

**CS003 The Children's Trust
Safeguarding Children &
Young People Policy &
Procedures & Protecting
Vulnerable Adults**



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Working Party:
Angela Firth – Head of Psychosocial Team
Maggie Clancy, Director of Clinical Services
Launa Randles, Deputy Head Teacher

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Chair, Imelda Charles Edwards

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1. Introduction

The Children's Trust believes that every member of the team including volunteers and temporary staff have a responsibility to keep children safe. No single professional will have all of the information or complete picture of a child's needs and circumstances. Everyone who comes into contact with a child and family has a role in identifying concerns, sharing information and taking prompt action in order that the child receives the right help at the right time, every day.

This document is based upon guidance within Working Together to Safeguard Children (2015), Safeguarding children and young people intercollegiate document (2014), Adult Intercollegiate document (2016), Surrey Local Safeguarding Board Procedures and Keeping Children Safe in Education (2016)

In order for the team to collaborate effectively it is important that every individual is aware of the role they have to play and the role of other professionals. There must be collaboration between professionals and agencies.

Staff must follow The Children's Trust Safeguarding Policy but also remember that any professional can at any time make a referral to the Local Authority if they have a concern about a child's welfare. Staff at The Children's Trust should follow up their concerns if they are not satisfied with the local authority's children's social care response.

Whilst every attempt has been made to cover a wide range of situations, it is recognised that any such guidance cannot cover all eventualities. There may be times when professional judgements are made in situations not covered by this document, at such times advice should be sought from a senior manager.

2. Scope

There are various services at The Children's Trust who are regulated by different agencies including Ofsted and Care Quality Commission, services include schools, a children's home and health services. This policy has been written to ensure each regulation is adhered to, information is shared in order to protect the child and a child's welfare is at the heart of everything we do.

This policy applies to all staff, including senior managers and the board of trustees, paid staff, volunteers and sessional workers, agency staff, students and anyone working on behalf of The Children's Trust. The Children's Trust acts within the guidance of the Children Act 1989 and 2004 and Working Together to Safeguard Children 2015.

We recognise that:

- the welfare of the child/young person is paramount
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse

- working in partnership with children , young people, their parents, carers and other agencies is essential in promoting children's welfare

3. Purpose

- To safeguard and provide protection for the children and young people who receive services from The Children's Trust
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

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

We will seek to safeguard children and young people by:

- Valuing them, listening to and respecting them
- Hearing the young person's voice through their advocate
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Recruiting staff and volunteers safely, ensuring all necessary checks are made
- Sharing information about safeguarding, child protection and good practice with children, parents, staff and volunteers
- Sharing information about concerns promptly with agencies who need to know, and involving parents and children appropriately
- Providing effective management for staff and volunteers through support, supervision and training

We are committed to reviewing our policy and good practice annually.

4. Responsibilities

Trustee

The Trustee with safeguarding responsibility will ensure there is appropriate scrutiny of The Children's Trust safeguarding performance and provide assurance to the Board of Trustee's.

The Chief Executive Officer

The CEO must provide strategic leadership, promote a culture of supporting good practice with regard to Child Protection/Safeguarding within The Children's Trust and promote collaborative working with other agencies.

Director of Clinical Services

The Director of Clinical Services will take responsibility for child protection/safeguarding issues and report to the Board of Trustees on the performance of their delegated responsibilities and will provide leadership in the long term strategic planning for Safeguarding/ Child protection services for children across the organisation. In conjunction with the Head teacher of The Children's Trust School the Director of Clinical Services will ensure safeguarding incidents are reported and monitored by the Board of Trustees via the Clinical Governance & Safeguarding Committee. To also ensure there is a culture of collaboration and willingness to learn in order to safeguard children's welfare.

Head Teacher

The Head teacher of The Children's Trust School will take responsibility for child protection and safeguarding issues within the school. In conjunction with the Director of Clinical Services will ensure safeguarding incidents are reported and monitored by the Board of Trustees via the Clinical Governance & Safeguarding Committee and Educational Governance Committee. To also ensure there is a culture of collaboration and willingness to learn in order to safeguard children's welfare.

Head of Psychosocial Services

The Head of Psychosocial Services will support all activities necessary to ensure that The Children's Trust meets its responsibilities to safeguard/protect children and young people. The Head of Psychosocial Services will have responsibility to ensure that all safeguarding incidents are investigated with appropriate liaison with relevant agencies including LADO and Local Authority social workers.

Lead Social Worker

All safeguarding incidents/concerns must be reported to the Head of Social Work (in The Children's Trust School concerns will be initially reported to the DCPO). Understands legislations and leads on the processes for Looked After Children.

Medical Director

Leads on the medical aspects of Safeguarding having an understanding of the importance of children's rights in the safeguarding/child protection context, and related legislation. Understand information sharing, confidentiality, and consent related to children and young people. Understand the processes and legislation for Looked After Children. As a Responsible Officer the Medical Director has robust links into the General Medical Council.

Staff and Volunteers

Staff and volunteers working at The Children's Trust should know the potential indicators of maltreatment of children and how to report their concerns. Staff are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions. All staff have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children and young people. They should adopt high standards of personal conduct in order to maintain the confidence and respect of their peers, children and families and the public in general. An individual's behaviour, either in or out of the workplace, should not compromise her/his position within the work setting.

Clinical Governance & Safeguarding Committee

It is the responsibility of this committee to ensure there is appropriate scrutiny of safeguarding performance in all areas of The Children's Trust and to provide assurance to the Board of Trustees.

Education Governance Committee

It is the responsibility of this committee to ensure The Children's Trust School discharges its statutory obligations for safeguarding

5. Children with a disability

Disabled children and young people may be more vulnerable to being abused as a result of a number of factors attributed to their disabilities.

These include:

- Significant communication needs
- Physical vulnerabilities
- Intimate care needs
- Need for physical handling
- Having multiple carers
- Being socially isolated

Disabled children may not have access to someone they can trust to disclose that they have been abused.

Other factors such as the child's care needs, challenging behaviours and the vulnerability of carers/parents given the demand /challenges of caring for a child with complex needs.

- Lack of support/training for parents and carers in dealing with difficult behaviour
- The child/young person being perceived as being of less importance
- Parents/carers may accept lesser standards of substitute care as a result of their need for support/respite
- Some children may behave in ways that are self-harming, this can lead to an abusive injury being missed
- An assumption that behaviour is an integral part of the child's condition, rather than a response to abusive treatment or a negative reaction to medication

Because of the particular needs of disabled children and young people they may also be at risk of being abused in other ways including:

- Force feeding or inappropriate feeding
- Their personal care needs may not be met adequately
- Physical practices such as physical restraint carried out unnecessarily or not in accordance with available guidelines
- Rough handling
- Extreme behaviour modification including the deprivation of clothing, medication or food, limiting movement, restricting freedoms, locking doors etc.
- Misuse of medication, sedation, heavy tranquillisation

- Invasive procedures which are unnecessary or are carried out against\ the child/young person's will
- Being denied access to required medical treatment
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. callipers, sleep boards which may cause injury or pain,
- Inappropriate splinting
- They may be more susceptible to bullying
- They may be more vulnerable to abuse using Information Communication Technology.

6. Information Sharing

Sharing information is an intrinsic part of a professional's role whilst working at The Children's Trust. The decision about how much information to share, with whom and when, can have a profound impact. It could ensure that a child receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death. Poor or non-existent information sharing is a factor repeatedly flagged up as an issue in Serious Case Reviews carried out following the death of, or serious injury to, a child. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. No practitioner should therefore assume that someone else will pass on information which may be critical to keeping a child safe.

7. Recruitment

Applicants are required to complete an application form providing details of any work experience, education and qualifications, gaps in employment and evidence that they meet the person specification for the job role.

All positions are subject to fair selection and interview process, the structure of which is dependent on the job role. There is always at least one member of staff with safer recruitment training sitting on the interview panel.

Key roles who are part of the management structure and work with children are interviewed using a child, parent and professionals panel.

Safer practice in recruitment should include:

- Ensuring the job description refers to safeguarding and promoting the welfare of children
- Ensuring the person specification refers specifically to working with children, or in a setting where children are present
- Obtaining comprehensive information from applicants, which should be scrutinised, particularly for any discrepancies or anomalies. These should be checked until a satisfactory outcome is reached
- Obtaining two written independent references – one of whom must be the current or most recent employer. As a minimum we require references from the current manager
- References are validated by a phone call

- Specifically request information about an applicant's suitability to work with children, or around children and take up any concerns
- Verify an applicant's identity using proof of identity with a recent photograph
- Verify the applicant has the professional or vocational qualifications as claimed;
- Check their employment history and other experience since leaving secondary school
- Verify they have the levels of health and physical capacity required for the post via an occupational health questionnaire
- Obtain the required checks of enhanced disclosure and barring check;
- Proof of eligibility to work in the UK;
- If a person has previously worked in a position with children or vulnerable young adults, verification so far as reasonably practicable of the reason why the employment ended will be sourced

Enhanced disclosure and barring checks are carried out on all staff who work with or have access to the children's area regularly. Checks are repeated every three years and staff contracts outline the requirement to report any new convictions.

8. Prevent

The aim of the Government Prevent strategy 2011 is to reduce the threat to the UK from terrorism by stopping people from becoming terrorists or supporting terrorism. The Act places a duty on bodies working with the NHS, in the exercise of their functions, to 'have due regard to the need to prevent people from being drawn into terrorism'. Prevent therefore to divert individuals before they put themselves or others at risk of harm.

Prevent strategy – reducing the risk of radicalisation and threat of terrorism aims to:

- 1 Stop people from becoming terrorists or supporting terrorism
- 2 Raise awareness to all healthcare staff that Prevent is part of the existing safeguarding responsibilities
- 3 Know how to identify and refer vulnerable individuals for support by:

Recognising vulnerable children, young people and adults who may be at risk of radicalisation

Working in partnership with other agencies to reduce risk and protect the individual;
and

Provide adequate and necessary support as part of a proportionate multi-agency response to any concerns.

- 4 Radicalisation is a process, not a one off event.
- 5 There is no single profile of a terrorist – there is no checklist to measure someone against

Prevent is not about race, religion or ethnicity – the programme aims to prevent the exploitation of vulnerable individuals

Staff will receive Prevent training during safeguarding training. Managers and those staff who work on Oak House where the most vulnerable children are located will undertake on line prevent training.

9. Training and Supervision

Introduction to safeguarding – for all staff on induction

Level 1 for staff who do not have contact with children or those who are new to working with children within the first three months of appointment.

Level 2 for staff who work regularly with children within 1 year of completing Safeguarding 1 (within 6 months for shift leaders)

Level 3 Managers working with children who could potentially contribute to the assessing, planning, intervening and evaluating the needs of a child where there are safeguarding concerns – Those trained at this level includes clinical managers, Senior Leadership Team and Trustees

Level 4 Specialist training for managers which is role specific and will impact on strategic planning

Staff who have no prior experience of working with children or who are from overseas with no experience of UK safeguarding processes should complete each level of training. Senior Leadership Team and Trustees who have no previous experience or training in safeguarding must complete level 1 and 2 e learning modules prior to attending level 3 training. Experienced staff can proceed to the highest level of training without completing each level. Training is delivered via the mandatory training schedule, as part of The Children's Trust School training programme or via recognised external training such as Surrey Local Safeguarding Children's Board.

Safeguarding supervision is offered three monthly and delivered via team meetings by the social work team or senior managers trained in safeguarding supervision. Safeguarding supervision can also be accessed as required individually or via Team around the Child meetings.

10. Audit

Audits of safeguarding processes are agreed as part of the annual audit cycle and may include:

Safeguarding incidents

Looked after children

Documentation

Training

The social work team carry out an audit of safeguarding knowledge at regular intervals throughout the year by asking randomly selected staff formalised questions.

11. Section 11

The section 11 audit is completed annually for Surrey Safeguarding Children's Board and monitored via the Deputy Designated Nurse for Safeguarding and reviewed by the Board of Trustees. Section 11 audits are completed for other local authorities on request.

12. Whistle-blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. Staff should follow the Whistleblowing Policy. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO.

13. Developing good practice in safeguarding.

We have a safeguarding lead on the Board and at Senior Leadership Team who are responsible for The Children's Trust safeguarding arrangements and we employ a team of qualified social workers who are available to support you and to discuss any concerns you may have at all in relation to children.

We are committed to continuous improvement in our practice. When there has been an incident or allegation, the team involved meets to look objectively at what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.

Each new member of staff receives a Safeguarding Pack (also available on each house) with further detailed information on physical, sexual and emotional abuse, neglect, fabricated illness, disabled children, IRAR, legislation as well as information you may find helpful and relevant.

Procedure for all areas of The Children's Trust with the exception of The Children's Trust School

The actions we expect staff and volunteers to take if they have concerns.

The flow chart (Appendix 1) will help to remind you what to do if you have any concerns or worries about a child.

Concern about a child

- Any member of staff who is concerned that there is a possibility that a child is being harmed or is at any risk, has a duty of care to bring their concern to the shift leader, line manager or one of the Children's Trust social workers as soon as possible, however unsure they are or however small it may seem.

Allegations made by a child or parent

- If a child or parent tells you something concerning simply listen to them. Explain that you will have to pass on the information. Make notes immediately of any times, dates and of what has been said. Tell your manager or a social worker. Follow the procedural flow chart and complete IRAR
- For children with complex disabilities it may be difficult for them to communicate that they are being abused we must be prepared to hear their voice via an advocate or to observe for changes in behaviour or abuse which may signal abuse.

If the child is injured

- Any child who has sustained an injury or is in any medical danger should be examined by a doctor on site (or out of hours doctor) as soon as possible in order to stabilise and treat prior to potential transfer for child protection medicals.
- In cases of suspected sexual abuse, a medical assessment can only be undertaken if agreed by a Social Services Strategy Meeting.

Informing parents

- Careful consideration should be given to when and how parents are informed in cases when parents could have been involved and this may prejudice the investigation. This should be decided in consultation with the Head of social work and the child's Local Authority Social Worker.

Keeping staff safe

- There will be times when children are receiving nursing, care, therapy and/or education that a staff member may be alone with a child. Use safe caring practices. Refer to the Intimate Care Policy. Inform another member of staff

before spending time alone with a child. Keep good records of your one to one time. Discuss any worries with your manager.

Allegations against a member of staff

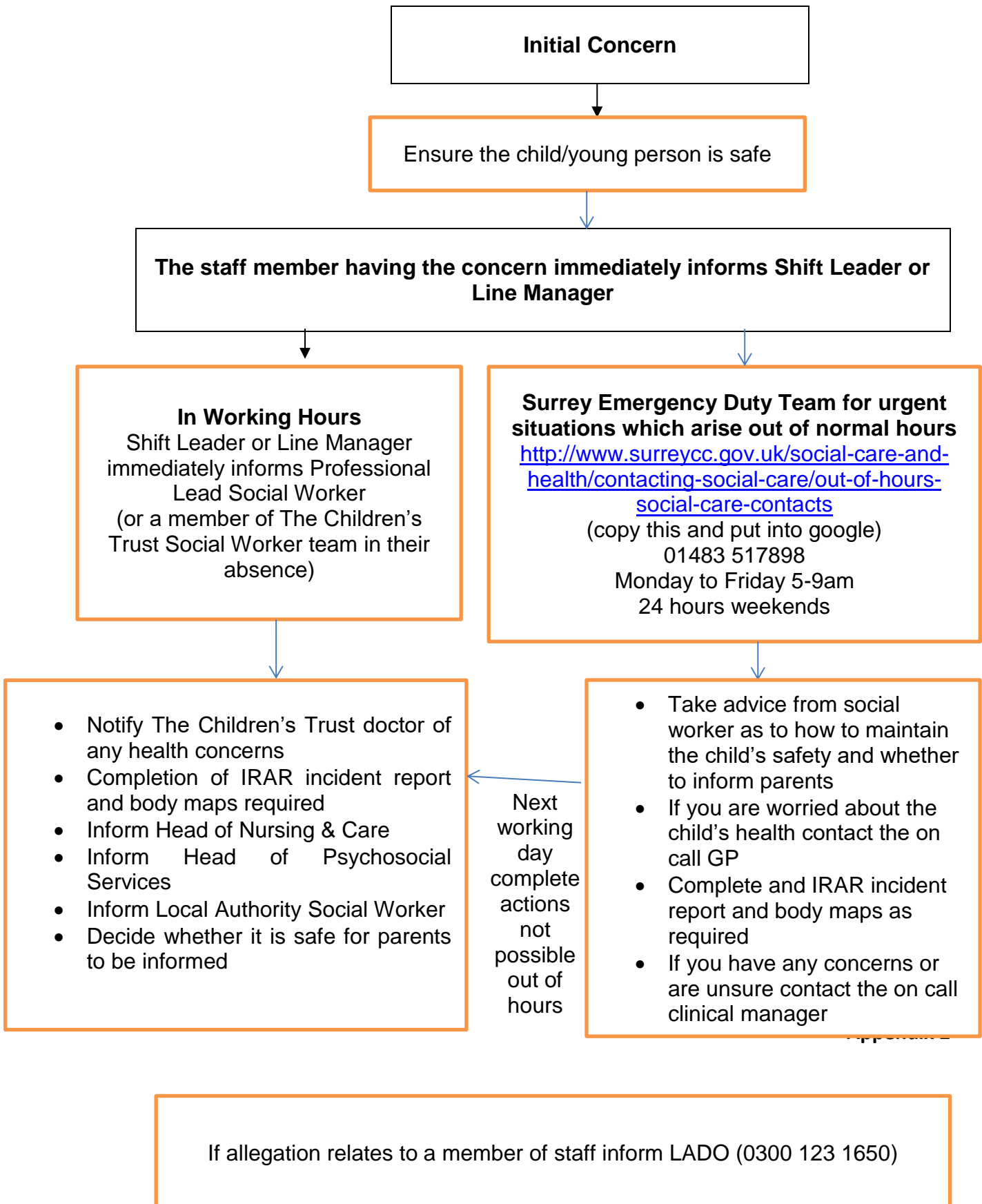
- If a child or family has shared a concern with you about a colleague, or if you have witnessed poor practice, you have a duty to share that information immediately with your line manager/shift leader or if it affects your line manager with a member of The Children's Trust social work team.
- The line manager must report the concern to the Head of Psychosocial Services or in their absence the Head of Nursing and Care. In their absence report the concern to the Director of Clinical Services.
- At all times ensure the safety of the child. This may require the member of staff working in another area or being suspended pending an investigation. Out of hours you should contact the Clinical Manager on Call if you are unsure of how best to protect the child.
- When an allegation is made against a member of staff, it is a priority to avoid any unnecessary delay and all cases will be resolved as quickly as possible, consistent with a fair and thorough investigation. The time taken to resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation.

There may be up to three strands in the consideration of an allegation:

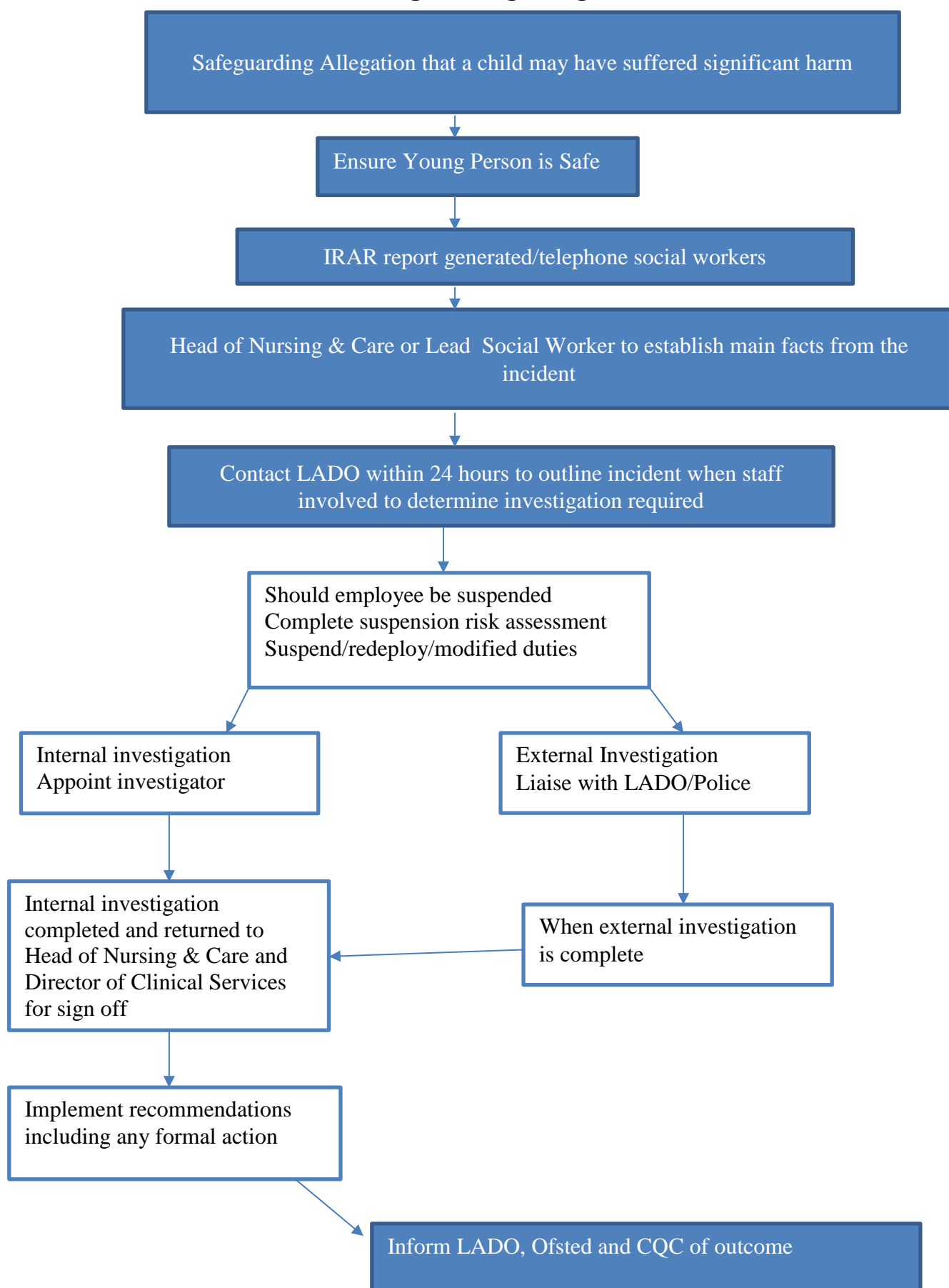
- A police enquiry into a possible criminal offence.
- Enquiries by Children's Social Care about whether a child is in need of protection or in need of services.
- Consideration by an employer/regulatory body of action in respect of the individual.
- The LADO (Local Authority Designated Officer) in Surrey will be consulted on all allegations involving a member of staff or a volunteer within 1 working day, to determine if a police investigation and/or Children's Social Care enquiries are appropriate and whether immediate intervention is required.
- In less serious cases, police and Children's Social Care may not be involved but it will be the LADO's role to provide an objective, independent view to The Children's Trust.
- The flow chart (Appendix 2) illustrates the process following an allegation made against a member of staff.

Appendix 1

Flow Chart for Reporting a Safeguarding Concern



Safeguarding Allegation



The Children's Trust School Safeguarding Policy

For the attention of: Education Governance Committee, all staff, volunteers, visitors and the whole school community

1. Policy Statement

The Children's Trust School is committed to safeguarding and promoting the well-being of the whole school community. This policy applies to all pupils, staff, volunteers, work experience, visitors, governors and trustees working in the school in liaison with parents and carers. We follow stringent recruitment processes. All staff, governors and trustees have an active role to play in safeguarding pupils from harm, and ensuring their wellbeing is of paramount importance. This enables The Children's Trust School to provide a safe environment in which poor performance and unsafe practice is challenged.

2. Introduction

This policy has been developed in accordance with the guidance outlined in the Children Acts 1989 and 2004, Education Act 2002, Working Together to Safeguard Children 2015, Keeping Children Safe in Education (most up to date version), What do you do if you are worried about a child March 2015, Health and Social Care Act 2012, Serious Crime Bill 2015, Surrey Safeguarding Children Board SSCB Child Protection Procedures and National Minimum Standards for Residential Special Schools.

The Education Governance Committee takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children and to work together with other agencies to ensure adequate arrangements are in place to identify, assess and support those children who are suffering harm.

3. Aims of the policy

The aim of this policy is to protect pupils from abuse.

- The child's needs are paramount
- Every member of the team including volunteers and temporary staff have a responsibility to keep children safe
- To provide an environment in which children and young people feel safe, secure, valued and respected
- To ensure all school staff and volunteers are aware of the need to safeguard children and of their responsibility to identify and report possible cases of abuse
- To support the child's development in ways that foster security, confidence and achievement of their individual goals
- To provide a systematic method of monitoring children who may be at risk of harm to ensure we, the school, contribute to assessments of need and support packages for those children
- To emphasise the need for effective levels of communication between all members of the team
- To ensure a structured procedure is followed which is followed by all members of the school in cases of suspected abuse
- To promote effective working relationships with other agencies

- To ensure pupils are helped to feel safe via the school curriculum
- To ensure that all staff working within the school have been checked as to their suitability, including verification of their identity, qualifications and satisfactory enhanced Disclosure and Barring Service (DBS) check, and a central record is kept for audit

4. Procedures

Safe school, safe staff

All members of the Senior Management Team understand and fulfill their responsibilities, to ensure that:

- There is a safeguarding policy
- The Children's Trust and School operate safer recruitment procedures by ensuring there is at least one person on every recruitment panel that has completed safer recruitment training
- There are procedures in place for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns or has resigned, or when we cease to use the service as a result of a substantiated allegation in the case of a volunteer
- A senior leader has Lead Designated Child Protection Officer (DCPO) responsibility
- On appointment, the DCPOs undertake interagency training and also undertake DCPO 'New to Role' and the 'Update' Course every 2 years
- All other staff have Safeguarding training updated annually. All members of staff, volunteers and Education Governance Committee know how to respond to pupil who discloses abuse through training
- A member of the Senior Leadership Team, usually the Chief Executive is nominated to liaise with the LADO in conjunction with a Children's Trust social worker within 24 hours in the event of an allegation of abuse made against the Head teacher
- Safeguarding policies and procedures are reviewed regularly and are available on The Children's Trust website
- The Lead DCPO, is a member of the Senior Management Team. DCPOs have undertaken the compulsory training delivered through the SSCB (2 days), or by an approved external training provider, and, upon appointment will undertake 'DCPO New to Role' training followed by biannual updates.
- All members of staff and volunteers are provided with safeguarding awareness training at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with.
- All parents/carers are made aware of the responsibilities of staff members with regard to safeguarding procedures through parent's newsletter and a safeguarding notice board.
- The school will ensure that child protection concerns or allegations against adults working in the school are referred to the LADO for advice
- The name of designated members of staff for Child Protection, the Designated Child Protection Officers, will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring case of suspected abuse

Responsibilities

The designated DCPOs are responsible for:

- Referring a child if there are concerns about possible abuse, to the Children's Trust social workers or in their absence the child's local duty child protection social worker
- Keeping written records of concerns about a child even if there is no need to make an immediate referral
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25th birthday, and are copied on to the child's next placement.
- Ensuring that an indication of the existence of the additional file in above is marked on the pupil records.
- Liaising with other agencies and professionals.
- Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
- Ensuring that any day pupil currently with a child protection plan who is absent in the educational setting without explanation for one day is referred to their key worker's Social Care Team.
- Organising child protection induction, and update training annually, for all school staff.
- Providing, with the Head teacher, an annual report for the Education Governance Committee, detailing any changes to the policy and procedures; training undertaken by the DCPO, and by all staff; number and type of incidents/cases, and number of children on the child protection register (anonymised)

Supporting Children

- We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- We recognise that the school and school houses may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our school will support all children by:

- Encouraging self-esteem and methods through which the child can communicate
- Hearing the pupil voice through using the young person's advocate
- Hearing the pupil voice via the relevant therapy
- Promoting a caring, safe and positive environment within the school.
- Liaising and working together with all other support services and those

agencies involved in the safeguarding of children.

- Notifying Social Work Team as soon as there is a significant concern.
- Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

Confidentiality

- We recognise that all matters relating to child protection are confidential.
- The Head teacher or DCPOs will disclose any information about a child to other members of staff on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing this is known as a risk of harm statement.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with a social worker from The Children's Trust.

Supporting Staff

- We recognise that staff working in the school who have cared for a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties and to seek further support as appropriate.

Allegations against staff

- All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults whenever possible.
- We understand that a pupil may make an allegation against a member of staff.
- If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Head teacher.
- The Head teacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO).
- If the allegation made to a member of staff concerns the Head teacher, the person receiving the allegation will immediately inform the Chief Executive who will consult with the LADO, without notifying the Head teacher first.
- The school will follow the Surrey procedures for managing allegations against staff.
- Suspension of the member of staff, excluding the Head teacher, against whom an allegation has been made, needs careful consideration, and the Head

teacher will seek the advice of the LADO in making this decision.

- In the event of an allegation against the Head teacher, the decision to suspend will be made by the Chief Executive with advice from the LADO and Director of People and Organisational Development

Whistle-blowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. Staff should follow the Whistleblowing Policy. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO.

Whistle-blowing re the Head teacher should be made to the Chief Executive of The Children's Trust whose contact details are readily available to staff via the loop.

Physical Intervention

We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

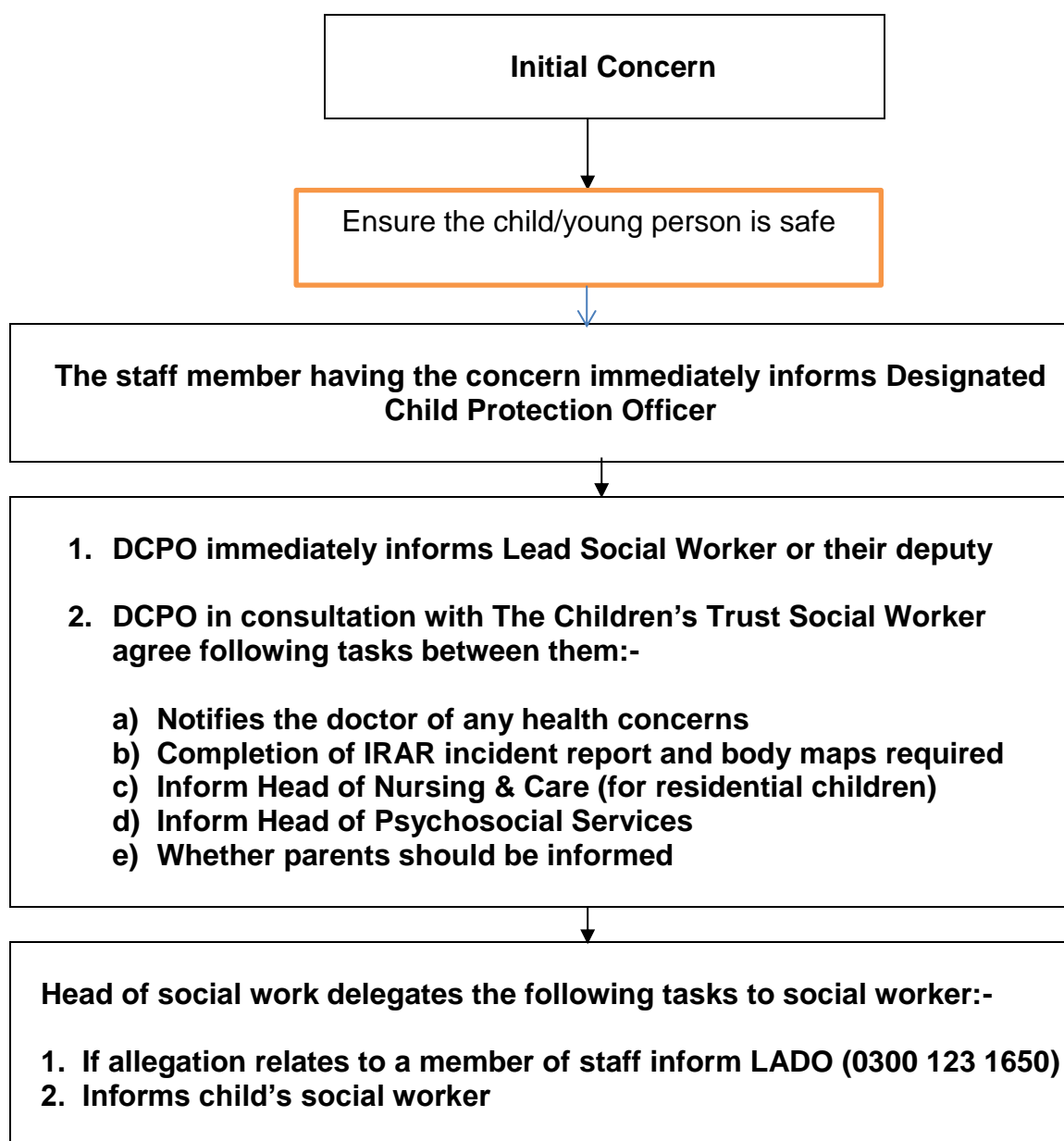
We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Positive Touch' guidance to ensure they are clear about their professional boundary.

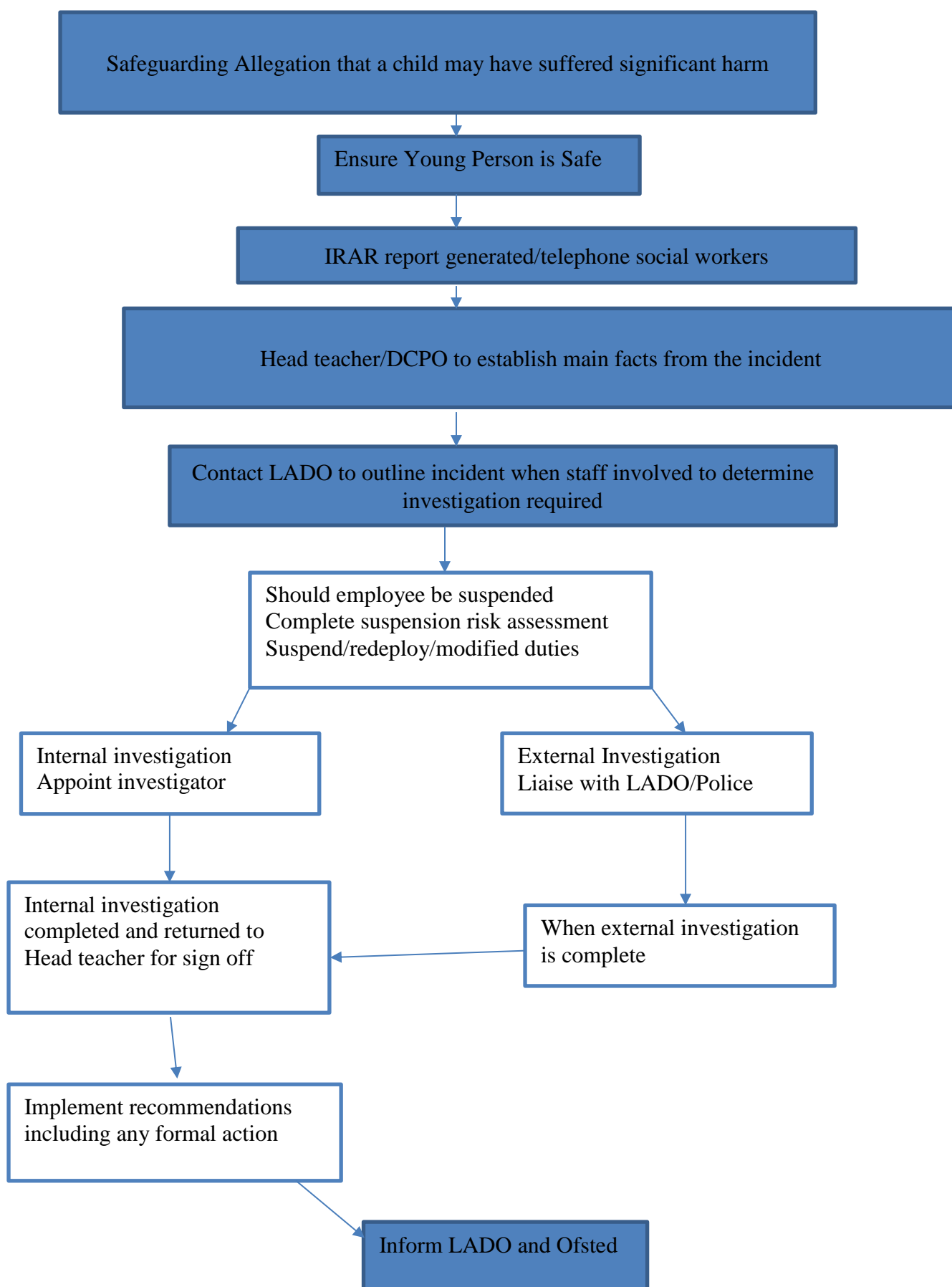
Training

Training needs for The Children's Trust School are determined by the Intercollegiate Document 2014 and Surrey Safeguarding Children Board. (Training Matrix Appendix 5). Training may take place within The Children's Trust School or as part of Surrey Safeguarding Children's Board programme.

All staff should ensure they read the Safeguarding Policy Annually including appendix 2 (Safeguarding Pack).

The Children Trust School Flow Chart for Reporting Concern





Appendix 1 Safeguarding Training

Level	Setting	Participants	Contents
<u>Introduction to Safeguarding</u> (1 Hour)	During Induction Week either delivered as e-learning, part of general induction or in The Children's Trust School	Staff and volunteers	General introduction What is safeguarding? Social work and MDT Team Joint working Raising Concerns
<u>Safeguarding Level 1 for staff who do not have contact with children and those new to working with children</u> Within three months of appointment for new staff	Options of setting: E-learning The Children's Trust training programme The Children's Trust School training days	Staff and volunteers	Extension of knowledge Legal Context Raising and escalating concerns Group discussion focusing on examples from TCT practice
<u>Safeguarding for staff who work with children Level 2</u> (2 hours) Within 1 year of completing Safeguarding 1 (6 months for shift leaders) Then annually	Options of setting: E-learning The Children's Trust training programme The Children's Trust School training days	Staff and volunteers who have direct contact with children	Extension of knowledge of legal context and practice issues Disclosures by children or their parents Interactive scenario
<u>Safeguarding 3</u> (5 hours) Within 1 year of completing Safeguarding 1 Then annually	Options of setting: The Children's Trust training programme The Children's Trust School training days Surrey Safeguarding children's Board training	Teachers Managers who work with children Heads of House and Deputies Leads of Allied Health Professions and Play Trustees and Board Members SLT	The key role of managers in the safeguarding process The impact of safeguarding Supporting your team Learning outcomes
<u>Safeguarding 4</u> (5 hours) Specialist Event on agreed topic	Options of setting: The Children's Trust training programme The Children's Trust School training days Surrey Safeguarding children's Board training	Managers as relevant to their role and could influence strategic planning	Specific legal, practice or ethical issues, which impact on the safeguarding of children and young people using services at The Children's Trust

The Children's Trust Safeguarding Children & Young People Pack



CHILDREN HAVE SAID THEY NEED

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

PRINCIPLES

Working Together to Safeguard Children 2015 describes a child-centred and coordinated approach to safeguarding, which underpins The Children Trust's approach

Our two **Key principles** are:

- **Safeguarding is everyone's responsibility:** for services to be effective each Professional and organisation should play their full part; and
- **A child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

Safeguarding is everyone's responsibility

Everyone who works with children – including therapists, nurses, carers, paediatricians, volunteers and social workers – has a responsibility for keeping them safe.

No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Any professionals with concerns about a child's welfare should follow the safeguarding policy

A child-centred approach

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

Children have been clear in saying what they want from an effective safeguarding system - they want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs.

This should guide our own behaviour the behaviour as professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

A child-centred approach is supported by:

- **The Children Act 1989.** This Act requires local authorities to give due regard to a child's wishes when deciding what services to provide under section 17, and before making decisions about action to be taken to protect children under section 47. When children are looked after, their wishes and feelings must also be taken into account
- **The Equality Act 2010** puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by individual children and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; and
- **The United Nations Convention on the Rights of the Child (UNCRC).** This is an international agreement that protects the rights of children and provides a child centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to *expression* and *receiving information*.

SIGNIFICANT HARM

The Children Act 1989 introduced the concept of **Significant Harm** as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes Significant Harm but consideration should be given to the following:

- The severity of ill-treatment which may include the degree and extent of physical harm including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- The duration and frequency of abuse and neglect
- The extent of premeditation

Child abuse and neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children sets out definitions and examples of the four broad categories of abuse which are used as a basis for determining that a child should be subject to a Child Protection Plan:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

These categories overlap and an abused child does frequently suffer more than one type of abuse. They are dealt with in the sections below.

WHAT IS CHILD ABUSE?

Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online.

TYPES OF ABUSE

NEGLECT

Neglect happens when parents or carers can't or won't meet a child's needs. Sometimes this is because they don't have the skills or support needed, and sometimes it's due to other problems such as mental health issues, drug and alcohol problems or poverty.

Although professionals may be worried about a child, it's not always easy to identify neglect. There's often no single sign that a child or family need help. So, professionals look for a pattern of ongoing neglect before they step in.

Physical neglect is failing to provide for a child's basic needs such as food, clothing or shelter. Failing to adequately supervise a child, or provide for their safety.

Educational neglect is failing to ensure a child receives an education.

Emotional neglect is failing to meet a child's needs for nurture and stimulation, perhaps by ignoring, humiliating, intimidating or isolating them. It's often the most difficult to prove.

Medical neglect is failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations.

PHYSICAL ABUSE

Physical abuse is deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries.

Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell – this is known as fabricated or induced illness (FII). Fabricated or induced illness is when a parent or carer fakes, or creates, the symptoms of an illness in their child. This might include giving a child medicine, tampering with medical equipment or falsifying test results.

There's no excuse for physically abusing a child. It causes serious, and often long-lasting, harm – and in severe cases, death. Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls. But if a child often has injuries, there seems to be a pattern or the explanation doesn't match the injury then this should be investigated.



TOP TIP – Look at the Children's Trust Bruising Policy for further information

SEXUAL ABUSE

A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact, and it can happen online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong.

There are two different types of child sexual abuse. These are called contact abuse and non-contact abuse.

Non-contact abuse covers acts where the abuser doesn't touch the child, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing, making a child strip or masturbate and intentionally engaging in sexual activity in front of a child or not taking proper measures to prevent a child being exposed to sexual activities by others. Taking or making indecent images of children or showing children images of sexual activity, including photographs, videos or via webcams is also sexual abuse.

Contact abuse is where an abuser makes physical contact with a child and involves sexual touching of any part of the body, clothed or unclothed, including using an object, assault by penetration, including rape or penetration of the mouth with an object or part of the body. It can also involve encouraging a child to engage in sexual activity for example, sexual acts with someone else.



TOP TIP – behaviour that might indicate something is wrong

Children who are sexually abused may stay away from people, or avoid being alone with people such as family members or carers. They could seem frightened of a person or reluctant to socialise with them.

They may show sexual behaviour that's inappropriate for their age or use sexual language or know information that you wouldn't expect them to. They may become sexually active at a young age or be promiscuous.

Children who are sexually abused may also have physical symptoms such as vaginal or anal soreness or an unusual discharge.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Many of the detailed cases submitted to the Child Exploitation and Online Protection Centre (CEOP) showed that grooming is used to manipulate victims, distance them from families and friends, and place them under the control of the offender.

Some children and young people are **trafficked** into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in **gangs**.

When sexual exploitation happens online, young people may be persuaded, or forced, to send or post sexually explicit images of themselves, take part in sexual activities via a webcam or smartphone or have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.



TOP TIP – read more on the NSPCC website about trafficking and child sexual exploitation in gangs [NSPCC.org.uk](https://www.nspcc.org.uk)



TOP TIP - [And a report - Child Exploitation and Online Protection Centre \(CEOP\) \(2011\) Out of mind, out of sight: breaking down the barriers to child sexual exploitation: executive summary \(PDF\)](#). London: CEOP.

GROOMING

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. The signs of grooming aren't always obvious.

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child. They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting.

Children may be very secretive, including about what they are doing online, have older boyfriends or girlfriends. They may have new things such as clothes or mobile phones that they can't or won't explain or have access to drugs and alcohol.

In older children, signs of grooming can easily be mistaken for 'normal' teenage behaviour, but you may notice unexplained changes in behaviour or personality, or inappropriate sexual behaviour for their age.

EMOTIONAL ABUSE

Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It can involve not showing love or trying to scare, humiliate or isolate children. It can be difficult to spot as emotional changes are a normal part of growing up.

A child who is emotionally abused may later develop risk taking behaviours like stealing or running away. Emotional abuse also puts children at additional risk of developing mental health problems, like depression, eating disorders or self-harming behaviour or they may lack self-confidence.

Children who don't get the love and care they need from their parents often find it difficult to develop and maintain relationships with others later in life



TOP TIP – signs that might indicate emotional abuse

Babies and pre-school children who are being emotionally abused or neglected may be overly affectionate towards strangers or people they haven't known for very long; they may lack confidence and appear anxious or aggressive to children or animals. You may notice that they appear not to have a very close relationship with their parents.

Older children may use language, act in a way or know about things that you wouldn't expect them to know at their age; they may struggle with emotions and have extreme outbursts; they may lack social skills and appear to have few friends and seem isolated from their parents.

BULLYING AND CYBERBULLYING

Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games and mobile phones. Cyberbullying can include spreading rumours about someone, or posting nasty or embarrassing messages, images or videos.

Children may know who's bullying them online – it may be an extension of offline peer bullying - or they may be targeted by someone using a fake or anonymous account. It's easy to be anonymous online and this may increase the likelihood of engaging in bullying behaviour.

Cyberbullying includes sending threatening or abusive text messages, creating and sharing embarrassing images or videos, 'trolling' - the sending of menacing or upsetting messages on social networks, chat rooms or online games.

It can also mean excluding children from online games, activities or friendship groups or setting up hate sites or groups about a particular child. Cyberbullies sometimes create fake accounts, hijacking or stealing online identities to embarrass a young person or cause trouble using their name.

DOMESTIC ABUSE

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers. Teenagers can suffer domestic abuse in their relationships.

Witnessing domestic abuse is child abuse; it is really distressing and scary for a child, and causes serious harm. Children living in a home where domestic abuse is happening are at risk of other types of abuse too. Children can experience domestic abuse or violence in lots of different ways. They might see the abuse, or hear it from another room, see a parent's injuries or distress afterwards. They might be hurt by being nearby or trying to stop the abuse.



TOP TIP 24-hour National Domestic Violence Freephone Helpline 0808 2000 247

FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision and cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.



TOP TIP *Worried about FGM? Call the FGM helpline if you're worried a child is at risk of, or has had, FGM. It's free, anonymous and available 24/7. 0800 028 3550*

WHAT IS PREVENT?

Prevent is part of CONTEST, the Government's strategy to address terrorism. The main aim of Prevent is to stop people, including children and young people, becoming terrorists or supporting terrorism. Prevent focuses on all forms of terrorist threats. E.g. international terrorism, far right extremists (among others).

The police, Local Authorities, and partner organisations are working together to help strengthen and empower our communities to reject those who want to cause harm. They work together and seek to work with all of us, focussing on three key themes:

- Safeguarding vulnerable individuals through the provision of advice and support and intervention projects.
- Working closely with institutions such as Universities, Schools, Prisons, Health, Charities and faith establishments.
- Challenging terrorist ideology by working closely with other local and national agencies, partners and our communities



TOP TIP The Government's Prevent strategy can be found at the following address: www.homeoffice.gov.uk



TOP TIP Surrey Count Council's prevent strategy is available at www.surreycc.co.uk

The Prevent Engagement Team of officers and police staff aim to encourage discussion ensuring that terrorism is prevented from taking root in our communities. They support the wider engagement activities already taking place in schools, places of worship and community groups.

Through this work they aim to strengthen communities in order to challenge the ideologies and messages of hate which lead to terrorism.

The department for education has launched a helpline for anyone concerned about a child who may be at risk of extremism, or about extremism within an organisation working with children and young people



TOP TIP if you are worried about individuals or need further information the helpline number is 020 7340 7264

PRINCIPLES OF GOOD PRACTICE – DISABLED CHILDREN

Any child with a disability is by definition a 'child in need' under section 17 of the Children Act 1989 and 2004.

A disabled child is vulnerable to physical, emotional or sexual abuse or neglect like any other child, though the level of risk may be raised by additional vulnerabilities:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on carers and health professionals for day to day physical care needs.
- Parents or carers own needs and ways of coping may conflict with the needs of the child

In addition to the universal indicators of abuse/neglect listed above, the following abusive behaviours must be considered;

- Force feeding
- Unjustified or excessive physical restraint
- Rough handling

- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill-fitting equipment e.g. callipers, sleep board which may cause injury or pain, inappropriate splinting
- Misappropriation /misuse of a child's finances

Where a child is unable to tell someone of his/her abuse he/she may convey anxiety or distress in some other way, e.g. behaviour or symptoms and carers and staff must be alert to this.

Some sex offenders may target disabled children in the belief that they are less likely to be detected.

Agencies must not make assumptions about the inability of a child with disabilities to give credible evidence, or to withstand the rigours of the court process.

Each child should be assessed carefully and supported where relevant to participate in the criminal justice system.

RESEARCH

Research, mostly conducted outside the UK, shows that disabled children are three times more likely to be abused than non-disabled children (Jones et al. 2012). Disabled children have an equal right to protection, yet barriers can exist at all stages of the child protection process (National Working Group on Child Protection and Disability 2003).

Positive action can reduce the risk and help realise disabled children's equal right to protection.



TOP TIP – Guidance you might find helpful
NSPCC – ‘We have the right to be Safe’ – Protecting Disabled Children from abuse – this is available on line and is in the social work Office
Government Guidance: <https://www.gov.uk/government/.../safeguarding-disabled-children-practice-guidance>

LOOKED AFTER CHILDREN

Children can be Looked After under Section 20 and Section 31 of the Children Act 1989

Section 20 means that the family have agreed for the local authority to be involved in their care arrangements.

They agree that their child can live at The Children's Trust either in our fulltime care while their child attends our school or for short breaks to support the family in their fulltime care outside of the Children's Trust.

Section 20 means that only the parents have parental responsibility and can make decisions about all aspects of their child's care.

Section 31 means that the parents do not agree to their child being removed from their care. The Court have been involved and made an order under Section 31 of The Children Act 1989.

Section 31 means that the Local Authority share parental responsibility with the parents, but they take the lead in all decisions about the child's care. They do meet with parents and inform them of their decisions.

In all cases where a child is looked after there is an allocated Statutory Social Worker from the local authority where the child's family lives. The social worker is responsible for visiting the child, working with the family and professionals in the network around the child and their care arrangements. This includes professionals at the Children's Trust.

An Independent Reviewing Officer (I.R.O) is appointed to review all care arrangements along with a child's education and health needs

The IRO chairs a Looked After Children (LAC/CLA) Review. This is a formal meeting with timescales and minutes. These usually take place every 6 months. Reports are prepared for the meeting. Minutes are produced from the meeting and tasks allocated in the network. The Actions will be reviewed at the next Meeting. Associated reports that may be required are the annual LAC Medical and Personal Education Plan (PEP)

The Statutory Social Worker will visit the child in placement and report back to the IRO at the review.

The reviews will take place at The Children's Trust when the child lives here all the time. For LAC children who attend TCT for Short Breaks, at least one review per year should take place here.

The Social Work Team at TCT support can offer advice and support to you with any issues or concerns relating to Looked After Children you are caring for.

POLICIES YOU MIGHT FIND HELPFUL



Policies are available on [The Loop](#)

Management of Osteopenia in Children and Young People

Bruising in Children and Young People who are Not Independently Mobile

Safeguarding Children and Young People Policy

Intimate Care

Mental Capacity and Deprivation of Liberty Policy

Clinical Holding and restraint Guideline

Appendix 3

If you are concerned about the safety of a child, young person or an adult you can contact our Multi-Agency Safeguarding Hub (MASH).

The Multi-Agency Safeguarding Hub (MASH) responds to initial enquiries about children, young people and adults. The MASH is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

Availability: Monday to Friday: 9am - 5pm

- **Phone:** 0300 470 9100
- **Email:** mash@surreycc.gov.uk - emails are dealt with during normal office hours
- **Out of hours phone:** 01483 517898 to speak to our **emergency duty team**.

Local Area Contact details

North east: 0300 123 1610

The north east area covers the following three boroughs:

- **Elmbridge** (Esher, Walton on Thames and Weybridge)
- **Epsom and Ewell** (Epsom, Ewell and part of both Stoneleigh and Worcester Park)
- **Spelthorne** (Ashford, Laleham, Shepperton, Staines-upon-Thames, Stanwell and Sunbury-on-Thames)

North west: 0300 123 1630

The north west area covers the following three district and boroughs:

- **Runnymede** (Addlestone)
- **Surrey Heath** (Camberley)
- **Woking** (Woking)

South east: 0300 123 1620

The south east area covers the following three district and boroughs:

- **Tandridge** (Caterham and Oxted)
- **Reigate and Banstead** (Redhill, Horley, Reigate and Banstead)
- **Mole Valley** (Dorking and Leatherhead)

South west: 0300 123 1640

The south west area covers the following two boroughs:

- **Guildford** (Guildford)
- **Waverley** (Cranleigh, Farnham and Haslemere)

Local Authority Designated Officer (LADO)

Monday to Friday from 9am to 5pm

The LADO Service manages allegations against individuals who work or volunteer with children in Surrey. If you have a concern regarding someone who works with children please contact the LADO on **0300 123 1650*** or LADO@surreycc.gov.uk.



Email Us:

sscb@surreycc.gov.uk



Call us:

01372 833330

If you are concerned about the safety of a child, you can contact the Multi-Agency Safeguarding Hub on: 0300 470 9100 – Monday to Friday from 9am to 5pm.

Outside of these hours, call on 01483 517898 to speak to the [emergency duty team](#). In an emergency where you are concerned for the child's immediate safety you should call [Surrey Police](#) on 999.

The Multi-Agency Safeguarding Hub

Monday to Friday from 9am to 5pm

The Multi-Agency Safeguarding Hub (MASH) responds to initial enquiries about children, young people and adults.

The MASH is based at Guildford Police Station and combines Children's Service social workers, Adult's Service social workers, and health and police staff.

If you have a concern about a child, young person or adult, please contact the Surrey MASH:

- Phone: **0300 470 9100**
- Email: mash@surreycc.gov.uk
- [Learn more about the Surrey MASH](#)

Emails are dealt with during normal office hours. Agencies on the Government Connect Secure Extranet can send content up to 'official sensitive' to our secure email addresses:

SAFEGUARDING VULNERABLE ADULTS RISK ASSESSMENT TOOL

DETAILS OF THE ADULT AT RISK

Name of Adult At Risk					
DoB/ Age:		Gender:		Reference no:	
Address:					
Does the adult at risk have Mental Capacity as required to take part in the Safeguarding process?					Yes / No
If the adults at risk does not have Mental Capacity to take part in the Safeguarding Process, has an IMCA been appointed?					Yes / No
Has the adult at risk agreed that a safeguarding adult's investigation take place?					Yes / No
If the person has Capacity but has not agreed, please summarise reasons for their reluctance.			(Include consideration of any perceived benefits to the adult at risk from enduring an abusive situation).		

DETAILS OF OTHER PERSON AT RISK

Are any children or other adults at risk:	Yes / No
The relevant Safeguarding Children / Safeguarding Adults alerts must be raised. Has this been done?	Yes / No

DETAILS OF THE PERSON ALLEGED TO BE CAUSING THE HARM

Name of person alleged to be causing the harm:		
Person alleged to be causing the harm's relationship with the adult at risk:		
Is the person alleged to be causing the harm also an adult at risk?	Details	Yes/No/ Not Known

CONTEXT OF THE ALLEGATIONS OF ABUSE

Context in which the alleged incident(s) took place:	
Chronology of Events (Please continue on extra sheet if necessary)	

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RISK ASSESSMENT

INDICATOR	ASSESSMENT	RISK LEVEL (None/ Low/ Medium/ High)
1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved:	Detail this for each type of abuse:	
2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?	Assess likelihood that abuse will: a) Continue b) Escalate	

<p>3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?</p>	<p>Assess likelihood that abuse involved:</p> <ul style="list-style-type: none"> a) Premeditation b) Threats c) Violence d) Other coercion 	
<p>INDICATOR</p>	<p>ASSESSMENT</p>	<p>RISK LEVEL (None/ Low/ Medium/ High)</p>
<p>4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm:</p>	<p>Describe evidence of patterns of behaviour relevant to abuse concerns:</p>	
<p>5) How long has this particular incident been happening? What is the person's need and what has been carried out so far?</p>	<p>For each category, assess duration:</p>	
<p>6) What has been the impact on the person's independence, health and wellbeing?</p>	<p>Assess severity of impact on the persons:</p> <ul style="list-style-type: none"> a) Independence b) Health c) General Wellbeing 	

7) How much/ what kind of support does the person normally require?	How much/ what kind of support does the person normally require (include reference to carers):	
8) Overall Risk Rating	Considering all of the ratings above, assess the overall risk rating:	

RISK SUMMARY

Please record here overall assessment of risks identified, including the risk to others:
View of the Risk Assessor:
Views of the Adult at Risk:
Views of Carer(s) /others:
Summary of Action:

SIGNATORIES

Name of Worker Completing Assessment:	
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CS003 The Children's Trust Safeguarding Children & Young People Policy & Procedures & Protecting Vulnerable Adults

Job Title:	
Signature & Date:	
Name of Safeguarding Adults Manager:	
Signature & Date:	

Links to other policies and procedures

Related Policies
Surrey Local Safeguarding Board Procedures link: http://sscb.proceduresonline.com/
Working Together to Safeguard Children: http://www.workingtogetheronline.co.uk/index.html
Health and Safety Policy
Public Interest Disclosures "Whistleblowing"
Risk Assessment
Intimate Care
Staff Recruitment Policy & Procedures
Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document Third edition: March 2014
Adult Safeguarding Levels and Competencies for healthcare professionals Inter Collegiate Document 2016
Keeping children safe in education Statutory guidance for schools and colleges September 2016

Version Control Schedule Safeguarding Policy and Procedure

Version Number	Issue Date	Revisions from previous issue	Lead
16	Nov 2015	Flow diagram amended following feedback from SSCB and staff. Responsibilities of safeguarding team added	Director of Clinical Services
17	Sept 2016	Information added to demonstrate how safeguarding processes are scrutinised across The Children's Trust. Training matrix updated	Director of Clinical Services
18	Jan 2017	Information added in relation to staff behaviour, disability, section 11 and audit. Overview of The Children's Trust and how information on safeguarding is shared. Multi-Agency Safeguarding Hub (MASH) contact details added.	Director of Clinical Services