

Children and Young People

Safeguarding Policy and Procedure

Engaging Communities Solutions CIC

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Sharing information

Sharing information between professionals and local agencies is essential to provide effective [early help](#) and to put in place child protection services. Often it is only when information is shared that it becomes clear a child may be at risk of [significant harm](#). Indeed, [Serious Case Reviews](#) have shown that poor information sharing has contributed to deaths or serious injuries of children.

Consent to share information should always be sought unless doing so is likely to place the child at risk of [significant harm](#) through delay, or the parent's actions or reactions, or lead to the loss of evidential material. Information may be shared without consent if it is to promote the welfare and protect the safety of children. Appendix A has further information.

Introduction

This is the Policy of ECS (the Company) regarding Safeguarding Children and Young People. The details are below. This policy is not part of your employment contract, and it is not legally binding except where it is a statement of the law. You must be aware of and apply this policy and procedure; failure to do so may result in disciplinary action being taken against you. You should consult your manager if there is anything that is not clear, or you are unsure about any aspect of this policy.

Policy Statement

ECS works with children and families as part of its activities. These include providing advocacy, social research and delivering local Healthwatch services.

The purpose of this policy statement is:

- to protect children and young people who receive ECS's services. This includes the children of adults who use our services.
- to provide parents, staff and volunteers with the overarching principles that guide our approach to child protection.

This policy statement applies to anyone working on behalf of ECS, including senior managers and the board of Non- Executive Directors, paid staff, volunteers, sessional workers, agency staff and students.

- ECS believes that children¹ must be protected from harm at all times.
- We believe every child should be valued, safe and happy. We want to make sure that children we have contact with know this and are empowered to tell us if they are suffering harm.
- We want children who use or have contact with this organisation to enjoy what we have to offer in safety.
- We want parents and carers who use or attend our organisation to be supported to care for their children in a way that promotes their child's health and well-being and keeps them safe.
- This document has regard to the statutory guidance **Working Together to Safeguard Children 2018**. This policy is in keeping with the **Regional West Midlands Child Protection and Safeguarding Procedures and the area specific Safeguarding Information and Procedures**
- If we discover or suspect a child is suffering harm, we will notify the Family Connect, Telford & Wrekin Council or the Police in order that they can be protected if necessary. **See Appendix C for the categories of abuse and Appendix E for contact details**

¹ For the purpose of this guidance, a child is defined as anyone who has not yet reached their 18th birthday, Children therefore means children and young people throughout.
Working Together 2018.

- We will review our safeguarding children policy and procedures on a regular basis to make sure they are still relevant and effective.

Safeguarding and Promoting the Welfare of Children

Children are best protected when professionals are clear about what is required of them individually and understand how they need to work together. Research has also demonstrated that every day counts for children who need additional help and co-ordinated multi-agency action can be crucial to safeguard and promote their welfare.

This document describes the core procedures that should be followed by professionals (including unqualified staff and volunteers) and managers in agencies who provide services for children, families, or parents in the nine participating areas.

For these purposes a child is defined as **any** child or young person who has not yet reached their 18th birthday and the participating areas cover the following nine local authority areas: Birmingham, Dudley, Herefordshire, Sandwell, Shropshire, Telford & Wrekin, Walsall, Wolverhampton and Worcestershire.

These procedures are in line with the guidance in [Working Together to Safeguard Children](#) and underpinned by two key principles:

1. **Safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part.

Children live in families and communities, so everyone potentially has information that is important including: the child, family, neighbours, school, early years, NHS, and other services involved including adult services, private and third sector organisations, housing, police, and probation services.

2. **A child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

Working Together to Safeguard Children defines safeguarding and promoting the welfare of children as:

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

Where there is a safeguarding issue, ECS will work in accordance with the principles outlined in the **Regional West Midlands Child Protection and Safeguarding Procedures and the area specific Safeguarding Information and Procedures:**

- A child's welfare is paramount. Each child has a right to be protected from harm and exploitation and to have their welfare safeguarded.
- Each child is unique. Action taken by child welfare organisations should be child-centred, taking account of a child's cultural, ethnic, and religious background, their gender, their sexual orientation, their individual ability, and any special needs.
- Children, parents, and other carers should be made aware of their responsibilities and their rights, together with advice about the power of professionals to intervene in their family circumstances.
- Parents will be advised about the ECS Safeguarding Policy in the organisations handbook.²

² For Early Years providers policies and procedures must be made available to parents/carers. Please refer to the [Statutory Framework for the Early Years 2017](#) Pg. 32 -3.73, which states details of providers policies and procedures must make copies available on request.

If a child is at risk of significant harm, there is a duty on the organisation to share information with the relevant local authorities' children safeguarding team.

Responding to concerns about a child

Anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering [significant harm](#) or is likely to do so. This includes professionals who work with children and their families but could also be the child themselves, family members or members of the public. Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response.

The Children Act 1989 introduced the concept of [significant harm](#) as the threshold which justifies compulsory intervention in family life in the best interests of children. [Section 47](#) of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer [significant harm](#).

It is therefore important that all professionals working with children and families understand the concept of [significant harm](#) and also what constitutes [abuse and neglect](#).

Responding to risks of harm to an unborn child

In some circumstances, agencies or individuals are able to anticipate where an expected baby is likely to suffer [significant harm](#) (e.g. [domestic violence](#), parental substance misuse or mental ill health).

These concerns should be addressed as early as possible before the birth so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care. For more information, see the [pre-birth procedures](#).

Responsibilities of agencies and organisations

Each organisation should have internal child protection procedures which are compliant with these regional procedures: each of the nine safeguarding partnerships within participating areas are responsible for confirming agencies and organisations have these procedures in place.

Each organisation's own internal child protection procedures must provide instruction to professionals in:

- identifying potential or actual harm to children
- discussing and recording concerns with a first line manager/in supervision
- analysing concerns by completing an assessment
- discussing concerns with the organisation's designated safeguarding lead (who should be able to offer advice and decide upon the necessity for a referral to local authority children's social care).
- being aware of the requirement for children to have an Appropriate Adult. Further information can be found in the [statutory guidance](#)

Thresholds for Intervention

Early Help Assessment (EHA)

Providing '[early help](#)' is more effective in promoting the welfare of children than reacting when problems become more serious. This help may be needed at any point in a child's life, from early to teenage years.

All professionals, particularly those in universal services, should be alert to signs that a child may require [early help](#). This may include a child who:

- is disabled and has specific additional needs.
- has special educational needs.
- is a young carer.
- is showing signs of engaging in anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- is frequently missing/goes missing from care or from home.
- is at risk of modern slavery, trafficking or exploitation.
- is at risk of being radicalised or exploited.
- is in a family circumstance presenting challenges for the child, such as drug and alcohol [abuse](#), adult mental health problems and [domestic violence](#)
- is misusing drugs or alcohol themselves.
- has returned home to their family from care.
- is a privately fostered child.
- has a parent/carer in custody.

If a professional identifies a need for [early help](#), they have a responsibility to share that information and work together with other agencies to provide children with the support they need. Indeed, effective [early help](#) relies upon local agencies working together to:

- identify children and families who would benefit from [early help](#)
- assess the need for [early help](#), and
- provide targeted [early help](#) services to address the assessed needs of a child and their family in order to improve outcomes for the child.

In cases where agreement to an [early help](#) assessment cannot be obtained, practitioners should consider how the needs of the child might be met. However, practitioners should still inform individuals that their data will be recorded and shared and the purpose explained to them. If at any time it is considered that the child may be a [child in need](#), as defined in the Children Act 1989, or that the child has suffered [significant harm](#) or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

Further guidance is available in the [thresholds/level of need criteria guidance](#) in Section 3 of these procedures. These explain the inter-agency processes for [early help](#) assessments and the type of [early help](#) services provided.

There is also guidance for local partnerships building and delivering the local [early help](#) system of support for families: [Supporting Families: Early Help System guide](#)

When concerns reach the threshold of Child in Need (S17 of the Children Act 1989)

A 'Child in Need' (CIN), referral should be considered where the needs of the child are unlikely to be met under an Early Help Assessment, such as a child with complex disabilities, when a social work led assessment is required.

Section 17 of the Children Act says that an assessment for services should be undertaken by the Local Authority in the following circumstances:

- Child(ren) are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority.
- Their health or development is likely to be impaired, or further impaired without the provision of such services.
- They are disabled.

If the Designated Safeguarding Lead (DSL) considers that the welfare concerns indicate that a 'Child in Need' referral is appropriate, he/she will speak with parents / carers and the child where appropriate and obtain their consent for referral.

Consent: Whilst professionals should in general discuss any concerns with the child, their parents / carers and where possible seek their agreement to making referrals to First Response / SRT, **this should only be done where such discussion and agreement-seeking will not place the child or others at increased risk of suffering significant harm. Consent / agreement is not required for child protection referrals;** however, you, as the referring professional, would need to where possible discuss with and inform parents or carers that you are making a referral as stated above, **unless** by alerting them you could be putting that child or others at risk.

With the exception of child protection, referrals will not be accepted by the First Response Service (FRS) or the Safeguarding Referral Team (SRT) based in the Multi Agency Safeguarding Hub (MASH) without the child's (if appropriate age for consent), parents/ carers having been consulted. If a discussion about the referral being made has not been held with the child, parents / carers the reason for this should be clearly shared with First Response / SRT at the time of the referral being made.

In the few cases where parents / carers have expressed an unwillingness to agree to the assessment process, the First Response Service or the Safeguarding Referral Team will help to manage this difficulty.

Staff should be invited to participate in Child in Need (CIN) meetings convened by CSC when children are deemed to require section 17 services.

Making referrals

Professional responsibilities

Professionals in all agencies have a responsibility to refer a child to local authority children's social care when it is believed or suspected that the child or unborn child:

- has suffered [significant harm](#)
- is likely to suffer [significant harm](#)
- has a disability, developmental and welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent) under the Children Act 1989
- is a [Child in Need](#) whose development is likely to be impaired without provision of services.

Before making a referral, it is important that professionals understand their responsibilities outlined in the previous chapters, particularly in relation to:

- [listening to the child](#)
- [consulting parents](#) (normally a referral should only be made with the knowledge and informed consent of at least one person who holds parental responsibility, although there are exceptions to this)
- [considering diversity](#)
- [seeking urgent medical attention](#)

- [sharing information](#), and
- the information that will be required when making a referral. Professionals should also familiarise themselves with the relevant [threshold/level of need criteria](#)

Making a referral

Referrals should be made to the local authority children's social care for **the area where the child is living or is found**. For these purposes, 'found' means the physical location where the child suffers, or is identified to be at risk of, harm or [neglect](#).

If the child is known to have an allocated social worker, the referral should be made to them, or in their absence to the social worker's manager/the duty children's social worker. Referrals should not be delayed if the child's allocated social worker cannot be contacted.

Pre-birth referrals should be made as early as possible so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care. For more information, read the section on [pre-birth referral](#).

Where a child or young person is admitted to a mental health facility, practitioners should consider whether a referral to local authority children's social care is necessary.

Where there are concerns about a child, these should be raised as per local procedures, often via the [Multi-Agency Safeguarding Hub \(MASH\)](#) or similar 'front-door' arrangements. Current [referral arrangements](#), [threshold/level of need criteria documents](#), [referral forms](#), and [contact numbers](#) (including referrals outside of normal working hours) for each of the areas are available for each local area.


Safeguarding Children Policy and Procedure for ECS delivering Healthwatch

1. Elizabeth Learoyd, Managing Director is the Designated Safeguarding Lead at ESC. With Simon Fogell acting as the Deputy Safeguarding Lead. They are responsible for dealing with any concerns about the safety and welfare of children. For further details of their role please see **Appendix D**.
2. All staff and volunteers will be carefully selected and vetted to try and ensure they do not pose a risk to children or vulnerable adults (**See Appendix B**). Those staff and volunteers who are involved in regulated activity with children, young people and vulnerable adults will be checked through the [Disclosure and Barring Service \(DBS\)](#)³.
 - a. Please see: <https://westmidlands.procedures.org.uk/pkplz/regional-safeguarding-guidance/recruitment-supervision-and-training>
3. All staff and volunteers will receive an induction and basic training in line with the respective Safeguarding Children Boards training strategies. This will include information on recognising where there are concerns about a child, where to get advice and what to do if no one seems to have taken their concerns seriously.
4. We will endeavour to make ECS a safe and caring place for children to be by having a code of conduct for staff and users. This will be given to all staff and users, and they will be expected to comply with it. See **Appendix E**.
5. Any information given to users about activities of the organisation will include information about the safeguarding children policy and procedure. Parents and carers of any children using supervised activities for children will be given specific information about the child protection policy and procedure. See **Appendix F**.

³ The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)

6. There will be a complaints procedure, see **Appendix G**
7. Staff / volunteers, leaders and managers recognise that children and young people are capable of abusing their peers and this risk is covered adequately in the child protection policy.
8. The child protection policy reflects the additional barriers that exist when recognising the signs of abuse and neglect who have special educational needs/ and or disabilities.
9. The setting / organisation have clear policies and procedure for dealing with children and learners who go missing from education, particularly those who go missing on repeat occasions. Leaders, managers, and staff/ volunteers are alert of signs that children and learners who are missing might be at risk of abuse and neglect.
10. During term time or when the setting/ organisation is in operation, the designated safeguarding lead or an appropriately trained deputy should be available during opening hours for staff/ volunteers to discuss safeguarding concerns.
11. If applicable, there is a clear approach to implementing the prevent duty and keeping children and learners safe from the dangers of radicalisation and extremism.

This policy will be reviewed annually by the ECS Board.

Signed: 

Elizabeth Learoyd, Safeguarding Children Lead

Dated: November 2023

Review Date: November 2024 This document is a statement of the relevant law where appropriate together with the Company's policies on the subject. The Company reserves the right to amend any non-statutory parts of this policy.

Appendix A Sharing information.

All professionals should ensure that they understand the **Regional West Midlands Child Protection and Safeguarding Procedures** [guidance on information sharing](#) in Part 2 of these procedures.

It is also worth reading the government guidance on information sharing: [Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (July 2018).

This outlines the **seven golden rules to sharing information**:

1. Remember that the UK General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the UK GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering, or likely to suffer, harm, they should share the information with children's social care in the relevant local authority.

Appendix B Recruitment, supervision, and training

All statutory and public organisations (including non-regulated activity) which employ staff and/or volunteers to work with or provide services for children have a duty to safeguard and promote the children's welfare. This includes ensuring that safe recruitment and selection procedures are adopted.

This procedure identifies good practice in safer recruitment and selection and is not intended to replace individual agencies' policies and procedures.

To minimise the risk of employing an individual who poses a risk, all agencies should undertake rigorous scrutiny with respect to the candidates (including agency staff, students and volunteers) at all stages within the process.

It is a criminal offence for a barred individual to take part in Regulated Activity, or for an employer/voluntary organisation knowingly to employ a barred person in a Regulated Activity role.

Disclosure and Barring Checks (DBS)

Before an organisation considers asking a person to apply for a criminal record check through the Disclosure and Barring Service (DBS), they are legally responsible for ensuring that they are entitled to submit an application for the job role. See [DBS Guide to Eligibility](#).

The Disclosure and Barring Service (DBS) provides two levels of disclosures which are of relevance to employers ([standard and enhanced disclosures](#)), and one or other must be sought with respect to all candidates who seek to work with children.

The requirement to seek an enhanced DBS disclosure currently applies to all those who employ, or use volunteers, in types of activity called 'Regulated Activity and other Work with Children'.

Full details are detailed within the Regional West Midlands Child Protection and Safeguarding Procedures [Recruitment, supervision and training](#) in Part 2 of these procedures

Appendix C Categories of Abuse

Child [abuse](#) occurs throughout society and affects children of all ages. Somebody may [abuse](#) or [neglect](#) a child by inflicting harm, or by failing to act to prevent harm.

Physical [abuse](#)

Physical [abuse](#) may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent feigns the symptoms of, or deliberately causes, illness in a child. This is known as [fabricated or induced illness](#).

Emotional [abuse](#)

Emotional [abuse](#) is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- seeing, hearing or experiencing the ill-treatment of another e.g. where there is [domestic violence](#) and [abuse](#)
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger;
- exploiting and corrupting children.

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

Sexual [abuse](#)

Sexual [abuse](#) involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual [abuse](#) includes non-contact activities, such as: involving children in looking at or producing pornographic materials, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or [grooming](#) a child in preparation for [abuse](#) (including via the internet). Sexual [abuse](#) 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.

Sexual [abuse](#) also includes [abuse](#) of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape.

[Neglect](#)

[Neglect](#) is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

[Neglect](#) may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues.

Once a child is born, [neglect](#) may involve a parent failing to:

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

It may also include [neglect](#) of, or unresponsiveness to, a child's basic emotional, social and educational needs.

These definitions are used when determining [significant harm](#). Children can be affected by combinations of [abuse](#) and [neglect](#), which may also be related to problems faced by the adults in the household such as [domestic violence](#) and [abuse](#).

Domestic violence

Research analysing [Serious Case Reviews](#) has demonstrated a significant prevalence of domestic [abuse](#) in the history of families with children who are subject of [Child Protection Plans](#). Children can be affected by seeing, hearing and living with [domestic violence](#) and [abuse](#) as well as being caught up in any incidents directly, whether to protect someone or as a target.

It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by [domestic violence](#) in their peer relationships.

The Home Office definition of [Domestic violence](#) and [abuse](#) was updated in March 2013 as:

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

This can encompass, but is not limited to, the following types of [abuse](#):

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour is: *a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

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

Further information about recognising the signs of [abuse](#) and [neglect](#) has been published by the [National Institute for Health and Care Excellence](#).

Signs and Symptoms of Abuse

There is no clear dividing line between one type of abuse and another. The following section is divided into four areas to help categorise what may be seen or heard. Children/young people may show symptoms from one or all of the categories. This should not be used as a checklist. Workers and volunteers should be aware of anything unusual displayed by the child.

<p>PHYSICAL SIGNS OF ABUSE</p>	<ul style="list-style-type: none"> • Bruise marks consistent with either straps or slaps • Undue fear of adults - Fear of going home to parents or carers • Aggression towards others • Unexplained injuries or burns – particularly if they are recurrent and especially in non-mobile babies. • Any injuries not consistent with the explanation given for them. • Injuries that occur to the body in places which are not normally exposed to falls, rough games, etc. • Reluctance to change for, or participate in games or swimming. • Bruises, bites, burns, fractures etc which do not have an accidental/ satisfactory explanation. • Cuts/scratches/substance abuse • Hitting (with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair, or fingers, holding/squeezing with a tight grip, biting, and burning. • Fabricated illness –see respective SCB websites for the procedure including signs and symptoms
<p>NEGLECT</p>	<ul style="list-style-type: none"> • Exposure to danger/lack of supervision • Neglect - under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care etc. • Injuries that have not received medical attention. • Inadequate/inappropriate clothing • Constant hunger • Poor standards of hygiene • Untreated illnesses • Persistent lack of attention, warmth, or praise
<p>EMOTIONAL SIGNS OF ABUSE</p>	<ul style="list-style-type: none"> • Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also, depression/ aggression, extreme anxiety • Nervousness, frozen watchfulness • Obsessions or phobias • Sudden under-achievement or lack of concentration • Inappropriate relationships with peers and/or adults • Attention-seeking behaviour. • Persistent tiredness • Running away/stealing/lying • Humiliating, taunting, or threatening a child whether in front of others or alone. • Persistent lack of attention, warmth, or praise. • Shouting/yelling at a child

	<ul style="list-style-type: none"> • Radicalisation – use of inappropriate language, possession of violent extremist literature, behavioural changes, the expression of extremist views, advocating violent actions and means, association with known extremists, seeking to recruit others.
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<p>INDICATORS OF POSSIBLE SEXUAL ABUSE</p>	<ul style="list-style-type: none"> • Language and drawing inappropriate for age. • Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour • Regularly engages in age-inappropriate sexual play. • Sexual knowledge inappropriate for their age • Wariness on being approached. • Soreness in the genital area or unexplained rashes or marks in the genital areas • Pain on urination • Difficulty in walking or sitting. • Stained or bloody underclothes • Recurrent tummy pains or headaches • Bruises on inner thigh or buttock. • Any allegations made by a child concerning sexual abuse. • Sexual activity through words, play or drawing. • Child who is sexually provocative or seductive with adults • Inappropriate bed-sharing arrangements at home • Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotations. • Eating disorders - anorexia, bulimia • Unaccounted sources of money • Telling you about being asked to ‘keep a secret’ or dropping hints or clues about abuse.
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Remember- Signs and symptoms often appear in a cluster, but also many of the indicators above may be caused by other factors- if in doubt check it out.

APPENDIX D DESIGNATED SAFEGUARDING LEAD (DSL)

- Elizabeth Learoyd, Managing Director is the ECS Designated Safeguarding Lead, and Simon Fogell, Chief Executive, is the Deputy Safeguarding Lead. The DSL will take responsibility for safeguarding matters including allegations about a person who works with children.

Designated Safeguarding Leads will:

- To develop a culture of listening to children and taking account of their wishes and feelings.
- To support other professionals to recognise and respond to the needs of children including rescue from possible abuse or neglect.
- To promote safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a Disclosure and Barring Service (DBS) check.
- To ensure that staff have the appropriate level of supervision and support, including undertaking safeguarding training.
- To ensure that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported when they do.
- To act as a source of advice on all safeguarding matters and seek further advice and guidance from local statutory agencies as and when required.
- Ensure that a record is kept of any concerns about a child or person working with them and of any conversation or referrals to statutory agencies.

APPENDIX E GUIDANCE FOR STAFF AND VOLUNTEERS

Working Together 2018 explains that everyone has a responsibility to promote the welfare and safety of children, therefore it is the responsibility of ECS to develop and nurture a culture that supports this approach.

Please read this guidance carefully. It will tell you what you need to know to safeguard children.

All staff and volunteers are expected to follow this guidance.

- The Designated Safeguarding Lead (DSL) for ECS is Elizabeth Learoyd. If you have any queries around the safety and welfare of any child, please contact them on 07776090003 or email: elizabeth.learoyd@weareecs.co.uk

Please read:

- The Code of Conduct for staff and volunteers
- **Regional West Midlands Child Protection and Safeguarding Procedures and the area specific Telford and Wrekin Safeguarding Information and Procedures:** <https://westmidlands.procedures.org.uk/page/contents>

You must follow the advice given in the documents above. If there is anything that you do not understand or do not agree with, please talk to your DSL about this.

Please attend any training and multi-agency meetings that you are invited to.

All staff and volunteers must inform the DSL if they are: -

- Charged with a criminal offence involving a child, violence, breach of trust or a criminal offence relevant to their duties, for example driving offence if they are driving as part of their duties.
- Investigated by any authority due to concerns that you may have been involved in causing harm to a child.
- Diagnosed with any medical condition that may affect your ability to carry out your role with children safely⁴, for example psychotic illness.
- Make sure you know what to do if a child tells you or you suspect that they are being harmed.

Key points are: -

DO NOT

- Carry out your own investigation.
- Put words in any child's mouth by asking direct questions such as "Did your dad do it?"
- Feel that you must inform parents/carers if you think it may put the child at risk of further harm or cause them to be silenced.
- Ignore your worry.
- Ask the child to sign what you have recorded or to repeat it to another member of staff.
- Take photographs of any injury
- Delete information/ photographs from a computer/ memory stick/ mobile phone or any other electronic device
- Make promises to the child.

DO

- Ask open-ended questions to clarify your concern e.g. “What happened to your arm?”
- Listen to the child / your gut feelings.
- Act.

Action to take: -

1. If a child has a serious injury (for example involving pain and bleeding) or is in immediate danger (for example parent/ carer has arrived to collect a child and is unfit to care for them, or a child left alone at home) dial 999 and request assistance from the ambulance service and/or police. If you know or suspect the child has come to harm through the actions of another, make sure that the professional you hand the child over to understands this and take their name and record it. It will generally be appropriate to inform the child’s parent/ carers what has happened once the child is safe with an appropriate professional.
2. If it seems that a child has been abused in any way including sexual abuse (but is not in immediate danger) report this immediately to the service for the area where they live. The numbers are:

Bedford Borough

<https://www.bedford.gov.uk/social-care-and-health/children-and-families/safeguarding-children>

The team can be contacted during office hours on 01234 718700, outside of these hours contact 0300 300 8123.

If you think the child is in immediate danger, call the police on 999.

- Or Bedfordshire Police: 01234 841212
- NSPCC Child Protection Helpline: 0808 800 5000

Halton

<https://hcybsp.haltonsafeguarding.co.uk/contact-and-referral-team/>

The team can be contacted during the hours of 9am to 5pm from Monday to Thursday and 9am to 4.30pm on Friday, call 0151 907 8305.

If you have an urgent (safeguarding) concern outside these hours, please call the Emergency Duty Team (EDT) on 0345 0500148.

Sandwell

<https://www.sandwellcsp.org.uk/>

Are you concerned about a vulnerable child in Sandwell?

If you are in any doubt, don’t delay – call 0121 569 3100 or in an emergency dial 999

Stoke-on-Trent

https://www.stoke.gov.uk/info/20009/children_and_families/391/stoke-on-trent_safeguarding_children_partnership

Stoke-on-Trent

Safeguarding Children Partnership

Are you concerned about a child in Stoke-on-Trent?

If so, you can call the Children's advice and duty service (CHAD) on 01782 235100 (Monday to Friday 8.30am to 6pm). If you need to contact us out of hours, then please call our emergency duty team on 01782 234234.

Telford

<https://www.telfordsafeguardingpartnership.org.uk/>

If you, or someone you know is at risk of any form of abuse, please tell someone. You can do this by:

- Contacting Family Connect on 01952 385385 from 9am - 5pm, Monday to Friday
- Contacting the Emergency Duty Team on 01952 676500 after 5pm, Monday to Friday, and 24 hours during weekends and Bank Holidays.

If it is an emergency or there is a threat of immediate danger, always dial 999.

Further information on how to report abuse can be found on the [Family Connect website](#).

Walsall

<https://go.walsall.gov.uk/walsall-safeguarding-partnership/>

What to do if you are concerned about the safety of a child or young person:

If the child or young person is **not** at risk of being significantly harmed consider an [early help](#) response on 0300 555 2866 (Option 1) if you are unsure please view our right help, right time guidance on the [procedures page](#).

More information about Early Help can be found at [on our Early Help pages](#)

If you suspect that a child or young person is **being**, or **is at risk of being** significantly harmed as a result of abuse or neglect, you must report this immediately:

- During office hours (Monday – Thursday, 8.45am – 5.15pm Friday, 8.45am – 4.45pm) call Multi-Agency Safeguarding Hub: 0300 555 2866
- Out of office hours (evenings, weekends, and bank holidays) Emergency Response Team Telephone: 0300 555 2922

To make a child protection referral, please send all information to the MASH using the Multi Agency Referral Form (MARF)

Download the MARF available on the [West Midlands Regional Procedures](#)

Please send your completed form to: MASH@walsall.gov.uk

Warrington

<https://www.warrington.gov.uk/warrington-safeguarding-partnership>

- Report any safeguarding concerns about a child or young person to children's safeguarding and social work teams during office hours on **01925 443322**, press option one followed by option one.

- Outside of office hours call us on **01925 443322** and press option 2 to go through to our out of hours service.

Code of Conduct for Staff and volunteers

It is important that all adults working with children understand that the nature of their work and the responsibilities related to it and as such places them in a position of trust. The points below only provide a few examples of appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts.

Best practice as advised by both Safeguarding Children Partnership Boards would be to use this information to compliment and therefore strengthen any existing documents you have within your organisation.

1. Always remember that while you are caring for other people's children you are in a position of trust and your responsibilities to them, and the organisation must be uppermost in your mind at all times.
2. Never use any kind of physical punishment or chastisement such as smacking or hitting.
3. Do not smoke in front of any child or young person.
4. Do not use unprescribed drugs or be under the influence of alcohol.
5. Never behave in a way that frightens or demeans any child or young person.
6. Do not use any racist, sexist, discriminatory or offensive language.
7. Do not give your personal contact details / personal website details to children, parents, and carers (exempt childminders)
8. Do not use internet or web-based communication channels to send personal messages to/ befriend children.
9. The use of mobile phones or any other devices to take images of children must be carefully managed. In some settings/ agencies, it may be necessary to take photographs of children to evidence progression in terms of their development, particularly with very young children and those with disabilities. Attention must be paid to the way in which the photographs are used and stored, whether this is on a mobile phone or other device. Mobile phones or any other devices **must not** be used to take images of children's injuries. You should always follow your organisations policy and procedures in relation to the taking or recording of images and informed written consent from parents / carers (and the child) should always be sought. For further advice and guidance on the use of social networking sites/ mobile phones/ computers/ cameras, please visit www.ceop.police.uk
10. Generally, you should not give children presents or personal items. The exceptions to this would be a custom such as buying children a small birthday token or leaving present or help to a family in need such as equipment to enable them to participate in an activity. Both types of gifts should come from the organisation and be agreed with the named person for child protection and the child or young person's parent. Similarly, do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader.
11. You should not invite a child to your home or arrange to see them outside the set activity times. (Exempt childminders) Should the need arise to invite a child into your home then a discussion with a senior manager must be conducted in order to ensure this is the most appropriate action.
12. You should not engage in any sexual activity (this would include using sexualised language) with a child you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
13. Exercise caution about being alone with a child. In situations where this may be needed (for example where a child wants to speak in private) think about ways of making this seem less secret for example by

telling another worker or volunteer what you are doing and where you are, leaving a door ajar, being in earshot of others and lastly note the conversation in the log.

14. Physical contact should be open and initiated by the child's needs, e.g., for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
15. Do talk explicitly to children about their right to be kept safe from harm.
16. Do listen to children and take every opportunity to raise their self-esteem.
17. Do work as a team with your co-workers/volunteers. Agree with them what behaviour you expect from children and be consistent in enforcing it.
18. If you have to speak to a child about their behaviour, remember you are challenging 'what they did' not 'who they are'.
19. Do make sure you have read the Safeguarding children procedure and that you feel confident that you know how to recognise when a child may be suffering harm, how to handle any disclosure and how to report any concerns.
20. Do seek advice and support from your colleagues, activity leaders or supervisors and your DSL.

APPENDIX F Information for Parents

We want ECS to be a safe place for children. We have a safeguarding children policy and procedure. You can ask for a full copy of this. Below is a summary of the key points.

We aim to keep children safe by:

- Having a Designated Safeguarding Lead (DSL) who is Elizabeth Learoyd 07776090003.

- Please contact them if you have any safeguarding concerns about any child or the behaviour of anyone working in the organisation.
- Ensuring all staff and volunteers are properly checked and vetted.
- Making proper arrangements for all activities.
- Having a code of conduct for staff/volunteers and making sure that all staff and volunteers know what to do if they have concerns about a child.
- Following National Guidance and Local Safeguarding Children Partnership Board policies and procedures.

We would ask you to support us in keeping children safe by:

- Following the code of conduct and treating people with respect
- Supervising your child at all times where appropriate and to provide basic details about your child and make sure that we can contact you if there is an emergency.
- Talking to the DSL if you have concerns about any child using the organisation or the behaviour of any adult in the organisation.

APPENDIX G Complaints Policy and Procedure

For the purpose of this policy and procedure, it is important to make a distinction between what is a complaint and what is an allegation against a person working with children.

What is a complaint?

A complaint is defined as an oral or written expression of dissatisfaction or concern you may have about **facilities or services** provided by ECS for example, issues around fees, opening times, policies and procedures, staff ratios, food and drink or outings.

This does **NOT** include:

- harassment and bullying
- disciplinary or misconduct procedures
- concerns about a child in relation to safeguarding.

- allegations against a person who works with children⁵

These issues are covered by the ECS complaints procedure, but if in doubt please speak to your manager, who will advise you on which procedure to follow.

The complaints procedure

It is understood that there may be times when individuals feel unhappy with the service they are receiving. It is hoped that in such situations, the parties concerned will feel able to discuss any concerns or issues that they may have with the Managing Director at ECS.

If individuals feel unable to discuss their concerns directly or that after such discussion, the matter remains unresolved then the individual may want to put their complaint in writing, addressing it to Robin Morrison, Chair, ECS Board, robin.morrison@weareecs.co.uk

Once a complaint has been received, either verbally or in writing the following process should be followed:

Using a separate complaints record, the named person responsible for dealing with complaints should record the following.

- The name of the person making the complaint.
- The nature of the complaint.
- The date and time of the complaint Action taken in response to the complaint including the date on which this was completed.
- The outcome of the investigation e.g., measures taken to improve the service.
- Details of information and findings given to the person making the complaint.
- If the complaint was made in writing, the named person for dealing with complaints should respond, in writing within 28 days. A copy of this response should be kept on file.
- A summary of the complaint made will be kept on file to provide, on request, to the individual and also for regulatory bodies such as Ofsted. This summary will not include the name of the person making the complaint.
- Records should be kept for a minimum of 3 years.

If, during an investigation of a complaint, there is evidence that a person in a position of trust may have harmed a child, committed a criminal offence against a child, or behaved towards a child in a way that indicates they could pose a risk to children, then a referral must be made to the LADO as highlighted above.

Other matters which indicate there may have been a criminal offence committed may need to be referred to the local police station, for example theft of property.

Please note: If you are a childcare provider, complaints must be carried out in accordance with the regulatory framework, Early Years Foundation Stage 2017:

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Ofsted can be contacted on 0300 123 1231
Open 08:00 to 18:00, Monday to Friday.

Alternatively, you can email them at. enquiries@ofsted.gov.uk.

Contact Us – Ofsted <https://online.ofsted.gov.uk/OnlineOfsted/public/ContactUs.aspx>

Appendix H Allegations against a person who works with children

Thresholds for implementation of this procedure

These procedures should be applied when there is an allegation or concern that any person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child.
- possibly committed a criminal offence against or related to a child.
- behaved towards a child or children in a way that indicates 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.

These behaviours should be considered within the context of the definitions of [abuse and neglect](#) and should include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual
- '[Grooming](#)', i.e. meeting a child under 16 with intent to commit a relevant offence
- other '[grooming](#)' behaviour giving rise to concerns of a broader child protection nature (for example, inappropriate text/e-mail messages or images, gifts, socialising etc)
- possession of indecent photographs/pseudo-photographs of children.

All references in this document to 'members of staff' should be interpreted as meaning all paid or unpaid staff and volunteers, including foster carers and approved adopters. This chapter also applies to any person who manages, or facilitates access to, an establishment where children are present.

Position of trust

Position of trust provisions as set out in ss 16 – 19 of the Sexual Offences Act 2003 are being extended to capture those that lead activities in sporting and religious settings. The "position of trust" offences are intended to target situations where the child has some dependency on the adult involved, often combined with an element of vulnerability of the child.

s22A of the Sexual Offences Act 2003 defines new further positions of trust by reference to the activity which an adult is carrying out in relation to a young person; namely, coaching, teaching, training, supervising or instructing in a sport or a religion. Sport is defined using games in which physical skill is the predominant factor and those which are engaged in for the purpose of competition or display. Religion is defined to capture those involved in a religion that holds a belief in one or more gods, and those involved in a religion that do not hold a belief in a god.

[More information.](#)

Responding to an allegation or concern

An allegation against a member of staff may arise from a number of sources (for example, a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent). It may also arise in the context of the member of staff and their life outside work.

Initial action by the person receiving or identifying an allegation or concern

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

- make a written record of the information (where possible in the child/adult's own words), including the time, date and place of incident/s, persons present and what was said
- sign and date the written record
- immediately discuss the issue with the designated senior manager in their organisation. Where the designated senior manager is absent, or is the subject of the allegation, they should approach the deputy or other appropriate senior manager.

It is essential that this person to whom an allegation or concern is first reported does **NOT** investigate or ask leading questions, make assumptions or offer alternative explanations, or promise confidentiality. (Although it is acceptable to provide assurance that the information will only be shared on a 'need to know' basis.)

Initial action by the employing organisation's designated senior manager

When informed of a concern or allegation that appears to meet the thresholds outlined in this procedure (see above), the designated senior manager in the employing organisation should:

- obtain written details of the concern/allegation, signed and dated by the person receiving the allegation (not the child/adult making the allegation);
- approve and date the written details
- record any information about times, dates and location of incident/s and names of any potential witnesses;
- record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

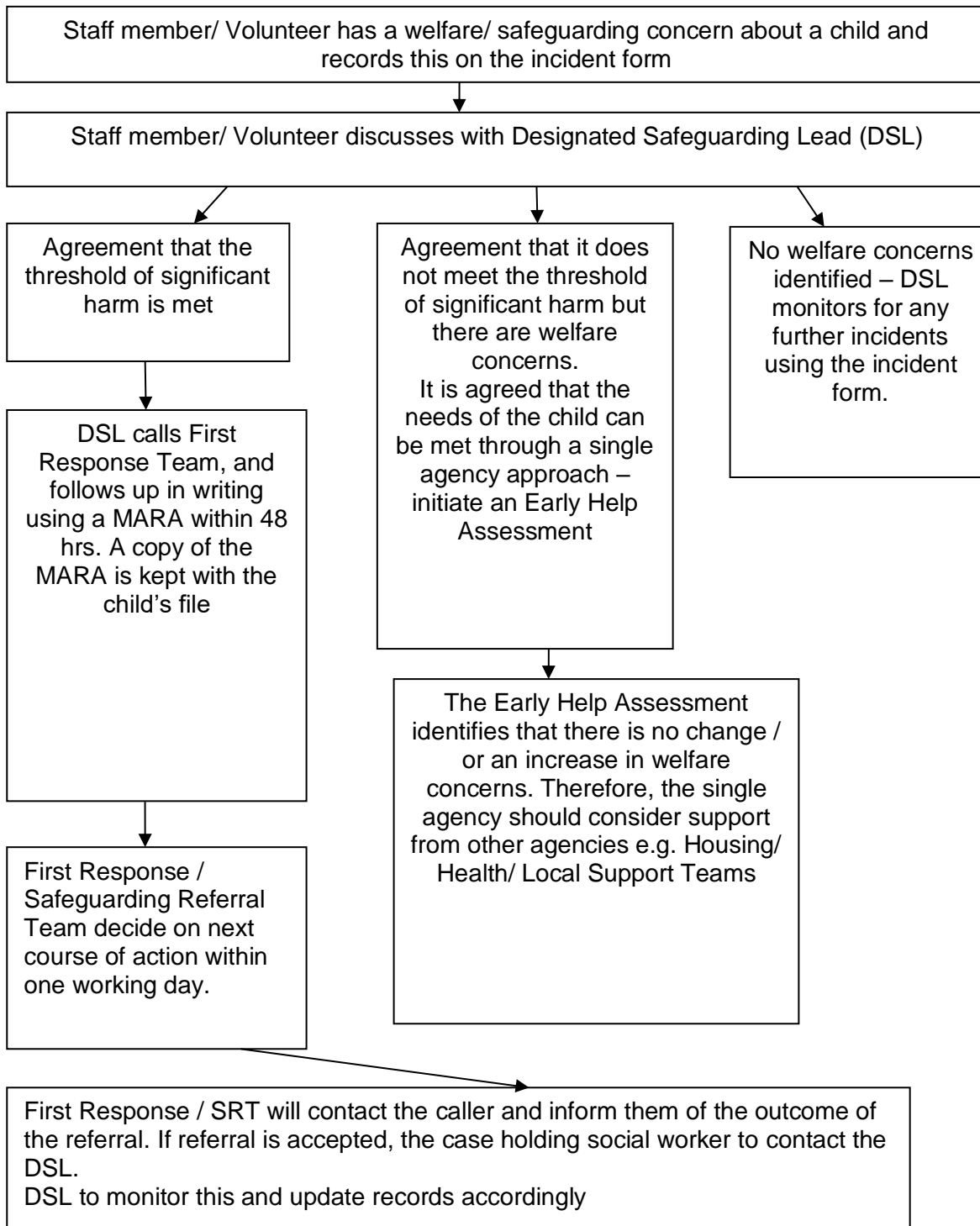
They should **NOT** investigate the matter or interview the member of staff, child concerned or potential witnesses. Instead, they must inform the relevant [Designated Officer \(LADO\) for their area](#) **within one working day**. Referrals should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

If an allegation requires immediate attention, but is received outside normal office hours, the designated senior manager should consult the local authority children's social care emergency duty team or local police and inform the Designated Officer ([LADO](#)) as soon as possible.

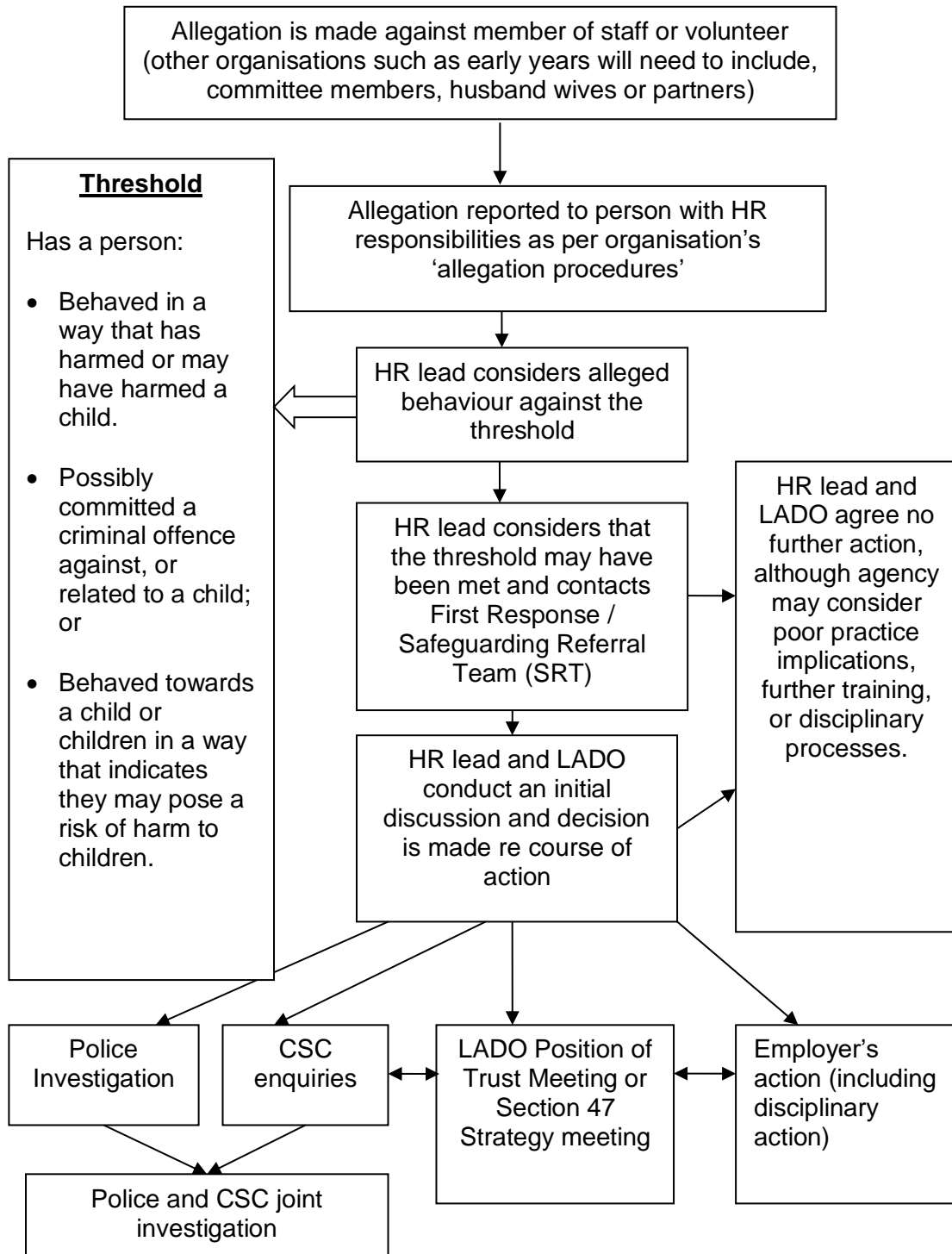
If a police officer receives an allegation, they should, without delay, report it to the designated detective sergeant on the child [abuse](#) investigation team (CAIT). The detective sergeant should then immediately inform the Designated Officer ([LADO](#)).

Similarly an allegation made to local authority children's social care should be immediately reported to the Designated Officer ([LADO](#)).

Appendix I – Flow Chart What to do if you have welfare/ safeguarding concerns about a child.



Appendix J – Flow Chart Managing Allegations against Staff and Volunteers



LADO tracks progress, monitors and records outcomes
 Advises employer about duty to report to Disclosure and Barring Service (DBS)
 when appropriate