

**Designated Safeguarding Lead** for Malvern Special Families: CEO, Gareth Jones (DSL) 01684 892526

**“Ofsted Registered Person”** for Malvern Special Families: Chairperson, Margaret Buchanan

**Family Front Door** (Children’s Social Care) 01905 822666 Monday-Friday 8.30am-5.00pm, 01905 768020 (evenings and weekends)

**Adult Safeguarding Team** 01905 843189 (advice) to report an adult safeguarding concern call 01905 768053

**Police:** Call **999** in an emergency when a crime is in progress, when there is danger to life or when violence is being used or threatened. For less urgent issues call local police on **101**.

**Ofsted:** 0300 123 1231

**Local Authority Designated Officer (LADO):** 01905 843311

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This policy has been developed in conjunction with the following legislation and guidance:

The Children Act 1989, 2004	The Childcare Act 2006	Safeguarding Vulnerable Groups Act 2006
The Education Act 2002	The Sexual Offences Act 2003	The FGM Act 2003
The childcare (Disqualification) Act Regulations 2009		Children & Social Work Act 2017
Prevent Duty & Guidance for England & Wales 2015, revised 2021		
Inspecting Safeguarding in early Years, Education and Skills Settings, Ofsted Sept 2019		

The Government Guidance “Working Together to Safeguard Children” 2023, which is the basis for the local procedures provided by Worcestershire Safeguarding Children Partnership (WSCP) <https://www.safeguardingworcestershire.org.uk/wscb/> and “Safeguarding and Child Protection Guidance for Private, Voluntary and Independent Early Years and Childcare Providers”, (the yellow book) updated August 2021.

## Policy Statement on Safeguarding

'Keeping children and young people safe is everyone's responsibility.' Worcestershire Safeguarding Children Partnership (WSCP). The welfare, safety and protection of children is paramount.

At Malvern Special Families we fully recognise our moral and statutory responsibilities for, and is fully committed to, safeguarding the welfare of all children, young people, and vulnerable adults by taking all reasonable steps to protect them from physical, emotional, sexual, institutional, financial abuse and neglect and discrimination. This applies to all the children and young people, with disabilities that we work with, regardless of their gender, sexual orientation, race, nationality, or country of origin. Our prime responsibility is to protect the safety and wellbeing of all children and vulnerable adults in our care.

Staff, Volunteers and Trustees, will always, show respect and understanding for the rights, safety and welfare of the children and young people involved with Malvern Special Families.

We will ensure that staff and volunteers know how to recognise and respond to concerns that a child or young person may be abused or neglected. Safeguarding training is provided/ updated on induction.

The Trustees will appoint, from within its membership, a Champion for Safeguarding who will have responsibility for ensuring safer recruitment practice is upheld.

We will review our policies and procedures on an annual basis or earlier, if necessary, to ensure that we are up to date with current legislation and best practice.

All those who come into contact with children and families in their work, including people who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

All members of the organisation will be aware of their individual roles and understand the procedures they must follow if they suspect abuse or neglect.

We will have procedures in place to protect the children, parents, and carers. Our safeguarding children procedures comply with all relevant legislation and other guidance or advice from the WSCP. We are committed to working together with other agencies including Ofsted, Local Authority Social Services team, and Family Front Door to assist in investigations of suspicion of abuse, according to our statutory responsibility and with the aim of protecting children. We are committed to participating in a multi-agency approach to all safeguarding arrangements.

### Terminology

**Definition of Safeguarding** -Providing help and support to meet the needs of children as soon as problems emerge. Protecting children from maltreatment. Preventing impairment of children's health or development. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care. Taking action to enable all children to have the best outcomes.

**Definition of Child Protection** - The process undertaken to protect children who have been identified as suffering or at risk of suffering significant harm.

A "**Child**" is any young person under the age of 18 years. A child with a disability, this includes a learning disability, is considered to be a **child in need**.

**Adults** with care and support needs are 18 or older and need help to keep themselves safe.

**Children in need** if:

- a) they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority; or
- b) their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- c) they are disabled.

You are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

**A child in need of protection** is described in Section 47 of the Children Act 1989, Paragraph (1):

'Where a local authority have reasonable cause to suspect that a child who lives, or is found, in the area is suffering, or is likely to suffer, significant harm, the authority shall make, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare'.

## Legal Framework

**The Children Act 1989** makes it a duty to consider the welfare of the child as paramount. It defines 'Children in need' and 'Children at risk of significant harm', forming the basis of response and referral processes when concerns arise.

### **The Children Act 2004**

Section 10 places a duty on local authorities to make arrangements with relevant agencies to co-operate to improve the wellbeing of children.

Section 11 places a duty on local authorities to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children. Section 11 also requires those working or coming into contact with children to have regard for the statutory guidance '**Working Together to Safeguard Children**' (DfE 2023).

Section 13 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area, with specific membership. The LSCB is the key statutory mechanism for agreeing how partner agencies throughout the county co-operate to safeguard and promote the welfare of children and young people and for ensuring the effectiveness of partnership working.

Further information about the Worcestershire Safeguarding Children Partnership (WSCP) can be found on their website.

### **The Education Act 2002**

Everyone involved in the care of children and young people has a role to play in safeguarding their welfare. If there are any reasons to suspect that a child in your care is being abused or neglected, or is likely to be abused, there is a statutory responsibility under The Children Act 2004 Section 11 and Working together to safeguard Children 2023 to take action on behalf of the child and contact an agency that has a 'duty' to make enquiries. The point of contact for Children's Services is the Family Front Door.

## Responsibility for Safeguarding Children and Safe Working Practices

The telephone number for the Family Front Door on 01905 822666 Monday to Friday 8.30 to 5.00 pm, contact the Emergency Duty Team (EDT) on 01905 768020 (evenings and weekends).

Effective management and safe working practice will help to provide protection against allegations of child abuse. This will protect the child in the provision and these measures will reduce the risk of any allegations being made against the Registered Person, Trustees, Volunteers, or members of staff.

If a child sustains an injury whilst in our care, we always record it on an accident/incident record as soon as possible. When they are collected, we ensure the parent/carer is told about the injury and signs the accident/incident record. It is important that measures are taken to reduce the risk of any allegations being made against the registered person or a member of staff, therefore all staff and volunteers ensure that:

- The safety and welfare of the child is always paramount, and everyone is aware of the safeguarding policies and procedures.
- They fulfil their responsibilities and duties towards children with regard to safeguarding by working in partnership with parents.
- Their relationship with children and families are always conducted in a professional manner.
- All MSF policies and procedures are followed.
- Vigilance in Health & Safety matters, e.g., recording any bruises/ marks a child has on arrival on an accident/incident form.
- Comprehensive reporting of all children's accidents is made to parents, for their signature. Where possible any written account should be witnessed by a second staff member.
- Any training needs identified in themselves, or other team members are passed on to the Service Manager.
- Advice, help and/ or support is sought if they find a child's behaviour is persistently challenging or difficult to manage and Team Teach is used in situations where a young person is likely to harm themselves or others. No physical sanctions will be used.
- They make every effort to avoid being alone with a child.
- If a child makes inappropriate physical contact with a member of staff or volunteer, this will be recorded fully in the accident/incident record sheets.
- They will never carry out a personal task for children that the child can do for themselves. Where this is essential, staff will help a child whilst being accompanied by a colleague.
- Parental wishes are respected regarding gender of keyworker carrying out personal care with their child.

## Roles and Responsibilities

**Registered Provider and Trustees** are required to:

Have and implement policies and procedures to safeguard children, in line with guidance from Worcestershire Safeguarding Children's Partnership (WSCP), and include in these:

- The action to be taken when there are concerns about a child.
- The action to be taken in the event of an allegation against a member of staff.
- The use of mobile phones, smartwatches and cameras in the setting, and any other electronic devices with imaging and sharing capabilities.
- Procedures to safeguard children during personal care routines and protect staff from allegations.
- Procedures which allow staff to challenge policies and procedures if they feel that they are not working.
- Guidance which supports staff to communicate any concerns directly to an outside agency (i.e., Ofsted, Children's Social Care) if they feel they cannot report concerns to their line manager.
- Procedures for storing confidential records.
- Make these policies and procedures available to parents and carers.
- Ensure that there is an effective Safer Recruitment Policy and that procedures are in place which are followed when appointing new staff/volunteers.
- Nominate a Designated Safeguarding Lead (DSL) and ensure that they have the knowledge and skills to perform their role.
- Ensure that management, staff, volunteers and/or students have access to a copy of the Worcestershire County Council (WCC) publication 'Safeguarding and Child Protection Guidance for Early Years and Childcare Providers' (previously the 'Yellow Folder').
- Have regard to 'Working Together to Safeguard Children 2023'
- Notify the Family Front Door (or the police in an emergency) without delay if they have concerns about a child.
- Notify Ofsted within 14 days of any allegations of serious harm or abuse by any person working or looking after children on the premises.
- Notify Ofsted within 14 days of any action taken in respect of these allegations.
- Make a referral to the Disclosure and Barring Service if a member of staff is dismissed because they have harmed a child or put a child at risk of harm.
- Notify Ofsted of any significant event which is likely to affect the suitability of any person who is in regular contact with children on the premises.
- Providers must not allow people whose suitability has not been checked to have unsupervised contact with children being cared for.
- Providers must give Ofsted, the following information about themselves: Details of any order, determination, conviction, or other ground for disqualification from registration under regulations made under section 75 of the Childcare Act 2006; within 14 days.

### **Designated Safeguarding Lead (DSL)**

**The Designated Safeguarding Lead for Malvern Special Families** is the CEO, Gareth Jones.

The DSL responsibilities, in addition to the above are to:

- Take responsibility for disseminating and implementing Safeguarding Procedures within the organisation/clubs.
- Be familiar with WSCP procedures for safeguarding and investigating child abuse.
- Know the relevant contacts within Children's Services and be familiar with the Family Front Door and Police procedures for investigating child abuse.
- Be available to receive information from staff, volunteers, children and young people, parents, and carers about safeguarding issues including any allegations against staff or volunteers.
- Assess information promptly and take appropriate action.
- Refer safeguarding concerns to the Family Front Door.
- Ensure that the child/young person and their parents/carers are offered appropriate support.
- Maintain records of all information received.
- Monitor safeguarding concerns and report at every Trustees meeting as part of the CEO's report.
- Monitor all safeguarding procedures; checking that a parent/carer consent form for every child and young person is completed and stored safely, checking that safe recruitment and selection procedures are followed, checking that safeguarding awareness training is undertaken so that staff, including volunteers, know how to recognise and respond to concerns about a child or young person.
- Offer advice, guidance, and support to staff and volunteers dealing with safeguarding.
- Identify training needs and ensure that training is organised.

**MSF CEO and Service Manager** with day-to-day responsibility for the clubs and the organisation, have a responsibility to:

- Ensure that all staff have up-to-date knowledge of safeguarding issues.
- Train all staff to understand the setting's safeguarding policies and procedures.
- Provide training which enables staff to identify signs of possible abuse and neglect in a timely way and respond appropriately.
- Ensure that staff have regular supervision meetings to support their role.
- Ensure that policies are implemented by all staff.
- Ensure appropriate supervision and management support is provided to staff as appropriate to their responsibilities in relation to safeguarding.
- Ensure sufficient resources are available to enable the staff to discharge their responsibilities with regard to safeguarding.
- Ensure staff and volunteers can raise concerns about poor or unsafe practice and have their concerns addressed in a sensitive, effective, and timely way.
- Ensure there are safe recruitment and selection practices.
- Ensure the suitability of adults who have contact with children.
- Tell staff that they must disclose any convictions, cautions, court orders, reprimands or warning that may affect their suitability to work with children.
- Obtain an enhanced criminal records disclosure for every person over 16 who:
  - Works with children
  - Lives on the premises
  - Works on the premises (unless they work in a part of the building that is not part of the provision, or only work there when children are not present).
- Record information about staff qualifications, identity checks and vetting processes.
- The CEO will undertake the role of Designated Lead of Safeguarding and the Service Manager will act as deputy. The deputy DSL is appropriately trained to the same level as the DSL and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the DSL, the deputy will assume all the functions above.

Remember – it is not the role of the DSL to decide whether the child or young person has been abused. This is the task of Children's Social Care.

**Playleaders** will be provided with DSL training to be the DSL onsite clubs during contact time, for the specific clubs they lead, when the DSL for the charity is unavailable.

**Playleader and Deputy Playleader** with responsibility for staff and volunteers, you have a responsibility to create a safe environment for all. This means creating an environment where:

- Staff are vigilant to concerns about the welfare and protection of children and young people and know what action to take when necessary.
- There is no negligence or unnecessary exposure to avoidable risks.
- The risks that you do need to take are assessed, carefully managed, and communicated to children, young people, and their parents/carers.
- Children, young people, parents/carers can raise concerns.

**Playworkers/ Volunteer** working with children and young people, are in a unique position to observe any changes in a child or young person's behaviour or appearance. They may be someone a child or young person will turn to for support. Staff must be trained and be ready to act on any concerns.

Playworkers will:

- Have received and read a copy of the Safeguarding policy as part of their induction.
- Undertake mandatory induction training and regular ongoing training appropriate to your role in relation to safeguarding issues.
- Adopt safe working practices.
- Be mindful of how and where they touch children, given their age and emotional understanding. Unnecessary or potentially inappropriate physical contact will be avoided at all times.
- Undertake appropriate risk assessments and daily checks at each club in respect of all equipment and of the building areas used and grounds in line with local and national guidance and regulations concerning health and safety.

The club venues have adequate security arrangements in place in respect of the use of grounds and buildings. Visitors to the clubs gain access to the premises through secure doors, sign the visitors log and are never left alone with children. All visitors are asked to leave their phones in the staff room.

## **Child Protection - Recognising Abuse and Neglect in Children and Young People**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Children may be abused by an adult, or adults, or by another child or children. There are several categories of abuse and children may suffer from more than one type at a time:

### **Definitions of Abuse and Neglect**

**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.

**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 in-so-far 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 maltreatment of a child, though it may occur alone.

**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 (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, 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.

**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, clothing, or shelter; exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; the failure to ensure access to appropriate medical care or treatment; the failure to ensure adequate supervision (including the use of inadequate caretakers) or it may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Identifying types of abuse for Vulnerable Adults**

**Physical abuse** may involve assault, hitting, slapping, pushing, misuse of medication, restraint - inappropriate physical sanctions.

**Sexual abuse** may involve rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.

**Psychological abuse** may involve emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation, and unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** may involve theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions, or benefits.

**Discriminatory abuse** may involve discrimination on any grounds including sex, race, colour, language, culture, religion, politics or sexual orientation, discrimination based on a person's disability or impairment such as their mental or physical health, age, harassment, and slurs which are degrading, hate crime.

**Institutional/ Organisational abuse** including neglect and poor care practice in an institution designed to safeguard children including poor professional practice in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation.

**Neglect and acts of omission** may include ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

**Self-neglect** can be a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour like hoarding.

**Financial or Material Abuse** is when a person is exploited for financial gain. It includes theft, fraud, exploitation, misuse, or misappropriation of property finance etc.

**Domestic Violence** is where there are incidents of threatening behaviour and violence between adults who are or have been intimate partners or family members regardless of gender or sexuality. Those living in these households can suffer harm through directly or indirectly witnessing and experiencing domestic violence.

**Modern Slavery** encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

### **Recognising Signs of Child Abuse**

Children with disabilities can demonstrate many different behaviours which may be related to their disability, and which are not a cause to suspect abuse is taking place. Malvern Special Families will focus on understanding the child in our care, working closely with them, their parents and other carers, schools, health professionals and any others, in order to recognise what is usual behaviour for them. By understanding what is usual for them, we will be better equipped to recognise when unusual behaviour might be a cause for concern.

Signs of possible abuse.

- Bruising to part of the body which do not normally get bruised accidentally e.g., around the eyes, behind the ears, back of the legs, stomach
- Burns, scalds or bite marks
- Any injuries or swellings which do not have a plausible explanation
- Bruising or soreness to the genital area
- Faltering growth, weight loss and slow development
- Unusual lethargy
- Any sudden uncharacteristic change in behaviour e.g., child becomes either very aggressive or withdrawn
- A child whose play and language indicates a sexual knowledge beyond his/her years
- A child who flinches away from sudden movement
- A child who gives over rehearsed answers to explain how his/her injuries were caused
- An accumulation of minor injuries and /or concerns
- A child whose attendance is erratic, or suddenly ceases, without and contact from the family
- Concern about a parent's behaviour or presentation, e.g., evidence of possible alcohol or drug misuse, mental health difficulties, or domestic violence
- Concern about arrangements for the collection of the child
- Hunger/thirst at the beginning of the day
- Lack of attention to basic hygiene needs
- A child discloses something that could indicate that they are being abused

A factual note of any concerns should be kept, i.e., what has been observed and heard, and records should be signed and dated for future reference.

### **Safeguarding Particularly Vulnerable Groups**

Some children are more vulnerable to abuse and neglect than others. Several factors may contribute to that

increased vulnerability, including prejudice and discrimination; isolation; social exclusion; communication issues; a reluctance on the part of some adults to accept that abuse can occur; as well as an individual child's personality, behaviour, disability, mental and physical health needs, and family circumstances.

To ensure that all our children receive equal protection, we will give special consideration to children who are:

- Disabled, have special educational needs, or have mental health needs
- young carers
- affected by parental substance misuse, domestic abuse and violence or parental mental health needs
- asylum seekers
- looked after by the Local Authority or otherwise living away from home
- vulnerable to being bullied, or engaging in bullying behaviours
- living in temporary accommodation
- living transient lifestyles
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability, or sexuality
- at risk of child sexual exploitation (CSE)
- do not have English as a first language
- at risk of female genital mutilation (FGM)
- at risk of forced marriage
- at risk of being drawn into extremism.

### **Children and Young People with a Disability**

Disability can take several forms including – physical disability, sensory impairment or learning disability. Research suggests that children and young people with a disability are more likely to be abused than non-disabled children. Evidence suggests that disabled children are at increased risk of abuse for several reasons as they may.

- Have fewer outside contacts
- Require intimate care possible from several carers
- Have impaired capacity to resist or avoid abuse
- Have communication difficulties which may make it difficult to tell others what is happening
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers

Disclosing abuse is difficult for any child; for a child with disabilities, it may be especially difficult. Parents/carers behaviour may be seen as attributable to the stress and difficulties of caring for a child with a disability. There is also a danger that siblings of children and young people with a disability may be vulnerable. Any concerns should be shared with Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front Door.

### **Children and Young People who have Parents/Carers with Learning Disabilities**

Parental learning difficulties do not necessarily have an adverse impact on a child's developmental needs. But, where it is known parents/carers do have learning disabilities, workers should be particularly aware of the developmental, social, and emotional needs of the children and young people in the family. If a parent with learning difficulties appears to have difficulty meeting their child/ren's needs, a referral must be made to the Family Front Door, who have a responsibility to assess the child's needs and offer supportive and protective services as appropriate.

A child or young person at risk of harm or whose well-being is affected could be:

- a child having caring responsibilities inappropriate to their age placed upon them, including looking after siblings
- a child who experiences neglect leading to impaired growth and development, physical ill-health, or problems in terms of being out of parental control
- a child with a mother with learning disabilities who may be a target for men who wish to gain access to children for the purpose of sexually abusing them Groups/organisations must also recognise that parents/carers with learning difficulties may need to have information about the programme and activities explained to them verbally and may need support when forms need to be completed.

Any concerns should be shared with Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front Door.

### **Children and Young People who have Parents/Carers who Misuse Substances**



Although there are some parents/carers who can care for and safeguard their children despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of their development. Where a parent has enduring and/or severe substance misuse problems, the children in the household are likely to be at risk of, or experiencing, significant harm primarily through emotional abuse or neglect. Staff need to be aware and question whether the child or young person's daily life revolves around the parent's/carer's substance misuse and to what extent the child is assuming inappropriate responsibilities. Any concerns should be shared with Gareth Jones, CEO. This may lead to a referral to the Family Front Door.

### **Adolescents**

The risks of serious abuse and neglect faced by young people aged 11 and over have been better recognised in recent years. Abuse of young people is often complicated by a range of issues such as alcohol or substance abuse, homelessness, or conflict with parents/carers. It is important that safeguarding adolescents is recognised and taken seriously. When a young person's lifestyle is chaotic or unpredictable a coordinated multiagency approach is required. Any concerns should be shared with Gareth Jones, CEO. This may lead to a referral to the Family Front Door.

### **Children who are looked after**

The most common reason for children becoming looked after is as a result of abuse or neglect. The service manager ensures that staff have the necessary skills and understanding to keep looked after children safe and ensures that appropriate staff have information about a child's looked after status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child.

### **Non-Attendance**

We recognise that a child going missing from education is a potential indicator of abuse or neglect. Our clubs run out of school time and we have fewer opportunities to record absences and no legal obligation. However, we will ensure we record instances when a particular child doesn't attend our clubs on repeat occasions, especially if they are "referred" or on a child protection plan, and pass this on to their social worker.

### **Vulnerable Adults and Mental Capacity**

- This policy identifies that safeguarding decisions should take account of the ability to give informed consent and comply with the Mental Capacity Act 2005,
- The Act covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests.

The Act sets out who can take decisions, in which situations, and how they should go about this in addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards, to protect their rights and ensure that the care or treatment they receive is in their best interest.

**Adults with care and support needs** are 18 or older and need help to keep themselves safe. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. The Worcestershire Safeguarding Adults Board aims to work with local people and partners so that adults with care and support needs are safe and able to protect themselves from abuse and neglect.

**Care and support** is the term used to describe the help some adults need in order that they can live in the best way they can, despite any illness or disability they might have.

It can include help with things like getting out of bed, washing, and dressing, getting to work, cooking, or eating meals, seeing friends, or being given a lift to a social event, emotional support at a time of difficulty or stress, caring for families and being part of the community. The definition of care and support also includes the help given by other support organisations.

### **Safeguarding vulnerable adults at risk**

Adult safeguarding responsibilities apply to adults with care and support needs who are experiencing or at risk of abuse and neglect and cannot keep themselves safe because of those needs. When is a safeguarding response required? The legislation and guidance are clear in specifying that simply because a young adult (or adult of any age)

has care and support needs and is at risk of or even experiencing abuse or neglect, this does not necessarily mean that a safeguarding response is appropriate. Such a response is only appropriate if the person in question is, as a result of their care and support needs, unable to protect themselves. However, it may still be appropriate to provide such young adults with advice, guidance, and support, and it is clear that preventative services to reduce the risk of abuse play an important part in the range of provision that should be available to adults who may have care and support needs.

MSF staff are aware of their local authority responsibilities under Section 42 of the Care Act 2014 to respond and, if necessary, make enquiries if there are indicators that an adult with care and support needs who is unable to protect themselves is experiencing or is at risk of abuse.

### **Radicalisation and Extremism and involvement in Terrorism. PREVENT and British Values**

All staff are given Prevent Training as part of their induction in line with Section 26 of the Counterterrorism and Security Act 2015.

Vulnerable people, including children, young people and vulnerable adults can be exploited by people who seek to involve them in terrorism or activity in support of terrorism. We will safeguard children and young adults from being drawn into involvement in terrorism through staff awareness of the PREVENT agenda, and early intervention to address vulnerabilities, and divert people from harm.

What is the Prevent Strategy?

Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, in all its forms. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

What is Channel?

Channel is an early intervention multi-agency panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour. Channel works in a similar way to existing multi-agency partnerships for vulnerable individuals. It is a voluntary process allowing the individual to leave the programme at any time.

Who is Channel aimed at?

Channel is for individuals of any age who are at risk of exploitation by extremist or terrorist ideologues. Early intervention can prevent individuals being drawn into terrorist-related activity in a similar way to criminal activity such as drugs, knife, or gang crime.

How to Report Concerns about Individuals at Risk

If you believe that someone is vulnerable to being exploited or radicalised you should report this to Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front and to Channel if appropriate.

#### **Channel/Prevent contacts:**

Local Authority – James Wheeliker ([jwheeliker@worcestershire.gov.uk](mailto:jwheeliker@worcestershire.gov.uk))

West Mercia Police – DS Phil Colley 01386 591835 / 07736 084701

Staff should ensure that they promote fundamental **British Values** of:

- Democracy,
- The Rule of Law
- Individual Liberty
- Mutual respect and tolerance of those with different faiths and beliefs

### **Children and Young People at Risk of Sexual Exploitation (CSE)**

Evidence suggests that young people at risk of, or engaged in, sexual exploitation may not see themselves as victims. Workers may need to be keenly aware of young people who may be at risk. Parent/carers may also require targeted support to engage with agencies. The sexual exploitation of children and young people are described in the government guidance document as "involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of their performing, and/or others performing on them, sexual activities. It can occur using technology without the child's immediate recognition e.g., being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from

their social/economic and/or emotional vulnerability." There are strong links between children who go missing and the internal trafficking, between towns, of young people for the purposes of sexual exploitation.

Children and young people from loving and supportive families can be at risk of exploitation and workers must be careful not to stereotype specific groups of children as potential victims.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones/sim cards and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people / anti-social groups / with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with club, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime, police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

All clubs should ensure that there is a dedicated lead person with responsibility for implementing local guidance in respect of child sexual exploitation. Raise your concerns with Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front Door. The DSL will ensure they are aware of the guidance on Child Sexual Exploitation on the WSCP website: <http://www.worcestershire.gov.uk/cms/safeguarding-our-children/child-sexual-exploitation.aspx> And follow the Worcestershire Pathway for dealing with issues of CSE, including completion of the screening tool.

### **Children and Young People who are experiencing Domestic Abuse**

In a home where domestic abuse is taking place the children and young people are being abused too. Children and young people may be aware of the abuse of a parent through hearing or seeing incidents of physical violence or verbal abuse. They may also continue to witness and/or hear abuse during post-separation contact visits. The risks of children and young people being directly physically or sexually abused are markedly increased in homes where domestic violence occurs. The impact on children and young people may be revealed through aggressive or anti-social behaviour or anxiety or depression. Any concerns should be shared with Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front Door.

- On receiving this information, the DSL should:
- Log the information and keep the record alongside other information/concerns that the club has on this child/family, with all other confidential records in a secure place.
- Inform any staff of notification on a 'need to know' only basis
- Monitor children/young person's behaviour in club and should concerns arise which may be attributed to the impact of the incident, consult with Social Care through the Family Front Door as the concerns may be significant and lead to new safeguarding action, or to seek advice on how to proceed.

- Provide appropriate support for child, if required – do not question children/young people about the incident. Respect the child's decision on whether they wish to discuss the situation.
- Provide appropriate support for adult, if asked – e.g., helpline number (0800 980 3331) or website address: <http://www.worcestershire.gov.uk/cms/domestic-and-sexual-abuse.aspx>

### **Children and Young People affected by Gang Activity**

Being part of a friendship group is a normal part of growing up and it can be common for groups of young people to gather in public places to socialise. These groups should be distinguished from 'street gangs' for whom crime and violence are a core part of their identity. Although, occasionally, some group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a gang. Young people who become involved in gangs are at risk of violent crime and are, therefore, deemed vulnerable and in need of safeguarding.

The nature and characteristics of gangs vary but generally:

- members are predominantly young males
- members begin offending early and have extensive criminal histories
- they are often territorially based or linked to a particular religion or culture
- they deal in drugs to make money

Girls tend to be less willing than boys to identify themselves as gang members but tend to be drawn into male gangs as girlfriends of existing members. They (and sisters of gang members) are at particular risk of being sexually exploited or abused, but this risk may also affect male gang members.

Young people involved in gangs should be held responsible for their actions and harmful behaviour, but workers also have a responsibility to safeguard and promote the welfare of these young people and to prevent further harm both to themselves and to other potential victims. As many young people are likely to have a dual victim and perpetrator status, it is vital that workers assess their needs and provide support. This may need to be alongside a criminal justice response.

Any concerns should be shared with Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front Door.

### **Young Women Coerced (or about to be Coerced) into Forced Marriage**

Forced marriage is the term used when a person is made to marry against their will. The person does not consent freely, but instead enters the marriage under duress; this includes both physical and emotional pressure. A forced marriage cannot be justified on any cultural or religious basis. This is not to be confused with an arranged marriage in which both parties consent to the union. Arranged marriages have taken place successfully within some communities for a very long time. The Forced Marriage (Civil Protection) Act 2007 allows courts to order civil measures to be taken to prevent forced marriages. It is an offence to breach a Forced Marriage Protection Order. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry.

This includes:

- taking someone overseas to force them to marry (whether the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not)

Any concerns should be shared with Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front Door.

### **What to do if a young person seeks help**

- The young person should be seen immediately in a private place, where the conversation cannot be overheard.
- The young person should be seen on her own, even if she attends with others.
- Establish whether there is a family history of forced marriage — i.e., siblings forced to marry.
- Advise the young person not to travel overseas and discuss the difficulties she may face.
- Seek advice from the Forced Marriage Unit. Tel: 020 7008 0151 between 9.00 a.m. and 5.00 p.m. Mon-Fri
- Refer to the local Police Child Protection Unit if there is any suspicion that there has been a crime or that one may be committed.
- Refer the young person with her consent to the appropriate local and national support groups, and counselling services.

### **Children and Young Women subjected (or about to be subjected) to Female Genital Mutilation (FGM)**

All Malvern Special Families staff have FGM training as part of their induction. Female genital cutting is illegal in the UK. It refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It is an abuse of a child or young person and it contravenes a girl's right to a whole body. It happens to girls without their permission and often against their will. At MSF we adhere to the following:

The safety and welfare of the child is paramount.

All staff will act in the best interests of the child as stated in the UN convention on the rights of a child 1989 and the Children's Act 1989.

All staff are made aware of the possibility of a girl being at risk of FGM as a result of religious beliefs, nationality and other unusual events that could lead to FGM.

A girl at immediate risk of FGM may not know what is going to happen but she might talk about

- a special occasion or ceremony to "become a woman",
- a relative or cutter visiting from abroad,
- being taken out of the setting for a holiday of 6 weeks or more by parents or relatives
- a female relative being cut – a sister, cousin or an older female relative such as mother or aunt.

Things that may indicate a child has undergone FGM:

Behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued, bladder or menstrual problems, finding it difficult to sit still, and looking uncomfortable, complaining about pain between their 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 urinary tract infection, and of course disclosure.

Reporting requirements – All MSF staff have a "Personal Duty" to report suspected FGM or a child in immediate risk of FGM, to the police. If we believe a child is in immediate danger, we will call the police on 999 or the FGM helpline 0800 028 3550.

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18s to the police (Home Office, 2016). Any concerns should be shared with Gareth Jones, CEO and DSL. This may lead to a referral to the Family Front Door.

### **E-safety**

Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the Internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate or possibly illegal. Malvern Special Families recognises its responsibility to keep children safe online, teaching them the appropriate behaviours to enable them to remain both safe and legal when using the Internet. Children are not permitted to use their phones during clubs' times and will be asked to hand them to their playleader upon arrival.

Our club venues at the special schools ensure that filters are in place to prevent access to unsuitable sites. Any child attempting to access inappropriate, abusive, or harmful material is appropriately advised and supported.

### **Bullying**

All incidences of bullying, including cyber-bullying, racist, homophobic and gender related bullying, will be dealt with in accordance with our Anti-Bullying policy. We recognise that children with special needs and/or disabilities are more susceptible to being bullied. We maintain a log of bullying incidents at the clubs. We recognise that there will be occasions when bullying incidents will fall within child protection procedures or may be deemed criminal activity and that it may be necessary to report the concerns to the Family Front Door or to the Police.

### **Peer on peer abuse and children with sexually harmful or inappropriate behaviour**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate, or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually

problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers, or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional, and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

### **Assessment**

To more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive, and emotional development, power and control and authority, passive, and assertive tendencies
- **Consent** – agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society’s standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality, or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Members of staff who become concerned about a child’s sexualised behaviour, including any known online sexualised behaviour, should record their concerns and report them to the DSL as soon as possible, as with any other safeguarding concern. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator.

Any instances of sexual harm caused by one pupil to another and any situation where there are concerns about power imbalance, coercion or force will be discussed with The Family Front Door. In responding to cases involving children or young people who have committed sexually abusive behaviours, Children’s Social Care will consult with the Sexualised Inappropriate Behaviours Service (SIBS), for advice, consultation, or provision of a direct service.

### **Youth produced sexual imagery (YPSI or ‘sexting’)**

All incidents of youth produced sexual imagery (YPSI) will be dealt with as safeguarding concerns. The primary concern always will be the welfare and protection of the young people involved. All incidents of YPSI should be reported to the DSL as with all other safeguarding issues and concerns. If staff become concerned about an YPSI issue in relation to a device in the possession of a student (e.g., mobile phone, tablet, digital camera, or electronic devices with imaging and sharing capabilities.

), the member of staff will secure the device (i.e., it should be confiscated). Staff will not look at or print any indecent images. The confiscated device will be passed immediately to the DSL. Parents/carers will be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm. If, at any point in the process, there is concern that a young person has been harmed or is at risk of harm a referral will be made to the Family Front Door and/or the Police immediately.

The Police will always be informed when there is reason to believe that indecent images involve sexual acts and any child in the imagery is under 13 years of age.

Viewing the imagery - adults should not view youth produced sexual imagery unless there is good and clear reason to do so.

Wherever possible, the DSL’s responses to incidents will be based on what they have been told about the content of the imagery.

## Responding and Recording

### Emergency action to protect a child

If you have reason to believe that a child or young person is at **immediate risk from harm**, contact the Police on 999.

Whilst unlikely to happen, on very rare occasions it may be necessary to act quickly, for example, to protect a child from a drunken or violent parent. In these circumstances, it would be appropriate to telephone the Police.

In the unlikely event that a child is brought to you with serious injuries, the child should be taken to the nearest Hospital Accident and Emergency Department, (usually by ambulance) just as you would if the child sustained a serious injury whilst in your care.

### Emerging concerns

In childcare we may find that general concern sometimes begins to build up around a child's behaviour, demeanour, or presentation. Concerns may include what is seen or heard and may include the way family members relate to the child and/or the setting. Such concerns may not seem to be very significant on their own, but together may indicate a need for family support that should not be ignored.

Very occasionally concerns may be part of a 'jigsaw' picture of abuse. It is, therefore, important that concerns are always recorded factually and accurately along with any decisions or action taken.

Clear records support decision making e.g., whether co-ordinated multi-agency support could be helpful, or a discussion with the Community Social Worker/referral to the Family Front Door is required.

### Responding to Disclosure

We have a vital role to play in the detection and prevention of abuse. Detection of abuse relies on the ability to recognise the possible signs and symptoms of abuse and to act in the best interests of the child. We are in a unique position both to observe children's behaviour over time and to develop close and trusting relationships with them.

### Procedure to be followed in the event of a concern or disclosure of child abuse

- **Contain your reaction as far as possible** – try not to express shock or disbelief.
- Listen to the child or young person, accept what they say and communicate this to them.
- Accept what you hear without passing judgement.
- Ask questions only for clarification.
- Do not investigate.
- Do not make any promises to the child about not passing on the information – the child needs to know that someone who will be able to help them will be spoken to
- **Record** the information as accurately as possible, including dates, timing, setting and those present, as well as what was said.
- Report to the DSL as soon as possible to determine the most appropriate course of action.
- **Do not interrogate the child.** Ask for clarification but do not ask leading questions. Use TED questions
  - T**ell me what happened
  - E**xplain what you mean
  - D**escribe the person/place

If you have a concern about wrongdoing by a colleague or line-manager, refer to our whistleblowing policy and report to the DSL as soon as possible. If your concern is about the senior member of staff for safeguarding, report to the designated trustee for safeguarding: Margaret Buchanan.

- Keep notes of your conversation with the DSL and any advice offered.
- Sign and date the notes and keep them in a confidential file.
- Act on the advice given.

### ALWAYS REMEMBER – IF IN DOUBT – CONSULT

Respect confidentiality of everyone involved in the incident keeping the matter restricted only to those who need to know. Support should be provided for the child or young person making the disclosure.

The most appropriate way of doing this is for the DSL to telephone the Children's Services Family Front Door and share the concerns with a customer advisor. It is not necessary to give the child's name at this point. The customer advisor will give you guidance regarding actions to be taken if any.

### Sharing concerns with parents and carers

Concerns should usually be shared with the child's parents/carers. This can eliminate misunderstandings and can help us better understand the needs of the child and the family situation. It also ensures that our relationship with parents is built on trust and openness. Parents are fully involved in decision making and we seek consent to share information.

There may be a perfectly innocent explanation for what has been observed, for example:

- A sudden change in behaviour could be due to the death of a close family member or a pet
- Weight loss and/or failing to thrive could be symptoms of an illness
- An injury could have been inflicted accidentally by a sibling or another child

**However, concerns should not be shared with family members and carers if:**

- Sexual abuse is suspected - e.g., because of an apparent disclosure
- It is considered that discussing the issue with parents may put the child at further risk of significant harm
- A criminal offence may have been committed
- Organised abuse is suspected
- Fabricated illness is suspected
- An explanation is given by parents/carers which is felt to be inconsistent or unacceptable

In these circumstances the DSL will contact the Family Front Door without delay.

The telephone number for the Family Front Door on 01905 822666 Monday to Friday 8.30am to 5.00pm contact the Emergency Duty Team (EDT) on 01905 768020 (evenings and weekends)

## Documenting Concerns

**A Referral to Children's Social Care Form** is used to record concerns at a Tier 4 level for children in need of serious help and are completed by the person identifying the concern. The completed record is given to the DSL immediately, for consideration and/or action. (*Appendix 3*) Referral to Children's Social Care Form

**A Chronology Form** is used as a summary of incidents, concerns and actions, to support monitoring. If concerns are raised the chronology form is passed on to the DSL. (*Appendix 4*) Chronology Form

Our records are:

- A factual account of what was seen and heard, containing the child's own words where appropriate. The child should be identified by name and date of birth on each page
- They are written in permanent black ink, dated, timed, signed, and stored securely.
- Clear and legible, with minimal abbreviations. Blank spaces or alterations should be scored through with a single line, and the original entry must be legible
- Contemporaneous - written as soon as possible and always within 24 hours of an event or observation, (important if the record is needed for submission to court). The record should describe the care and condition of the child
- Dated, timed, and signed
- Written in permanent black ink (to support scanning if necessary)
- Stored confidentially and securely
- This form will help ensure that important details of the concern are recorded clearly and consistently:
- Concerns should be recorded by the person identifying the concern
- The completed record should be given to the DSL immediately, for consideration and/or action
- The DSL should ensure that all records of Safeguarding concerns are stored together, securely (e.g., in a specific folder, under lock and key), and only shared with those people who have a need or right to see them
- The DSL should review such records regularly so that increasing concerns can be identified and action taken to ensure that needs are met, establishing an overview of the concerns arising within the setting

*Appendix 2) Form for recording if there is a disclosure or suspicion of abuse, Page 29*

It is recommended that an **individual child protection file** is started for a child when:

- Welfare and or safety concerns escalate
- The child has been referred to the Family Front Door
- There is Children's Services Social Care involvement with the child/family and the provision is participating in multi-agency support

An individual child protection file includes:



- Front sheet
- Individual file chronology
- All safety and welfare concern forms relating to the child
- Any notes initially recorded
- Records of discussions, telephone calls and meetings (with colleagues, other agencies or services, parents and children/young people)
- Professional consultations
- Letters sent and received
- Referral forms
- Minutes/notes of meetings (copies for each child as appropriate)
- Formal plans linked to the child (e.g. Child Protection Plan, Early Help Assessment)

### **Security, storage, and retention of records**

Individual files are stored securely and separately from the child's other information so that they are shared only on a need-to-know basis. The DSL reviews such records regularly so that increasing concerns can be identified and action taken to ensure that needs are met. We are aware of our responsibilities under GDPR 2018 and where relevant the Freedom of Information Act 2000.

Parents have the right to access information held about their child however there are exceptions when these can be shared, for example when sharing the information would place the child at risk of significant harm. If an application is made to see the whole record, advice should be sought from the child's social worker, if they have one, or from Children's Social Care.

All safeguarding records are retained until the child reached the age of 25 years.

### **Transfer of Child Protection records at transition**

To safeguard children effectively, it is important that when a child moves to a new educational establishment, the receiving establishment is immediately made aware of any current child protection concerns, preferably by telephone prior to the transfer of records. The records are transferred by hand if possible or signed for if posted. The receiving establishment is made aware of any current child protection concerns, by telephone prior to the transfer of records.

Safeguarding/Child Protection records will:

- Be stored in a secure but accessible place
- Remain confidential and accessible only to those who have a right or professional need to see them

All records relating to individual children will be retained until the child reaches the age of 25 years.

### **Children subject to a Child Protection Plan (CP)**

If a child is the subject of a Child Protection Plan at the time of transfer, we speak to the safeguarding lead of the receiving establishment giving details of the child's key social worker and ensuring the establishment is made aware of the requirements of the child protection plan.

### **Supporting children**

Malvern Special Families staff recognise that a child or young person who is abused or witness's violence may find it difficult to develop and maintain a sense of self-worth. We recognise that in these circumstances they might feel helpless and humiliated, and that they might feel self-blame. These emotional responses are likely to be even more confused and complex for those who have autism and additional needs.

Children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation, and some sense of blame. Our clubs may one of the only stable, secure, and predictable elements in the lives of children who have been abused or who are at risk of harm. Their behaviour may be challenging and defiant or they may be withdrawn. Club staff will endeavour to support all children by:

- Giving emotional support, encouraging self-esteem and self-assertiveness, as well as promoting respectful relationships, challenging bullying, and humiliating behaviour.
- Improving the self-esteem and confidence of children and young people by:
  - offering them opportunities to take on new roles and responsibilities, involving them in decision making.
  - offering tasks which are achievable and giving praise and encouragement, encouraging involvement in club activities.
  - monitoring their behaviour and setting clear limits.
  - criticising the action, not the person; respecting them as individuals.
  - helping them to feel a sense of control in their lives, helping them to be more assertive.

- The club's ethos which promotes a positive, supportive, and secure environment giving children and young people a sense of being valued.
- The club staff will ensure that the child knows that some behaviour is unacceptable, but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as Children's Services, Child, and Adult Mental Health Service (CAMHS), education welfare service and educational psychology service and those agencies involved in the safeguarding of children.
- The use of Early Help Services, through the Family Front Door, when appropriate; Notifying the Family Front Door immediately if there is a significant concern.
- Responding to disclosures and potential child protection concerns.
- Providing somewhere safe and quiet when the child needs space, or just to sit and think.

### **Helping children to keep themselves safe**

It is never too early for children to learn to start taking care of themselves and promote safe behaviour.

Staff will build children's self-esteem by affirming children in their achievements, involving them in making choices at the clubs, and giving praise and positive feedback.

It is important to make children aware of behaviour towards them that is not acceptable and how they can help keep themselves safe and who to ask for help if their safety is threatened. This includes the following:

- to recognise risks and dangers in different situations and then decide how to behave responsibly, e.g., road safety, stranger danger.
- to judge what kind of physical contact is acceptable and unacceptable.
- to recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure; including knowing when and where to get help.
- to respect other people's privacy and to recognise that they are also entitled to privacy, particularly in sensitive situations such as dressing, undressing, changing, bathing, or showering.

Staff will let children know that it is okay to talk about their own problems. Raising these issues can lead children to bring up personal problems and concerns and staff delivering lessons on these subjects need to be prepared for that possibility.

### **Further Safeguarding Guidance**

[Working together to safeguard children \(2023\)](#)

[Keeping children safe in education \(2023\)](#)

[PREVENT duty \(2023\)](#)

[What to do if you're worried a child is being abused: Advice for practitioners.](#)

## Referring to Children's Services

You will be asked to complete an online 'Referral to Children's Social Care' and you can use this form to make a referral instead of phoning the Family Front Door if your concern is not immediate. The new referral form replaces the online cause for concern notification and is now used solely for referrals for statutory services. You should access the new referral form via the professionals' portal, but it is also available without a portal account.

[http://www.worcestershire.gov.uk/info/20641/are\\_you\\_a\\_professional\\_and\\_worried\\_about\\_child](http://www.worcestershire.gov.uk/info/20641/are_you_a_professional_and_worried_about_child)

## Are you a professional and worried about child?

### Child at immediate risk

If you believe that a child or young person is at immediate risk from harm contact the **Police**:

- telephone: [999](tel:999)

If you want to refer a child or young person to Children's social care **in an emergency** please contact the Family Front Door.

Staff are available Monday to Thursday from 9.00am to 5.00pm and Fridays from 9.00am to 4.30pm.

- telephone: [01905 822666](tel:01905822666)

For assistance **out of office hours** (weekdays and all day at weekends and bank holidays):

- telephone: [01905 768020](tel:01905768020)
- please note that you will be required to follow up your verbal child protection referral in writing as per the [West Midlands Safeguarding Children Procedures](#) (opens in new window)

## If the concern is not immediate use our online form to raise the concern

Before you complete the form do you have consent?

**All professionals must get parental consent** when referring to another organisation for assessment or services where the referral is not in relation to child protection. This consent **must be sought for each referral** to any organisation that a professional makes for a child or their family.


Professionals must be clear to parents and carers or those with parental responsibility and young people about which agencies they wish to refer the child or family to and which individuals within the family are the subjects of the referral **Their consent must be sought verbally or in writing and recorded.**

When is consent not needed?

Consent **should not be sought if doing so places a person at risk of significant harm or serious harm** or would cause unjustified delay in making enquiries into significant harm or would prejudice the prevention, detection or prosecution of a serious crime. This would raise child protection concerns and should be referred immediately to Children's Social Care by telephone [01905 822666](tel:01905822666) or out of office hours telephone [01905 768020](tel:01905768020).

---



 School Closures Today

[Home](#) / [Advice, care, health and support](#) / [Children, young people and families](#)

## Refer to Children's Social Care

### Welcome to Children's Social Work Services

The Family Front Door, Initial Contact and Referral Team is the central point for all referrals for children and young people aged 0 to 18 years and living in Worcestershire where there is safeguarding or child protection concerns for them.

This team receives referrals from professionals, members of the community, family members, children and young people directly. Please contact the Family Front Door directly telephone [01905 822666](tel:01905 822666)

Children's Social Care respond to levels of need identified at level 4 of the Worcestershire LSCB levels of need guidance.

Please refer to the [Worcestershire LSCB levels of need guidance](#) for support in identifying the levels of need a child or young person has and the right referral pathway for that child or young person.

If you have an immediate concern about the safety and welfare of a child please phone the Family Front Door directly on [01905 822666](tel:01905 822666). You will be required to submit the information on a referral form following this as per the WLSCB procedure.

If you have a child protection concern outside of normal office hours please contact our out of hours emergency duty team (EDT) telephone [01905 768020](tel:01905 768020)

Are you a member of the public and worried about a child?

Are you a professional worried about a child?

Are you worried about an adult who works with children?

## Building a Safe Workforce

### Recruitment and Selection Procedures

All staff including volunteers and student placements working with the children undergo rigorous recruitment, selection and retention procedures to ensure they are suitable to work with children. Malvern Special Families will provide all potential Trustees, staff and volunteers with Job Descriptions and a Person Specification. All interested parties will be required to complete an application form, we will require two references and proof of identity. All Trustees, Staff and volunteers will be required to attend an interview and complete a DBS disclosure. Once appointed all staff will receive an induction, on-going support and training and confidential records will be kept for each person. Applicants for posts at Malvern Special Families are informed that the post is exempt from the Rehabilitation of Offenders 1974 Act and all convictions, both spent and unspent, must be disclosed. Known offenders are excluded.

### Staff Induction

Malvern Special Families prioritise that all staff have training to enable them to recognise the possible signs of abuse, neglect, exploitation, and radicalisation and to know what to do if they have a concern.

New staff who will have direct contact with children will receive an induction in our safeguarding policy and procedures which will include:

- Questions at interview stage about their understanding of safeguarding and child protection
- Question at interview stage about recognising signs of abuse and neglect, and who to report to
- Induction reading of the safeguarding & child protection policy
- Minimum introductory level of safeguarding training ensuring they can respond to disclosure of abuse or neglect by a child, reporting concerns and the details of the DSL.
- Safer guidance for code of staff conduct is included in the staff handbook which all staff receive and read before their first shift.

New staff will be given an opportunity to read the safeguarding policy and clarify any issues on their first day at work. They are asked to sign their induction checklist to confirm that they have read and understood the policy and undertake to comply with them.

All staff will be made aware of the increased risk of abuse to certain groups, including children with special educational needs and disabilities, looked after children, young carers and risks associated with specific safeguarding issues including child sexual exploitation, extremism, female genital mutilation and forced marriage.

### Staff training

Our child protection and safeguarding procedures are communicated to all staff and parents/carers and are in line with the guidance of the Worcestershire Safeguarding Children's Partnership and are annually reviewed. All staff read the safeguarding policy and procedures (including action to be taken in the event of an allegation and the use of mobile phones, cameras or electronic devices with imaging and sharing capabilities in the setting) and ensure staff can identify signs of possible abuse and neglect and respond appropriately. Mandatory staff safeguarding training includes FGM and PREVENT on induction.

	Trustees	Chief Executive Officer/ DSL	Service Manager/ Deputy DSL	Playleader/ DSL at the club	Deputy Playleader/ Deputy DSL at the club	Playworkers & Volunteers
Awareness of Child Abuse and Neglect (Universal)	Essential	Essential	Essential	Essential	Essential	Essential
Targeted Training 1		Essential	Essential	Essential	Essential	
Targeted Training 2/ Designated Safeguarding Lead Level 3		Essential	Essential	Essential	Essential	
Adult Safeguarding Basic Awareness			Essential			
Safer recruitment training	At least 1 Trustee					

## Supporting and supervising Staff

A supervisions and appraisal system are in place which fosters a culture of mutual support and continuous improvement by providing support, coaching, and training for staff, and encouraging confidential discussion of sensitive issues. Staff are asked at every club whether they have any safeguarding concerns to discuss or report. This is also asked at all staff supervisions and appraisals giving staff every opportunity to discuss any concerns, however minor they may seem.

MSF creates a culture and ethos within the clubs that demonstrates commitment to keeping children safe. All staff read our policy on induction so that they understand what to do if they are worried about a child and the policies and procedures include the use of mobile phones, cameras, or electronic devices with imaging and sharing capabilities, and what to do if there is an allegation against a member of staff.

### **Mobile phones, cameras, and electronic devices with imaging and sharing capabilities.**

Except for the MSF work mobiles, no mobile phones are to be used in the settings during contact time. Visitors are asked to store their bags/phones in the staff room during contact time. Parent/carers are asked not to use their mobile phones on the premises during club times.

All staff must leave their mobile phones/ bags in the staff room whilst working. Where it is necessary for staff to make a personal call they should, with the agreement of the playleader, remove themselves from the session to make the call. The staff room is acceptable for this. Staff should ensure that next of kin are given the MSF work mobile number in case the staff member needs to be contacted in an emergency during session hours.

The club staff use cameras and iPads to record active learning for the children and young people's journals. These images are printed at the clubs for the journals and deleted before the camera is taken off the premises. Any images emailed to the office for media purposes e.g., newsletters, are done so using the work secure email addresses, and deleted from the camera or iPad immediately afterwards. The parent/ carer consents for use of their child's image are strictly adhered to.

Failure to adhere to this policy may result in disciplinary action and the police will be informed immediately if inappropriate use of a mobile phone is suspected.

### **Disqualification**

Section 75 of the Childcare Act 2006 sets out the regulations which disqualify a person from registration or employment as a childcare worker.

A registered provider or a childcare worker may also be disqualified if:

- They live in the same household as another person who is disqualified from registration, or
- They live in a household in which any such person is employed

If a registered person or childcare worker is disqualified, they may, in some circumstances, be able to apply to Ofsted for a 'waiver'.

Section 76 of the Childcare Act 2006 sets out the consequences of disqualification.

If the registered provider is disqualified, they must not:

- continue to provide early years or childcare provision, or
- be directly concerned in the management of such provision

Where a person is disqualified, the registered provider must not employ that person in connection with early year's or childcare provision (unless a waiver has been obtained from Ofsted). The Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018 ("the 2018 Regulations") contains further information.

Safeguarding Vulnerable Groups Act 2006 Section 35 of this act makes it a duty to ensure a referral to the Disclosure and Barring Service is completed where a member of staff is dismissed (or would have been, had the person not left the setting first) because they have harmed a child or put a child at risk of harm.

MSF requires all staff to complete an annual declaration of criminal convictions and other investigations, (this no longer includes all persons living in their household). Appendix 4, page 31

Disqualification by Association: From 31st August 2018 staff working in schools and settings on non-domestic premises are no longer disqualified from working with younger children when they share a household with a disqualified person. The

Department for Education has published revised statutory guidance (dated July 2018) which replaces the guidance (June 2016).

## **Abuse of Position of Trust**

All staff are aware that inappropriate behaviour towards children and young people attending the clubs is unacceptable and that their conduct towards them must be beyond reproach. The guidance in the staff handbook details the code of conduct expected by all staff working at Malvern Special Families clubs.

In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of the staff and a young person attending one of our clubs under 18, may be a criminal offence, even if that young person is over the age of consent.

## **Whistleblowing**

MSF has a Whistleblowing policy/procedure in place which explains to staff what they should do, without fear of repercussion, if they have concerns about the conduct of a colleague. Whistleblowing means calling attention to wrongdoing that is occurring within an organisation. Staff should voice their concerns, suspicions or uneasiness as soon as they feel they can. The earlier a concern is expressed the easier and sooner it is possible for action to be taken.

Staff are informed in the staff handbook that they should try to pinpoint what practice is concerning them and why. They should approach someone they trust and who they believe will respond. We urge all staff to approach their playleader first, and service manager or CEO next, if the playleader cannot be approached. If staff feel that they cannot approach any MSF staff they can call the:

- Ofsted Whistleblowing Hotline 08456 40 40 46 or
- Children's Services Family Front Door on 01905 822666.

These numbers are also provided in the staff handbook and in the whistleblowing policy available at all clubs.

## **Managing Complaints**

Malvern Special Families recognises the right of children, young people and their parents or carers to have access to the organisation/group's complaints procedure. A complaint is any clear expression of dissatisfaction with the organisation/group, its staff, volunteers or Trustees or its activities or services.

We will ensure that all complaints are taken seriously and dealt with swiftly and in confidence. We will learn from any complaints and use them to improve how we operate.

The complaints procedure will:

- say what a complaint is
- identify how a complaint can be made – verbally, in writing or by email, or in a box where complaints can be placed anonymously
- explain who should be notified of the complaint within the organisation/group
- ensure that all complaints are dealt with
- not put restrictions on issues which may be complained about
- explain the procedures for dealing with complaints, including any complaints made against staff or volunteers
- outline what will happen if a complaint is not resolved promptly
- say how records are kept
- provide a timetable for dealing with a complaint
- be written in a format that is appropriate to the age of the users
- be circulated to all children and young people who use the organisation and their parents or carers and paid staff and volunteers

## Managing Allegations against Staff

### Procedure to be followed in the event of an allegation of abuse against a member of staff, volunteer, or Trustee

If an allegation is made (no matter how insignificant it may seem or when or where it occurred) we will treat the matter seriously. The DSL must immediately inform the MSF "Registered Person", Margaret Buchanan, Chair of Trustees, who will in turn seek advice about the management of allegations from the Local Authority Designated Officer (LADO) 01905 846383

- Do not immediately discuss the allegation with the individual concerned
- Do not investigate. (If a child or young person is at risk then Safeguarding Procedures should be followed.)
- Allegations should be confirmed in writing by the person making the allegation wherever possible and should be attached to the Record of Complaints.

Actions should not be delayed whilst awaiting written confirmation.

The name and position of the person against whom the allegation has been made should be recorded, plus the date and time of the alleged incident. The full name, age, and date of birth of any child/children involved should also be recorded together with the address at which they live with their main carer. All information should be factual. It is also helpful to confirm the level of contact that the alleged perpetrator has had with the child/children and any other minor concerns that have been raised previously. If there are one or more alleged incidents, be as specific as possible about the dates on which they are alleged to have occurred.

The threshold criteria for an independent investigation are met if the alleged perpetrator has.

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against, or related to a child
- Behaved towards a child or children in a way that indicates that he/she is unsuitable to work with children.

The LADO will convene a strategy meeting.

- The CEO will liaise with the Registered person, Margaret Buchanan, Chair of Trustees, about whether a suspension is needed. (Suspension should be seen as a neutral act without prejudice.)

The DSL must also inform the Ofsted Complaints, Investigation and Enforcement Team if an allegation is made as soon as reasonably possible and within 14 days on 0300 123 1231. If the Family Front Door decides no further action is required Ofsted may still undertake an investigation to ensure that registration requirements are met.

- A note should be made of any actions advised by the LADO, Family Front Door or by Ofsted and the date and time that they are implemented.
- The CEO or Registered Person will inform the named individual as soon as possible and support him/her or advise him/her on how to access support.
- Following discussion with the LADO, the parents or carers should be informed, and support offered.
- Every effort will be made to maintain confidentiality.
- The nature and circumstances of the allegation and the evidence will determine the outcome, with the advice of the LADO.
- Even if the individual resigns the allegation must still be followed up.
- A record must be kept of any allegations made and how it was followed up and resolved. This must be kept for 10 years. A copy will be given to the individual.
- If a reference is provided for an individual against whom an allegation has been made, then it must clearly state this even if it was found to be false or unproven.
  - Following an allegation process, we will review our policies and procedures, including risk assessments and follow up on any identified training needs, to help prevent similar events in the future.

If an allegation is made against a Registered Person Ofsted may suspend the provider's registration to allow time for an investigation. Ofsted may suspend registration where it is reasonably believed that the continued provision of childcare by the Registered Person to any child may expose such a child to a risk of harm.

If no further action is recommended the setting may still proceed with disciplinary procedures. If there are concerns about the suitability of the member of staff to continue to work with children, there is a statutory duty to refer to the Disclosure and Barring Service (DBS). Records of allegations should be retained until the alleged perpetrator reaches normal retirement age, or for 10 years if that is longer.



## **Confidentiality**

Confidentiality is important to us at Malvern Special Families but in the event, we are made aware that a child or young person is at risk of harm we have a responsibility to share this information with the appropriate agency. No member of staff must ever agree to maintain confidentiality even when asked by a young person. This is because we believe that the protection of a child or young person is the most important priority

Some personal information is provided on the membership form. This will be kept in a secure place and is available only to members of the staff team.

In addition, children and young people often build up trusting relationships with adults working with them and share personal and family information with them.

This information will only be recorded if, in exceptional cases, it may have an impact on the child or young person or their contact details.

There are rules about what we do with personal information:

### **Staff Team**

Details of any information will be shared among the staff team only if it is relevant, for example medical issues in relation to an activity or the taking of medicine.

### **External Agencies**

In most circumstances, and considering their understanding, we will not share personal information without talking to the child or young person. This may include the parent or carer. We will encourage children and young people to share information or discuss issues with parents and carers or appropriate outside organisations that may help them.

If a child or young person, however, is at risk of harm or in need of protection or if a parent/carer is at risk of harm or if an offence may be committed, we have a responsibility to try to prevent this occurring. In these circumstances we would pass on any relevant information to the Family Front Door or the Police. We will also try to talk to the child or young person first.

### **Confidentiality in Conversation**

Staff, volunteers, and trustees will only hold conversations that involve need-to-know information which is in the best interest of our services users. They will respect confidentiality in all conversations about any child/ young person or their family with other children/ young people/ other adults involved in Malvern Special Families, or with any outsiders. MSF staff, volunteers and trustees will not involve themselves in small talk, hearsay and gossip regarding any MSF child or their family.

### **Information Sharing**

When there are concerns about a child or young person Malvern Special Families may be asked to share information with a statutory agency. We will do this with regard to Practitioner's Guide (DSCF 2008) guidance on information sharing and recording.

There are six key points to apply when considering sharing information.

1. Children, young people, parents/carers should be told, openly and honestly, what, and how information will be shared and why, and that their agreement will be asked. The exception to this is where to do so would put that child, young person, or others at risk of significant harm, or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.
2. The safety and welfare of a child or young person must always be the over-riding consideration when making decisions on whether to share information about them.
3. The wishes of children, young people or families who do not consent to share confidential information must, where possible, be respected. Information may still be shared, if in your judgement on the facts of the case, there is sufficient need to override that lack of consent.
4. Advice should be sought from Gareth Jones, CEO and DSL.
5. We will ensure that the information shared is accurate and up to date, necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely.
6. The reasons for your decisions, (i.e., to share information or not) should be recorded.

## CHILD PROTECTION & SAFEGUARDING CHILDREN PROCEDURES

All staff must follow the procedures laid out in 'What to do if you're worried a child is being abused.' In the yellow book

### **DISCLOSURES, CONCERNS, ALLEGATIONS AND COMPLAINTS**

Staff, Volunteers and Trustees must be clear about the differences between disclosures, concerns, allegations, and complaints because there are different processes to be followed.

Safeguarding Procedures should be followed when:

- A child or young person makes a disclosure.
- A disclosure is when a child or young person tells someone else about the behaviour of another person or persons towards him or her which makes the hearer think that the child or young person is experiencing some form of abuse or may be at risk of abuse.
- There is a concern about a child or young person.
- A concern is when another child or young person, another parent or carer or a worker raises a question about whether a particular child or young person is experiencing some form of abuse or may be at risk of abuse.

Complete a Referral to Social Care Form, Appendix 3, Page 30. (When making a referral to the Family Front Door, the cause for Concern Form has been replaced with the online form - Referral to Children's Social Care. You will be asked to complete this online form.)

The Management of Allegations Procedures should be followed when:

- An allegation is made about a worker, paid or unpaid, or a committee member.
- An allegation is when somebody informs someone in the organisation/group or there is reasonable cause to believe that a person who works with children or young people may have:
  - Behaved in a way that has harmed or may have harmed a child or young person
  - Committed a criminal offence against or related to a child or young person
  - Behaved towards a child or young person in a way that indicates he or she is unsuitable to work with children or young people.

Complete Appendix 1, Page 26

**The Complaints Procedure** should be followed when:

- A **complaint** is made about the organisation/group.
- A safeguarding **complaint** is a complaint about practices in the organisation/group which mean that children and young people are put at risk.
- Everyone needs to know these differences and which procedure to follow.

They should contact the DSL in any of these instances. In some cases, two sets of procedures may need to be used. The complaints Procedure is on display at every club.

**Remember:** In all cases the wellbeing of the children and young people are paramount.

### Relevant Provision Policies, procedures, and responsibilities

The following arrangements and related policies ensure all children are protected:

Health and Safety Policy, including risk assessments

Equal Opportunities Policy

Code of Staff Conduct; Staff conduct is explained in the staff handbook and given to all new staff on induction. This code includes a commitment to all the provision policies and procedures.

Visitors: All visitors must sign in a Visitors' Book. No adults, other than staff are ever left unattended with the children. Any person visiting the provision in an official capacity, not previously known to staff, are required to provide proof of identity.

Collection of Children: No child is ever allowed to leave the provision with an adult who is not the normal collector of the child without prior permission being obtained.

Complaints Policy: The organisation will make the complaints policy available at every club for parents to be aware of and use where necessary. The organisation will take seriously all complaints, concerns and feedback, from parents, carers, staff, and children, and will respond appropriately recording all complaints and outcomes. Records of all complaints are kept for three years.

Whistleblowing policy: Explaining what a staff member should do if they are concerned about practice within the organisation.

Anti-bullying Policy: Malvern Special Families is committed to providing a caring, friendly, and safe environment for all young people and staff. Intimidation, harassment, and bullying will not be tolerated

Positive Physical Intervention Policy: In order to keep young people safe, we use Team Teach as our approved method of positive Physical Intervention

Disciplinary procedure: to be implemented in the event of investigation

Record keeping: The CEO will ensure appropriate records are kept up to date and in the right place. Confidential records are to be kept separate and in locked accommodation. Access to records to be limited/controlled e.g., Chairman of Trustees, CEO, and Service Manager

Information sharing: We will base our information sharing decisions on considerations of safety and well-being of the person and others who may be affected by their actions. We will ensure that the information we share is necessary for the purpose for which we are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely. We will work in partnership with parents to make every effort to get to know the children in our care and understand their needs and behaviours.

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**This document was developed January 2013,  
Updated in October 2016,  
Reviewed in April 2018, November 2018, June 2020.  
Updated in January 2021  
Updated in January 2024 and replaces all previous Safeguarding policies.**

Contact details

Gareth Jones, CEO of Malvern Special Families and Designated Safeguarding Lead (or DSL)  
01684 892526 (office)

Caroline Conein, Service Manager and Deputy DSL  
01684 892526 (office)      07875 296043 (work mobile)

Margaret Buchanan, Chair of Trustees, "Registered Person"

Read in conjunction with the DCSF publication *'What to Do If You're Worried a Child Is Being Abuse'* (March 2015).

Further information is available from the Worcestershire Safeguarding Children Partnership.

**Ofsted** Early Years NBU

Royal Exchange Building, Piccadilly Gate, Store Street, Manchester, M1 2WD  
0300 123 1231

**Children's Social Care - Family Front Door:** 01905 822666 from Monday to Friday 8.30am to 5.00pm,  
01905 768020 Out of hours (evenings and weekends)

Local Authority Designated Officer (LADO) main enquiries: 01905 846221

The LADO is not one specific person. LADO is done a rota basis so there is always a duty LADO. Karen Green manages the team.

## Confidential – Record of Allegations of Abuse against Staff

If concerns about a child's safety or welfare arise in relation to Allegations of Abuse against a member of Staff, we will report to the MSF "Registered Person", Margaret Buchanan, Chair of Trustees, who in turn will notify the LADO without delay. All enquiries and referrals regarding safeguarding concerns or possible child protection issues should be made to the Family Front Door using the contact numbers below:

LADO: James Borland, 01905 846383

Member of Staff who is subject of allegation	
Name	
Address	
DOB	
Position	
Person making allegation	
Name	
Relationship to child	
Made in writing or verbally?	
Child's Details	
Name	
Age and DOB	
Address	
Parent/Carer name and address if different from above	
Details of alleged incident/s	
Date of alleged incident	
Nature of Allegation	
Other relevant information	
Was the alleged perpetrator present on the date of incident/s?	
Did the child attend MSF provision on this/these date/s?	
Actions	
Name of Contact at Family Front Door/LADO	
Date and time	
Date and time Ofsted informed	
Further actions advised by Children's Social Care and Ofsted	

Person completing this form	
Name	
Position	
Date	
Signature	

**Appendix 2) Form for recording if there is a disclosure or suspicion of abuse**

If concerns about a child's safety or welfare arise, we will notify Gareth Jones, CEO, and our DSL, who in turn will notify children's social care services without delay. All enquiries and referrals regarding safeguarding concerns or possible child protection issues should be made to the Family Front Door on 01905 822666 from Monday to Friday 8.30am to 5.00pm.

For out of hours (5:00pm to 8:30am weekdays, weekends, and bank holidays) please contact the Emergency Duty Team (EDT) on 01905 768020

**Child/Young Person Information**

Name of child/young person:			
Home address:			
Telephone Home		Mobile:	
Date of Birth:		Age:	

**Details of Disclosure or Suspicion**

Date:		Time:	
Place:			
Occasion:			
Nature of Concern:			

**Actions Already Taken**

Child/Young Person spoken to?	Yes/No
Date:	
Outcome:	
Parent(s)/ Carer spoken to?	Yes/No
Date:	
Outcome:	
Designated Lead Safeguarding contacted	Yes/No
Date:	
Outcome:	
Signature of DSL:	Date:

**Referral to Children's Services/Police**

Name of Contact:			
Position:		Date:	
Feedback			

**Worker(s) Details**

Name:		Name:	
Role:		Role:	
Signature:		Date:	
Signature:		Date:	

## Appendix 3) Referral to Social Care

### Cause for Concern Reporting Form - Safety & Welfare - Confidential

This form is to be completed on all occasions when there is cause for concern in relation to the welfare of a child and given to your Designated Safeguarding Lead.

Child's Name:	D.O.B.
Concern Date:	Concern Time:
Staff Name: Print	Signature
Staff Role:	
Details of concern/incident - factual <i>record</i> – <i>who/what/where/when</i> <i>(continue on reverse of sheet if necessary):</i>	
Any other relevant information ( <i>witnesses, immediate action taken</i> )	
Action taken	
Reporting staff signature	Date

**PASS THIS FORM IMMEDIATELY TO THE DSL**

DSL response/outcome	
Signature	
Date/time	

Shared with parents – date/time	
---------------------------------	--

## Cause for Concern Continuation Sheet

Incident /concern; other relevant information; action taken; outcome

Child's Name:		D.O.B.
Date	Details	Actions
Signature		

Return this form to the DSL Malvern Special Families, First Floor Offices, 73 Church Street, Malvern. WR14 2AE

Confidential – Individual File Chronology

Name of Child		D.O.B	
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Date & Time	Event – disclosure/observation/meeting etc.	Actions	Supporting documentation	Staff Name



**Ongoing Staff Suitability - Declaration**

This form should be completed by new staff as part of their job acceptance (including regular volunteers and students) and completed by all staff on an annual basis.

<b>Staff member name</b>	
<b>Setting</b>	

Please answer the questions and sign the declaration below to demonstrate that you are safe to work with children. If there are any aspects of the declaration that you are not able to meet, you should disclose this immediately to the manager/senior responsible for your recruitment.

<b>Please check yes or no against each question</b>	
Have you been cautioned, subject to a court order, bound over, received a reprimand or warning, or found guilty of committing any offence since the date of your most recent enhanced DBS disclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been cautioned, subject to a court order, bound over, received a reprimand or warning, or found guilty of committing any offence either before or during your employment with MSF?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you disqualified from caring for children or included on the Children's Barred List? Please answer the questions below</b>	
Have you been convicted of an offence against a child (for example murder, kidnapping, rape, indecent assault, assault causing actual bodily harm etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you included on the barred list of persons considered unsuitable to work with children, which is held by the Disqualification and Barring Service (DBS)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been made the subject of an order where a child has been removed from your care or prevented from living with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been refused registration as a childminder, foster parent, nursery owner or children's home provider, or had your registration cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any of your own children been subject to a child protection plan whilst in your care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been questioned by the police or social services in relation to yourself, a family member, or your care of your own children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please answer these questions regarding any medical conditions that could affect your ability to care for children</b>	
Do you struggle to lift, carry, and move around children or resources or have any other physical difficulties that may affect you caring for children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you suffering from any ongoing medical conditions or mental health issues, or are there any current investigations underway in relation to your health that could affect your ability to care for children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you taking any medication on a regular basis or any other substances (alcohol/drugs) that could affect your ability to care for children or that your manager needs to know about?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If you have answered yes to any of the questions, please provide further information below, including, where possible, the names of any professionals who may need to be contacted (hospital consultant, GP, social worker etc.)</b>	
<b>Other information required</b>	

Please provide information of any other work (either paid or unpaid) that you currently undertake (include role, name of employer/ organisation, address)

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**All staff should now sign the declaration below**

- I understand that if I fail to provide a true and accurate information on this form and disclose all information regarding my suitability to care for children, that my employer may have the right to terminate my employment, subject to my contract of employment.
- I understand my responsibility to safeguard children and am aware that I must notify my manager of anything that may affect my suitability as soon as possible (for example, concerns raised about my ability to protect my own children, being interviewed by a social worker regarding something in my personal life, any investigations in relation to paid, voluntary or unpaid work.
- I will ensure I notify my employer of any convictions, cautions, court orders, reprimands, warnings, or formal interviews with the police I may receive.
- I am aware that if I am taking medication on a regular basis that may affect my suitability that I must notify my employer, and that I must keep the medication in a safe place whilst at work and out of reach of children.
- I will ensure I notify my manager if I experience any health concerns which could impact upon my ability to work with children.
- I give permission for my employer to contact any previous settings I have worked at, local authority staff, the police, the DBS, Ofsted, the LADO, or any medical professionals to share information about my suitability to care for children, subject to the usual information sharing protocols.

Staff member signature		Date	
Manager signature		Date	

**Follow on action – management. This section should be completed by the manager/DSL where follow-up action is necessary**

If staff member states ‘yes’ on the form, the manager/DSL must:  
Ask the member of staff to provide additional information in writing or as part of an interview. They should then decide:

- whether a risk assessment needs to be put in place and/or
- whether further information is required and who from and/or
- whether the member of staff should be suspended, and/or
- whether to evoke disciplinary procedures, and/or
- whether to notify Ofsted and/or the LADO

Please record follow-on action including any referrals made or references sent for staff member (insert name)	
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Follow on action

Risk Assessment

Manager/DSL Signature		Date action taken	
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## Flow chart for Reporting Safeguarding Concerns

