7. inexplicable school failure

8.10.8. poor trust and secretiveness

8.10.9. indiscriminate and careless sexual behaviour

8.10.10. drug abuse

8.10.11. running away

8.10.12. self mutilation and other forms of self harm

8.10.13. hysterical fits, faints etc.

8.11. In identifying possible abuse also consider:

8.11.1. always listen to the child or young person, particularly to what is communicated spontaneously

8.11.2. beware of any delay by the carers in seeking medical assistance, or failure to seek medical assistance

8.11.3. beware of vague explanations which are lacking in detail

8.11.4. beware of explanations which are inconsistent with what you observe or know, especially in relation to the child's development and mobility

8.11.5. take note of any inappropriate responses from carers

8.11.6. note if there is any history or pattern of unexplained injury or illness

8.12. All the above are indicators but do not hesitate to share any concerns you have regarding the welfare of someone using Thomley even when it does not fit in with any of these indicators. It is better to report than not report.

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9. The effective prevention of abuse

9.1. Guidelines for employees and volunteers:

- 9.1.1. all children/young people are treated with dignity, respect and have equal rights to protection. They are involved in all suitable activities and made to feel that they are valued members of the community
- 9.1.2. child/young person's wishes and needs are to be considered and opportunities to make choices are to be given, as appropriate
- 9.1.3. children/young people who have greater control over their lives are less vulnerable
- 9.1.4. support children/young people around their right to be safe, their rights over their own bodies - in particular to keep certain parts private, their right to say no if someone tries to harm them, or tries to touch them against their wishes
- 9.1.5. provide an atmosphere where children/young people are able to seek help and to know that when they do so they will be believed and supported
- 9.1.6. use appropriate intimate care practices
- 9.1.7. there is a clearly defined policy for children's complaints where independent listeners have been identified
- 9.1.8. the Safeguarding Children Policy will be reviewed annually and amended accordingly
- 9.1.9. the Safeguarding Officers should attend regular training on Safeguarding issues and should disseminate this information to Thomley employees and volunteers where appropriate

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10. Personal and intimate care

10.1. Guidelines for employees and volunteers:

- 10.1.1. Children/young people have the right to have access to a facility that enables them to be as independent as possible, and the opportunities to exercise this in their self-care.
- 10.1.2. Children/young people have the right to privacy and dignity. This applies to the use of the toilet and changing rooms and supervision should always take this into account.
- 10.1.3. Care should be taken by members of staff who could unwittingly place themselves in vulnerable situations by being alone with the child in inappropriate situations. Staff and volunteers at Thomley should avoid situations where they are alone in a room with a closed door with a child/young person.
- 10.1.4. Children/young people should be treated in an age-appropriate manner.
- 10.1.5. Children should be taught strategies to engender a sense of dignity and self-respect.
- 10.1.6. Children/young people have a right to express what they think and feel and to volunteer an opinion regarding the supervision of his/her self-care. This may relate to the age of the child and gender of the member of staff. Consultation with parents also takes place regarding the supervision of each child's personal care.
- 10.1.7. Staff should not use their smartphone to take photos of visitors at any time whilst on duty. This is against Thomley's photograph policy.
- 10.1.8. Personal care will always be undertaken primarily by the child/young person themselves, or by parents/carers/staff attending the site with a child or young person, with a member of the Thomley staff offering support when necessary. Thomley staff must not under any circumstances undertake personal care of children/young people unless another adult is present. Volunteers at Thomley are not involved in children's/young persons' personal care arrangements.

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11. Guidelines for Management of Thomley

- 11.1. All staff and volunteers must have up-to-date DBS checks in place carried out at Thomley, and have 2 relevant references.
- 11.2. All staff and volunteers must undergo a formal interview procedure that include an enhanced DBS check and reference checks when undertaking regulated activities.
- 11.3. All service management staff must have the required Safeguarding training commensurate with their role and responsibilities.
- 11.4. All full-time staff will have Safeguarding training and updated in relation to their role and responsibilities.
- 11.5. All volunteers and part-time/casual staff must attend induction training which includes Safeguarding awareness and procedures.
- 11.6. All staff, volunteers and visitors must wear correct ID badges.
- 11.7. Policies and procedures shall be reviewed and revise in line with changes in legislation and regulations, nationally and locally.

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Management of Concerns

The child's welfare and safety must have first priority.

Confidentiality must be maintained at all times, other than those that need to know in accordance with confidentiality guidelines and inter-agency protocols.

12. Stage 1: Report and initial referral

- 12.1. Concerns about both off and on-site welfare must be reported to the Safeguarding Officer at the earliest opportunity. All employees and volunteers have an obligation to comply. Where a member of staff of an external provider is suspected, or has been implicated elsewhere, staff at Thomley must comply with the Children & Families Social Care Team or Police investigation.
- 12.2. An accurate record must then be filed which includes all the facts known at that point. (Form A1: Record of a Concern).
- 12.3. The Safeguarding Lead will decide whether to monitor the situation, or to refer it on to the Designated Safeguarding Trustee for further consideration. Advice from an outside body such as the Children & Families Social Care Team and/or Police (MASH) may be sought at this point in time. The Safeguarding Lead must record all decisions made, even in the case of 'no further action', with reasons for any decisions taken.

13. Stage 2 – Allocation and Information Gathering

- 13.1. In cases of serious concern the matter must be referred on by the Designated Safeguarding Trustee and the Safeguarding Lead to the MASH at this point, Form B – Safeguarding Children Report Form must be filled out.
- 13.2. In gathering information, the MASH may check with other agencies as to whether (N.B. the Safeguarding Lead and the Designated Safeguarding Trustee may be asked to provide information to help with investigation). E.G:
 - 13.2.1. the alleged perpetrator is known, and if so, under what circumstances and in what setting.
 - 13.2.2. there are other recorded causes for concern regarding the suspected abused individual at other agencies.

14. Stage 3 – Investigation

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- 14.1. Following referral to the MASH a decision will be taken by them as to whether to proceed with a formal investigation. This may be conducted as a Joint Agency Investigation which includes the Police, or as the Children & Families Social Care Team Investigation. (See Flow Chart for Stage 3).
- 14.2. The decision is recorded.
- 14.3. A formal investigation is carried out.
- 14.4. The information gathered from the formal investigations is collated to form a risk assessment.

15. Decision

- 15.1. All agencies attend a strategy meeting where the decision is taken either to take no further action (in which case a full report is written up recording decision and actions taken. All relatives and appropriate agencies must be informed of the outcome) or to continue to legal action

16. Important points to remember

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- 16.1. To delay reporting a suspicion of significant harm could be very serious - time is therefore crucial.
- 16.2. Accept what a child/young person tells you but do not ask them for further information as interviews are conducted by specially trained people.
- 16.3. Inform the child/young person that the matter will be discussed with relevant officials but will otherwise be kept confidential.
- 16.4. Do not make physical examinations.
- 16.5. Keep accurate records and report your concerns to the Safeguarding Officer only. Do not discuss your suspicions with parents or anyone else. The Safeguarding Lead will approach parents and/or carers for a confidential meeting when all the information has been gathered and formally assessed. A member from an outside body may be contacted for advice or invited to the meeting.
- 16.6. Safeguarding Children is the responsibility of the entire Charity - no matter what position you hold it is important that you report any suspicions or disclosures.
- 16.7. Any case of child abuse must be dealt with in accordance with the approved Guidelines and Procedures - no action should be taken beyond that which is set out in this policy.
- 16.8. Child abuse can happen to any child of any age in any place at any time.
- 16.9. All staff are reminded of the duty to safeguard confidentiality, other than those that officially need to know. They also have a duty to co - operate fully with any enquiry which may be necessary.

17. Allegations against Thomley staff and volunteers

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- 17.1. The term allegation refers not only to accusation by name, but also where a child or young person implies directly or indirectly, through words or other non-verbal means (including intermediaries) that a particular employee has behaved abusively towards them.
- 17.2. The aim throughout is to act in a careful measured way following procedures which are fair and balanced in the interests of both the child/young person and the employee.
- 17.3. The child and/or young person's welfare and safety must have first priority. Confidentiality must be maintained at all times.
- 17.4. Staff at Thomley are to avoid putting themselves in situations that may lead to allegations being made against them, such as being alone in a closed room with a child and/or young person or undertaking personal care of children and/or young people without another adult present.
- 17.5. **The Safeguarding Officer and other staff must consider the following when dealing with allegations against staff:**
 - 17.5.1. Do not immediately suspend or recommend suspension without good reason or without prior consultation with investigative agencies.
 - 17.5.2. Do not leave the child/young person alone or with other children until there have been consultations with the Safeguarding Officer and the MASH and a plan of action agreed. This will consider whether it is appropriate for the child/young person to remain on site.
 - 17.5.3. Staff must not seek to investigate the allegation themselves; to interview children/young people, and talk to other staff or users about the issue until instructed to do otherwise.
 - 17.5.4. Do consult with the Safeguarding Lead who must then consult with the MASH.
 - 17.5.5. Do obtain details of the allegation in writing, signed and dated by the person who received the allegation and by the Safeguarding Lead.
 - 17.5.6. Do send a full report to the MASH and Designated Safeguarding Trustee if a decision is made to pursue a formal investigation.
 - 17.5.7. Do consider whether disciplinary action is needed in respect of the employee where it is clear that a reportable offence has not been committed.
 - 17.5.8. Do keep all disciplinary actions separate from Safeguarding investigations except where there is a joint decision to do otherwise.
 - 17.5.9. Be aware that investigations by the MASH will take priority over an internal investigation by the facility.
- 17.6. All allegations against staff, whether paid or voluntary, must be taken seriously and action taken using the following procedures:

Investigation procedure

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18. Report

- 18.1.1. Staff must inform the Safeguarding Lead immediately of the allegation, following the procedures of **Stage 1**, outlined above. The Safeguarding Lead must inform the Designated Safeguarding Trustee of the allegation as soon as possible.
- 18.2. The Safeguarding Lead must take early action to establish the nature of the allegation, and consider whether an investigation should be undertaken in such a way that does not prejudice any such subsequent action.
- 18.3. Neither the Safeguarding Lead, nor the Designated Safeguarding Trustee should discuss the allegation with the employee (or any other employee) until there has been appropriate consultation with other agencies and a strategy agreed. The police may wish to interview an employee before any approach is made by the Safeguarding Lead or Designated Safeguarding Trustee, and confidentiality should be maintained in the interests of the employee and the child/young person.
- 18.4. The Safeguarding Lead should not seek to investigate the allegation itself, or to interview those involved, but along with the MASH and the Designated Safeguarding Trustee should consider whether the allegation requires further investigation.
- 18.5. Where the allegation is trivial or demonstrably false, further investigation would not be warranted but consideration of the needs of the child/young person may still be required. The Safeguarding Lead should provide a written report outlining why further investigation is not warranted. If in doubt, consult
- 18.6. Employees receiving an allegation of abuse against another employee should report this immediately to the Safeguarding Officer, unless the Safeguarding Lead is the person against whom the allegation has been made. If the allegation is against the Safeguarding Lead, then follow the procedure set out in section entitled Allegations against the Safeguarding Lead, or Designated Safeguarding Trustee.
- 18.7. Do not talk to anyone else until you have followed the procedures indicated there.

19. Gather Information

- 19.1. Obtain details of the allegation in writing, signed and dated by the person who received the allegation (not the child/young person who is the subject of the allegation) on Report Form A. This must be countersigned and dated by the Safeguarding Lead. These written details must include information about times, dates, locations and names of people who were present.

20. Referral

- 20.1. In cases of more serious allegation, the Safeguarding Lead along with the Designated Safeguarding Trustee should give urgent initial consideration as to whether or not there is sufficient substance in an allegation to warrant a referral. This decision should always be made in consultation with the MASH and the final decision as to whether to pursue a formal investigation, and which type of investigation to pursue rests with the MASH.

21. Investigation

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21.1. Send a full report to the Designated Safeguarding Trustee and the MASH if a joint decision is made to pursue a formal referral.

22. Disciplinary

22.1. Consider the need for disciplinary action against the employee at work level where it is considered that the child/young person is not at risk of significant harm.

22.2. There are five possible outcomes of the procedure, they are as follows:

22.2.1. a formal investigation under Safeguarding Children procedures is pursued

22.2.2. there is reason to suppose that abuse could have occurred and that referral under the local Safeguarding Children procedures may be necessary

22.2.3. the allegation is apparently without foundation, however it may still warrant a referral to, and investigation by the MASH due to the possibility of abuse by someone else

22.2.4. the allegation is clearly without foundation and that no investigation under Safeguarding Children procedures is necessary

22.2.5. the allegation was prompted by inappropriate behaviour by an employee which needs to be considered under disciplinary procedures concerning employees, although there is no evidence of child abuse.

23. Communication with others regarding the allegation

23.1. Before communicating with any other party, the Safeguarding Lead must ensure that there is no objection by the MASH.

23.2. Communication should outline the likely course of action of the procedure, and should go to:

23.2.1. the child/young person, parents or other persons making the allegation

23.2.2. the parents/carers of the child/young person

23.2.3. the employee against whom the allegation is made

23.2.4. the Designated Safeguarding Trustee of The Thomley

23.2.5. the person first receiving the allegation

23.3. The Safeguarding Officer must make a written record that this has been done.

24. Allegations against the Safeguarding Lead, or a Trustee

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- 24.1. The procedures remain the same as outlined above, except that an employee receiving an allegation against either the Safeguarding Lead, or a member of the Board of Trustees must inform the Designated Safeguarding Trustee who then has an obligation to immediately consult with the MASH and follow procedure. He/she must not at this time discuss the allegation with the Safeguarding Lead, (or Trustee in question) make a judgement on whether the allegation is to be believed, nor seek to investigate the allegation by interviewing any person.
- 24.2. Only if wholly satisfied that the child/young person is not at risk of harm should disciplinary action be considered, and only then if investigations being carried out by the MASH have been concluded.
- 24.3. Disciplinary action and/or suspension of the Safeguarding Lead remain the responsibility of the Board of Trustees and they should not automatically seek to suspend him/her, and only do so at all with good reason. They should at all times consult with the MASH.
- 24.4. The Designated Safeguarding Trustee will consult with the MASH regarding the role of a Trustee against whom an allegation has been made. Should any Trustee be required to stand down, this remains the responsibility of the Board of Trustees and such a decision must be taken at a formal Trustee meeting and recorded properly.
- 24.5. All information and decisions made regarding allegations against the Safeguarding Lead, and/or a member of the Trustees must be properly recorded.

25. Records

- 25.1. Documents relating to an investigation must be retained with a written record of the outcome. Where disciplinary action has been taken against an employee, a copy should be retained on the personal and confidential file in accordance with Thomley's disciplinary procedures.
- 25.2. All other records of allegations (including a written record of outcomes) must be kept in a confidential file.
- 25.3. If there are criminal or civil proceedings, records may be subject to disclosure, therefore no assurances can be given of confidentiality in these instances.

26. False allegations against members of staff:

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26.1. In instances where, following consultation, the Safeguarding Lead, Designated Safeguarding Trustee and other agencies believe that an allegation is without foundation, the Safeguarding Lead or Designated Safeguarding Trustee should:

- 26.1.1. consider with the MASH whether the child/young person is at risk of abuse by someone else.
- 26.1.2. inform the employee at a formal meeting that no further action is to be taken under disciplinary or Safeguarding Children procedures (the employee may be accompanied by another person).
- 26.1.3. consider whether support, counselling and/or informal professional advice for the employee is appropriate, and the form that this might take.
- 26.1.4. inform the parents/carers of the child/young person of the allegation and the outcome.
- 26.1.5. consider appropriate support for the child/young person and family, particularly where a false/malicious allegation has been made. A consideration should be made at this stage whether a Risk Assessment for the child is appropriate.
- 26.1.6. prepare a report embodying all the points set out in this section to be copied to the employee, recording that the allegation is without foundation and with reasons.

27. False allegations against the Safeguarding Lead or Trustees:

27.1. The same procedures apply as above except that the person whom the allegation has been made against will not be involved in the decision process.

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27.2.

28. Appendix 1

FORM (A)

RECORD OF A CONCERN FOR A CHILD

A concern is a worry about the welfare of a child (for examples of aspects that may give cause for concern see Safeguarding Children Policy Part 4).

Facility attended by child:

NAME OF CHILD/YOUNG PERSON.....AGE..... M/F

ADDRESS.....

CAUSE OF VULNERABILITY.....

Cause or causes for concern (please include what, when, where and who was present, how the information was received and whether there is an alleged perpetrator)

Record of any discussions with parents or carers about concerns, including their response (include any information about home conditions).

Signature.....

Date.....

Please refer to Safeguarding Lead

Received by S.L.

Signature.....

Date.....

Safeguarding Child & Young Person Policy

29. Appendix 2

FORM (B)

SAFEGUARDING CHILDREN REPORT FORM

Use this form if you believe or suspect a child has suffered significant harm. Suspicions should be discussed with the Safeguarding Lead only and this form completed.

Facility attended by child:

Child/young person's name:

Date of birth:

Gender:

Home address:

Reasons for a suspicion or belief of significant harm (please record carefully details about what has been observed and when and where observed. Please also include details of any witnesses. Signs of physical injury should be described in detail or sketched.)

Who did you report this to?

Time and date reported:

Signature.....

Date.....

PRINT NAME:

S.L. signed.....

Date.....

Safeguarding Child & Young Person Policy

30. Appendix 3

FORM (C)

SAFEGUARDING CHILDREN - REFERRAL FORM

To be completed by Safeguarding Lead.

Facility Child/young person attends:

Child/young person's name:

Date of birth:

Gender:

Home address:

Parents'/Guardians' names:

Name and address of child's G.P.:

Nature of referral:

Date and time report was made to S.L.:

Reported by:

Post:

Date and time reported to the MASH

Report made to:

Reported by:

Post:

Date written report sent in confirmation (within 24 hours)

Signature of S.L.:

Date:

Signature of Chair of Thomley Date:

Safeguarding Child & Young Person Policy

31. Appendix 4

Organisational Roles and Responsibilities:

The police & other law enforcement agencies

Role

- The investigation of alleged or suspected criminal offences against children & young people
- To support the vulnerable victims of alleged or suspected offences, and enable them to access support services e.g. victim support, the Social & Health Care Team

Authority

- Investigate alleged or suspected criminal offences against a child/young person where this is agreed to be in the best interest of the person/s.

The Crown Prosecution Service

Role

- The prosecution of alleged criminal offenders in England and Wales. This role includes four main functions:
 - i) Advising the Police on possible prosecutions
 - ii) Reviewing prosecutions started by the Police to ensure that the right defendants are prosecuted on the right charges
 - iii) Preparing cases for court
 - iv) Prosecuting cases at the magistrates' court and instructing counsel to prosecute in the Crown Court and higher courts

Commissioners of Social Care Services

Role

- Investigating alleged or suspected breaches of contractual/legal requirements

Authority

- Require providers' of care to conform to contractual/legal requirements. And where necessary take punitive action against a provider of care under the contractual agreement, including termination of the contract.

Local authority Children & Families Social Care Team

Role

- Screening of eligibility for assessment and services in accordance with departmental eligibility criteria
- Co-ordinating assessment of need & fact where there is reason to believe a child or young person is suffering or likely to suffer harm or serious exploitation.
- To work in partnership with other agencies to ensure the safety and protection of children or young people living in the community

Safeguarding Child & Young Person Policy

- Investigating alleged or suspected breaches of Organisational/Departmental Standards by staff members
- Investigating complaints made against the Organisation/Department made by clients for whom the Organisation/Department have responsibility and/or members of the public, in accordance with the policies and procedures.

Authority

- Undertake action in accordance with the Organisation's/Department's disciplinary policies and procedures

Emergency Contacts

MASH

MASH stands for multi-agency safeguarding hub which seeks to enable the sharing of information so that risks to children can be identified at an early stage.

It is a link between

- Adult and Children's Social Care
- Police
- National Probation Service
- Health
- Clinical Commissioning Group
- Education

Local Contact Numbers

- MASH Oxfordshire- 0345 050 7666.
- Buckinghamshire First Response Team - 01296 383962
- MASH Reading - 0118 937 3641
- MASH Milton Keynes - 01908 253169/253170
- NSPCC Safeguarding Children Helpline – 0800 800 5000