Darwen Asylum Refugee Enterprise

DARE

Safeguarding: Child Protection Policy and Procedures

Contents

THE POLICY

1. STATEMENT OF INTENT

1.1 This Child Protection Policy and Procedure forms part of our safeguarding children and young people arrangements. Its purpose is to ensure the protection of all children and young people related to DARE.

1.2 This Policy should be considered alongside the Safeguarding Adults Policy.

2. GENERAL PRINCIPLES

2.1 We consider that the welfare of the child is paramount and it is the duty of members, staff and volunteers under HM Government's 'Working Together to Safeguard Children 2018' to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and young people and protect them from abuse. We recognise that in some cases, a child may be at risk of harm as a result of abuse or potential abuse that is

happening to their parent/carer(s). Within our responsibility for safeguarding a child we may implement our Safeguarding Adults Policy to ensure the safety and wellbeing of children and their parent/carer(s).

2.2 Every opportunity to ensure the safety and wellbeing of children and parents/carers will be taken by staff and volunteers at DARE.

2.3 Working Well with Children and Families Guide

Blackburn with Darwen Council encourage using the 'Children's Safeguarding Assurance Partnership' guide which is a multi-agency guide for everyone who works with children, young people, and their families in Blackburn with Darwen. The guide can be found here:
https://panlancashirescb.proceduresonline.com/pdfs/WWWCF_1_2.pdf

The guide talks about how we can work with families to build on their strengths and come together across agencies to put the child at the centre of our work. It is designed to ensure that we give families who are experiencing challenges the advice, information and support they need that helps them make a positive difference to their lives.

3. DEFINITIONS

3.1 **Safeguarding** is defined as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- and taking action to enable all children to have the best outcomes;

Child Protection is defined in the Children Act 1989 (s.47) as when a child is suffering, or is likely to suffer significant harm. Under statutory guidance and legislation action must be taken to safeguard and promote the child's welfare.

Detailed guidance on the different types of abuse are contained within Appendix A.

4. ROLES AND RESPONSIBILITIES

4.1 All DARE staff have a safeguarding duty, and should be vigilant when there are children or young people on the premises. The team with specific child safeguarding responsibilities is outlined below.

4.2 The DARE manager is the Designated Safeguarding Lead (DSL) responsible for child protection and should be the initial point of contact with all Child Protection queries. His/her role is to take day to day responsibility for safeguarding children within DARE and liaising with statutory children's services as appropriate.

4.3 The Senior Caseworker of DARE is the Deputy DSL and should be contacted if the Manager is not available. The DSL, and Deputy, must attend a child protection training course, to be updated at least every two years.

4.4 The Trustee Board is responsible for child protection. They must appoint a Trustee (the Child Protection Officer) who will be responsible for child protection issues relating to members of staff and should work with the DSL and Deputy DSL where there are child protection issues to agree the appropriate course of action. The Board of Trustees has lead responsibility for safeguarding children within DARE and the Child Protection Officer should receive reports of any occasions where there are concerns or issues of Child Protection.

4.5 All staff and volunteers should be aware of how to support children to understand and recognize risk.

4.6 The Relevant Agencies are BwD Children's Advice and Duty Service, Children's Safeguarding Assurance Partnership, and Ofsted.

4.7 Names and details of how these people can be contacted are in Appendix B attached.

5. RELEVANT LEGISLATION AND POLICIES

5.1 This Policy complements, and should be considered along with other DARE Policies:

- Equality, Diversity and Inclusion Policy
- Disclosure Check Policy

- Safeguarding: Child Protection Policy
- Recruitment Policy and Procedure and policies relating to volunteer and Trustee recruitment
- Confidentiality, Information Sharing and Disclosure

5.2 This Policy is informed by the following legislative requirements:

- 1989 Children Act
- HM Government's 'Working Together to Safeguard Children' 2018
- General Data Protection Regulation (GDPR) and Data Protection Act 2018

6. SCOPE

6.1 This Child Protection Policy and Procedure forms part of our safeguarding children arrangements. This Policy and Procedures should be used by any staff member or volunteer who suspects that any child is at risk of abuse (or significant harm) in any setting or in their home life, whether or not they or their parents/carers use the services of DARE.

6.2 DARE has a separate policy relating to protecting adults at risk and reporting any abuse, but many of the issues and procedures are similar, and the policies should be considered as complementary.

6.3 Child Protection law applies to all those children and young people under the age of 18 years. It is important not to assume consent if the young person is over 16 years.

6.4 The policy applies to all staff, volunteers and Trustees. National guidance stresses that safeguarding is everyone's responsibility and all staff and volunteers should be made aware of their role in keeping children safe.

7. PROTECTING CHILDREN AND YOUNG PEOPLE

7.1 What to do in an emergency

7.1.1 If you think a child is in immediate danger you should telephone the police on 999 and contact the DSL, Deputy DSL or Child Protection Officer or the Trustees as appropriate. In all other circumstances you need to follow the

procedures for referral as set out below.

7.1.2 In a medical emergency your first action may need to be one of the following:

- Telephone for an ambulance, or,
- Ask the parent/carer to take the child to the hospital at once, or,
- Only as a last resort, and only if another adult is able to accompany you, take the child yourself

7.1.3 The child or young person is the legal responsibility of the parent/ carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm.

7.1.4 Where emergency action has been taken, BwD Children's Advice and Duty Service should still be contacted as soon as possible, following the reporting procedure as set out below. If it is out of hours, the Emergency Team should be contacted.

7.2 Recognising Abuse

7.2.1 Refer to Children's Safeguarding Assurance Partnership Guidance (1.4. Recognising Abuse and Neglect)

7.2.2 Recognising abuse is one of the first steps in protecting children and young people. There could be signs or behaviour that make you feel concerned. All staff should be alert to the following types of behaviour in children and young people:

- Becoming excessively aggressive, withdrawn or clingy.
- Seeming to be keeping a secret.
- Significant changes in their behaviour.
- Deterioration in their well-being
- Unexplained bruising, marks or signs of possible abuse or neglect.
- Any bruising or marks on a non-mobile baby
- Unreasonable fear of certain people or places.
- Acting out in an inappropriate way perhaps with adults, other children or young people, toys or objects.
- Children and young people's comments which give cause for concern, e.g. inconsistent explanations of bruising, injuries or

burns.

- Sexually explicit language or actions.
- Self-harm
- Are upset, withdrawn or angry after using the internet or texting
- Children and young people demonstrating that their mental health is suffering
- Children and young people who go missing, particularly on repeat occasions when they have been expected or have an appointment at DARE.

7.2.3 Staff should be equally vigilant regarding signs relating to disabled children and young people and not automatically assume that any of the above relates to their impairment. There may be particular barriers preventing them from disclosing abuse e.g. if professionals do not understand their chosen form of communication e.g. British Sign Language Users, or dependence on the abuser for their support etc. Disabled children may have lack of access to strategies to keep themselves safe and there is an increased risk that they may be socially isolated. The risk to disabled children or young people may be increased by their need for practical assistance and physical dependency, including intimate care, which may be delivered by a number of different carers.

7.2.4 DARE recognizes that children and young people are capable of abusing their peers and other children.

7.2.5 Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child or young person and their circumstances.

7.2.6 If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and report it to the contact person responsible.

7.2.7 Anyone (staff member, volunteer, trustee etc) who recognises the signs of abuse should report this immediately to the DSL or in their absence, to the deputy.

7.3 What to do if Abuse is Suspected

7.3.1 If any signs or symptoms lead you to feel concerned that a child is being abused or neglected, it is important that this is recorded (what, when and where) and shared with the DSL.

7.3.2 With the DSL decide on a plan of action:

- Ongoing observation of the child noting any further concerns
- Discussion with other staff to gain further information they may have.
- Discussion with Parents/carers to establish if there might be reasons for the child's behaviour/actions.
- Keep an open mind and avoid assumptions about the source of the harm.
- Work with the child and parents/carers to reduce risk, this may be by offering a service through your setting or by referring to additional support externally.

If you or the DSL are uncertain about whether the concern is reportable, the DSL should call the Children's Advice and Duty Service (CADS) Team for advice (or may delegate this to another staff member as appropriate).

7.3.4 Any member of staff or volunteer can contact the relevant agency (as listed in Appendix B); to discuss any concerns they have and seek guidance before actually reporting any child protection issues but should also inform and seek advice from the DSL or in her absence the Deputy DSL or Child Protection Officer on the Trustees.

If you are still concerned about the welfare of the child / young person, this information must be passed on to CADS. Parents / carers should be informed unless you think this could put the child or yourself at risk.

7.4. What to do if Abuse is Disclosed

7.4.1 The setting is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively.

7.4.2 Responding to the child/young person:

- Stay calm.

- Listen to what the child / young person is actually saying.
- Reassure them that they have done the right thing by telling you.
- As soon as possible, inform the DSL and if appropriate, they will take over from this point. If the disclosure involves a member of staff, follow the staff allegation section.
- Ask open questions e.g. Can you tell me why you are upset? Can you tell me why you don't want to go home today? Can you tell me what is frightening you? Open questions enable you to gain information and clarification.
- **Do not ask leading questions**. Ensure that any questions asked are open or for clarification, not leading/ closed questions. For example, a closed question is: Are you afraid to go home because your Mum will hit you?
- Do not ask the child / young person to repeat what they have told you, for another worker or Trustee member; if the matter is to be investigated further it will be done so by trained professionals.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it is not in their interests to keep the disclosure confidential and it will have to be passed on to the appropriate agencies.

- Make a note of any conversations with the child or young person, trying to make these as detailed as possible, including when and where the conversations took place. Draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
    - Record as soon as possible and use the **actual words** used by the child or young person.
    - Keep all records factual. Be aware of not making assumptions or interpretations of what the child/young person is telling you. Store all records securely. All records to be retained for 3 years

7.5 Reporting

Reporting will usually be done by the DSL or her Deputy or the Child Protection

Officer on the Trustees but in appropriate circumstances may be done by someone else:

- If the matter is urgent and the DSL and Deputy are not available, reporting should not be delayed until they become available. If it is urgent and out of hours, the Emergency Duty team may be contacted.

- If appropriate, inform parents/carers that you are going to report your suspicions/concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, the duty officer will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why. **Please Note: in the case of disclosure by a child, the parent/carer should not be informed that Social Services are involved, as this may potentially put the child at further risk.**

- Reports of disclosure or suspected abuse must be made to the appropriate agency. In most cases this will be CADS (see Appendix B for contact details), who will triage the call, or may ask you to complete a Referral Form.

- CADS may pass you onto an appropriate agency following your referral. This may be signposting to universal services, support from Early Help Services, referral to the Children with Disabilities Team for an assessment, or referral through to Children's Social Care for an assessment.
    - Liaising with relevant staff within DARE may be crucial to working in line with the Working Well with Children and Families. Different staff members within the organisation may be working with different members of the same family. A shared approach and clear understanding of all known underlying issues for a family will need to be considered when liaising with agencies and professionals. This must not overlook the child's needs in any way.

    - Once the disclosure has been made and if appropriate, you can tell the child what is going to happen and what to expect.

    - The person to whom the disclosure was made should ensure that the child or young person who has disclosed, or if appropriate the parent or carer is informed about what will happen next, so

they can be reassured about what to expect.

7.6 Specific procedures relating to Non-mobile babies:

Injuries in Non-mobile babies (that is a baby who cannot yet crawl, pull to stand, “cruise” around furniture or toddle) are rare. They cannot cause injuries to themselves and must be considered at significant risk of abuse. All non-mobile babies with an injury should be discussed with a Hospital or Community Paediatrician or the Children’s Emergency Department. The flow chart in Appendix E must be followed. This is based on NICE guidance 'when to suspect Child Maltreatment’.

- Ask for an explanation from the parent/carer about how it happened and record this on the Existing Injury Form
- Consider whether the parent/carer’s explanation is consistent with observations
- If the injury seems minor – call the Community Pediatrician 01282 803605 on the same day
- If the injury requires treatment – call 999 or refer without delay to the Emergency Department at the Children’s Hospital and refer to CADS

CADS must be called the same day, whether the injury is minor or major. The parent/carer must be reassured at this point that this is official protocol and does not necessarily mean any further assessment, for example, they will check to see if the baby is already known to Social Care.

7.7 Specific procedures regarding the Prevent duty

7.7.1 It is essential that staff members are able to identify children who may be vulnerable to radicalisation and to know what to do when they are identified. Staff will be trained to recognise possible signs.

7.7.2 The statutory framework for the Early Years Foundation Stage sets standards for learning, development and care, thereby assisting a children’s personal, social and emotional development and understanding the world. This includes our ability to safeguard children’s resilience to radicalisation, by supporting positive values which reflect the government’s ‘fundamental British Values’ as laid out by the DfE.

7.7.3 There is no single way of identifying an individual who is likely to be susceptible to a radicalisation. As with managing other safeguarding risks, staff should be alert to changes in children’s behaviour which could

indicate that they may be in need of help or protection.

7.7.4 Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty is entirely consistent with the existing responsibilities of the Early Years Project. The Prevent duty does not require staff to carry out unnecessary intrusion into family life but, it is important to take action when they observe behaviour of concern. The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation.

7.7.5 Any concerns about a child will be referred through CADS or the police. The concern may then be dealt with through usual safeguarding procedures, or referred to the Channel process. For information regarding the Channel process, an e mail address is in the appendix, along with other contacts.

It should be discussed with the individual/their parents/carers before a referral is made and clearly explained to them that it is a multi-agency initiativeinvolving the police. Referrals may only be made with the consent of the individual/their parent/carer.

In addition if a child is at risk of extremism we must contact the Counter Extremism Group at email: counter.extremism@education.gsi.gov.uk or Tel: 020 7340 7264

7.8 Specific procedures regarding a Missing Child

7.8.1 Children going missing from the setting (through not attending when expected), particularly if this is repeated, or if a child is unexpectedly removed from a setting, can act as a vital sign for a range of safeguarding possibilities. This may include abuse and neglect, sexual abuse or exploitation and criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, risk of forced marriage, family crisis or other issues that could affect the health and well-being of a child.

7.8.2 Although the children are not in compulsory education we believe that we have a responsibility to follow up absences to ensure that the child and family are safe and well, which forming part of our safeguarding commitment. Particular care will be taken where there are known vulnerabilities and also when the family might otherwise be isolated (e.g.

Closure weeks).

8. CONFIDENTIALITY AND APPROPRIATE DISCLOSURE OF INFORMATION

a. Confidentiality is crucial to all our relationships, but the welfare of the child or young person is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of a child or young person.

b. All information that has been collected on any child or young person will be kept locked and secure, and access will be limited to the appropriate staff, management and relevant agencies.

c. In the event of an investigation, it is essential that no information on child protection concerns relating to a child or young person are disclosed inappropriately. Any such leaks could have serious consequences for both the child or young person concerned and any investigation.

d. If uncertain about what information may be shared, take advice or refer to HM Government's Information Sharing, Advice for practitioners.

e. Whilst parents/carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child/young person or a staff member at risk.

f. It is very important that only those who need to know particular safeguarding information, actually know, to avoid rumour and gossip that could affect the child/young person, parent/carer and the group. This is in compliance with GDPR

9. WORKING WITH CHILDREN AND YOUNG PEOPLE

9.1 Recognising inappropriate behaviour in staff, volunteers and other adults.

There is no guaranteed way to identify a person who will harm children. However,

there are possible warning signs. These may include:

- Paying an excessive amount of attention to a child or young person or to groups of children, providing presents, money or having favourites
- Seeking out vulnerable children, e.g. disabled children
- Trying to spend time alone with a particular child or young person or group of children on a regular basis
- Making inappropriate sexual comments
- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness
- People other than the parent/carer carrying children out of the building they are in, either the hall, old building or outside.

There may be other sources of concern; this is not a conclusive list. If you are concerned about another staff member, volunteer, member or visitor's behaviour you need to pass this on to the DSL

If a Staff Allegation is made, or you Suspect a Member of Staff or Volunteer of Abuse or Inappropriate Behaviour:

The LADO MUST be involved and consulted on ALL staff allegation incidents before an investigation of any type occurs.

- If it appears that a staff member, volunteer (including Trustees), member or visitor has:
- behaved in a way that has harmed a child, or may have harmed a child, or,
- possibly committed a criminal offence against or related to a child, or,
- behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children,
- or if you have any other related suspicion about their behavior

Then these procedures **MUST** be followed:

- Record your concerns and report them to the DSL.

- The DSL should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of the children or any child.
- It may be clear in some cases that an immediate referral must be made to CADS or to the police for investigation. In addition:
  The DSL must then contact the Local Authority Designated Officer (LADO) within 1 WORKING DAY of receiving the report of an allegation.

  Local Authority Designated Officer (LADO)
  Telephone: 01254 585 184

- Once you have notified the Local Authority Designated Officer (LADO) of any allegation against a person who works with children, please complete the following form and return to the relevant email address. LADO Notification form:

https://www.lancashire.gov.uk/media/927744/lado-flyer-may-2021.pdf

- The setting should then follow the LADO's advice on how to deal with allegations against staff or volunteers. **Note: Do not start any investigation into the allegation until the LADO has been contacted.**
- The setting should take advice from the LADO on how and when to inform the parents/carers of the child.
- The setting is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days. (See Appendix A.)
- If the concern is regarding the DSL, the above procedure will be followed but the report will be made to the Trustee DSL or LADO directly.

9.2 Support to Staff and Volunteers

The Board of Trustees will fully support all members of staff in following this procedure. Following an allegation or investigation:

- Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause. They can talk to the setting's DSL and any of the appropriate agencies listed in Appendix B.

- Staff, volunteers or Trustees may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the setting, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the LADO will be informed. The disciplinary procedure may be implemented.

9.3 Recruitment of Staff and Volunteers

- DARE will regularly review its Recruitment and Selection, DBS Checking and other relevant procedures and practices to try to prevent any unsuitable adults gaining volunteering or paid work within the organisation.

- We acknowledge that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy we will ensure that people working with the children are safe to do so.

- All staff and Trustees will be checked through the Disclosure and Barring Service on joining DARE, to be renewed every 3 years. Volunteers will be required to receive a DBS check or where not possible (e.g. in the case of a service user volunteer), an individual risk assessment will be carried out as part of recruitment procedures.

- All people connected with the setting must declare all convictions/cautions incurred since DBS disclosure which may affect their suitability to work with children or young people.

- Two references will be taken up prior to appointment for all new staff (one reference for volunteers).

- All staff and volunteers working in any way with DARE must undertake a Child Protection briefing as part of their induction to understand the setting's safeguarding/Child Protection Policy and Procedures. All trustees, staff and volunteers will receive update training on Child Protection at least every 3 years.

- Staff and volunteers working with children should all be required to attend Child Protection training at least every three years to keep up to date with key issues.

- The selection and interview procedure will be adhered to. This must include a full employment history, qualifications, interview and identity checks. Questions relating to safeguarding will form part of the interview process.

- Providers must also meet their responsibilities under the Safeguarding Vulnerable Groups Act 2006 which includes a duty to make a referral to the Disclosure and Barring Service 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.

- All staff including volunteers will receive an identification badge which must be worn whilst working in their role.

9.3 Whistleblowing

Whistleblowing is reporting a serious concern about another member of staff or volunteer to a more senior member of staff or to an appropriate external organisation, if necessary. The Public Interest Disclosure Act 1998 protects employees against detrimental treatment or dismissal as a result of any disclosure of normally confidential information in the interests of the public.

9.3.1 What is a serious concern?

- a criminal offence
- abuse or neglect of children
- bullying or victimisation of staff, volunteers or children
- financial malpractice
- a health and safety risk
- a failure to deliver appropriate standards of care

There may be other serious concerns, which do not fit into these categories.

9.4 Procedure

- Any staff member or volunteer can report a concern.
- Concerns can be reported verbally or in writing.
- In most circumstances this would be to the line manager.
- If the concern involves the line manager or it is felt they are unlikely to

take any action, the member of staff should contact a more senior manager or Chair of the Board of Trustees.

- If the concern involves the management of the organisation and there is no one internally to report to safely, then a report should be made to an appropriate external organisation.
- Staff who feel unsure about whether or how to raise a concern or want confidential advice can contact the independent charity Protect – Speak Up Stop Harm https://protect-advice.org.uk. They can give free confidential advice on how to raise a concern about serious malpractice at work.
- Staff can also contact the Ofsted whistleblowing hotline, (if the concern relates to any areas covered in the safeguarding and welfare requirements, especially child protection), NSPCC whistleblowing advice line (if the concern relates to child protection), the Police and/or The Health and Safety Executive.
- All reported concerns will be investigated.
- Verbal concerns will be recorded in writing.
- The person to whom the concern has been reported to will assess what action needs to be taken. This could be an internal enquiry or more formal enquiry, for example involving Ofsted and the Police. More senior management will be informed.
- In some cases, the concern may be better addressed under another policy or procedure, such as Health and Safety.
- The person reporting the concern will be advised of the outcome as soon as possible, normally within 2 weeks of the date of their disclosure. Where a longer period is needed for investigation, the person will be informed in writing.
- Where a person is not satisfied with the outcome, they should put their concerns in writing to the person in charge of the organisation.
- If the staff member has needed to report their concerns externally in the first instance, then they should be guided by the external organisation in term of what will happen next.

9.5 Confidentiality

- Staff are encouraged not to report concerns anonymously as this makes them more difficult to investigate. Any concerns raised will be dealt with confidentially wherever this is possible. If other organisations need to be involved, it may not be possible to conceal the source of the information.

9.6 Use of Mobile Phones and Cameras

This setting is aware of the risks associated with the use of mobile phones, smart watches and cameras in the setting. To manage this appropriately we have a separate policy regarding the use of these devices.

9.7 Code of Conduct and Staff Behaviour

9.7.1 All staff, volunteers and Trustees within the setting recognise that they need to conduct themselves in an appropriate, open and transparent way to ensure a safer environment for all. One of the ways of ensuring this is by following the setting's policies and procedures, including:

- Child Protection Policy and Procedure
- Adult Safeguarding Policy
- Mobile Phone/Camera Policy
- Recruitment and Selection Policy and Procedure
- Health and Safety Policy and Procedures
- Fire Safety Arrangements and Procedures
- Risk Assessments
- Equality, Diversity and Inclusion Policy
- Flexible Working Policy
- Complaints Policy and Procedures
- Expenses Policy

10. IMPLEMENTATION AND MONITORING

10.1 The Board of Trustees will appoint a Child Protection Officer within their team.

10.2 One role of the Child Protection Officer will be to identify or ensure there is a member of staff to take the lead responsibility for safeguarding children within the setting and liaising with local statutory children's services as appropriate. This person will be the **Designated Safeguarding Lead (DSL)** The DSL must attend an advanced inter-agency child protection training course, which must be updated at least every 2 years.

10.3 The Child Protection Officer will receive reports from the Designated Person or Director of any occasions when there are concerns or issues of Child Protection.

10.4 An annual report on progress in implementing safeguarding and this policy and procedures will be presented to the Board of Trustees.

10.5 All staff and volunteers are to undertake child protection training and this is to be updated every 3 years. This policy must be part of the induction for all staff and volunteers.

10.6 The Child Protection Policy must be part of the induction for all staff and volunteers

10.7 All staff and volunteers are aware of how to support children to understand and recognise risk

10.8 DARE will review this policy annually, to ensure it is being implemented. Appropriate action will be taken if deemed necessary, through consultation with the agencies listed in Appendix A.

Date Reviewed and Agreed: January 2025

Reviewed By: Board of Trustees.

Appendix A – Detailed Guidance on Types of Abuse

Definitions of Abuse:
Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 Children Act recognises four categories of abuse:

Physical Abuse - a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child or failure to prevent physical injury. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child or young person. Any injury to a pre-mobile baby should be reported to the Designated Person and or CADS immediately for further consideration.

Sexual Abuse - actual or likely sexual exploitation of a child or young person, 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 the outside of clothing. Sexual abuse also includes non-contact activities, such as involving children and young people 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. . Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (see Peer on peer abuse).

Emotional Abuse - severe or persistent emotional maltreatment of a child, as to cause severe and persistent effects on the child's emotional development. It may

involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may involve seeing or hearing the ill-treatment of another. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve serious bullying (including cyber-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.

Neglect - the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born neglect may involve a parent/ carer failing to:

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

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

Safeguarding Issues:

Historical Abuse

There may be occasions when a child, young person or adult will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Domestic Violence and Abuse

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

sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial and emotional If the victim of the DVA gives consent, report disclosures of DVA to CADS. Blackburnl based DVA charities may be able to support the victim. Exposure to domestic abuse and/or violence can have a serious, long lasting impact on children. Children experiencing this may demonstrate many of the symptoms listed in the Recognising Abuse section. Staff will need to treat them sensitively, record their concerns and consider informing CADS.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protections orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

It is helpful to have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the BAVA website http://www.bava.org.uk/types-of-abuse/female-genital-mutilation/

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for girls at risk of the practise. Further information can be found at KBSP FGM Safeguarding Guidance:
http://www.lscb.org.uk/wp-content/uploads/Snapshot-FGM.pdf
Being able to identify girls who are at risk needs a sensitive approach.

Lancashire Safeguarding have created an FGM flowchart for professionals to consider risks of girls from FGM.

https://www.lancashiresafeguarding.org.uk/media/1460/Adult-FGM-Flowchart-Feb-2019.pdf

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place it is a significant child protection issue and must be reported to the police and/or First Response.

We have a statutory duty to report if a girl under 18 informs us they have had FGM or if we see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to CADS and/ or the police.

When FGM has taken place, the Children's social care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time you may seek advice from CADS.

For more information on this topic, see the NSPCC.

In addition safeguarding action may be needed to protect children against:

- Bullying, including online bullying (cyber bullying) and prejudice-based bullying
- Racist, disability and homophobic or trans phobic abuse
- Gender-based violence/violence against women and girls
- Peer on Peer Abuse (bullying, physical abuse, sexual violence, sexual harassment, up skirting, sexting and initiation/hazing)
- Child sexual exploitation and trafficking
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying;

the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g.; "sexting" and accessing pornography

- Teenage relationship abuse
- Substance abuse
- Parental neglect
- Forced marriage
- Homelessness
- So-called "Honour-based" abuse (HBA): this includes Forced Marriage, FGM and Breast Ironing

Financial or material abuse- involves the theft or misuse of a child or young person's money (including benefits), fraud or extortion.

Discrimination or harassment – is based on someone's protected characteristics (race, ethnicity, gender, sexual orientation, disability etc.) and can, in some situations become a form of abuse.

Institutional abuse - is where a service providing institution has policies and practices that deny the children or young people their dignity, or assert power and create a climate where the forms of abuse listed above are allowed to continue.

Spirit possession or witchcraft
Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the force to harm others.

A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. Dismissing the belief may be harmful to the child. Staff and volunteers should consult with the Designated Person and a referral to CADS should be made.

Appendix B - Useful Contacts

1. Board of Trustee member responsible for Child Protection (Child Protection Officer)
   Name: Rev'd Gilbert Esambe
   Contact Details: gilbert.esambe@nwsynod.org.uk

2. Staff Designated Person/Lead Practitioner responsible for Child Protection (Designated Person)
   Name: John East
   Contact Details: johneast@urcdare.org

   Deputy Designated Person responsible for Child Protection
   Name: Zanab Ebusefi
   Contact: 07471915240

3. Referral Agencies

- **CADS – 01254 666400**
- **Out-of-hours 01254 587547**

  The place to call if you are concerned about a child or young person or think they may need some help. Calls to CADS may result in direct referral to a Social Work Team or advice and guidance being given about services to help families.
- **Disabled Children Team – local.offer@blackburn .gov.uk**
- **Police – non-emergency 101; emergency 999**

- **Community Pediatrics 01282 803605**

4. **For Staff Allegations contact:**

- Local Area Designated Officer, Megan Dumpleton – Tel: 01254 585 184 Email: megan.dumpleton@blackburn.gov.uk
- Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegation being made.
- Ofsted Compliance and Investigation Team (For reporting any Child Protection Concerns) – 0300 123 4666 or email:cie@ofsted.gov.uk
- Ofsted Whistleblowing hotline – 0300 123 3155

5. **Support and Advice**

- Childrens Safeguarding Assurance Tea, -

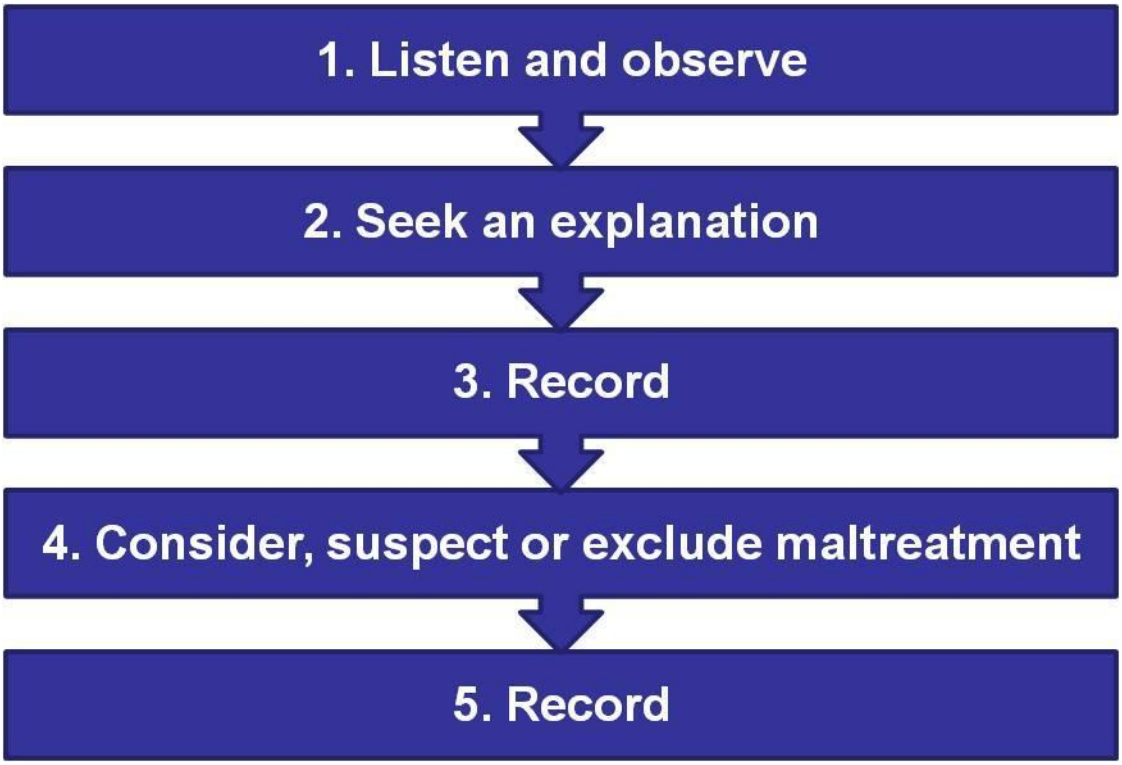
  https://www.safeguardingpartnership.org.uk/about/#CSAP_Contact

  - Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children, July 2018
  - Childline – 0800 1111 (open 24 hours)
  - National Association for the Prevention of Cruelty to Children (NSPCC) – 0808 800 5000; Text: 88858; Email: help@nspcc.org.uk; Online: nspcc.or-g.uk/reportconcern
- Child Sexual Exploitation Support - Operation Engage (Blackburn with Darwen, Burnley, Hyndburn, Ribble Valley, Pendle and Rossendale): 01254 353 525
  - NSPCC Whistleblowing hotline – 0800 0280 285
  - NSPCC FGM helpline: 0800 028 3550; email: fgmhelp@nspcc.org.uk

Appendix C

Non-Mobile Babies Flowchart

https://www.nice.org.uk/guidance/cg89/chapter/Introduction



Darwen Asylum Refugee Enterprise

Appendix D

Existing Injury Form

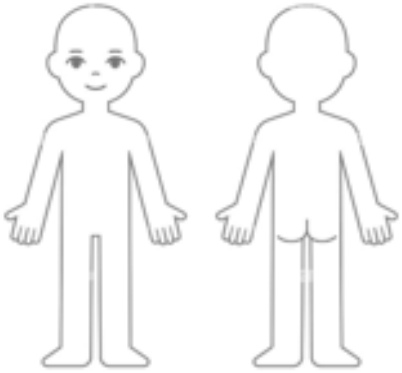
To comply with DARE Child Protection Policy. This form is to be completed by DARE staff, volunteer, or trustee when an existing injury is identified.

Name of Child	
Name of Parent/Carer	
Date	
Time	
Type of Injury	
How did it happen? (parent/carer's explanation)	
Is the injury minor?	
Does the injury require urgent attention?	

If the injury is minor, call the Community Pediatrician 01282 803605 on the same day.

If the injury requires treatment – call 999 or refer without delay to the Emergency Department at the Children's Hospital.

Draw on the diagram the location of the injury.



Refer to CADS on day of identification.

Appendix E

Local Authority Designated Officer (LADO)

Blackburn with Darwen	Blackpool	Lancashire
01254 585 184	01253 477558	01772 536 694
Megan.dumpleton@blackburn.gov.uk	lado@blackpool.gov.uk	LADO.Admin@lancashire.gov.uk

As outlined in "Working Together to Safeguard Children" (2018), the LADO will be informed of all allegations against adults working with children and provides advice and guidance to Senior Managers on the progress of cases to ensure they are resolved as quickly as possible. Information relating to allegations is collated and presented to Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (CSAP) to inform training, research, safer recruitment and awareness raising.

The LADO is located within Children's Services and should be alerted to all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

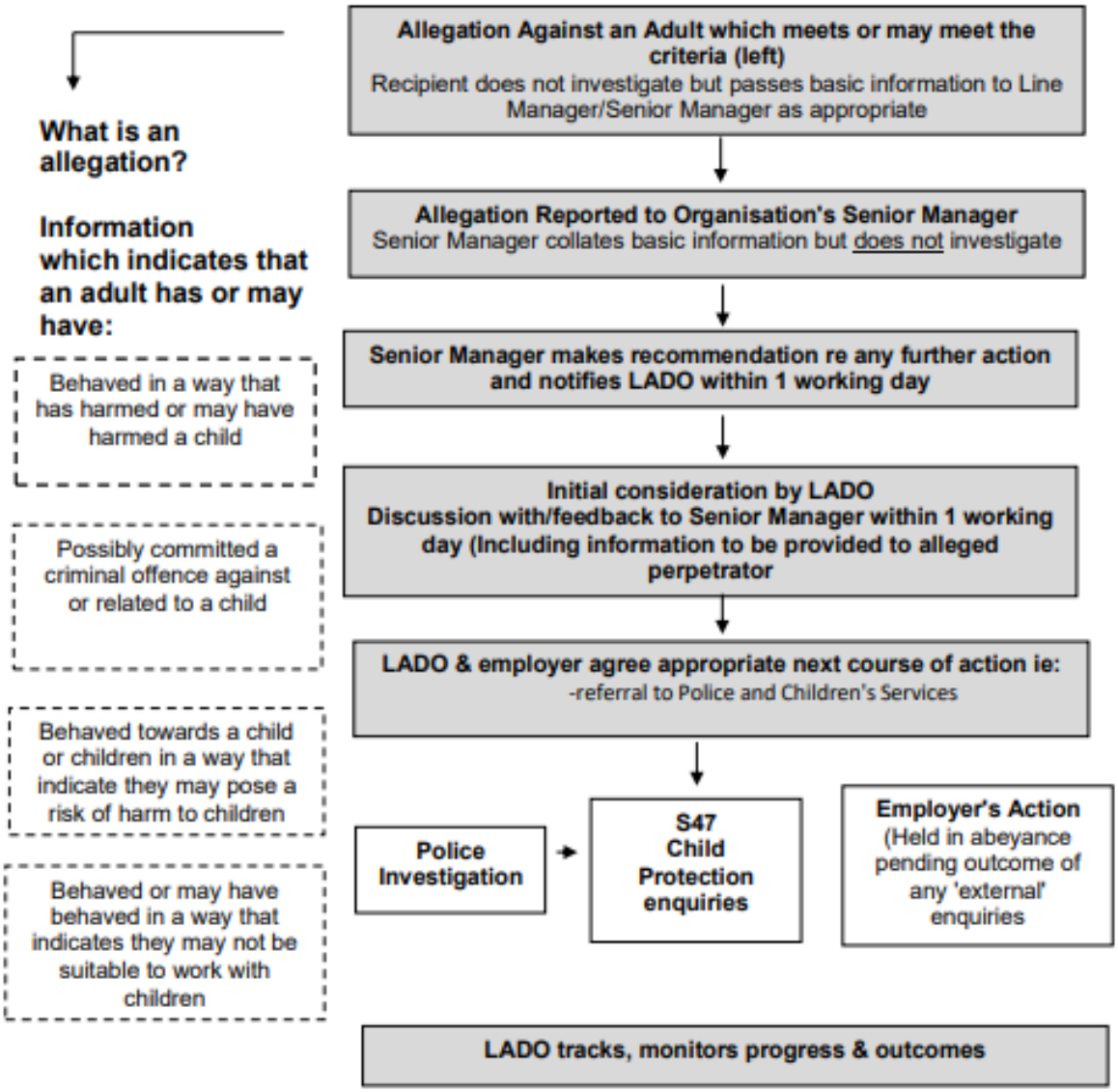
The LADO role applies to the children's workforce (paid, self-employed and volunteers). The LADO is involved from the initial phase of the allegation through to the conclusion of the case.

The LADO will provide advice and guidance and help determine that the allegation sits within the scope of the procedures. Within the role the LADO helps co-ordinate information sharing. The LADO will also monitor and track any investigation with the expectation that it is resolved as quickly as possible.

These procedures may also be used where concerns arise about:

- The person's behaviour with regard to his/her own children
- The behaviour in the private or community life of a partner, member of the family or other household member
- A person's behaviour in their personal life, which may impact upon the safety of children to whom they owe a duty of care.

Flowchart: Procedure for Managing Allegations



Remember: The LADO must be contacted when you have received any allegation or concern about any person who works with children who may have:-

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children