



Safeguarding Children and Young People Policy and Procedure

Terminology:

Throughout this document:

- The terms 'child' / 'children' refer to anyone under the age of 18 years and covers both children and young people.
- The term 'Reach' will be used for Reach Learning Disability
- The term 'professional' applies to all paid staff, trustees, volunteers and self-employed tutors engaged by Reach.

Statement of Intent:

The abuse of children constitutes a clear infringement of their rights and freedoms as citizens. This policy and procedure aims to protect children who are at risk of all forms of abuse to ensure that they receive a safe, and supportive service, through the process of identifying, managing and preventing all forms of abuse. It fully accepts, endorses and will implement the principle first enshrined in the Children Act 1989: **the welfare of the child is paramount.**

Policy:

Reach acknowledges the duty of care to safeguard and promote the welfare of children and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice.

The policy recognises that **the welfare and interests of children are paramount in all circumstances** and affirms its belief that safeguarding children; the action we take to promote the welfare of children and protect them from harm, is everyone's responsibility. **Everyone who comes into contact with children and families has a role to play.**

This policy aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation identity or socio- economic background, all children

- Have a positive and enjoyable experience at Reach in a safe and child-centred environment.
- Are protected from abuse whilst participating in any activities provided or supported by Reach.

Reach acknowledges that some children, are additionally vulnerable because of the impact of previous experience, their level of dependency, communication needs and other issues and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

Reach will seek to keep children safe by:

- Valuing them, listening to and respecting them
- Appointing Safeguarding Officers, Senior Safeguarding Officer and Lead Board Member
- Adopting rigorous approach to the safeguarding of children through safeguarding procedures and a code of conduct for staff and volunteers.
- Providing appropriate management for staff and volunteers through supervision, support, training and quality assurance measures.
- The safe recruitment of staff and volunteers by carrying out appropriate checks.
- Ensuring that confidential, detailed and accurate records are maintained and securely stored.
- Using our Safeguarding Procedures to share concerns and information with agencies who need to know and involving children, parents and carers as appropriate.
- Using our safeguarding and other procedures to ensure that any allegations against staff and/or volunteers are managed appropriately
- Ensuring that we have a safe physical environment for children, staff and volunteers in line with Health & Safety regulations and procedures
- Ensuring that we have effective complaints and whistle-blowing measures in place.
- Creating an anti bullying environment
- Ensuring that staff, volunteers and members of the public visiting our premises / using our services know our commitment to safeguarding children.

This policy, and the associated procedures, will be widely promoted and are mandatory for everyone involved in Reach, including staff and volunteers.

Copies are available in the Policy file kept in your manager's office and on SharePoint.

Any documents/forms referred to in this document and shown in italics are hyperlinks to the documents that can be found in the 'Procedures and Forms' section on SharePoint.

Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

Procedure:

1. Introduction:

This document outlines the procedures for safeguarding children and for dealing with allegations of abuse.

2. What is 'Safeguarding'?

Safeguarding Children is a concept that reaches beyond **child protection** to incorporate the additional aims of preventing the harm of children's health and development and ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

Reach is committed to using a child centred approach to safeguarding and promoting the welfare of every child as described by Working Together to Safeguard Children [2018]. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

For the purposes of these procedures, safeguarding is defined as in Working Together to Safeguard Children [2018] as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

3. Good Practice supporting the Voice of the Child

3.1. Children and Young People's Views:

Children have said that they need:

- **Vigilance:** to have adults notice when things are troubling them;
- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon;
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them;
- **Respect:** to be treated with the expectation that they are competent rather than not;
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans;
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;
- **Support:** to be provided with support in their own right as well as a member of their family;
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views.

3.2 Effective on going action to keep the child in focus includes:

- Listening to the child's wishes and feelings - about their situation now as well as plans and hopes for the future;
- Providing children with honest and accurate information about the current situation, as seen by practitioners, and future possible actions and interventions;
- Involving the child in key decision-making processes;
- Providing appropriate information to the child about his or her right to protection and assistance;
- Inviting children to make recommendations about the services and assistance they need and/or are available to them;
- Ensuring children have access to independent advice and support (for example, through advocates or children's rights officers) to be able to express their views and influence decision-making;
- Considering with them, issues arising in relation to identity, diversity, culture, faith, sexual orientation language, disability, low confidence and trust.

3.3 Talking with Children and Young People:

Even initial discussions with children should be conducted in a way that minimises any distress to them and maximises the likelihood that they will feel enabled and supported in sharing their own information with the practitioners. Children may need time and more than one opportunity in order to develop sufficient trust to communicate any concerns they may have, especially if they have a communication impairment, learning disabilities, are very young or are experiencing mental health problems.

Professionals are encouraged to:

- Explain your own role, to listen openly and to seek the views/voice of the child without advising or judging;
- Remember to consider explaining to parents and carers in advance and seek consent where necessary;
- Consult with other practitioners working with the child to ensure that confusing messages are avoided and the child is not asked to repeat their information unnecessarily;
- Avoid professional jargon and be clear about facts and opinion;
- Allow time for the child to ask questions;
- Be clear about next steps.

4. Safer Recruiting

Reach uses the Disclosure and Barring Service [DBS] to help assess the suitability of applicants for all positions, including volunteers and trustees. Applicants will not have their employment confirmed until a satisfactory Disclosure is received. DBS applications are dealt with by Nottinghamshire County Council who will inform Reach and the applicant of the decision taken. Applicants will also receive a paper copy.

Reach complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. For more information refer to Reach's [DBS Policy](#)

5. Who carries responsibility for safeguarding children?

Safeguarding is everyone's responsibility. Everyone who comes into contact with children and families has a role to play in promoting the welfare of children and protecting them from harm.

All Reach professionals (paid staff, trustees and volunteers) who are working with vulnerable groups, including children, must always act in their best interests and must ensure that they take all reasonable steps to prevent harm to any children with whom they have contact.

Having safeguards in place within an organisation not only protects and promotes the welfare of children but also enhances the confidence of trustees, staff, volunteers, parents/carers and the general public.

All professionals, whether paid or voluntary, in all organisations where they come in to contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers, should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to gather and where appropriate, analyse information as part of an assessment of the child's needs.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs;
- Has special educational needs;
- Is a young carer;
- Is showing signs of engaging in anti-social or criminal behaviour;
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
- Is showing early signs of abuse and/or neglect.

6. What is harm?

'Harm' is defined as the ill treatment or impairment of health and development. Some children are in need because they are suffering, or likely to suffer what is termed, '**significant harm.**'

The Children Act (1989) introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. This definition was clarified by the Adoption and Children Act 2002 (S.120) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' 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, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Consideration of the severity of ill-treatment may include:

- The degree and the extent of physical harm,
- The duration and frequency of abuse and neglect,
- The extent of premeditation,
- The presence or degree of threat, coercion, sadism and bizarre or unusual elements.

It is not the responsibility of any professional working for Reach to decide whether or not the threshold of significant harm has been reached. It is the responsibility of all professionals to report any concerns they have following the procedure set out in Section 8.

7. Identifying Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons. The following definitions are those identified in Working Together to Safeguard Children 2018:

- **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 fabricates the symptoms of, or deliberately induces illness in a child.
- **Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:
 - Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
 - Imposing age or developmentally inappropriate expectations 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;
 - Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
 - Serious bullying, causing children frequently to feel frightened or in danger;
 - Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **Bullying:** Bullying is a form of abuse which may particularly affect children with learning disabilities. It may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). (See: *Harassment policy and procedure HP-02*)

- Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of, pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. In addition; Sexual abuse includes abuse of children through 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.
- 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 misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected. Once a child is born, neglect may involve a parent failing to:

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

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs.
- Children Exposed to Domestic Abuse** In addition, research demonstrates a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships. It should therefore be considered in responding to concerns that the Home Office 'Definition of domestic violence and abuse' is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- *Psychological*
- *Physical*
- *Sexual*
- *Financial*
- *Emotional*

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain,

depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim".

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic violence and abuse in the household or a cluster of problems faced by the adults.

- **Contextual Safeguarding** Working Together to Safeguard Children has introduced the concept of Contextual Safeguarding which recognises that as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

8. Non-Recent Abuse

This refers to any allegations of child abuse, which occurred when the complainant was a child (under 18 years of age) and which have been made after a significant lapse of time, usually over 1 year. All allegations of non-recent abuse should be dealt with under the Children's Safeguarding Procedures.

There are many valid reasons why the victim may be unable to disclose at the time of their abuse. It is known that fear of being disbelieved or not taken seriously, fear of the perpetrator, retaliation, shame and embarrassment have all been factors which have prevented victims from disclosing. Allegations of non-recent abuse should always be taken seriously, regardless of the amount of information available; for example where the name of the people involved is not available or can't be recalled.

Responses to disclosures of non-recent abuse require as high a standard as a response to current abuse. Professionals (paid members of staff, trustees or volunteers) dealing with cases of this nature should be aware that even though the offences are termed 'non-recent', the alleged perpetrator could be in current contact with children and young people as a parent, carer, worker or volunteer. They should also be aware that non-recent abuse does not only apply to abuse which occurred in institutions or at the hands of professionals; allegations may also be made about family members, carers, or other young people. Concerns relating to historical abuse in institutions or at the hands of professionals should be dealt with under Section 12 below.

9. Concerns / allegations relating to current professionals

When informed of a concern or allegation which relates to a current professional, the Safeguarding Officer should follow the procedure set out in the Nottinghamshire guidance found on their website (<http://nottinghamshirescb.proceduresonline.com/>). This is in order to ensure that any action taken under Reach's internal Disciplinary Procedures will not impede any action to be taken by the LA or Police and to establish clear parameters around the information to be given to the child, the person making the allegation (if different) and the member of staff.

10. Allegations / concerns which relate to the Safeguarding Officer and/or Senior Safeguarding Officer

Where either / both the Designated Safeguarding Officer and/or Senior Designated Safeguarding Officer are named in allegations / concerns, the person receiving the information should first contact the SDSO or Lead Board Member as appropriate, whose role it is to contact the MASH and manage the process as set out in Section 12 of these procedures.

11. Concerns Raised by a Member of the Public:

When a member of the public telephones or approaches any organisation with concerns about the welfare of a child or an unborn baby, regardless of whether the child is known to Reach, the professional who receives the contact should follow the same process as in Section 10.

- Clarify and document the concerns;
- Offer re-assurance that the member of public has done the right thing in raising concerns;
- Explain what action will be taken and within what timeframe;
- Follow the A to B to C procedure
- Record the concerns and the action taken

In addition the member of the public should also be given the number of Nottinghamshire's Customer Service 0300 500 80 80 or Nottingham City, Children and Families, depending on where the alleged abuse took place, in order to raise their own concerns.

Reach, as the organisation receiving the initial concern, will **always** make a referral to the Local Authority children's social care in case the member of the public does not follow through.

12. Managing risk

Off-site activities: When arranging activities away from the Reach premises:

- Details of the event must be given to parents / guardians / carers.
- A detailed programme and list of contacts should be left with a responsible person at Reach.
- No child can be taken off-site for activities without the consent of their parent/guardian/ carer.
- Permission slips including a request for medical details and an emergency contact number must be filled in.
- A written risk assessment must be completed to be signed off by the Manager (in order to meet the requirements of Insurers)

13. Information sharing

Working Together to Safeguard Children states that:

Effective sharing of information between practitionersand local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.....

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

- *all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'*
- *where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk*

Reach complies fully with its obligations under the Data Protection Act and other relevant legislation pertaining to the safe handling, use, storage, sharing, retention and disposal of Disclosure information. For additional information refer to the [Data Protection policy](#).

13. what to do when there are concerns about possible abuse or an allegation has

been made

13.1 Referral Procedure:

Reach is situated in Nottinghamshire and is therefore required to work within the framework of good practice set out in the Nottingham and Nottinghamshire inter-agency framework of standards for good practice (web-based) <https://nottinghamshirescb.proceduresonline.com/>

When staff are assessing the level of response to a concern they should refer to the Nottinghamshire threshold document [Pathway to Provision](#) or the Nottingham threshold document [Family Support Pathways](#).

A concern about possible abuse or a disclosure may arise from a number of sources; e.g. direct observation of the behaviour of child or adult, a report from a child, a concern raised by another adult.

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

They should:

- Listen and observe
- Make a written record of the information using the [Incident Form](#) (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said; sign and date the written record.
- Immediately report the matter to the SO, or SSO in their absence or; where the SO is the subject of the allegation, report to the SSO or Lead Board Member as appropriate.
- In such circumstances a formal referral to LA children's social care, the police or emergency medical services (if the child requires urgent medical attention) must not be delayed by the need for consultation with management and internal procedures.

They should not:

- Investigate or ask leading questions if seeking clarification;
- Ask a child to write a statement or write down their version of events;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but they may give assurance that the information will only be shared on a 'need to know' basis.

Every paid member of staff, trustee and volunteer should have a copy of Reach's good practice guidance '[Safeguarding Reporting Procedure](#)'.

13.2 The role of the Referrer: The 'Referrer' is the Safeguarding Officer, the Senior Safeguarding Officer or, where it is felt that these persons may be implicated in or colluding with the alleged abuse, the Lead Board Member / Trustee. The Referrer must have received training in making safeguarding referrals and should use this, plus their knowledge of all relevant Reach procedures, to ensure that the concerns are reported to the Local Authority in which the child at risk lives or is found, the Police or a medical professional as appropriate.

13.3 Before making a referral to the MASH the Referrer should:

- Ensure the health, safety and welfare of the child at risk and anyone else at risk, including the person posing the risk, especially where this person has care and support needs.
- In an emergency, contact the relevant emergency service(s); police ambulance, fire & rescue.
- Be aware of the possible need for forensic evidence
- Undertake any other immediate actions required under Reach Procedures; health & safety, disciplinary etc...
- Carry out initial information gathering:
 - Obtain Incident Form from the person raising the concern and clarify events (not the child/adult

- making the allegation)
- If not already done by the Person Raising the Concern, speak to the child at risk and find out what they want to happen as a result of the concern being raised
- Complete a body map where required
- Follow the Pathway to Provision or Family Support Pathways handbooks.
- Gather and record any remaining relevant information to make a referral; past incidents, allegations, discussions about the child at risk and/or alleged perpetrator, any decisions made, and the reasons for those decisions;

13.4 The Multi-Agency Safeguarding Hub (MASH) is the central resource for the area of Nottinghamshire covered by Nottinghamshire County Council receiving all new adult and child safeguarding enquiries that meet current thresholds. The MASH is staffed by professionals from a range of agencies including, the Police, Health, County Council, Education. It acts as the first point of contact for all new concerns regarding an child at risk in Nottinghamshire which meet current threshold for the involvement of Adult Social Care. Those concerns that don't meet the threshold will be signposted to specific early help services, ensuring they receive appropriate support.

13.4 Children and Families Direct is the central resource for Nottingham City. There are many services available to support children and families. The department have a 'one stop shop' ensuring that they can be contacted using one telephone number, email address or fax number. Call handlers will answer the call and ensure that you are connected to the service you need.

13.5 Local Authority Designated Officer (LADO): can be contacted for guidance at any time. Contact details are as follows:

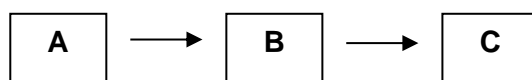
- Nottinghamshire County Council 0115 9773921
- Nottingham City Council 0115 8765501

14. Procedures to be followed when there are concerns about possible abuse or an allegation has been made.

14.1 All practitioners have a responsibility to refer a child to children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

S/he **must** follow the **A to B to C process**:



'A' gives information to 'B' who contacts 'C'

A = **the person having a concern**/taking disclosure

B = **The Referrer** (Safeguarding Officer or Senior Safeguarding Officer)

C = the Local Authority (MASH [*Multi Agency Safeguarding Hub*] or Nottingham City Children & Families Direct service)

Reach Learning Disability Safeguarding Officers are:

SSO:	Senior Safeguarding Officer	Group Manager, Client Services
SO:	Newark Safeguarding Officer	Centre Manager
SO:	Mansfield Safeguarding Officer	Centre Manager
SO:	Southwell Safeguarding Officer	Centre Manager
SO:	Flower Pod, Southwell Safeguarding Officer	Centre Manager or Client Services Lead
SO:	Flower Pod, Newark Safeguarding Officer	Centre Manager
SO:	Holidays	Group Manager, Client Services
LBM:	Lead Board Member	Pati Colman Trustee

Where the relevant Safeguarding Officer is not available for any reason, the matter should pass to the Senior Safeguarding Officer who will make the decision as to who should act as the Referrer.

Where the Safeguarding Officer is the subject of the allegation the matter should be passed directly to the Senior Safeguarding Officer. In the event that the SSO is also implicated the matter should be brought to the attention of the CEO or a Member of Senior Management team who will contact the Lead Board Member.

14.2 Timescales: responding to safeguarding concerns of any nature should be done immediately, if an emergency, or within the **same working day** (within 4 working hours)

Confidentiality: concerns must always be reported to the relevant Safeguarding Officer. They should not be discussed with anyone else, such as work colleagues, unless the immediate welfare of the adult at risk or other adults make this unavoidable.

14.3 Making a referral: Referrals should be made to the Local Authority for the area where the child is living or is found.

Once a concern is reported, the MASH team will **within one working day** of receiving a referral, assess whether it meets the threshold for Children's Social Care involvement and the type of response that will be required to meet the needs of the child. If involvement is deemed necessary MASH will contact LADO. The referrer should be notified of the outcome of this decision within 3 days and if this does not occur, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

Where children are living within Nottinghamshire professionals should contact the MASH by:

Telephone: 0300 500 80 90 (during normal office hours)

Email: mash.safeguarding@notts.gcsx.gov.uk

For emergency situations occurring outside office hours contact should be made with the Emergency Duty Team [EDT] on 0300 456 4546

Where children are living within Nottingham City professionals should contact Children & Families by:

Telephone: 0115 876 4800 (Monday to Friday at 8:30 am to 5:00 pm). Outside of these hours, this telephone number should be used for emergency safeguarding enquiries only.

Email: candfdirect@nottinghamcity.gcsx.gov.uk

Fax: 0115 876 2927

14.4 Urgent Medical Attention: If the child is suffering from a serious injury is unwell or in pain the Safeguarding Officer must arrange appropriate medical attention and must inform LA children's social care,

and ensure the safeguarding concerns are communicated with any medical services involved with immediate care e.g. The Ambulance Service, Accident and Emergency Department.

14.5 Speaking to the child: Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all practitioners should be to **listen carefully** to what the child says and to observe the child's behaviour and circumstances in order to:

- Clarify and document the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe;

Children should be given every opportunity to learn that no-one has the right to do anything to them that makes them feel uncomfortable. They must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

Children should be given information and asked their views about the referral to children's social care in a way appropriate to their age and developmental level, unless to do so is felt likely to cause increase risk of harm to them or others. If the child can understand the significance and consequences of making a referral to the Local Authority children's social care, the possible outcomes and the different stages of the process should be explained to them. It should be explained to the child that, whilst their views will be taken into account, the practitioner has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

14.6 Parental Consultation: Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to Local Authority children's social care **unless** seeking agreement is likely to place the child or the worker at risk of significant harm through delay or from the parent's actions or reactions; for example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic violence or fabricated or induced illness has taken place. Where the Safeguarding Officer decides not to seek parental permission before making a referral to LA children's social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to LA children's social care. Safeguarding Officers should consult with the Senior Safeguarding Officer, if at all practicable, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

- The reason for proceeding without parental or competent young person's agreement must be recorded;
- The parent's or competent young person withholding of permission must form part of the verbal and written referral to LA children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

14.7 Anonymity: A child protection referral from a professional cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available. Where the concerns are raised by a member of the public who wishes to remain anonymous or who is prepared to disclose their identity but does not wish for it to be revealed to the parent/s of the child concerned, this should be respected and recorded. Wherever possible, practitioners should respect the referrer's request for anonymity. However no guarantees of confidentiality should be given as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

Members of the public. Where a member of the public raises a concern they should be advised to contact the MASH in their own right, in addition to any referral made by Reach. This should be done by telephoning the County Council's Customer Service Line on 0300 500 80 80.

15. The Role of The Senior Safeguarding Officer:

- 15.1 It is the function of the Senior Safeguarding Officer to guide and support staff through the process of recognising and reporting safeguarding concerns and, where required, as when a Safeguarding Officer is not available, to either pass the matter to another Safeguarding Officer to act as referrer, or to take over the role of referrer his/herself.
- 15.2 The Senior Safeguarding Officer will also act as the referrer where:
- allegations are made which concern senior members of staff (CEO and/or SMT) or members of the Board of Trustees and:
 - the person raising the original concern does not have confidence in the impartiality of the designated safeguarding officers and believes that they may be involved in or colluding with the abuse.
- 15.3 It is the responsibility of the Senior Safeguarding Officer to:
- Monitor the way in which all safeguarding concerns which are raised through these procedures have been addressed, whether or not they result in a referral to the MASH or the safeguarding bodies of another Local Authority. This includes monitoring any action plans agreed to address the needs of either the child at risk or the individual posing a risk where this person is a client of Reach.
 - Keep abreast of any legislative changes and alterations to guidance issued by the Nottingham and Nottinghamshire Safeguarding Board and will ensure that Reach Policies are adjusted accordingly.
 - Meet with the designated Safeguarding Officers twice a year in order to achieve consistency of practice across Reach.
 - Update the Trustees on the numbers and significance of all children safeguarding concerns, particularly those in which a referral was made to the MASH / appropriate Local Authority.
 - Meeting with the Lead Board member and the CEO on an annual basis to ensure the robust nature of the Children Safeguarding procedures.

16. The Role of The Lead Board Member:

- 16.1 It is the role of the Lead Board Member to act as the Referrer in situations in which:
- The concerns raised are about the Senior Safeguarding Officer.
 - The person raising the original concern or the Person Raising the Concern does not have confidence in the impartiality of the designated safeguarding officers and believes that they may be involved in or colluding with the abuse.
- 16.2 The Lead Board member carries particular responsibility for ensuring that Reach's Safeguarding procedures are monitored on a regular basis and are 'fit for purpose'. To achieve this s/he will meet with the Senior Safeguarding Officer and the CEO on an annual basis.

17. Staff support, supervision and training

- 17.1 All managers, staff, tutors, volunteers and trustees are required to have completed training set out in the ***Reach Safeguarding Adults Competency Framework and Learning Pathway***.
- 17.2 Safeguarding matters will be a standard item at all supervision sessions

This policy will be conveyed to all trustees, staff and volunteers joining the organisation as part of their induction, and to all trustees, current staff and volunteers working with adults at risk.





Other relevant policies, procedures and document to be read in conjunction with Safeguarding Children and Young People Policy & Procedure:



- Staff handbook
- Volunteer contract & handbook
- Harassment Policy [HP-02]
- Health & Safety [HSP-03]



- Whistleblowing Policy [WP-02]
- Prevent Policy [P-02]
- Social Media Policy [SM-02]
- Client Compliments, Comments and Complaints handbook

18. Review and Approval Process:

This policy will be updated annually and approved by the Board in July of each year unless changes are brought out by the local authorities at a different time.

Safeguarding Children & Young People Policy and Procedure reviewed and approved:	
Signature (Chief Executive):	
Date:	July 2015
Review date:	November 2015
Signature:	
Changes made to the policy:	General update
Review date:	April 2017
Signature:	
Changes made to the policy:	Clarification of Lead Board Member and improved appendix referencing.
Review date:	August 2017
Signature:	
Changes made to the policy:	Updates including: <ul style="list-style-type: none"> - Categories of Abuse - additional information about Early Help, Contextual Safeguarding and Domestic Abuse.

	- Guidance from Working Together to Safeguard Children 2018
Review date:	August 2019
Signature:	
Changes made to the policy:	None
Review date:	July 2020
Signature:	

Changes made to the policy:	Changes to SSO and SO titles to reflect organisational changes
Review date:	Oct 2020
Signature:	
Changes made to the policy:	No changes made, updated links to other policies and forms
Review date:	Oct 2021
Signature:	

Please sign electronically using the link when you have read.