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**Protection of Children and Safeguarding Policy**

Relevant Regulations and standards

* + - * Regulation 12: The protection of children standard
      * Regulation 34: Policies for the protection of children
      * Guide to the Children’s Homes Regulations 2015: Protection of Children Standard

**Policy Aim-**

This policy is intended to safeguard children accommodated in Shropshire Council’s children’s residential homes from abuse or neglect; and sets out the procedure to be followed in the event of an allegation of abuse or neglect.

**Additional reading and relevant policy/guidance-**

[**Guide to the Children’s Homes Regulations including the quality standards April 2015**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/463220/Guide_to_Children_s_Home_Standards_inc_quality_standards_Version__1.17_FINAL.pdf)

[***Regional Child Protection procedures for West Midlands***](http://westmidlands.procedures.org.uk/page/contents)[***Working Together To Safeguard Children 2018***](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

[***Care Act 2014***](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted)

[***Keeping Children Safe in Education (September 2018)***](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741314/Keeping_Children_Safe_in_Education__3_September_2018_14.09.18.pdf)

[***http://www.safeguardingshropshireschildren.org.uk/***](http://www.safeguardingshropshireschildren.org.uk/)

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7. **Introduction and Summary**

Shropshire Council are dedicated to ensuring the well-being and welfare of the Children and Young People in their care. Each Shropshire Council home follows Safeguarding Children Procedures in line with the statutory requirements of the Shropshire Safeguarding Community Partnership. Shropshire Council works to the framework for managing allegations of abuse against those who work with Children and Young People as detailed in Working Together to Safeguard Children 2018.

Safeguarding and Child Protection Procedures are available to all staff on Shropshire Council intranet as well as other relevant policies such as the Whistleblowing Policy and Complaints Procedure. Shropshire Council Children’s homes ensure staff’s knowledge and understanding of safeguarding policies and procedures through training, induction, supervision, probationary assessment and appraisals.

Each home takes its duty to safeguard and protect the Children and Young People they look after seriously and any incidents in regard to safeguarding will be acted on in a prompt and timely manner (within a 24- hour period). Referrals will be made to the relevant agencies within the Shropshire Safeguarding Partnership as per this procedure. All incidents will be dealt with in a professional manner ensuring confidentiality as required, recognising that the welfare of the Child or Young Person is paramount.

Once notified, the designated person will be responsible for following the Shropshire Safeguarding Partners procedures and contacting the relevant Social Worker. The home will work with the relevant Social Worker to implement any agreed actions.

All staff are aware that they have a responsibility for ensuring that all incidents which present a potential risk of significant harm to a Child or Young Person in our care are reported immediately to the home’s Registered Manager or other designated person as per procedure.

1. **Definitions**

A full list of Definitions as well as signs and symptoms of abuse can be found within Appendix 1 of this policy document.

**Child**

The Children’s Act 1989 and 2004 respectfully define a child as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age and is living independently or in further education does not change his or her entitlement to protection under the Children Act 1989.

**Safeguarding**

Safeguarding and promoting the welfare of children/young people is defined as protecting Children and Young People from maltreatment; preventing impairment of health or development and ensuring that children/young people are growing up in circumstances consistent with the provision of safe and effective care.

• protecting children from abuse and maltreatment

• preventing harm to children’s health or development

• ensuring children grow up with the provision of safe and effective care

• taking action to enable all children and young people to have the best outcomes.

Reference: 2018.12 NSPCC <https://learning.nspcc.org.uk/safeguarding-child-protection/>

**Child Protection**

Child protection is part of the safeguarding process. It focuses on protecting individual children and young people identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

**Significant harm**

There is no absolute criteria for establishing significant harm. Whether the harm, or likely harm, suffered by the child is significant is determined by comparing the child’s health or development with that which could reasonably be expected of a similar child.

‘Harm’ can include the effect of seeing or hearing the ill-treatment of someone else, for example where there are concerns of domestic violence and abuse.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events which interrupt, change or damage the child or young person’s physical and psychological development.

When considering the severity of ill-treatment, it can be useful to consider:

•the degree and the extent of physical harm

•the duration and frequency of abuse and neglect

•the extent of premeditation, and

•the presence or degree of threat, coercion, sadism and bizarre or unusual elements

Reference- <http://westmidlands.procedures.org.uk/ykpzl/statutory-child-protection-procedures/additional-guidance#s540>

1. **Safeguarding and Child Protection Policy**

All Shropshire Council Children’s homes acknowledge that all Children and Young People have the right to freedom from abuse.

All children have rights under The United Nations Convention on the Rights of the Child (1989), these include but are not limited to the following:

* The best interests of the child must be a top priority in all decisions and actions that affect children.
* Children must be protected from all forms of exploitation.
* Children must be provided with good quality health care, clean water, nutritious food, and a clean environment.
* Children have a right to access education.
* Children have the right to a standard of living that is good enough to meet their physical and social needs and support their development.

Shropshire Council recognises the need for equality and diversity; all Children have the same rights regardless of ethnicity, gender, religion, language, abilities or any other status, whatever they think or say and whatever their family background.

All residential home staff receive training that gives guidance on how to respond appropriately when there are indicators of abuse or the welfare or safety of a Child or Young Person may be at risk.

Where staff have concerns about (or receive an allegation about) a colleague; staff must ensure that these allegations are dealt with in the same way as any other allegation and consult with the designated person. If the allegation is in relation to or involves the Home’s Manager, then the responsible individual must be consulted. Subsequent line management should be used dependent on involvement of individuals.

Dependent on the incident, it may be necessary to suspend a member of staff from duty (without prejudice) until the matter is concluded effectively. This will ensure that all individuals involved are protected.

Staff should ensure that any visitor to the home is vetted and supervised appropriately in line with risk assessments especially when undertaking work with Children and Young People.

Staff should also ensure that they know the whereabouts of Children and Young People at all times and make regular contact with the Child or Young Person if they are given unsupervised time.

Any known risks in regard to the Child or Young Person should be highlighted within the Child or Young Persons Individual Risk Assessments and Placement Plan including any strategies to mitigate and manage the risk. Activities should be risk assessed individually where appropriate and individual vulnerabilities of the young person such as exploitation or missing from care episodes should be taken into account.

**4. Roles and Responsibilities**

All staff working with Shropshire Council children’s homes have a responsibility to:

* Assess whether a Child or Young Person is at risk of harm on an ongoing basis, considering all available information including the young person’s relevant plans, and, if required, implement strategies to reduce the risk of any harm to a Child or Young Person;
* Educate Children and Young People in their care on how to keep themselves safe in a format that the Child or Young Person can understand;
* Ensure continued personal and professional development to their skills to identify and act upon any indicator that a Child or Young Person is at risk of harm;
* Understand their own role and responsibilities in regard to protecting Children or Young People. Adhering to any additional requirements as outlined by their line manager;
* Take appropriate and timely action whenever there is a concern about a Child or Young Person’s welfare; acting in accordance with the home’s child protection policies;
* Ensure that the home’s day-to-day care is organised and carried out to safeguard Children and Young People, protecting them from harm as applicable;
* Adhere at all times to the Child or Young Person’s relevant plans such as Placement Plan and Risk Assessments;
* To respond in accordance with the home’s procedures to every case of alleged abuse or neglect (see Appendix 2);
* To promptly refer any allegation, suspicion or incident of abuse to the designated person or in his or her absence the deputy designated person (should the designated person be the subject of an allegation the responsible individual should be contacted);
* To record all details of their involvement in child protection investigations;
* Co-operate fully in any child protection process and provide evidence as directed;

Unless otherwise stated within the home’s Statement of Purpose, the Registered Manager of the home is the designated person for child protection. The responsibilities of the designated persons include:

* Ensuring that the premises used for the purposes of the home are located so that Children or Young People are effectively safeguarded;
* Ensuring that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each Child or Young Person from avoidable hazards to the Child’s or Young Person’s health;
* Ensuring that the effectiveness of the home’s child protection policies is monitored regularly;
* To follow safe recruitment procedure to minimise risk of Child protection or safeguarding issues when recruiting new staff;
* Ensuring that all staff who have direct contact with Children or Young People are provided with safeguarding and Child protection training;
* Notifying Shropshire Safeguarding Community Partnership of all reported concerns;
* Providing support and guidance to all staff when they encounter a Child Protection issue;
* Acting as the first point of contact for all Child Protection matters;
* Informing the accused person (if the person is a member of staff) about the allegation as soon as possible after consulting with the Local Authority Designated Officer (LADO). However, if a strategy discussion is needed or it is clear that the police or children’s social care may need to be involved, this should not be done until those agencies have been consulted and have agreed what information can be disclosed to the person;
* Attending and contributing to any strategy discussion and any further investigations and suspending a member of staff from duty in cases where the LADO, children’s social care and the police consider this to be necessary;
* Ensuring that Ofsted are informed of all relevant Child protection incidents;
* Monitoring the Child protection case until a conclusion is agreed by all parties and ensuring that accurate written records are kept;
* If the complaint or allegation is about a member of staff and is such that it is clear that investigation by the police or children’s social care is not necessary, the designated person will discuss next steps with the LADO. Options may include taking no further action, instigating disciplinary procedures following investigation in consultation with Human Resources (HR) or deciding not to use a person’s services in future;
* Where a case has been concluded and an allegation against a member of staff has been substantiated, the designated person will discuss with the LADO as to whether a referral to the Disclosure and Barring Service is required;
* At the conclusion of a case the designated person will review the circumstances of the case to determine whether there are any improvements to be made to help prevent similar events in the future;
* The designated person will monitor the home’s safeguarding and Child protection policies and procedures on an annual basis.

The Whistleblowing Policy outlines the duty all staff have to pass on concerns of Child protection, safeguarding and concerns in relation to the conduct of others.

No employee carrying out the responsibilities under this policy will face any negative consequence of their actions. Any attempt to negatively impact others in any way for raising genuine concerns or to prevent such concerns being raised will be regarded as a disciplinary matter.

**6. Child Protection Procedures**

Regional Child Protection procedures can be found by accessing the Regional West Midland Child Protection Procedures website- <http://westmidlands.procedures.org.uk/page/contents>

A full list of procedures can be found in Appendix 2 of this policy document. It is important that any concern raised in regard to Safeguarding or Child Protection is raised to the designated person and the correct procedure is followed as of this point. Shropshire Council First Point of Contact can be used for advice and guidance should there be any concerns that an employee feels can not be raised through this policy/procedure or any confusion in regards to what steps to take to raise a concern.

First Point of Contact- 03456 789044

**7. Duty to report Child Protection Concerns**

All staff have a responsibility to respond in accordance with the service’s procedures to every case concern for the well-being of a child. If the designated person, registered manager and or other senior staff are the subject of an allegation and the staff member does not feel they can refer to that person or a more senior representative of Children’s Services, the staff member can refer direct to Shropshire First Point of contact as listed above or Ofsted.

**Appendix 1**

**Definitions and Indicators**

**Child Abuse or Maltreatment**

In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition: Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Reference- Report of the Consultation on Child Abuse Prevention, 29-31 March 1999, WHO, Geneva

**Physical Abuse**

Physical abuse is when someone hurts or harms a child or young person on purpose. Physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

**Signs and Symptoms of Physical Abuse**

Signs and symptoms of physical abuse may include, but are not limited to:

• Unexplained recurrent injuries or burns

• Improbable excuses or refusal to explain injuries

• Wearing clothes to cover injuries, even in hot weather

• Refusal to undress for gym

• Bald patches

• Chronic running away

• Fear of medical help or examination

• Self-destructive tendencies

• Aggression towards others

• Fear of physical contact – shrinking back if touched

• Admitting that they are punished, but the punishment is excessive

• Fear of suspected abuser being contacted.

**Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a Child or Young Person such as to cause severe and persistent adverse effects on the Child’s or Young Person’s emotional development. It may involve conveying to Children or Young People that they are worthless or unloved or inadequate. It may include not giving the Child or Young Person opportunities to express their views, deliberately silencing them or making fun of what they say. It may feature age or developmentally inappropriate expectations being imposed on Children or Young People. It may also involve serious bullying causing Children or Young People to feel frightened or in danger or the exploitation or corruption of Children or Young People.

**Signs and Symptoms of Emotional Abuse**

Signs and symptoms of emotional abuse may include, but are not limited to:

• Physical, mental and emotional development lags

• Sudden speech disorders

• Continual self-depreciation (’I’m stupid, ugly, worthless, etc.’)

• Overreaction to mistakes

• Extreme fear of any new situation

• Inappropriate response to pain (’I deserve this’)

• Neurotic behaviour (rocking, hair twisting, self-mutilation)

• Extremes of passivity or aggression.

**Sexual Abuse**

Sexual abuse involves forcing or enticing a Child or Young Person to take part in sexual activities whether or not the Child or Young Person is aware of what is happening. The activities may involve physical contact, assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may also include non-contact activities such as involving Children or Young People in looking at sexual images, watching sexual activities; encouraging Children or Young People to behave in sexually inappropriate ways or grooming a Child or Young Person in preparation for sexual abuse.

**Signs and Symptoms of Sexual Abuse**

Signs and symptoms of sexual abuse may include, but are not limited to:

• Being overly affectionate or knowledgeable in a sexual way inappropriate to the child’s age

• Medical problems such as chronic itching, pain in the genitals, venereal diseases

• Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia

• Personality changes such as becoming insecure or clinging

• Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys

• Sudden loss of appetite or compulsive eating

• Being isolated or withdrawn

• Inability to concentrate

• Lack of trust or fear of someone they know well

• Starting to wet again, day or night/nightmares

• Become worried about clothing being removed

• Suddenly drawing sexually explicit pictures

• Trying to be 'ultra-good' or perfect

• Overreacting to criticism.

**Neglect**

Neglect is the ongoing failure to meet a child's basic needs. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger of significant harm.

**Signs and Symptoms of Neglect**

Signs and symptoms of neglect may include, but are not limited to:

• Constant hunger

• Poor personal hygiene

• Constant tiredness

• Poor state of clothing

• Emaciation

• Untreated medical problems

• No social relationships

• Compulsive scavenging

• Destructive tendencies.

**Child Sexual Exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

**Domestic Abuse**

The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour.

**Exploitation**

Opportunistically or premeditated, unfairly manipulating someone for profit, personal gain, modern slavery, human trafficking, and radicalisation. Including sexual exploitation.

**Financial abuse**

The use of a person’s assets and/or financial resources other than for purposes directed by her/him, and/or other than in her/his best interest. Financial abuse includes theft, exploitation, pressure in connections with wills, property, inheritance, or financial transactions, or misappropriation of property, possessions or benefits.

**Discriminatory Abuse**

Discriminatory abuse includes racist or sexual remarks, comments based on a person’s impairment, disability, age or illness and other forms of harassment, slurs, or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks (No Secrets 2000). Discrimination that is based on person’s disability or age, culture, religion, politics and sexual orientation, can be considered a Hate Crime. Discrimination can be in two forms, Direct: when a person with a protected characteristic is treated less favourably than others. Indirect: when a person with a protected characteristic is placed at an unfair disadvantage by putting rules or arrangements in place that apply to everyone. Consideration should be given to harassment and victimisation.

**Radicalisation**

Radicalisation ’refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism’ (Prevent HM Govt. 2011). The Organisation recognises that there is a threat of terrorism and understands that many terrorists are radicalised in the course of their contact with others. The UK government Prevention strategy (2011) which is a key aspect of safeguarding outlines the commitment to be made by the healthcare sector in ensuring that threats of this kind are understood and responded to. In addition, ’Channel’ is a supportive multi-agency process, designed to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism.

**Modern Slavery or Human Trafficking**

A person commits an offence if:

• The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or

• The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are: – Forced to work through mental or physical threat; – Owned or controlled by an ’employer’, usually through mental or physical abuse or the threat of abuse; – Dehumanised, treated as a commodity or bought and sold as ’property’; – Physically constrained or has restrictions placed on his/her freedom of movement. Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015.

The main elements of human trafficking are:

• The movement – recruitment, transportation, transfer, harbouring or receipt of people

• The control – threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim

• The purpose – exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs. Children cannot give consent to being moved. Therefore, the coercion or deception elements do not have to be present.

**Female Genital Mutilation**

• According to the NSPCC, Female Genital Mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons and it can be known as female circumcision, cutting or ’Sunna’. Sometimes, religious, social or cultural reasons are put forward for this happening, but it is abuse and a criminal offence, to a woman or child. The term covers all harmful procedures to the female genitalia for non-medical purposes. There are four types of FGM and all are illegal and have serious health risks. FGM ranges from pricking or cauterising the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening. FGM is usually performed by someone with no medical training and no anaesthetic or antiseptic treatment is used. Victims are often forcibly restrained and cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade and serious health problems are common.

• FGM has been a criminal offence in the UK since 1985 and in 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. FGM is a hidden crime and it is therefore difficult to assess the scope of this. More information can be found by contacting help@nspcc.org.uk or calling 0808 800 5000.

Signs FGM might happen:

* A relative or someone known as a 'cutter' visiting from abroad.
* A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
* A female relative, like a mother, sister or aunt has undergone FGM.
* A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
* A girl has an unexpected or long absence from school.
* A girl struggles to keep up in school.
* A girl runs away – or plans to run away - from home.

Signs FGM might have taken place:

* Having difficulty walking, standing or sitting.
* Spending longer in the bathroom or toilet.
* Appearing quiet, anxious or depressed.
* Acting differently after an absence from school or college.
* Reluctance to go to the doctors or have routine medical examinations.
* Asking for help – though they might not be explicit about the problem because they're scared or embarrassed.

**Hate Crime**

The police define Hate Crime as ’any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person’s religion, belief, gender identity or disability’. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

**Mate Crime**

A ’mate crime’ as defined by the Safety Net Project is ’when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate crime is often difficult for police to investigate, due to its sometimes-ambiguous nature, but should be reported to the police who will decide whether or not a criminal offence has been committed. Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

**Restraint, Deprivation of Liberty (DoLs)**

In extreme circumstances, unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult’s freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. It may also mean the use of behavioural medication prescribed by a health professional, you may know this by descriptions such as behavioural PRN or chemical restraint.

At times it may be agreed for Depravation of Liberty to be in place to safeguard a young person from harm. In such cases a Depravation of Liberty application must be made, or a written order made through the courts, a copy of the application or / and court order must be stored on the young person’s confidential file at all times.

All applications must be discussed and agreed with a young person’s placing authority, legal guardian and home manager.

With some young people who have disabilities restrictions may be agreed as part of their day to day care, to safeguard them from harm, such as:

• Mechanical restraint to limit self-injurious behaviour

• Continuous staff supervision

• Preventing them from leaving a residential home or school premises

• Chemical Restraint (Healthcare Professional prescribing and monitoring)

Any devises or approaches must be put in place by persons with the right level of experience, qualifications and skills. A written record of the specialist’s involvement, prescribed use and reviews is in place on the young person’s records.

All residential and educational staff supporting the young person must have a full awareness of the Depravation of Liberty agreed, why it’s agreed, when and how to use, and for what length of time.

In addition this information must be detailed in the young person’s My Life Plan and associated risk assessments, reviewed in line with the EHCP and LAC procedures.

These restrictions must be reviewed and agreed prior to the young person’s placement and be included in the young person’s placing authority Care Plan and Education, Health and Care Plan.

See Physical Intervention Policy.

**Appendix 2**

**Child Protection Procedures**

**General Safeguarding procedure:**

* In every case it is imperative that all appropriate action is taken to ensure the safety of a child as priority.
* Any concern in regards to a child that may be at risk of or is believed to be suffering significant harm should be raised to the designated person immediately.
* Upon discussion with the designated person it will be decided how the concern is to be recorded; this would likely be within an incident report unless a member of staff is implicated (in which case it may be in the form of a confidential statement).
* Safeguarding concerns should be noted within an individual child’s daily Log
* The Designated person will follow their responsibilities in line with this policy including but not limited to:
* Contacting the Shropshire Safeguarding Partnership though First Point of Contact and completing a Multi-Agency Referral Form
* Contacting the allocated worker for the child.
* Notifying Ofsted of any Child Protection investigation instigated.
* Taking all reasonable steps to ensure the Child is protected.
* Following actions in line with discussions with the Allocated worker or Shropshire Safeguarding Partnership.
* Attending Strategy discussion and providing relevant information as required.

**Procedures to be followed where an Allegation Involves a Member of Staff:**

* In cases where it is believed that a member of staff has behaved in a way that has harmed or may have harmed a child/young person; has possibly committed an offence in relation to a Child or Young Person or has behaved in a way towards a Child or Young Person that indicates the person may be unsuitable to work with Children or Young People; staff will firstly refer the matter to the designated person as above.
* During investigations of a child protection concern against a member of staff it may be necessary to relieve staff of their duty or temporarily move implicated staff to another home until the investigation is concluded. The moving or suspension from duty of a member of staff is undertaken as a matter of good professional practice and is considered a neutral act.
* The designated person will then inform the LADO within one working day. The designated person will liaise with the designated person to ensure that the appropriate authorities are notified in writing. The LADO will make a decision as to whether the matter should be investigated externally via child protection procedures or internally within children’ services.
* If there is reason to suspect that a Child or Young Person is likely to suffer significant harm the LADO will ask Children’s services to convene a strategy discussion. At this stage it may be necessary for the designated person to inform the member of staff and to suspend the member of staff in order to protect both the Child or Young Person and the staff member.
* If there is not reason to suspect that significant harm is an issue, but a criminal offence may have been committed the LADO will convene a similar discussion to decide whether a police investigation is needed. If a criminal investigation is required, the police will aim to complete their enquiries as quickly as possible and will keep the progress of the case under review. If the police decide not to charge the individual or to administer a caution they will pass any information they have which may be relevant to a disciplinary case to the designated person/employer.
* Where it is decided that the allegation does not involve a possible criminal offence it will be dealt with by the employer.
* Should the LADO decide that the matter can be dealt with via an internal investigation an investigating officer will be appointed, and the disciplinary procedure will be followed. Should the staff member leave whilst an internal investigation is ongoing and refuse to engage any further in the investigation process, it will be completed in their absence and the result shared with the LADO.
* If the allegation is substantiated and on conclusion of the case the employer dismisses the person involved, the designated person shall consult the external safeguarding representative as to whether a referral to the Disclosure and Barring Service is required.

Certain behaviours from individuals may also give cause for concern:

* Staff always requesting to work with one particular Child or Young Person or a particular individual always requesting to work with the same member of staff;
* Staff giving unexplained presents to a child/young person for no particular reason;
* Staff always wanting to take a particular Child or Young Person out of the home for prolonged periods;
* Any change in a Child’s or Young Person’s behaviour which could be associated with a member of staff;
* Staff messaging or calling a Child or Young Person from a personal mobile phone;
* Staff coming into work unpaid to spend time with a Child or Young Person;
* Children or Young People meeting up with staff when they are off duty;
* Staff not maintaining appropriate boundaries with Children or Young People;
* Staff leaving secretive messages for Children or Young People.
* This list is not exhaustive and may not always constitute a concern when in context.

If you witness any of the above this should be raised as a concern immediately to the designated person. The designated person will consider whether a referral to the external safeguarding board is required and the procedures for allegations against staff (above) will be followed.

**Procedures to be followed when receiving a Disclosure from a Child or Young Person;**

If you as a member of staff receive a disclosure from a child/young person, you should:

* Explain in a manner that the child/young person may easily understand that you cannot keep the conversation secret. Explain to the young person that reporting concerns is not a breach of trust;
* Listen to the young person allowing them to talk but do not prompt or ask leading questions;
* Do not interrupt the child/young person when they are recalling significant events;
* Show that you have heard what is being said and that you take the allegations seriously;
* Keep an accurate recording of the child’s/young person’s disclosure using exact words where ever possible;
* Make notes of the time, place and people who were present at the disclosure;
* Do not confront or inform the alleged abuser of the concern;
* Contact the designated person for child protection or the deputy designated person and follow instructions;
* Maintain confidentiality as directed by the designated person. If the allegation is about a member of staff the designated person will liaise with the external safeguarding representative to ascertain further action and the procedures for allegations against staff (described above) will be followed.