



White Lodge

Safeguarding children policy

Staff and volunteers working at White Lodge are well placed to notice signs of physical, sexual, emotional abuse or neglect, as they get to know children well and build up trusting relationships.

This policy covers the following:

- 1 Statement of Principles
- 2 The Role of the Designated Safeguarding Lead (DSL)
- 3 Staff and Volunteers vetting and training
- 4 Procedure to be following in event of concerns about a child
- 5 Allegations against staff or volunteers
- 6 Records kept
- 7 Definitions of abuse.

1 Statement of Principles

- a. **The paramount concern at all stages must be the interests and safety of the child.** This should be considered distinctly from the interests of the parents or other care givers or any other involved party.
- b. Abuse occurs in all cultures, all religions and all social classes. Therefore, workers must be sensitive to the many differing factors which may need to be taken into account depending upon the individual's racial, cultural, religious and social background.
- c. Children who have been abused need the same care and sensitivity regardless of whether they have been abused by a parent, carer or a stranger.
- d. **Every member of staff has a duty to report any concerns to a nominated DSL**
- e. Everyone and particularly families must be treated sensitively at all stages of any enquiries.
- f. Whilst respecting a family's privacy and recognising the importance of confidentiality, concerns about a child's welfare take precedence over these, both ethically and legally.

2 The Role of the Designated Safeguarding Lead

- a To be the initial point of contact for staff and volunteers concerned about a child in their care.
- b To co-ordinate information from White Lodge Centre about children for whom child protection proceedings are underway.
- c To liaise with other agencies, including the Local Authority, in relation to safeguarding issues.
- d To co-ordinate the monitoring of children who have are subject to a Child Protection Plan.
- e To share information with the staff team on a need to know basis in relation to children for whom there is a concern.

The Designated Safeguarding Lead are:

Lesley Robbins – CEO
Terry Broom – Head of Service

3 Staff and Volunteers Training

All staff and volunteers must have a Disclosure and Barring check at enhanced level in place prior to starting employment or volunteering.

The only time that a volunteer has contact with children without a DBS check is as a student on work experience (max of 10 days). In this instance the student must never be left on their own with children.

All staff attend the Working together to Safeguard Children training as part of their induction. They then attend refresher training every two years. All Co-ordinators also attend the 3 day multi-agency safeguarding training.

Volunteers are required to attend Safeguarding training every 3 years.

The DSL must attend a 2 day multi-agency safeguarding training and complete a refresher every 2 years.

The trainer must have SSCB two day train the trainer certificate and will attend a refresher Safeguarding update every 2 years and keep up to date with legislation.

4 Procedure to be followed in the event of concerns about a child.

All staff and volunteers are made aware of the need to report **any** concerns to a nominated DSL. The full document of “Working together to Safeguard Children” is held by the CEO as DSL.

White Lodge Centre works in line with the Safeguarding Children Board procedures of the Local Authority. The most up to date copy of the procedures for Surrey can be found on their website: www.surreycc.gov.uk and good practice dictates that where possible the on-line procedures should be referred to as they are the most up-to date.

- i In the event of a member of staff or volunteer being concerned about a child in any way they must discuss this immediately with the senior member of staff for their area of the Children and Young People’s Service (CHYPS) or in the event of their absence directly with one of the two DSLs. The senior member of staff must ensure that a factual written record of the concern is made and body maps are used if appropriate(see record keeping). Any explanation given to account for the concern must also be recorded.

RECOGNITION AND REFERRAL

Factors to consider when responding to a concern being raised by a child:

Do:

- Listen very carefully
- Try not to show shock
- Demonstrate empathy
- Listen carefully to what they are telling you, stay calm, try to get a better picture of what happened, but do not directly question them.

Tell the child that:

- They did a good / right thing in telling you
- You may need to pass the information on to a professional
- You are treating the information seriously
- It was not their fault

Do not:

- Do not make promises you cannot keep
- Do not promise to keep secrets
- Undertake an interview with the person

All children/young people who have been identified as being non mobile, when bruising is identified a Surrey County Council body map must be completed ensuring that a valid explanation for bruising is clarified, at times this may include asking parents or other professionals. If there are any concerns over clarification, please speak to a DSL.

- ii The senior member of staff must immediately discuss the concerns with one of the two DSLs. Out of office hours the emergency telephone number should be used.

The priority is to safeguard the child/young person. This may mean that arrangements are made for their return home to be delayed, staff not to leave the family home or, if the concern relates to a member of staff, temporarily suspending that person. Any such decisions will be made in consultation with a DSL. It may be decided to ask the parent / guardian about the concern as their information may inform the decision making process about making a referral to Social Services.

- iii If there remain concerns, the DSL will make a call to the Single Point of Access Team to seek further advice. The telephone numbers indicated below must be used. Prior to making the referral, the child's parents / carers are advised of the concern and the action being taken **unless doing so might adversely affect the child's safety. The placing authority and Surrey County Council should be informed.**

Contact Numbers:

During Office Hours SPA (Single Point of Access) 0300 470 9100

Out of Office Hours Surrey Emergency Duty Team: 01483 517 898

Surrey LADO 0300 123 1650

Richmond

During Office Hours Richmond 0208891 7969

Out of Hours Richmond 0208744 2442

Hampshire

During Office Hours Hampshire 0845 6035620

Out of Hours Hampshire 08456004555

Contact Numbers for other local authorities are available on their website.

- iv Verbal referrals must always be followed up by a written referral within 48 hours. All action taken must be recorded by the DSL.
- v The DSL ensures that either Ofsted or the Care Quality Commission is notified if a section 47 is opened by the local authority and if a section 47 is closed by the local authority or if the incident is deemed serious following discussions with other professionals.

The responsibility for children thought to be at risk rests with the person who has the concern. If at any stage you still feel unhappy about a child's welfare having followed the above procedure you should discuss your concerns directly with the CEO of White Lodge Centre. Failing that, any person has the right to discuss their concerns about a child's welfare or safety direct with the Social Care services and/or Ofsted or the Care Quality Commission.

5 Allegations Against Staff / Volunteers

- i. Any allegation made in relation to a volunteer or a member of staff, by either a child or adult, must be immediately passed to the Co-ordinator (of either Treetops, Domiciliary, Out of School Activities, Nursery or Therapy) or DSL by the person who has received or heard the concern. Out of office hours the emergency telephone number should be used. Tel number 07779123246.
- ii. The Co-ordinator immediately discusses the concerns with the CEO or Head of Service, as DSL, and decides on the best course of action. This may involve:
 - making a referral to social services and LADO (using the contact details given in section 4).
 - invoking the Disciplinary or Individual Capability policy.
- iii. The DSL should contact social services to discuss the case and follow through the outcomes of the discussion, making a social service and LADO referral where appropriate and informing parents if advised.
- iv. Where neither social services nor the police accept the complaint, a thorough investigation should take place into the matter.
- v. The parents / guardians of the child are told about the nature of the allegation.
- vi. The DSL or Co-ordinator meets with the member of staff / volunteer, informs them of the allegation and gives them the opportunity to respond.

- vii. It may be necessary to suspend the person concerned until an investigation has taken place. It is important that they are kept fully informed of the progress of the case and offered support while the investigation is ongoing.
- viii. If the member of staff / volunteer tenders their resignation or ceases to provide services, the investigation into the allegation must continue and the Disclosure and Barring Service are notified.
- ix. If the concern relates to the CEO, both LADO and the Chair of the Trustee Board are informed, the trustee telephone numbers are held at Pathways reception.
- x. The Care Quality Commission or Ofsted must also be notified.

6. Allegations against another child – read in conjunction with Anti - bullying Policy

When an allegation is made by a child against another child, members of staff should consider whether the complaint raises safeguarding concern. If there is a safeguarding concern the DSL should be informed.

- i. A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- ii. The DSL should contact social services to discuss the case and follow through the outcomes of the discussion, making a social service referral where appropriate and informing parents if advised.
- iii. The DSL will make a record of the concern, the discussion and any outcome and set up an individual file.
- iv. If the allegation indicates a potential criminal offence has taken place, the police should be contacted at the earliest opportunity.
- v. OFSTED or CQC should be informed of the above.
- vi. Where neither social services nor the police accept the complaint, a thorough investigation should take place into the matter.

- vii. The above should include a risk assessment with a preventative and supervision plan if appropriate.
- viii. The plan should be monitored and date set for a follow-up evaluation with everyone concerned.

7 Records Kept

Body maps must be completed for all identified non mobile children/ young people who have bruising see <P:\FORMS\Body Map\body map WLC.doc> bruising must be clarified with an explanation, this may include contacting the parents or another professional all maps to be held in their individual file.

The DSL keep all records involving child protection concerns.

Records are kept of all conversations held in relation to the concerns and investigation. This will be held by the DSL and recorded chronologically with actions taken. In addition, body maps may be kept and observations of a child / young person's behaviour.

Records concerning a member of staff must be held in their personnel file and a copy given to the member of staff. This information must be retained on file until the person reaches retirement age or for 10 years if that is longer.

8 Definitions of Abuse

Our knowledge and understanding of children's welfare – and how to respond in the best interests of a child to concerns about abuse and neglect – develop over time, informed by research, experience and the critical scrutiny of practice. Similarly, our knowledge of additional factors pertaining to disabled children, such as their increased vulnerability to abuse, barriers to disclosure and recognition and how these might affect our ability to safeguard their welfare has developed. However, a shared understanding of what may constitute abuse is essential to safeguarding children.

Working Together to Safeguard Children describes four main categories of abuse and gives the following definitions:-

PHYSICAL

ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

NEGLECT

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 or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger (including exclusion from home or abandonment).
- ensure access to appropriate medical care or treatment.
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

CONTEXTUAL SAFEGUARDING

An approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, children's social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

<https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding>

***NOTE These categories of abuse are neither exhaustive nor mutually exclusive and all may result in a failure of a young person to thrive.**

SIGNS/INDICATORS OF ABUSE*

POSSIBLE SIGNS/INDICATORS OF NEGLECT:

- constant hunger
- poor personal hygiene
- constant tiredness
- poor state of clothing
- emaciation
- frequent lateness or non-attendance
- untreated medical conditions
- destructive tendencies
- low self esteem
- neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- no social relationships
- chronic running away
- compulsive stealing
- scavenging for food

POSSIBLE SIGNS/INDICATORS OF PHYSICAL ABUSE:

- unexplained injuries or burns, particularly if they are recurrent
- improbable excuses given to explain injuries
- refusal to discuss injuries
- untreated injuries
- admission of punishment which appears excessive

- fear of parent being contacted
- withdrawal from physical contact
- flinching at sudden movements
- arms and legs kept covered in hot weather
- fear of returning home
- fear of medical treatment
- self-destructive tendencies
- aggression towards others
- chronic running away

POSSIBLE SIGNS/INDICATORS OF EMOTIONAL ABUSE:

- physical, mental and emotional developmental delay or disturbance
- admission of punishment which appears excessive
- over-reaction to mistakes
- sudden speech disorders
- fear of new situations
- inappropriate emotional responses to stressful situations
- neurotic behaviour e.g. hair twisting, thumb sucking
- self mutilation
- fear of parents being contacted
- extremes of passivity or aggression
- drug/solvent abuse
- chronic running away
- compulsive stealing
- scavenging for food or clothes
- enuresis/encopresis bedwetting/soiling
- expression of extremist views
- possession of violent extremist literature
- advocating violent actions and means

POSSIBLE SIGNS/INDICATORS OF SEXUAL ABUSE:

- genital injuries or soreness
- presence of sexually transmitted disease
- enuresis/encopresis bedwetting/soiling
- exposing themselves
- masturbation in contextually inappropriate fashion
- sexualised play or drawings
- fears, e.g. of being bathed, changed, put to bed
- nightmares
- pregnancy
- depression or suicide attempts

- chronic running away
- self-harming, self-mutilation, anorexia
- obsessional washing
- psychotic episodes
- rebellious against specific gender
- abdominal pains
- concentration/school difficulties
- psychosomatic conditions
- authority problems
- drug and alcohol abuse

The presence of any one of these factors does not necessarily in itself indicate that the child has definitely been abused, but rather that abuse may be a factor and that this should be considered in the light of other information.

9 Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter /injure the female genital organs for non-medical reasons.

FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK. As with forced Marriages there is the 'One Chance' rule. It is essential that this is reported without delay.

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

*Adapted from *Abuse and Children who are Disabled*
Merry Cross (1993), ABCD Consortium

Further relevant policies;

Anti Bullying

Child Missing

Child Sexual Exploitation

Whistle blowing – see staff Handbook

Further Reading;

Prevent Duty – Radicalisation

Trafficking children

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

<https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>