



Safeguarding Children and Young People Policy - Residential Family Centre

Policy statement

Shap Ltd is committed to safeguarding and promoting the welfare of children/young people. *Everyone is responsible for safeguarding and promoting the welfare of children/ young people. We at Shap are committed to practice which protects children/young people from harm. Staff, volunteers and students in this organisation accept and recognise their responsibility to develop awareness of all issues which can cause harm to children/young people.*

Why we need a policy

Shap works with a substantial number of people who have been abused either some time ago, or in a few instances, more recently. We also work with parents whose childcare may be considered abusive. It is important to have clear guidelines when faced with the disclosure or witnessing of child abuse, or when there are serious concerns about the welfare of any child/young person.

This policy is based on the following principles:

- the welfare of the child/young person is paramount
- all children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and / or sexual identity have the right to protection from abuse
- all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- all staff, students and volunteers, whether paid or voluntary, have a responsibility to report concerns to the Designated Officer with responsibility for child protection
- all staff, students and volunteers will receive safeguarding training in line with the requirements of the local authority within which they work
- [Section 11](#) of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Shap as a voluntary organisation will comply

with the duties outlined in the Children Act in particular to comply with the Working Together to Safeguard Children Guidance 2013 to have:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a DBS check;
- appropriate supervision and support for staff, including undertaking safeguarding training:
 - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
 - staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
 - all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who has:
 - behaved in a way that has harmed a child, or may have harmed a child; possibly committed a criminal offence against or related to a child; or
 - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

SHAP will endeavour to safeguard children/young people by:

- completing organisational '**Cause for Concern**' (Appendix 1) forms in any instances where staff, students or volunteers may feel concern for either the welfare or the safety of a child/young person.

These are then discussed with senior staff immediately so that a decision can be made about whether more formal action is required

- Sharing causes for concern with the placing authority as soon as practicable after any event
- treating breaches or non compliance of any CP plans, placement agreements or written agreements as **Cause for Concern**
 - adopting safeguarding guidelines and procedures in keeping with the local authorities within which we are working
 - sharing information about safeguarding and good practice with staff, students and volunteers and other relevant agencies
 - sharing information about concerns with relevant agencies, and involving parents and children appropriately
 - having effective safer recruitment procedures, including checking all new staff and volunteers to make sure they are safe to work with children and young people in line with our Safer Recruitment Policy
 - providing effective management for staff, students and volunteers through support, supervision and training
 - demonstrating a commitment to review our policy and good practice regularly.

Definitions of abuse

A child or young person is abused when another individual (adult or child) who is in a greater position of power than the victim (by virtue of age, profession, experience and/or emotional maturity and/or gender and/or physical strength), abuses that power or trust and exposes the child/young person to neglect, physical injury, sexual and/or emotional abuse. For the purposes of child protection, a child is deemed to be anyone up to the age of 18 years. In general a young person is considered to be between the minimum school leaving age and 18 years.

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm. A child/young person may be abused in a family or in an institutional or community setting, by those known to them, or more rarely by a stranger. They may be abused by an adult or adults, or another child or children.

Neglect is the persistent failure to meet a child's basic physical and or psychological needs, likely to result in the serious impairment of the child's health, development or welfare.

Other specific areas of abuse can include:

- sexual exploitation
- children in whom illness is fabricated or induced

- organised abuse
- female genital mutilation
- forced marriage
- extremism
- bullying
- begging
- domestic abuse

More detailed definitions of abuse, based on those from the Working Together to Safeguard Children Government Guidance, can be found by following the link www.everychildmatters.gov.uk

Sexual exploitation

The vast majority of children enter sexually exploitative relationships as a result of coercion or desperation. In particular, they are unable to give truly informed consent to prostitution.

All children and young people under the age of 18 years and who are actively being sexually exploited, including those involved in prostitution, should be regarded as 'children in need' who may be at risk of significant harm and should therefore be subject to an assessment of their needs and circumstances

Where a child is suspected to be involved in sexual exploitation, including prostitution, including any who have come to professional's attention via an allegation of rape, a prompt referral should be made to either the police or children's services, who will immediately liaise with each other. In cases where female genital mutilation is suspected a call is immediately placed to the police. Early intervention is important in influencing longer-term outcomes for the child.

Certain groups of children and young people are particularly vulnerable to sexual exploitation. These include:-

Looked After Children

Looked After Children can be targeted by adults for coercion into sexually exploitative situations and prostitution. Residential staff and foster carers should always report to the child's allocated social worker, incidents of children being picked up by unauthorised persons in cars or individuals loitering outside residential establishments. There must be close liaison with the Police so that surveillance and monitoring of the adults can occur. Looked after children who run away are particularly at risk of being sexually exploited.

Non-school attenders

Staff should be particularly aware of the vulnerability of children whose whereabouts during school hours are unknown and should consider the possibility of such young people being coerced into sexual exploitation, including prostitution.

Other vulnerable groups

Other vulnerable children can be targeted, for example, unaccompanied Asylum Seekers (male and female). Women and children have been targeted and 'trafficked' for sexual exploitation from China/South East Asia/Thailand and Central and Eastern Europe. Also girls and young women with learning difficulties are deliberately targeted by paedophiles due to their often increased vulnerability. Homeless young people even when living in a hostel environment can be targeted by those wishing to exploit their need for attention, a stable environment and the need to belong.

Domestic Abuse

Domestic abuse can have an impact on the safety and welfare of children in a number of ways, including:

- children being physically assaulted during episodes of domestic abuse
- children being emotionally harmed by witnessing the physical and emotional suffering of parents
- the safety of an unborn child being threatened, where a pregnant woman is assaulted or subjected to abuse
- the experience of domestic abuse having a negative impact on the ability of the adult victim to look after the children

The impact of domestic abuse on children is exacerbated when:

- the abuse is combined with substance abuse
- children witness the abuse
- children are drawn into the abuse
- children are pressurised into concealing the abuse

Where there is evidence of domestic abuse, the implications for any children in the household should be considered, including the possibility of the children being physically harmed or being emotionally harmed by witnessing or overhearing the abuse.

One serious incident or several lesser incidents of domestic abuse where a child is living in the household should result in children's social care undertaking an initial assessment, including consulting existing records.

Legal requirements

The Children Act 1989 states "welfare of the child is paramount". This means that considerations of confidentiality which might apply to other situations should not be allowed to over-ride the right of the child to be protected from harm. However every effort should be made to ensure that confidentiality is maintained for all concerned when an allegation has been made and is being investigated (see Appendix 3 – Record of Child Protection Issue/Disclosure).

Section 47 of The Children Act 1989 places a duty on local authorities to investigate a child's/young person's welfare when either emergency protection measures have been taken or there is reasonable cause to suspect that a child/young person is suffering or is likely to suffer significant harm. The investigation must involve any necessary enquiries to enable the local authority to decide whether they should take any action to safeguard or promote the child's/young person's welfare. In line with Working Together, Shap has a duty to cooperate with the local authority in their investigations (see Appendix 4 – Referral of Child Protection Issue/Disclosure to Statutory Agencies).

The Children Act 2004 identifies and places a responsibility on child practitioners to work together to help a child meet the five priority outcomes: be healthy; stay safe; enjoy and achieve; make a positive contribution; achieve economic wellbeing.

Professional standards

The Quality Assessment Framework (QAF) was introduced in 2003 and updated in 2010 and sets out the standards expected in the delivery of Supporting People services. This means that all staff, students and volunteers should be aware of these standards and uphold them and give particular thought to providing a commitment to safeguarding the welfare of children/young people and service users and to working in partnership to protect vulnerable groups from abuse. In addition they should be fully aware that safeguarding is everyone's responsibility and this includes measures to prevent or minimise the potential for abuse occurring.

SHAP will:

- ensure they have up-to-date robust policies and procedures (less than 3 years old) for safeguarding and protecting children/young people and service users that are in accordance with current legislation
- ensure staff, students and volunteers are aware of policies and procedures, the prevent duty and their practice both safeguards children/young people and service users and promotes their understanding of abuse
- ensure staff, students and volunteers are made aware of and understand their professional boundaries and that their practice reflects this
- ensure children/young people and service users understand what abuse is and know how to report concerns
- ensure Shap's services can demonstrate their commitment to participating in a multi-agency approach to safeguarding children/young people and service users.

Government guidance

Working Together 2006 (amended 2010), the Government Guidance to professional workers involved in child abuse cases, states that:

“The starting point of the process is that any person who has knowledge of, or a suspicion that a child is suffering significant harm, should refer their concerns to one or more, of the agencies with statutory duties and/or powers to investigate or intervene”. These agencies are Children’s Social Care, and the Police.

As part of the placement agreement consent will have been sought to share any and all information within the assessment and to the referring authority.

If a service user withdraws consent this will be reported to the referring authority. This may result in the ending of the placement. However, if consent is withdrawn::

There are, in the main, two situations when professionals cannot maintain confidentiality:

- where there is a child protection issue (i.e. the child/young person or other children are at risk of suffering significant harm)
- where the life of a child/young person or a third party may be at risk.

When a decision is made to breach confidentiality, it should be made in the best interests of the person involved to pass on information to other services. We should always try to obtain the person’s consent before referring any concerns outside Shap. However, when this is refused, we must then explain very clearly why we believe we must reveal what has been disclosed to us.

Policy

It will be considered a disciplinary offence for staff not to comply with this policy and where their acts or inaction may have contributed to the harm of a child this may be deemed to be gross misconduct.

1. We will always report abuse to Children’s Social Care where a child is at risk of immediate significant harm. We will continue to offer support to the person who has revealed the abuse. This may be the person who has been abused, or may themselves be the perpetrator of the abuse.
2. Where a child is a witness of domestic abuse Shap will report such abuse to the placing Authority and MARAC procedures will be followed.
3. Where a child under 18 reports abuse, Shap will always report the abuse to Children’s Social Care. If appropriate we will try to obtain the child’s consent before referring any concerns. However, if this is refused, we must then explain (if appropriate taking into account the child’s age) why we believe we must reveal what has been disclosed to us.
4. Where an adult over 18 discloses historical abuse this information will be included within any assessment. Details of the alleged abuse will be discussed with the referring Authority in order to identify any appropriate further action
5. When someone over 18 years of age wishes to take action about recent or past abuse, we will support them to use the services of the relevant Police Family Support Unit within the area in which they live.

6. Where a third party tells us about abuse to a child/young person we will pass this information to the referring authority. We will inform the third party of the action we are taking if it is safe to do so.
7. Drug and alcohol use is prohibited on site within the house rules. Breaches of the house rules will be considered a cause for concern. Where parents are found to be/suspected of being intoxicated whilst caring for their child an immediate safeguarding concern will be raised.
8. If children are found to have been left unattended, for example by the parent leaving site, we will consider them to have been abandoned and inform social care and the police. Where children are left unattended in communal areas or within their flat without a parent present we will treat this as a cause for concern.
9. All staff working with children are required to undertake Safeguarding Children training as part of their induction and must attend Safeguarding Children training provided by the Local Authority in which they work.
10. All staff within the service will share information between each other. Information passed to any referring authority will be coordinated by the service manager. However, their absence or unavailability should not hinder the sharing of safeguarding concerns.
11. Information passed to the referring authority can be verbal, by telephone or written via secure email. All verbal information must be followed up via email.
12. Where the family social worker is unavailable, information should be shared with the team manager or duty team as appropriate
13. The effectiveness of this policy will be evaluated every 12 months and following any serious incidents. It will also be reviewed annually.

Procedure

When there is a cause for concern, or abuse has been disclosed or witnessed, the following procedures must be followed (see flowcharts pages 11 & 13):

1. The procedure to follow when there is a cause for concern is outlined in Appendix 1. All incidents that require a Cause for Concern form (Appendix 2) to be completed must be copied to the relevant line manager for advice on further actions if appropriate. A copy should be held on the relevant case file. The content of manager's guidance and further actions should be recorded on the Cause for Concern form.
2. Staff, students and volunteers should discuss all disclosures of abuse with their manager immediately, or with another member of the management team if waiting for their own manager would cause delay, or directly with Children's Social Care if appropriate. (See Appendix 3 and Appendix 4). Under no circumstances should staff, students or volunteers attempt to explore or investigate the disclosure with the child/young person or service user as this could seriously compromise any subsequent safeguarding

investigation. All safeguarding referrals should be brought promptly to the attention of the Designated Officer.

3. Where information is being shared with the referring authority, a verbal report should be made initially, a record must immediately be logged on the service user's file. A written copy of the information must be sent within 24 hours using the agreed format.
4. The child/young person or service user must be told that information has been, or will be shared. The exception of this would be where informing the parents or the child/young person could increase the risk to the individual.
5. Clear and concise records must be kept, detailing what has been said, to whom, where and when.
6. Staff, students and volunteers will be offered continued personal support by their line manager and supervision may be increased in order to help the staff member, student or volunteer to offer continued support to the young person/service user. Staff who would like extended support and/or debriefing should discuss their needs with their line manager.

Local Authority contact details:

St Helens Children's Services: 01744 676600 / 0345 0500148 / 0845 0500148

Link to St Helens SCB procedures: http://sthelensscb.proceduresonline.com/chapters/full_contents.html#core

SHAP Ltd Safeguarding Escalation Procedure

All professionals across the borough working with children, young people and families need to know what to do about a case where they are worried that professionals are not working well together and as a result a child is not making good enough progress or is at risk.

Social Care Escalation

For issues relating to Social Care any concerns should be discussed initially with the Social Worker and followed up in writing. If this does not resolve the problem then an Operations Manager should be contacted who will discuss the concerns with a Social Care Team Manager as appropriate having made reference to the individual Authorities Escalation Procedures. Contact will be made by telephone and then followed up in writing. If the issue remains unresolved then the appropriate Operations Manager will be contacted. The escalation notice attached should be used and forwarded to the relevant Manager within Social Care and Shap's Designated Safeguarding Officer . This form should be used even if a verbal agreement to escalate a case has been reached. The form will be stored in the central safeguarding file and will be reviewed after 7 days.

Other Agency Escalation

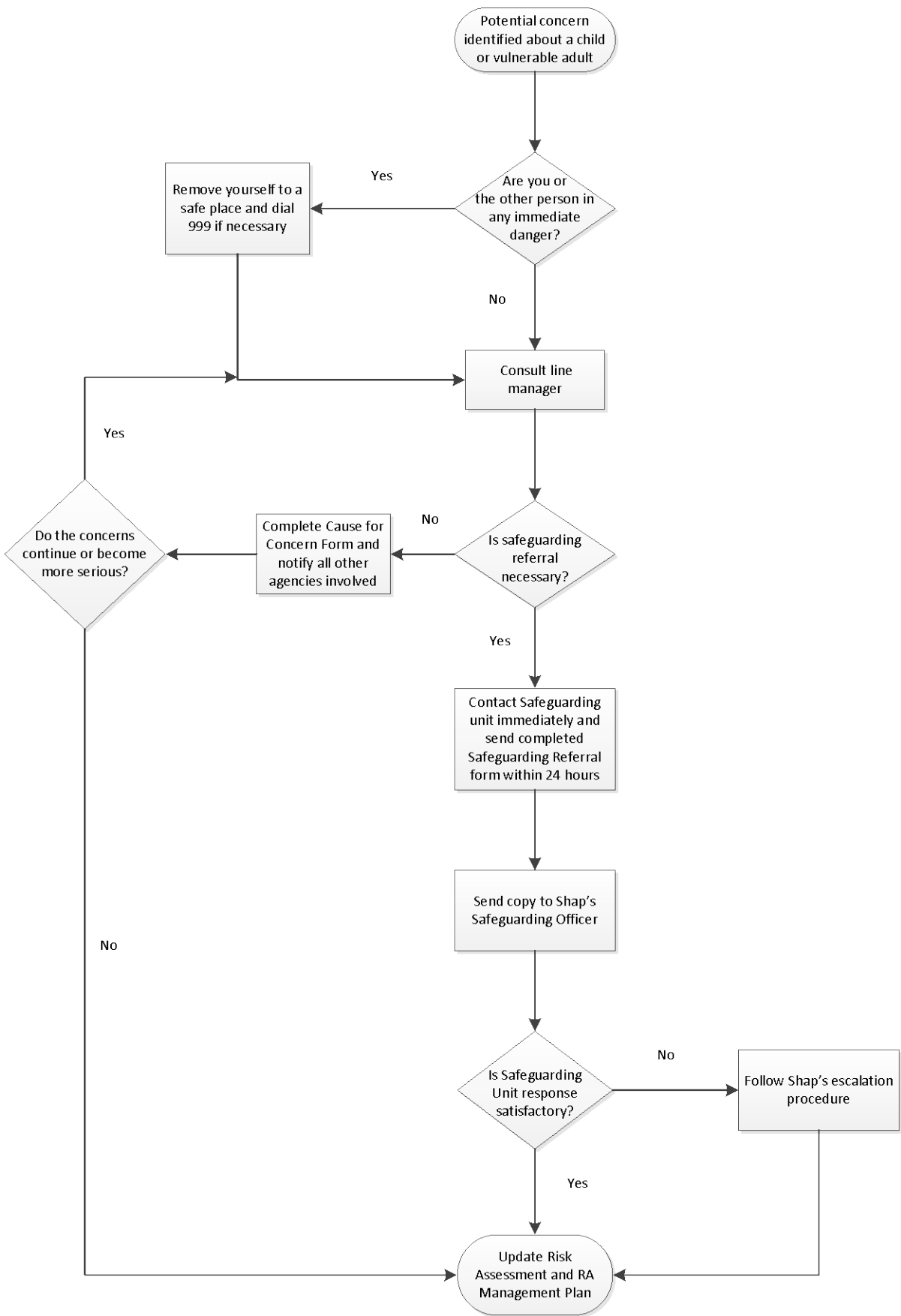
Where concerns need to be raised with another agency then workers should ensure that this happens as soon as possible and that all discussions are clearly recorded. Ordinarily, the Lead Professional should be the first contact and if that does not resolve the concerns then their manager should be contacted. If this is not an appropriate way to resolve the concerns then advice should be sought from your Project Leader or the Operations Manager within 1 working day. The escalation notice attached as should be used to record your concerns and actions taken. It should be forwarded to the Safeguarding officer who will monitor and review the case after 7 days.

Internal Escalation

Where there are concerns regarding internal working then concerns should be raised with the Project Leader within 1 working day. They will investigate and recommend an appropriate course of action within 24 hours of receiving the concern. Recommended actions will be recorded and reported to the Operations Manager and the actions will be reviewed within 7 days. Where it is not appropriate to discuss concerns with the Project Leader or they are unavailable then contact should be made with an Area Manager or Operations Manager. Staff should use the form attached to record concerns and actions and should be forwarded to the Service Manager and Safeguarding officer. This form should be used even if a verbal agreement to escalate a case has been reached.

In all cases the local Safeguarding Children Unit can be contacted for advice by fieldworkers or managers. The unavailability of Managers should never prevent staff from escalating a concern within 24 hours.

Safeguarding flowchart



Policy Review Record and Version Control

**Residential Family Centre Safeguarding Children and
Young People Policy**

Version Number 1

Date issued: August 2017

Date of next review: August 2018

Created by

Andy Lee-McGurk

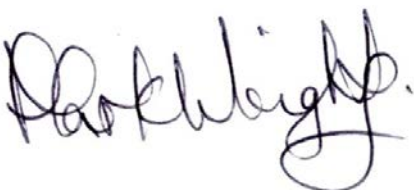
Michelle Smith

Details of Revisions

Circulation plan

Link to the policy to be sent to all staff at Selina Cooper House and the detail of the policy to be discussed at a team meeting.

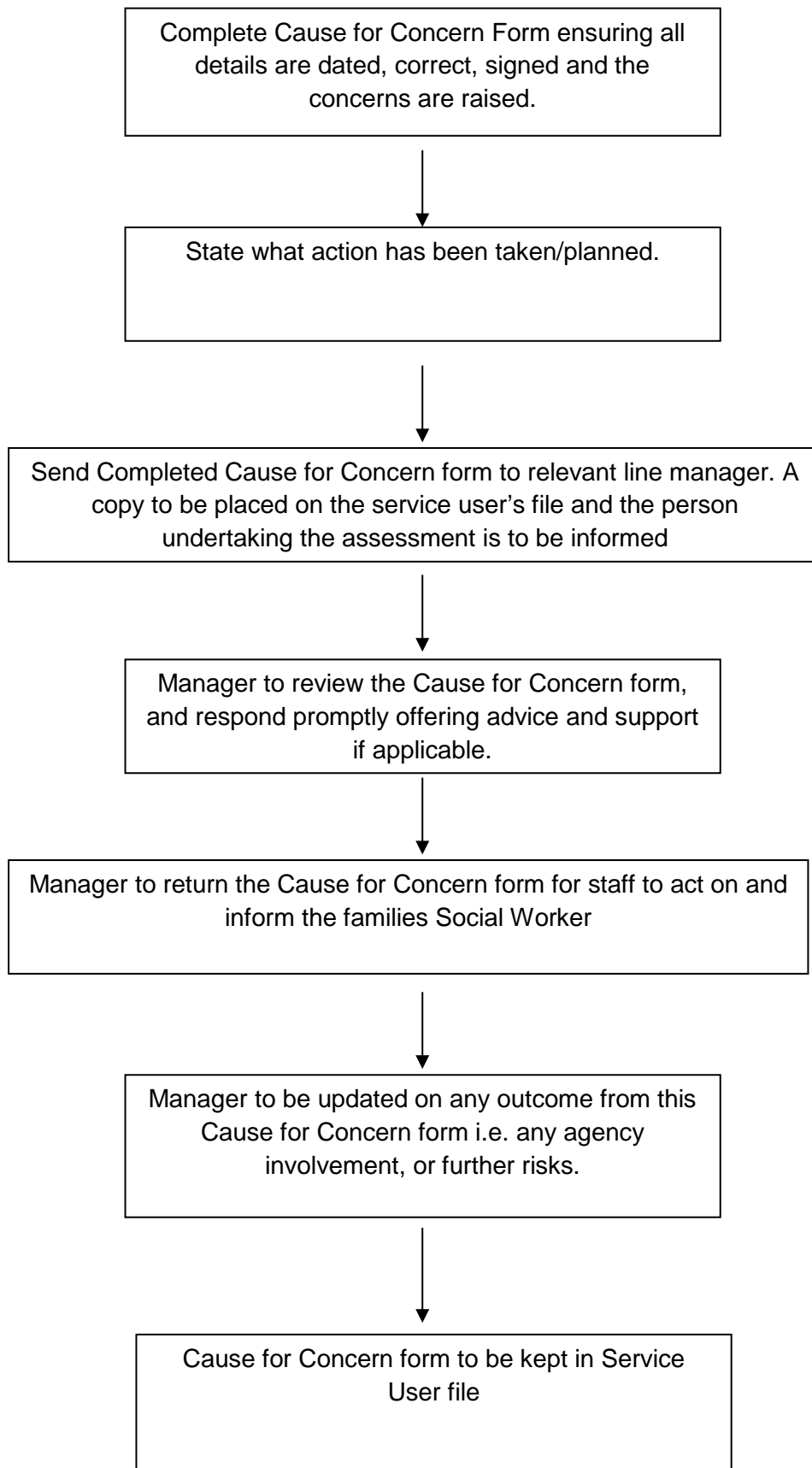
Approved for circulation: 02/08/17



Mark Weights, Chief Executive

Appendix 1 - Cause for Concern flowchart

Procedure to follow if you are aware of a cause for concern relating to service users



Appendix 2: Cause for Concern form

Internal referral

Section A:

Name of client/person involved:

Address:

Date of birth:

Name of scheme/site:

Name of staff member completing the form:

Date of issue/incident that has caused concern:

Date of referral:

Details of any other agency(ies) involved (under CAMHS, Crisis Team):

Concern in relation to *(please tick)*

adult

child

both

Are there any of the following plans already in place for the person(s) concerned?:

Child protection plan Education plan

Family action plan Looked after child (LAC) care plan

(if care leaver, aged 18 yrs+)

Pathway plan *(if aged 16-18 yrs)* Signs of safety plan

Graded care profile plan

*(this is a document utilised by some LA's
which links with child protection plans when
there are concerns about neglect)*

Section B: Nature of Concern

(please tick relevant issue that has led to the cause for concern)

Risk to self

Risk to others

Risk from others

Abuse *(please specify category from the following list)*
*[Emotional/psychological; Financial; Physical; Sexual;
Neglect & acts of omission; Discriminatory; FGM;
Domestic abuse]*

Allegation

Anti social behaviour

Breach of confidentiality/other data protection breach

Child exploitation

(inc. criminal & sexual)

Conditions in the home

Cyber/on-line bullying

Drug dealing

Grooming

Hate crime

Knife/other weapon crime

Missing person

Overdose

Self-harm

Self neglect

Substance misuse

Suicide attempt

Trafficking

Welfare concern about the service user/their child(ren)

Care Concern about service practice (provider care concern)

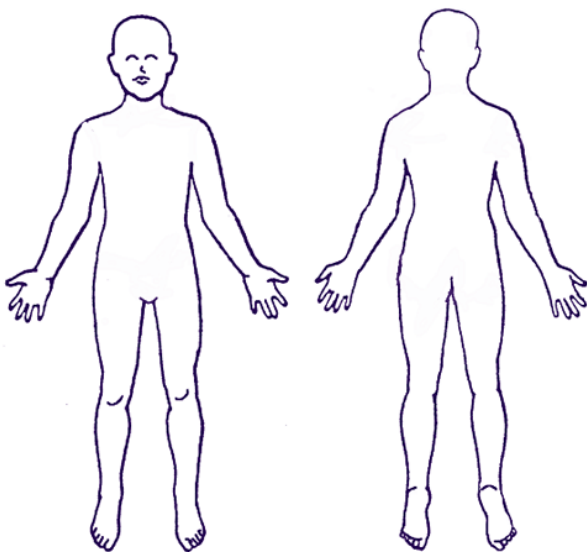
(situation that may have/has occurred as a result of internal service delivery/by staff in the scheme)

Medication error/other Issue with medication

Other (please specify)

Section C: Brief details about the incident/concern/allegation

*Please use the body diagram to indicate any area(s) of injury or mark(s) seen.
(To indicate on the body diagram where any areas of injury or marks have been seen; please use 'insert text box' on the diagram and then use this to indicate the injury or mark. The inserted text box can be shaded in using 'Format tab' and selecting 'Shape fill' whilst the computer cursor is on the text box).*



Any witnesses to incident:

Section D: Action taken/planned

Support plan review Risk assessment review Graded care plan review

Signs of safety plan review

Referral made/to be made:

Referral to safeguarding Date referred Safeguarding case no (if known)

CAF/FAM/CIN/EHAT (St Helens early help) Date of CAF/FAM/CIN/EHAT meeting

Child exploitation referral MARAC referral incl. MERIT Assessment

Date referred (CE or MARAC):

Notification sent to/contact with:

Adult social care/social worker Child Young Person Services

Domestic Abuse Co-ordinator Family Nurse Practitioner (FNP)

LADO MAPPA

Other agency informed/to be informed Please specify

Report to Ofsted/other regulator Date reported

Report to police Date reported Log no. (if known)

Report to Local Authority
(if provider care concern)

Date reported

Social worker/other agency informed

Joint visit arranged

Name of person(s) that you have reported the concern to in any of the above mentioned agencies

Meeting to be arranged *(please specify which agency & date of meeting if known)*

(e.g. FAM, Strategy Meeting, Professionals Meeting, Safeguarding Strategy Meeting)

Report to data protection officer (if data protection breach)

Other action taken *(please specify)*

Section E: Making safeguarding personal

What would the individual like to see as the outcome? (i.e. difference wanted/desired)

What does the person (adult/child at risk/that you are raising the concern about) want to happen or the outcome to be (if known), please give details of their wishes. Please remember, this is not about the views of staff members but the client's own.

Section F:

Comments by Scheme Manager including additional action required

Scheme Manager Name:

Date:

Form to be sent to: Safeguarding Lead

NB Provider care concern/safeguarding issue/an aspect that may if the situation continues result in the need to report to safeguarding, must be sent to the Safeguarding Lead

Comments by Safeguarding Lead including additional action required	
Name:	Date:

Section G: Outcome of interventions, including any meetings relating to the concern

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Please send updated form to the Safeguarding Lead if any items are included in Section G

Appendix 3: Escalation Notice

Name of Child or Young Person	D.O.B

Please document any information of concern.

Agreed/Recommended actions

Actions taken including names of managers notified

Review. Include date and any ongoing actions required

Signed:.....

Date:.....