

Safeguarding Children and Young People Policy

Policy data sheet

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1. Aim

It is always unacceptable for a child or young person to experience abuse of any kind, and Big Life recognises its responsibility to safeguard the welfare of all children and young people. The aim of this policy is to ensure that The Big Life group safeguards the welfare of all children and young people by

- Providing a safe environment for children
- Identifying children who are suffering or likely to suffer significant harm
- Identifying instances where there are grounds for concern about a child's welfare and taking appropriate action to ensure children are kept safe both within Big Life services and at home.
- Ensuring the safety and best interests of the child always come first, and all staff and volunteers are required by law to share information or concerns they have concerning the welfare of children.
- Minimising the risk of unsuitable people working with children
- Promoting safe practice and challenging poor and unsafe practice
- Contributing to effective partnership working between all those involved in working with children and families

This policy supplements local procedures of the relevant Local Safeguarding Children Board (LSCB). In addition, annexes to this document set out additional guidance specifically for schools, nurseries, and health related services.

Where there are changes in statutory, legislative or good practice guidance the Big Life safeguarding policy will be reviewed and updated.

2. Scope of this policy

Safeguarding is everyone's responsibility and all Big Life employees, volunteers and students must comply with this policy at all times. It applies to anyone who comes into any contact with children, including through working with adults who may be parents and caregivers. Adult mental health or substance misuse services should always consider the implications for the children of their service users. When dealing with cases of domestic abuse consideration of the welfare of children should be paramount.

This policy encompasses not only children and families who use our services, but also young people employed by The Big Life group, or volunteering or on student/ work placements in any of our services.

3. Legislative framework

All professionals working with children should be familiar with the core standards set out in Working Together to Safeguard Children (HM Government, March 2015), which can be downloaded at:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Schools also need to refer to Keeping Children Safe in Education (KCSIE), Sept 2016. This can be downloaded at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

Other key documents relating to nurseries and health are referenced in the relevant annex

4. Definitions

Child

A child is anyone from pre-birth up to 18 years whatever their circumstances (including independent living, further education, in hospital, in custody, in the armed forces). We also include young people aged up to 25 who continue to access services provided by the children's workforce e.g. care leavers, those with an Education, Health and Care (EHC) plan, and those young people subject to transitional care packages e.g. young people with disabilities. The term 'child' is used throughout this document to refer to both children and young people.

Anyone above these ages who is vulnerable is classified as a vulnerable adult. Big Life has a separate Vulnerable Adults Policy for this.

Parent

The term 'parent' is used throughout this document to refer to parents and carers, i.e. birth parents, adoptive parents, foster parents, residential care staff, legal guardians and others acting in a parenting role.

Safeguarding

Safeguarding is defined by Working Together to Safeguard Children (HM Government, March 2015), as:

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

Child protection

Child protection is part of safeguarding and promoting children's welfare. It is activity which is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Significant harm

There are no absolute criteria on what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical or emotional harm, the duration and frequency of abuse and neglect and the extent of premeditation. Sometimes a single traumatic event may constitute significant harm e.g. violent assault, suffocation and poisoning. More often, significant harm is a compilation of significant events both acute and long standing, which interrupt, change or damage the child's physical and psychological development. What constitutes significant harm can only be decided on a case-by-case basis.

Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances, including discussions between the statutory agencies and the child and family where appropriate.

Child in need

Those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health and development, or their health and development will be significantly impaired, without the provision of services by the local authority (S17 (10) of the Children Act 1989), plus those who are disabled. Critical factors in deciding whether a child is in need are:

- What will happen to a child's health and development without services being provided
- The likely effect the services will have on the child's standard of health and development.

Private fostering

Private fostering is when a child or young person (aged under 16, or under 18 if disabled) stays with (or there is for them intention to stay with) someone other than a parent or close relative for a period of 28 days or more. The person could be extended family (e.g. a cousin or great aunt), a family friend or another non-relative. Close relatives (where private fostering does not apply) are defined as:

- Grandparents
- Siblings
- Uncles / aunts (full blood / half blood or by marriage)
- Step parents.

Private foster carers are required to inform the local authority of the arrangement in advance and again when the arrangement begins.

5. Types of Abuse

Child abuse is maltreatment of a child. Someone may abuse a child either by directly inflicting harm, or by failing to act to prevent harm. Child abuse occurs in family, institutional and community settings. Children may be abused by an adult or adults, or by another child or children. The majority of abuse is perpetrated by someone known to the child, including parents, other relatives and families' friends. Abuse by strangers is much less common.

The four types of abuse are described below, along with signs and indicators for each type. Recognising abuse is not straightforward and it is not your responsibility to decide whether or not a child has been or is at risk of being abused. However, you do have a responsibility to act on concerns, to enable appropriate investigations to take place and actions to be taken to protect children. **If in any doubt you should always seek advice from your line manager or Designated Safeguarding Lead or Designated Safeguarding Officer in the first instance.**

Physical abuse

Physical abuse is actual or likely physical injury to a child, or failure to prevent physical injury or suffering to a child. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation or otherwise causing physical harm to a child. Physical injury may also be caused when a parent feigns the symptoms, or deliberately causes ill health to a child they are looking after.

Signs and indicators

Physical injuries should always be interpreted in light of the child's medical and social history, stage of development, and the explanation given. Accidental bruises are generally seen on the bony parts of the body and often on the front, so bruising or injuries on soft parts such as cheeks, abdomen, back or buttocks may be a cause for concern. A delay in seeking medical treatment is also a cause for concern although you should bear in mind with burns that blistering may not develop immediately.

Physical signs of abuse may include:

Bruising, marks or injuries anywhere on the body which are unexplained or inconsistent with an explanation given

Clusters of bruises, often on the upper arm or outside of the thigh

Cigarette burns

Human bite marks

Broken bones

Scalds with upward splash marks

Multiple burns with clearly

Behavioural signs may include:

Fear of parents being approached for an explanation

Aggressive behaviour or severe temper outbursts

Flinching when approached or touched

Reluctance to get changed, for example in hot weather

Depression

Withdrawn behaviour

Running away from home or school.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration (e.g. rape or buggery) and non-penetrative acts such as kissing and touching. They may involve non-contact activities such as involving children in looking at, or in the production of pornographic materials or watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse, including via the internet.

Signs and indicators

In most cases, it will be behavioural rather than physical signs which cause you to become concerned. Remember that it is not only adult men who sexually abuse: there are increasing numbers of allegations against women and children. In all cases, a child disclosing sexual abuse does so because they want it to stop, so they must always be listened to and taken seriously.

Physical signs may include:

Pain or itching in the genital area
Bruising or bleeding near the genital area
Sexually transmitted disease
Vaginal discharge or infection
Stomach pains
Discomfort when walking or sitting down
Pregnancy

Behavioural signs may include:

Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
Fear of being left with a specific person or group of people
Having nightmares
Running away from home or school
Sexual knowledge beyond a child's age or stage of development
Sexual drawings or language
Bed wetting
Eating disorders such as anorexia
Self-harm or suicide attempts
A child saying they have secrets they cannot share
Substance misuse
Having unexplained money or possessions
Not being allowed to have friends
Sexualised behaviour towards adults.

ADVICE: Before using this document you should ensure that you have the most up-to-date version. If you are referring to a printed version it may be out-of-date. If in any doubt please check with Human Resources.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar 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 feature age or developmentally inappropriate expectations being imposed, including interactions beyond the child's capability, overprotection or limitation, or preventing normal social interaction. It may involve serious bullying (including cyber bullying) causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may also occur alone.

Signs and indicators

Emotional abuse can be very difficult to detect as there are often no physical signs. There may be a developmental delay due to a failure to thrive and grow, although this may not be evident unless, for example, the child gains weight in other circumstances away from their parent's care. Emotional abuse can also take the form of not being allowed to mix or play with other children.

Behavioural indicators may include:

Neurotic behaviour, e.g. sulking, hair twisting, rocking

Being unable to play

Fear of making mistakes

Sudden speech disorders

Self-harm

Fear of parent being approached about their behaviour

Developmental delay in terms of emotional progress.

Neglect

Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the impairment of the child's health or development. It may occur during pregnancy due to maternal substance misuse. It may involve a parent failing to provide adequate food, shelter and clothing, failing to protect a child or young person from physical or emotional harm or danger, failing to ensure adequate supervision, or failing to ensure access to the appropriate medical care or treatment. It may also include neglect of or unresponsiveness to a child's basic emotional needs.

Signs and indicators

Neglect can be very difficult to recognise, yet may have some of the most lasting and damaging effects on children.

Physical signs may include:

Constant hunger, stealing food

Constantly dirty or smelly

Loss of weight or being underweight

Inappropriate clothing for the conditions

Behavioural signs may include:

Complaining of being tired all the time

Not requesting medical assistance, and / or failing to attend appointments

Having few friends

Mentioning being left alone or unsupervised.

Other Types of Abuse

Female genital mutilation (FGM)	Some of the following signs may be indicators of Female genital mutilation
<p>Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.</p> <p>Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.</p> <p>From October 2015, the new 'mandatory reporting' duty for professionals requires them to notify the police if they discover that an act of FGM appears to have been carried out on a girl who is under 18 (either if they have visually confirmed it or it has been verbally disclosed by an affected girl).</p>	<ul style="list-style-type: none"> • A female child in a family where other females have undergone FGM • The family is from a nation, region or community in which FGM is practised • The family makes preparations for the child to take a holiday, planning an absence from school • The child talks of a special ceremony that is going to happen • Sudden or repeated failure to attend or engage with health services.

Child Sexual exploitation	Some of the following signs may be indicators of Child sexual exploitation
<p>Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups.</p> <p>What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming.</p>	<p>Social – Going missing from home or care or school, Estranged from the family Being collected from home/school in unknown cars Secretive mobile phone use Being friends with significantly older people Becoming involved in crime e.g. stealing</p> <p>Physical Physical injuries, drug misuse, sexually transmitted infections, poor mental health self-harm, change in physical appearance</p> <p>However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.</p>

Radicalisation and Extremism	Some of the following signs may be indicators of Radicalisation and extremism
<p><u>Radicalisation</u> Radicalisation refers to the process whereby a person comes to support terrorism and forms of extremism leading to terrorism</p> <p><u>Extremism</u> Extremism is defined by the Government in the Prevent Strategy as ‘a Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.’ Big Life seeks to protect children and young people against the messages of all violent Radicalisation and extremism The prevent duty can be downloaded at: https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty</p>	<ul style="list-style-type: none"> • Identity crisis • Personal Crisis • Personal circumstances • Unmet Aspirations-Perceptions of injustice; feeling of failure • Criminality • Use of inappropriate language • Possession or accessing violent extremist literature • Behavioural changes • The expression of extremist views;

Children who witness Domestic abuse	Some of the following signs may be indicators of domestic abuse.
<p>Parents or carers may underestimate the effects of domestic abuse on their children, but children witnessing abuse is recognised as significant harm in law</p>	<ul style="list-style-type: none"> • Children who are withdrawn Anxious,clingy,depressed, • Problems sleeping, • soils clothes, • aggressive behaviour.

Child Trafficking	Some of the following signs may be indicators of Child trafficking
<p>Child trafficking is the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered trafficking in human beings(council of Europe ratified by the UK government in 2008)</p>	<ul style="list-style-type: none"> • Spends a lot of time doing household chores • Not registered with a GP or school • Has no access to their parents or guardians • Isn't sure what country, city or town they're in.

Forced Marriage	Some of the following signs may be indicators of Forced Marriage
<p>Forced marriage (FM) where one or both parties do not agree to the marriage and where fear/coercion/duress or force is a factor.</p> <p>Forcing someone to marry is a criminal offence (under the crime and Policing act 2014) and something that can lead to lifelong suffering for the victim from physical abuse, sexual abuse and servitude Forcing children to marry is child abuse.</p>	<p>The factors below collectively or individually may be an indication that a person fears that they may be forced to marry, or that a forced marriage has already taken place.</p> <ul style="list-style-type: none"> • Education- truancy from school, extended periods of unauthorised absence for sickness or overseas family commitments, history of other siblings missing education and marrying early. • Health – self harm, attempted suicide, eating disorders, depression isolation.

Peer Abuse and bullying (including cyber bullying).	Some of the following signs may be indicators of peer abuse and bullying
<p>A definition of Bullying is 'behaviour by an individual or group usually repeated over time, that intentionally hurts another individual or group physically or emotionally.'</p> <p>There are many different types of cyber bullying including:</p> <ul style="list-style-type: none"> • Harrassment • Denigration • Flaming • Impersonation • Outing and trickery • Cyber stalking • Exclusion • Blackmail and grooming • Spreading rumours • Threatening behaviour <p>Peer abuse can also take the form of sexual abuse (see earlier section on sexual abuse)</p>	<ul style="list-style-type: none"> • Children or young people may- be reluctant to attend school • Not wanting to leave the house • Have unexplained cuts and bruises • Become withdrawn/ lack confidence • Change in appetite increase/ decrease or chaning appearance to try to fit in • Low self esteem • Become withdrawn • Reluctance to let parents or other family members anywhere near mobiles/ laptops etc • Friends disappearing or being excluded from social events • Change in personality • Fresh marks on skin which could indicate self harm and dressing differently e.g. wearing long sleeved clothing in summer

Children Missing from Home	Some of the following signs may be indicators of Children going missing from home
<p>Children who go missing from home are vulnerable to abuse and violence, and need to be safeguarded</p>	<p>Children go missing for a number of reasons, but in general, the factors preceding missing episodes are:</p> <ul style="list-style-type: none"> • Arguments and conflicts (whether at home or in a placement) • Poor family relationships • Abuse and neglect • Boundaries and control <p>Immediate risks-</p> <p>No means of support or legitimate incomes leading to high risk activities</p> <p>Becoming a victim of abuse.</p> <p>Missing out on schooling and education</p> <p>Increased vulnerability</p>

Fabricated, fictitious or induced illness (formally Munchausen's by proxy)	Some of the following signs may be indicators of fabricated illness
<p>This is a rare form of child abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in a child.</p>	<ul style="list-style-type: none"> • symptoms only appear when the parent or carer is present • the only person claiming to notice symptoms is the parent or carer • the affected child has an inexplicably poor response to medication or other treatment • if one particular health problem is resolved, the parent or carer may then begin reporting a new set of symptoms

	<ul style="list-style-type: none"> • the child's alleged symptoms don't seem plausible – for example, a child who has supposedly lost a lot of blood but doesn't become unwell • the parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff • the child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition – for example, they never go to school or have to wear leg braces even though they can walk properly • the parent or carer has good medical knowledge or a medical background • the parent or carer doesn't seem too worried about the child's health, despite being very attentive • the parent or carer develops close and friendly relationships with healthcare staff, but may become abusive or argumentative if their own views about what's wrong with the child are challenged • one parent (commonly the father) has little or no involvement in the care of the child • the parent or carer encourages medical staff to perform often painful tests and procedures on the child (tests that most parents would only agree to if they were persuaded that it was absolutely necessary)
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A child who is being abused may experience more than one type of abuse

For further information regarding the types of abuse go to your local area safeguarding board website

6. Children who may be particularly vulnerable

Some children may be at increased risk of harm or abuse due to a range of factors such as prejudice and discrimination, social isolation or exclusion, communication difficulties, or reluctance on the part of some adults to acknowledge that abuse happens. All staff must therefore give particular consideration and attention to children who:

- Have special educational needs or disabilities (SEND)
- Live in a known domestic abuse situation
- Are affected by parental substance misuse
- Have parents with learning difficulties or disabilities
- Have parents with mental health issues
- Are asylum seekers
- Live away from home, including in local authority, foster care or private fostering arrangements
- Have chaotic home situations or a transient lifestyle
- Are vulnerable to discrimination on the grounds of ethnicity, religion, or sexuality
- Have English as an additional language
- Children involved in gangs
- Children self harming
- Children who are carrying out offending behaviour.
- Are approaching their 18th birthday and the transition from child to adult support services (particularly children with SEND and care leavers)
- May otherwise be considered to be particularly vulnerable.

Adult services in particular must always be mindful of the potential impact on children of the problems they support adults to address, particularly if those children are not seen by the service.

Special consideration includes providing safeguarding information, resources and support in community languages and other accessible formats.

The schools and nurseries annexes to this policy contain additional information regarding children and young people with SEND.

7. What to do if you are concerned about a child

Staff/volunteers and students may be concerned about a child for a variety of reasons

7.1 Children making disclosures of abuse

If a child makes a disclosure to you, you **should**:

- Stay calm and try not to show shock
- Listen carefully rather than question directly
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed
- Tell the child that you are treating this information seriously
- Assure them that what has happened is not their fault
- Make sure they are not at immediate risk of further abuse – if they are, then consider informing the emergency services
- Make a record of the disclosure using the safeguarding internal reporting form in **Appendix 1. (Big Life Schools please refer to process in Annex 1 for reporting procedures.**

If a child makes a disclosure to you, you **should not**:

- Press the child for more details
- Stop someone who is freely recalling significant events – they may not tell you again
- Promise to keep secrets – you should explain that the information will only be shared with those who need to know
- Make promises you cannot keep (e.g. 'this will not happen to you again')
- Contact the alleged abuser
- Be judgemental (e.g. asking why they did not run away)
- Pass on information to anyone who does not need to know.
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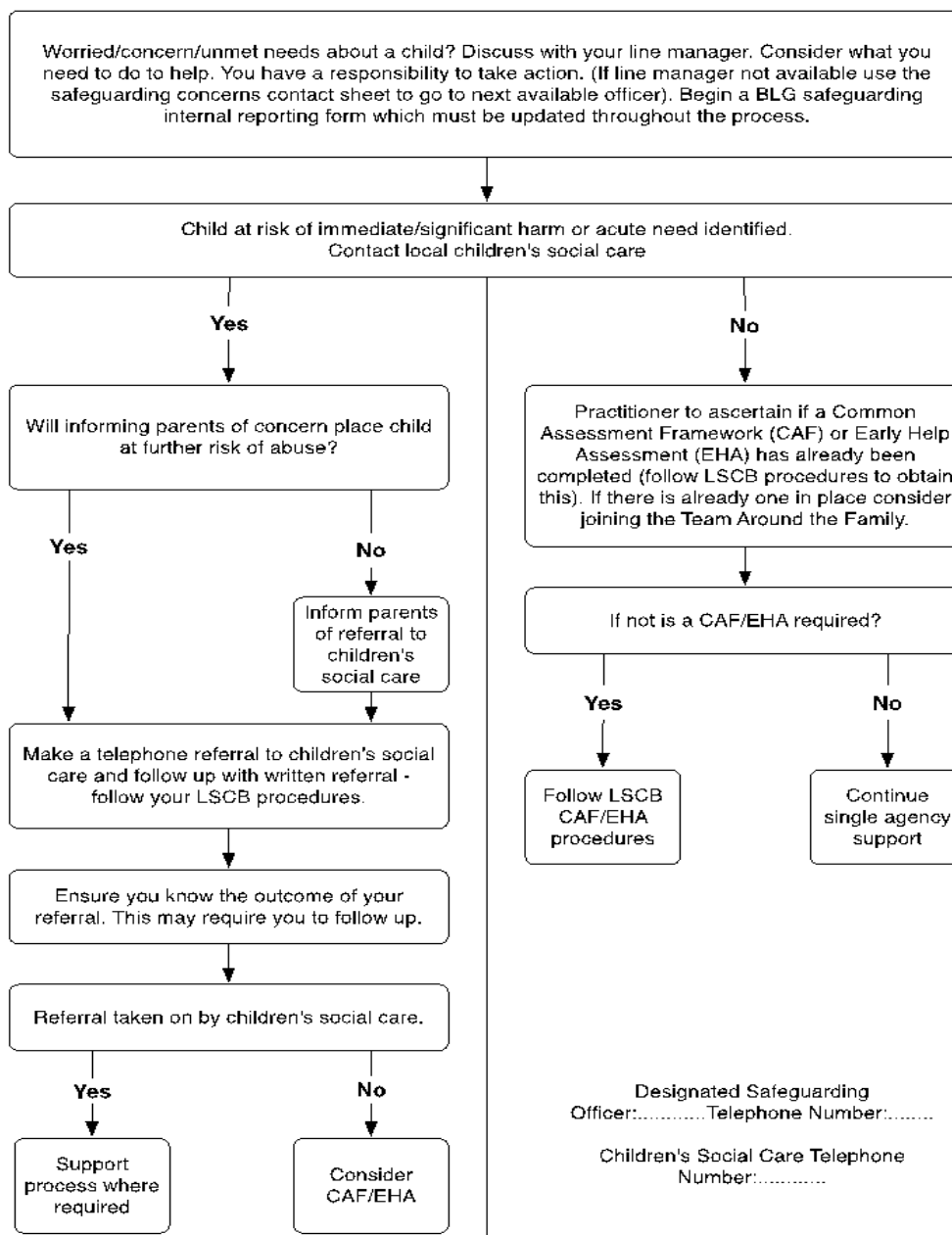
Remember that where there are any concerns that a child may have been and / or may be at risk of abuse, the child's needs must always come first and the priority must always be to safeguard the child.

7.2 Procedure for raising concerns and reporting

The flowchart below sets out the procedure to follow if you are concerned about the welfare of a child. Each service displays a local copy of this flowchart including local contact details and LSCB procedures.

The safeguarding internal reporting form **must** be used to report any concerns and can be found in **Appendix 1. (Big Life Schools please refer to process in Annex 1 for reporting procedures.**

The completion of these forms ensures that all safeguarding concerns across the group are monitored. The Clinical and Service Governance Board reviews these on a termly basis to ensure that lessons are learned and acted on in a timely manner.



7.3 Referrals to Children's Social Care

Referrals to Children's Social Care should only be made when a child requires the intervention of statutory services to undertake an assessment of need under Section 17 (child in need) or section 47 (child in need of protection) of The Children Act 1989.

Under section 17 Children's Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through the provision of a range and level of services appropriate to a child's needs. It will often be the case that these children will have multiple needs and their families will be known to a range of practitioners and agencies. Concerns regarding the children's welfare may not be immediate or life threatening. Section 17 referrals can usually only be completed without the consent of the parent or guardians IF assessments and / or intervention have been refused by the family, or have been unsuccessful, and there are accumulating concerns regarding the children's welfare. Ideally there should be evidence of robust early intervention prior to a S17 referral, but this may not always be the case depending on parental consent and/or the nature of the concerns.

Section 47 requires Children's Social Care to make enquiries to enable it to decide whether action is required to safeguard and promote the wellbeing of the child. The purpose is to determine whether the child is suffering, or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child's welfare. Children's Social Care act as the lead agency responsible for undertaking a Section 47 enquiry. There is a statutory duty on other agencies, such as police, health and education to assist Children's Social Care to carry out their duties and responsibilities under Section 47. A model for good practice in completing Section 47 enquiries is one where there has been clear multi-agency involvement, initially via a Strategy Discussion, along with joint agency visits to the family, along with timely decision making.

Gaining parental consent before making a referral to Children's Social Care is good practice. Where consent is not gained, an informed judgement must be made as to whether gaining consent will place the child at increased risk of harm. If this is the case, then the referral must state that consent has not been obtained, and provide the rationale for this.

The procedure you should follow if you have a concern and either need advice on whether to share information, or have decided to share information is:

Stage 1: Raise your concerns with your named Designated Safeguarding Officer /Lead

If they are not available

Stage 2: Contact The Big Life Group's designated Safeguarding Children Lead

If they are not available

Stage 3: Contact Big Life Executive Director

Name and contact details of your local DSL/DSO, The Group's Safeguarding Lead and Big Life Children Executive Director are clearly displayed within your service area. Alternatively, these can easily be accessed via The Big Life Group's STAR's database.

7.4 Early Help

Every local authority should have an Early Help Strategy, Early help refers to intervention at the earliest possible opportunity in a child's life, as soon as a problem emerges. This is more effective in promoting the welfare of children than reacting at a later stage when the issue may be more entrenched and difficult to resolve. Early help relies upon all agencies working together to identify children who would benefit, to undertake an assessment of their needs (for example, Early help assessment) and provide targeted support to significantly improve the outcomes for the child. Early help, underpinned by universal service provision, may prevent problems from becoming entrenched or escalating into a higher level of need for support and can help reduce demand for higher cost specialist services by promoting resilience in families and breaking the intergenerational cycle of risk and vulnerability.

Common Assessment Framework (CAF) / Early Help Assessment (EHA)

As an organisation we would always rather adopt a preventative approach as where at all possible. If you are working with children and families, the CAF/EHA offers a child or young person an assessment

of need and a support package to meet identified need. A CAF/EHA requires consent prior to completion from the young person where this is appropriate, or a parent where the child is unable to give informed consent themselves e.g. if they are too young. Anyone can complete a CAF/EHA with a family but it is worthwhile checking with the individual or family if one has already been completed (you can then feed into the existing CAF/EHA). You should also check with your Local Authority. LAs have individual arrangements for co-ordination of CAFs/EHAs; usually they have co-ordinators to oversee the system, who can inform you if an individual already has a CAF/EHA in place. They can be contacted through Children's Services.

At any point during the CAF/EHA process, if you have a safeguarding concern that is above your Local Safeguarding Children Board's (LSCB) threshold for CAF/EHA, the case must be escalated through a referral to Children's Social Care.

If you have made a safeguarding referral to Children's Social Care, which they have not, after their initial enquiries, taken on as a referral, then consider with your line manager undertaking a CAF/EHA.

The Big Life group will ensure staff who work with children and families are able to access training on safeguarding children procedures, including the completion and data protection issues of CAF/EHA assessments

7.5 When does a safeguarding concern become an incident?

There may be times when a safeguarding concern is deemed to be an incident or a Serious Incident Requiring Investigation (SIRI) as defined in the 'serious incidents requiring investigation policy'.

An incident

An incident is defined as an event that caused harm or had the potential to cause harm to clients/children, volunteers or staff or members of the public. This could include verbal or physical aggression or a breach of policy or procedure (such as confidentiality or data protection), whether by accident or intentionally.

A serious incident requiring investigation (SIRI)

The term 'SIRI' – Serious Incident Requiring Investigation is now being used in place of SUI (serious and untoward incident). A SIRI is 'something out of the ordinary or unexpected, with the potential to cause serious harm, and / or likely to attract public and media interest'. This may be because it involves a large number of service users, it involves poor professional or managerial judgement, a service has failed, a service user has died under unusual circumstances or there is a perception that any of these has occurred.

Under such circumstances then both Safeguarding and SIRI reporting processes must be followed in parallel and adhered to. If you require any guidance or support please contact the Designated Safeguarding Officer for your business area or the Group Safeguarding Lead. The safeguarding concerns contact sheet can be found in **Appendix 2**.

8. Local procedures

As already described, each service holds local versions of the reporting concerns flowchart, containing local variations to procedures (relating to LSCB procedures) and local Children's Services contact details. All staff and volunteers will receive induction and training on local procedures, as well as group procedures, as part of their mandatory induction.

Serious Case review

Local Authority Children Boards always undertake a serious case review when a child or young person dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death or they suffer significant harm. The purpose of the serious case review is to:

- Find out if there are any lessons to be learnt from the case about how local professionals and agencies work together to safeguard and promote the welfare of children and young people.
- Identify what those lessons are, how they will be acted on and what is expected to change as a result of the serious case review.

- Improve inter-agency working to better safeguard and promote the welfare of children and young people.

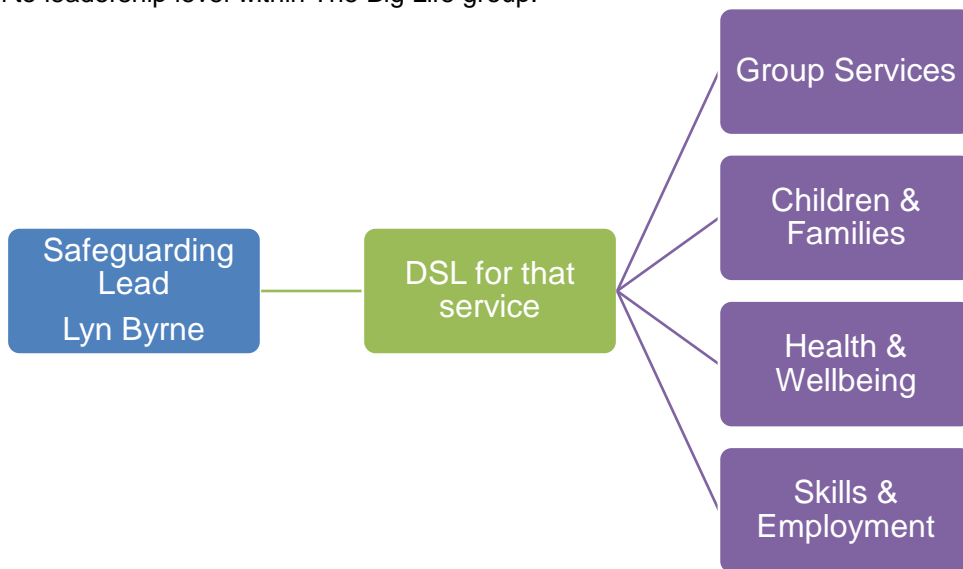
If required the big life group would provide an individual agency report for a serious case review and will cooperate fully with implementing outcomes of the review including reviewing policy, practice and procedures as required.

9. Safeguarding accountability, roles and responsibilities

Safeguarding is everyone’s responsibility, and all Big Life employees and volunteers must comply with these policies and procedures at all times.

Every Big Life business area has a Designated Safeguarding lead (DSL) and, where relevant, services also have one or more Designated Safeguarding Officers (DSOs). Their names and contact details are listed on the STARS database and can also be found in the local versions of the concerns flowchart.

It is the responsibility of every employee and volunteer to follow the procedures within this policy if they are concerned about a child. The diagram below shows the line of accountability from DSL & DSO through to leadership level within The Big Life group.



ADVICE: Before using this document you should ensure that you have the most up-to-date version. If you are referring to a printed version it may be out-of-date. If in any doubt please check with Human Resources.

Strategic Leadership responsibility for safeguarding across The Big Life group rests with Keith Smith.

The Big Life group has a Clinical Service Governance Board chaired by an independent Medical Director. It oversees the risk management system and ensures services are delivered safely and to a high standard. All safeguarding issues should be recorded and reported through the safeguarding reporting procedures for The Big Life group as set out above.

9.1 Group Safeguarding Lead contact details

The Group Safeguarding Lead for The Big Life group is:

Lynn Byrne

Telephone: 07976461345

Email: lynn.byrne@thebiglifegroup.com

In the absence of the Lead cover for the role is provided by:

Simon Kweeday

Telephone: 07989 552680

Email: simon.kweeday@biglifecentres.com

9.2

Role	Safeguarding Responsibility
The Group Safeguarding Lead.	<p>The Safeguarding Lead has day to day responsibility for safeguarding across The Big Life group including:</p> <ul style="list-style-type: none"> • To act as an ambassador for The Big Life group in the capacity of Safeguarding Children and Young People Lead • To provide leadership on all aspects of safeguarding children within The Big Life group • To champion safeguarding within The Big Life group; ensuring that it has a high profile within the organisation • To feed into the Clinical and Service Governance Board by advising and taking forward any actions around safeguarding that have been identified • To advise volunteers, students and staff within The Big Life group on safeguarding issues (including implementation of policy, working with service users, development of services, policy developments – national, regional and local developments, service audits etc.) • To keep Big Life group staff, students and volunteers updated on relevant safeguarding issues and policy updates via email or other means of information dissemination • To act as an information source on safeguarding and to assist Big Life group staff, students and volunteers with identification of key contacts / networks within the field of safeguarding / child protection etc. • To ensure that all new children and young people services are developed in line with best and current practice; ensuring that service user involvement is embedded during service development and subsequent delivery • To keep up to date on any changes to policy and new policies which could affect the different service areas of The Big Life group • To train staff on safeguarding and advise on further potential training. • To ensure that all staff and volunteers feel safe about raising concerns about poor or unsafe practice in regard to the safeguarding and welfare of the children and young people and such concerns will be addressed sensitively and effectively. • To ensure that a mechanism is in place to support the Designated Safeguarding Leads and the Designated Safeguarding Officers to offer mutual support and reflection on cases
Designated Safeguarding Lead	<p>Quality assure that all staff, students and volunteers receive information on safeguarding policies and the local flowchart procedures from the point of induction</p> <p>Download relevant LSCB procedures and quality assure that staff students and volunteers know where this is located in their setting ensuring that a local version of the reporting concerns flowchart is created and displayed.</p> <p>Review and monitor referrals made to the local authority to ensure timescales are met as well as quality.</p> <p>Quality assure and support the Designated Safeguarding Officer to ensure that all staff, students and volunteers understand and are aware of the safeguarding reporting and recording procedures and are clear about what to do if they have a concern about a child.</p> <p>Manage and keep secure the services safeguarding records</p>

	<p>Quality assure that safeguarding is on team meeting agendas and that they provide staff with the chance to develop knowledge regarding safeguarding and to feedback on any concerns</p> <p>Attend relevant training and cascade training and information to staff in their services.</p> <p>Attend DSL meetings internally within the group including briefings on key aspects of safeguarding and cascade information to relevant colleagues.</p> <p>Ensure that staff/volunteers develop knowledge and understanding of the assessment process for providing Early Help and intervention.</p> <p>Liaising with the group Safeguarding Lead for support on procedures and their implementation or to audit current practice.</p> <p>To deliver safeguarding training for staff, students and volunteers.</p> <p>Quality assure completed Safeguarding forms to ensure that they are signed and dated in a timely manner.</p> <p>Collating safeguarding internal reports (Appendix 1) for their service to feed through to the business area Safeguarding Lead for reporting to the Clinical and Service Governance Board</p> <p>Complete the safeguarding tracker, Identify patterns and trends, put an action plan in place, feed back to the team on any CSGB issues.</p> <p>When there are no designated officers in a service then the designated safeguarding lead will undertake both roles- as is the case in some adult services.</p>
<p>Designated Safeguarding Officer</p>	<p>Where appropriate there will also be one or more named Designated Officers in a service, they will:</p> <p>Cover in the absence of the Designated Safeguarding Lead</p> <p>Ensure that all staff, students and volunteers in their setting receive information on safeguarding policies and the local flowchart procedures from the point of induction.</p> <p>Ensure that the safeguarding information display board in their setting/ service is kept up to date with relevant safeguarding information. Ensuring that staff have knowledge of the local version of the reporting concerns flowchart.</p> <p>Support staff to make effective referrals to the local authority children’s social care and any other agencies where there are concerns about the welfare of a child.</p> <p>Support and ensure that all staff, students and volunteers understand and are aware of the safeguarding reporting and recording procedures and are clear about what to do if they have a concern about a child.</p> <p>Keep copies of all referrals to Children and Families Services and any other agencies related to safeguarding children</p> <p>Disseminate safeguarding updates at team meetings ensuring that new safeguarding policy changes are briefed at team meetings, and knowledge and information is shared.</p> <p>Support staff/volunteers to understand the assessment process for</p>

	<p>providing Early Help and intervention sharing knowledge with staff.</p> <p>Liase with your service Designated safeguarding lead for support on safeguarding procedures and their implementation</p> <p>To Support the delivery of safeguarding training to staff and volunteers</p> <p>Ensure all completed Safeguarding concern forms are signed and dated in a timely manner.</p>
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10. Key principles

There are a number of key principles underpinning the work we carry out with children, young people, parents and caregivers.

10.1 Child centred

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

In Big Life we are guided by the principles set out in *Working Together to Safeguard Children 2015*, which describes what children have said they want from safeguarding systems:

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

Children should be made aware that it is their right to be safe from abuse. They should be given clear information on where to go for help if they need it.

This child centred approach is in keeping with Big Life's ethos of putting the service user at the heart of everything we do. This helps us to ensure safeguarding in our day-to-day practice.

10.2 Integrated working Multi-agency working

Agencies and professionals need to work together to provide a seamless and comprehensive service to children and young people. Detailed guidelines for sharing information are contained within this policy. These are supported by local flowcharts which include local variations to procedures and local contact details.

Big Life staff have a duty to participate in multi-agency processes e.g. case conferences and Common Assessment Frameworks (CAFs)/ Early Help Assessments (EHAs) as required. This duty applies regardless of whether or not a Big Life member of staff is the lead for the case.

10.3 Shared responsibility

Safeguarding and promoting the welfare of children and young people is everyone's business. If anyone suspects a child is being abused or at risk of being abused, then they have a legal duty to report it. Detailed procedures for reporting abuse or concerns are set out in a flowchart within this document and supported by local flowcharts which include local variations to procedures and local contact details. These details are displayed within each service staff office space and held on the Group's STARS database.

10.4 Safe working practices

We all have a duty to ensure that the services we deliver keep children and young people safe, and Big Life has a range of frameworks in place to support staff to achieve this. These include:

- Health and Safety Framework
- Risk Management Framework
- Children and Young People and Adults at Risk Safeguarding Framework
- Information Governance Framework
- Quality Assurance Framework

(See section 17 for the list of associated policies and procedures)

10.5 Safer recruitment

Safer recruitment is ensured through the rigorous application of the following policies and procedures:

- Recruitment and Selection Policy (which includes safer recruitment)
- Disclosure Policy
- Employment of ex-offenders.

10.6 Risk assessment

The Big Life group's Health and Safety Policy and Risk Management Framework ensure all our work is thoroughly risk assessed and carried out in a safe manner. The Annual Section 11 audit and Section 175 for School's ensures that we carry out a full audit of risk and compliance with standards on an annual basis on a group and service basis. All reporting on health and safety, risk management and safeguarding feeds into the Clinical Service Governance Board for scrutiny.

10.7 Informing parents

Parents will normally be informed if a concern is raised about their child. However, if the safety of the child or any other party would be compromised by informing the parents (for example if they are suspected of being the abuser or being involved or complicit in the abuse), parents will not be informed.

11. Sharing information

Sharing information is an essential part of effective safeguarding practice. It allows multiple staff and / or agencies to build a complete picture of a situation where one individual or agency would be unable to do so. Often it is only when information from a number of sources is shared that it becomes clear that a child is suffering or at risk of suffering harm. This then enables early intervention and prevention work to be carried out.

Information which you might need to share could include information about:

- Children and their health, development and exposure to possible significant harm
- Parents who may not be able to care adequately and safely for children
- Individuals who may present a risk to children.
- Government guidance: Information Sharing, guidance for practitioners and Managers (2015) highlight **Seven Golden Rules for information sharing**:

Confidentiality and consent are two key issues which are clarified below. **Further information can be found in the Confidentiality Policy**

Confidential information is information which is personal, sensitive, not already lawfully in the public domain, and shared in confidence or the reasonable expectation of confidence.

Confidential information may be shared with the consent of the person who provided it or to whom it relates.

Confidential information may also be shared without consent under the following circumstances:

- If there is evidence or reasonable cause to believe that a child is suffering or at risk of suffering significant harm, or of causing significant harm to another child or serious harm to an adult
- To prevent significant harm to children.

12. Induction, training and supervision

12.1 Induction

All Big Life staff and volunteers receive a mandatory induction, in accordance with our Induction Policy. The mandatory induction covers group policies and procedures including this Safeguarding Children and Young People Policy, staff conduct and role of the DSL/DSO. The mandatory induction also includes local information specific to the service, including local variations to safeguarding procedures, such as the reporting concerns flowchart.

12.2 Training

All Big Life staff and volunteers receive a policy briefing on induction into the group. Staff and volunteers have mandatory training assigned to their post. For relevant posts this includes the appropriate level of safeguarding training required to fulfil their role. Safeguarding training is refreshed every three years for relevant staff and volunteers.

Staff and volunteers in roles involving direct and indirect contact with children, young people and families will receive additional safeguarding training through their LSCB training programme at the level appropriate for their role: see training outline in

Appendix 3.

12.3 Supervision

All staff receive regular supervision in accordance with our Supervision Policy. The frequency of supervision is determined by the role: for staff with extensive contact with children it will be at least every 4-6 weeks. Safeguarding is a mandatory agenda item in all supervision sessions. This provides an opportunity to raise concerns and identify solutions to issues arising, although staff should be clear that they can and should speak to their line manager about safeguarding issues at any time and should not wait for a supervision session to do so. The supervision session also provides an opportunity to reflect on safeguarding practice and identify ways to improve individual performance in this area.

13. Allegations against staff and volunteers

Please refer to the Managing Allegations against staff and volunteers policy.

14. Mobile phones, cameras and e-safety

Big Life recognises that staff, volunteers and visitors may wish to have their personal mobile phones with them for use in case of emergency. However, in recognition of the potential for personal mobile phones and cameras to be used inappropriately and breach safeguarding, personal mobile phones are not to be used during working hours by staff working within our children, young people and family settings. We expect them to be completely attentive during their hours of working. There is guidance on the use of personal mobile phones within the Mobile phone policy.

Information technology is an essential part of all our lives: staff, volunteers and service users. The technology is of great benefit to us all, however, if misused, children, young people and vulnerable adults can be actually or potentially harmed. We have clear guidance for appropriate use of digital technology: for information please refer to the IT, email, social networking policy.

14.1 Equipment owned by the setting

Big Life provides mobile phones, cameras and recording equipment for the use of staff and volunteers within the course of their work with children and vulnerable adults. The following rules are in place for use of this equipment:

- Equipment remains the property of the setting at all times and should not be taken off the premises except during outings
- Equipment must only be used for work related purposes
- Only equipment owned by the setting may be used for work related purposes
- Equipment may be used to take appropriate and relevant images and recordings of children, for example observations, images for learning journals, recording special events
- Equipment should only be used when two or more staff members are present
- Equipment must not be used to record injuries on a child for safeguarding concerns
- Images and recordings must be used in accordance with the Data Protection Act 1998.

For additional guidance please see the IT, email, social networking policy.

15. Safeguarding statement

All services must display the statement for service users on Safeguarding Children: see **Appendix 4**.

16. Associated policies

- Disclosure policy
- Adults at risk policy
- Domestic abuse
- Drugs and alcohol
- Employment of ex-offenders
- Health and safety
- Incident and serious untoward incident reporting
- Induction policy
- Information governance framework
- IT, email, social networking policy
- Keeping records and data protection
- Lone and home working
- Managing allegations against staff and volunteers
- Mobile phones and camera
- Recruitment and selection
- Risk management framework
- Supervision
- Volunteering
- Whistle blowing
- Comments and compliants

Internal Safeguarding reporting form

When you have a concern about the welfare of a child or adult at risk please complete this form, submit it to your service's Designated Safeguarding Lead/Officer and retain a copy on the child's / adults file. DSL to retain the form within the safeguarding folder for your business area.

Basic details (to be completed by the worker)	
Date of concern	Time of concern
Who is raising the concern/ how was it brought to your attention	
Date of reporting to Designated Safeguarding Lead/Designated Safeguarding Officer	
Is the concern relating to: An Adult at Risk (Y/N) A Child (Y/N) Both (Y/N)	
Children's or Adults Concerns:	
	Details of children
Adult full name:	Childs Name:
Date of Birth:	DOB & Age:
Gender:	Gender:
Address:	Address:
Does the Adult have a carer (Y/N)	Name of child Primary carer:
Name:	Relationship to child:
Address:	Parents address if different from above:
Email:	
Phone number:	
Does the adult have a social worker (Y/N)	Has a social care referral form been completed and submitted to children's services i.e. Multi Agency Safeguarding Hub/contact centre.
Name:	Yes No
Email:	If 'YES': Name of Service you have you referred to:
Contact:	Email (Y/N) Post (Y/N) Other (Y/N) Date of contact:
	Attach a copy of the referral and continue to Section Two
	If 'NO (Continue to Section One)
Are there any other services involved in relation to this incident (please add as many as needed)	

Service:

Contact name:

Phone number:

Email:

Section one (to be completed by the worker)

Reason for concern: (give a clear and concise account of concerns, stating times and dates, people present, and relationships):

If the concern is regarding an Adult at Risk, are they aware of the concern

Yes
No

If the concern is regarding a child, is the child aware of the concern

Yes
No

Are carers or family aware of the concern

Yes
No (state why)

Are the parents/ carers aware of the concerns

Yes
No (State Why)

Is an Early Help Assessment or Common Assessment Framework in place for this child?

Yes
No

List the actions taken or support provided so far (for example: referral/reported to children's social care, signposting to Early Help Hub / Common Assessment Framework)

Will your service be remaining involved?
Yes No (State Why)

Section Two (Children) (DSL/DSO to complete this section)

Outcome of initial action

What was the outcome of the EHA undertaken?

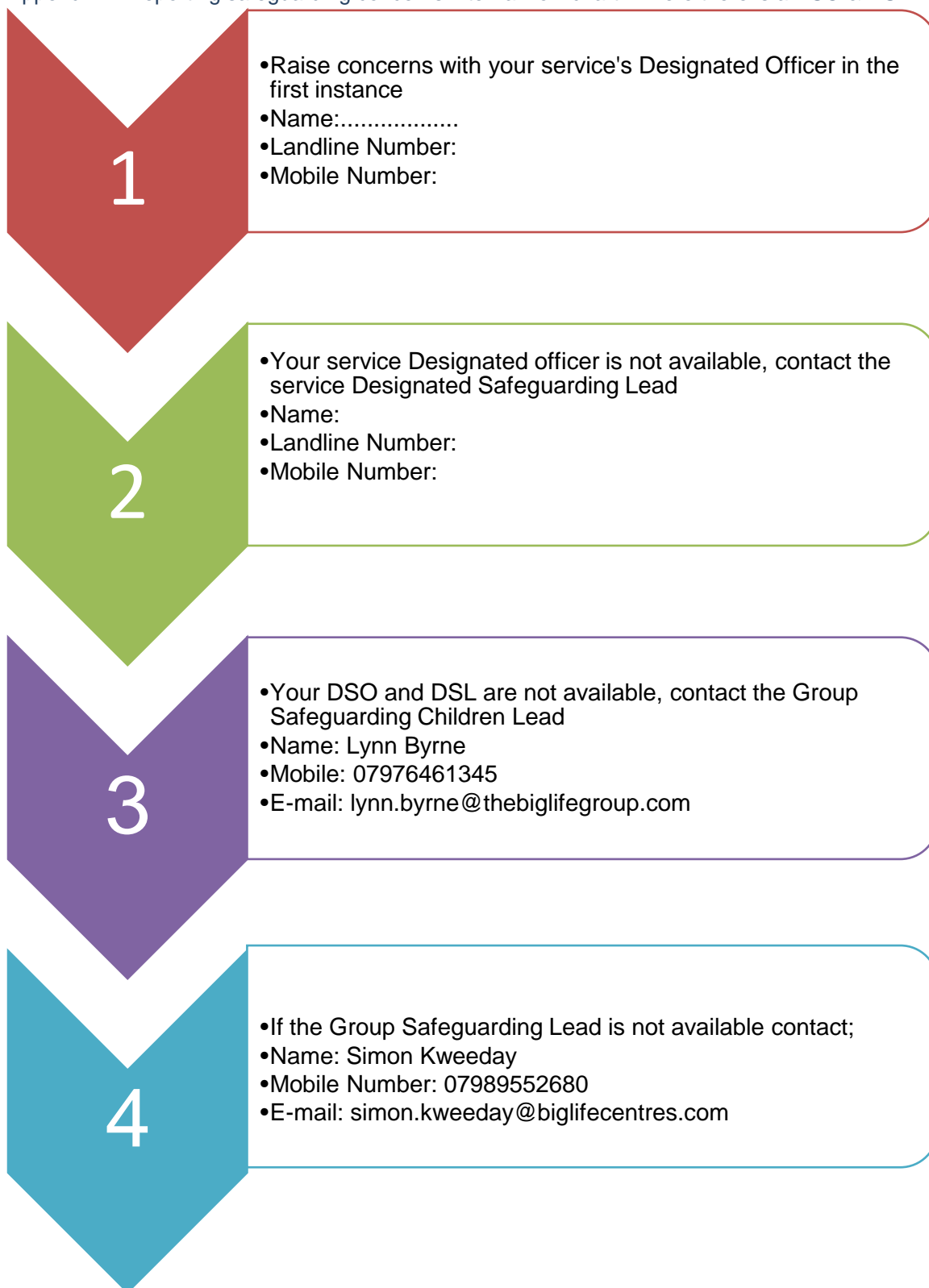
Was the referral accepted by Social Care?

Does your service remain involved?
Yes No (State Why)

Have the family been signposted for Early Help Assessment or additional support? Please give details:

Staff/volunteer name
Job title/role
Section Two Adults:
Outcome of initial action:
Has a referral been made
To social Services (Y/N)
What happened:
To another service (Y/N) (please add as many as needed)
Service name:
What happened
Other actions:
Staff / Volunteers Name:
Job Title/ Role:
Section Three -
DSL comments- (analysis of the outcome)/lessons learned
Signed DSL
Concern form completed by
Name
Job role
Tel

Appendix 2. Reporting safeguarding concerns internal flow chart: Where there is a DSO & DSL





Descriptions of Training levels

Level 1

For those in contact with children and young people and with adults who are parents and carers. These people are in a position to identify concerns about the maltreatment of children, including those that may arise from the use of the Common Assessment Framework (CAF)/ Early Help Assessment. Therefore, as a minimum they need introductory training on how to work together to safeguard and promote the welfare of children.

Examples of roles and occupations include housing and hospital staff, youth workers, child minders, residential and day care staff and those working in sport and leisure settings in both a paid and unpaid capacity.

It also includes personnel from the emergency services such as police officers and police staff, police community support officers and representatives from the fire and ambulance services. The list is not exhaustive.

Level 2

The target audiences for these courses are those who work regularly with children and young people and with adults who are carers and who need a higher minimum level of expertise: a fuller understanding of how to work together to identify and assess concerns and to plan, undertake and review interventions.

Examples of roles and occupations include GPs, hospital and community health staff, family and children's centre workers, teachers and teaching staff, education welfare officers, social workers, mental health and learning disability staff, probation officers, police officers, police staff and police community support officers. The list is not exhaustive.

Level 3

The target audiences for these courses are those with a particular responsibility for safeguarding children who need to have a thorough understanding of working together to safeguard and promote the welfare of children, including in complex and/or serious cases.

Examples of occupations or roles include Designated Safeguarding Officers or named health and education professionals, police and police staff, social workers and other professionals involved in multi-agency investigations. The list is not exhaustive.

Level 4

The target audience for these courses are those with responsibility for assessing risk in safeguarding cases, and managing complex work

Examples of occupations or roles include professionals from health, education, police and children's social care and other professionals involved in multi-agency investigations. The list is not exhaustive.

Please note:

- The levels of training within each LSCB may vary, therefore it is the responsibility of the DSO to confer with the Safeguarding Lead to formalise the agreed training levels within business area / locality
- All Designated Safeguarding Officers must have refreshers every 2 years or more

Business area	Staff role	Training requirements
Big Life Company	Executive directors	Mandatory training Level 1
	Executive Lead for Safeguarding	Level 4
	Communication team	Mandatory training
	HR manager	Mandatory training
	Finance team	Mandatory training
Children and families	Assistant Director / Safeguarding Lead for group	Level 4
	Group Safeguarding lead	Level 4
	Service Managers	Level 3
	School principle/DSO	Level 3
	Designated Safeguarding Officers	Level 3
	All staff and volunteers working directly with children/families	Level 2
	Administration team	Level 1
	Facilities management teams	Level 1
Health and wellbeing	Assistant Director	Level 4
	Service managers	Level 3
	Designated Safeguarding Officers	Level 3
	All staff and volunteers working directly with children/families	Level 2
	Administration staff	Level 1
	Facilities management team	Level 1
Skills and Employment	Assistant Director	Level 3
	Service managers	Level 3
	Designated Safeguarding Lead/Officers	Level 3
	All staff and volunteers working directly with children / families	Level 2
	Staff face to face with service users	Level 2
	Administration	Level 1
	Facilities management	Level 1
All other Big Life businesses	Assistant Director (Designated Safeguarding Officer)	Level 3
	Staff face to face with service users	Level 2
	Administration / reception	Level 1
	Facilities management	Mandatory

- frequently if required by the relevant LSCB
- Other staff must have refreshers every 3 years or more frequently if required by the relevant LSCB
- Level 2 training for all business areas delivering services within Manchester must cover domestic abuse (following recommendations from a serious case review: see MCC safeguarding standards for children, young people and adults).

The Big Life group Safeguarding statement

Big Life believes that it is always unacceptable for a Child, young person or adult at risk to experience abuse of any kind and recognises its responsibility to safeguarding the welfare of all adults, children and young people, by a commitment to practice which protects them.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person, child or young person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse of children, young people or adults at risk, may be perpetrated by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit children and vulnerable people

It is not always obvious when someone is being abused, there may be specific signs or your instincts may tell you something is wrong. Abuse is never acceptable in any circumstances and every one has the right to be safe. Safeguarding children, young people and adults at risk is everyone's business

Working in partnership with the community and safeguarding authorities The Big Life group aims to make sure that children, young people and adults at risk using its services are listened to and protected from abuse. Big Life staff must report all incidents or concerns they have relating to the wellbeing of anyone at risk.

Members of the public who have concerns should follow guidance offered by their local Safeguarding Board. If you wish to notify or log a safeguarding concern about a Child, young person or adult at risk accessing any of the Big Life services you can contact the following:

The local designated safeguarding lead: ***add relevant person with contact details***

The Big Life group safeguarding leads:

Adults at Risk: Simon Kweeday simon.kweeday@biglifecentres.com

Children and Young people: Lynn Byrne lynn.byrne@thebiglifegroup.com

Statutory organisation: ***Add information and contact number add relevant details and contact numbers***

Appendix 5. Disclosure of historical abuse processes

Introduction

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time, including fear of reprisals, the degree of control exercised by the abuser, shame, or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter, or their suspicions that the abuse is continuing against other children, may trigger the allegation.

Allegations may be made against a family member, foster carer, adoptive parent, residential care staff member, teacher, doctor, police officer, volunteer, or any other person who currently has, or previously had, contact with children and young people.

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as responses to allegations of current abuse, because:

- There is a significant likelihood that a person who has abused a child or children in the past will have continued, and may still be doing so
- Criminal prosecution remains a possibility, if sufficient evidence can be carefully collated.

Procedures to follow in the event of a disclosure

If a disclosure is made by an adult about abuse they suffered as a child, you must follow the procedures set out in this appendix.

If an adult has suffered or is suffering abuse as an adult, you must follow the procedures set out in The Big Life group Safeguarding Adults Policy.

If a disclosure is made by a child or young person about past abuse, you must follow the procedures set out in The Big Life group Safeguarding Children and Young People Policy.

If in any of these instances there is a current risk to a child, you must follow the procedures set out in The Big Life group Safeguarding Children and Young People Policy.

In all cases, you must make a note on the case file explaining how you decided which option was appropriate, including any advice you sought, and what happened as a consequence. If in doubt, contact your Safeguarding Lead.

Response to a disclosure

As soon as it becomes apparent that an adult is disclosing abuse, you must explain that relevant information may have to be shared with Children's Social Care and / or the police if there is a current risk in order to safeguard children. You must record what the adult says and what responses you give. A record must be kept of all conversations and actions, including timings, settings, those present, and what all parties said. Records must be dated and bear a legible signature or name.

It is important to ascertain as a matter of urgency whether the alleged abuser still has contact with children. If so, you must follow the procedures set out in The Big Life group Safeguarding Children and Young People Policy. (Unless you have definitive information to indicate otherwise, you must act as if the abuser presents a current risk to children.)

If a child was at risk in the past but this is no longer the case (for example when a violent parent no longer has access to the child), you should record this on the case file, but you need take no further action.

You should ask the adult whether they want to report the abuse to the police, although you must make it clear that if there is a current risk to a child, you will be obliged to pass the information on to Children's Social Care and / or the police, even if this is against the adult's wishes. You should advise

the adult that the Public Protection Unit of the relevant police force can investigate matters of abuse, including for adults who are vulnerable as a result of mental health or learning difficulties. It is unlikely that the police will be able to act if the identity and whereabouts of the alleged abuser are not known, but the adult may wish to make a report in any case.

Be aware that if the matter is reported to the police, your records may be subject to disclosure, and / or a witness statement may be required. This 'evidence of first complaint' is an important evidential tool for sex abuse cases.

It is critical to handle disclosures as sensitively as possible, and to consider the wishes and needs of the adult as much as possible. You should reassure them that even without their direct involvement, all reasonable efforts will be made to look into what they have reported. You should be guided by best practice, and wherever possible obtain the adult's explicit consent to share information. However you must always remember that the law requires agencies to share information necessary to safeguard children.

If you believe that a child is currently at risk but you do not have the adult's consent to share information, your first course of action should be to discuss the case with your line manager, DSO or a Safeguarding Lead. It may well be necessary to share the information without consent, but this should not be a decision taken by an individual practitioner in isolation.

Support agencies

The following agencies may be able to provide additional support for an adult disclosing childhood abuse. You should support the adult to access these if they wish.

Rape Crisis (<http://www.rapecrisis.org.uk/centres.php>) provides a helpline and other support services to women and girls who have experienced sexual violence of any kind at any time in their lives.

Survivors UK (<http://www.survivorsuk.org>) provides counselling and therapy for male victims of rape and sexual abuse.

NAPAC (<http://napac.org.uk>) and member agencies of The Survivors Trust (<http://www.thesurvivorstrust.org/find-support/>) provide support for those who have experienced childhood abuse.

Victim Support's helpline number is 0808 16 89 111, or local team contact details can be found here <https://www.victimsupport.org.uk/what-we-do/local-services>.

Annex 1. Schools

The Designated Safeguarding Lead for Longsight Community Primary is:

Rukhsana Ahmed, HeadTeacher

Tel: 0161 241 0530

Email: principal@longsightcp.com

Designated Safeguarding Governor:

Karina Carter

The designated Safeguarding Lead for Unity Community Primary is

Jude Lee, HeadTeacher

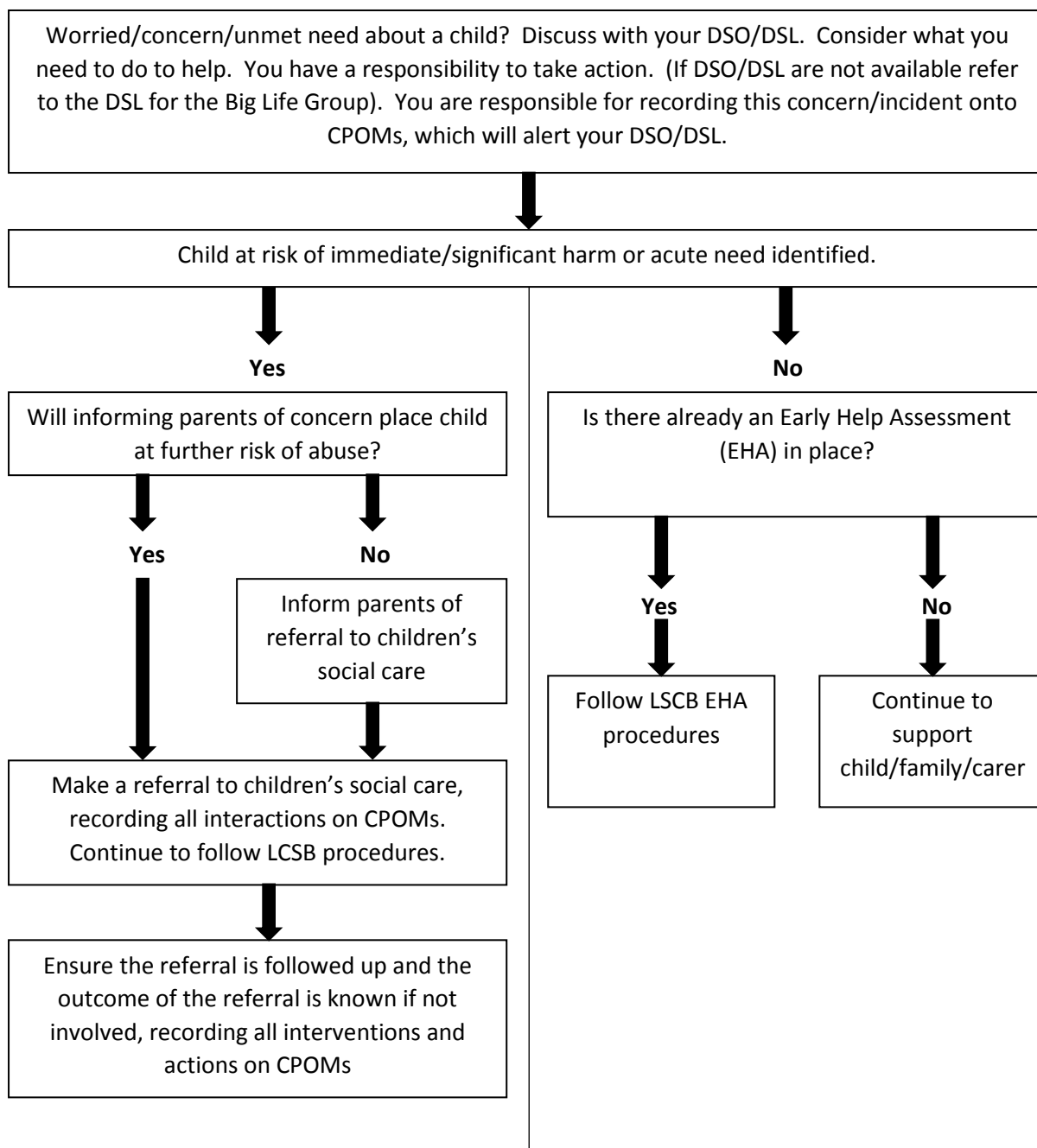
Tel: 0161 871 2614

Email: principal@unitycommunityprimary.com

Designated Safeguarding Governor:

Gary Norton

Big Life Schools Reporting flowchart;



ADVICE: Before using this document you should ensure that you have the most up-to-date version. If you are referring to a printed version it may be out-of-date. If in any doubt please check with Human Resources.

Introduction

The Big Life group Safeguarding Children and Young People Policy applies to all areas of the group's work, including schools. This annex sets out additional information and guidance specifically relating to schools which must be applied within Longsight Community Primary School, and Unity Primary School

In our schools we respect our children. The atmosphere within the school is one that encourages all children to do their best. We provide opportunities that enable children to take and make decisions for themselves.

We recognise that abuse and neglect can result in underachievement. We strive to ensure that all our children make good educational progress.

Our teaching of personal, social and health education and citizenship, as part of the National Curriculum, helps to develop appropriate attitudes in our children, and makes them aware of the impact of their decisions on others. We also teach them how to recognise different risks in different situations, and how to behave in response to them.

We teach in such a way as to encourage pupils to be able to voice their opinions and develop their own self-confidence. We aim to build strong and caring relationships with all our pupils. In so doing we hope to provide our pupils with the skills necessary to be able to bring to the attention of any adult working in the school any matters of concern they may have. We will always take seriously any safeguarding issues drawn to our attention by any pupil.

Our aims are:

- To provide a safe environment for children to learn in
- To empower children so that they are confident in seeking help
- To establish what actions the school can take to ensure that children remain safe, at home as well as at school
- To raise the awareness of all staff to these issues, and to define their roles and responsibilities in reporting possible cases of abuse
- To identify children who are suffering, or likely to suffer, harm
- To ensure effective communication between all staff on child protection issues
- To set down the correct procedures for those who encounter any issue of child protection
- To work and communicate effectively with outside agencies and voluntary organisations to address and mitigate the effects of abuse.

Legislative framework

The purpose of this annex, in combination with the group Safeguarding Policy and the separate Managing Allegations Policy, is to ensure best practice within our schools services, and compliance with the relevant legislation, specifically Keeping Children Safe in Education (DfE, Sept 2016), which can be downloaded at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/372753/Keeping_children_safe_in_education.pdf

Staff responsibilities

It is the responsibility of the Principal to ensure all of the following:

- That the governing body adopts appropriate policies and procedures to safeguard children in the school
- That these policies are implemented by all staff
- That sufficient resources and time are allocated for staff to carry out their responsibilities effectively
- That all staff and adult helpers in the school are able to voice their concern if they feel that a child is vulnerable, or that there are any particular practices that are unsafe.

There is a named person who has an overview of safeguarding. In Longsight Community Primary this role is carried out by the Principal in her role as Designated Child Protection Officer. This role is guided by two principles:

1. In accordance with the current Children Act to ensure that the welfare of the child is always paramount
2. That confidentiality should be respected as far as possible.

The role of the Safeguarding Lead is to be fully conversant with the procedures of the Local Safeguarding Children Board in the area of safeguarding and to ensure that the school takes action to support any child who may be at risk. They will also make sure that all staff, teaching and non-teaching are aware of their responsibilities in relation to child protection. The Safeguarding Lead will work closely with Manchester's Children and Families Service when they are investigating any allegations of abuse. All parties involved will handle such investigations in a sensitive manner, remembering all the time that the interests of the child are of paramount importance.

All staff have a responsibility to report to the Principal any concern they have about the safety of any child in their care.

Physical restraint

There are a few occasions when adults, in the course of their school duties, have to intervene physically in order to restrain children and prevent them from coming to harm. Such intervention will always be used as a last resort and be the minimum necessary to resolve the situation. We follow the current guidance given by the DfE on physical restraint. The Principal will require the adult(s) involved in any such incident to report the matter to him or her immediately, and to record it.

E-safety

Safeguarding and promoting the welfare of pupils is embedded into the culture of the school and its everyday practice and procedures.

All staff have a responsibility to support E-Safe practices in Longsight Community Primary and all pupils need to understand their responsibilities in the event of deliberate attempts to breach e-safety protocols.

Managing internet access

- Developing good practice in internet use as a tool for teaching and learning is essential. The school's internet access will be designed expressly for pupil use and will include filtering appropriate to the age of the children.
- Pupils will be taught what internet use is acceptable and what is not and be given clear objectives for internet use. Staff will guide pupils in online activities that will support the learning outcomes planned for the pupils' age and maturity.
- Pupils will be taught what to do if they experience material that they find distasteful, uncomfortable or threatening.
- If staff or pupils discover unsuitable sites, the URL (address) and content must be reported to the IT support team.
- The school will ensure that the use of internet derived materials by staff and pupils complies with copyright law.
- Pupils will be taught to be critically aware of the materials they read as well as how to validate information before accepting its validity.

We will promote the benefits of modern technology to aid learning but we also are aware of the dangers that can be encountered by pupils when accessing the internet or using technology. Our E-Safe Service will monitor all inappropriate use and abuse of the technology used in our school. Filtered E-Safe reports will be recorded and acted upon.

Special educational needs and disabilities (SEND)

We operate in accordance with the SEND Code of Practice (January 2015), including having the following arrangements in place to support pupils with SEND:

- Using our best endeavours to ensure pupils with SEN get the support they need
- Ensuring that pupils with SEN engage in school activities alongside pupils who do not have SEN
- Designating a Special Educational Needs Co-ordinator (SENCO) who is a qualified teacher and, if they have less than 12 months SENCO experience on appointment, will achieve a National Award in SEN Co-ordination within three years
- Informing parents when we are making special educational provision for their child
- Publishing an SEN information report which includes details of our arrangements for admissions of children with SEND, steps to prevent their less favourable treatment, facilities to enable access, and plans to improve accessibility over time.

Annex 2. Big Life Nurseries

Introduction

The Big Life group Safeguarding Policy applies to all areas of the group's work, including nurseries. This annex sets out additional information and guidance specifically relating to early years provision which must be applied within all Big Life Nurseries.

Big Life Nurseries will work with children, parents and the community to ensure the safety of children and to give them the very best start in life. We know that children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them. We will deliver high quality settings which are welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. To this end we will:

- Create an environment to encourage children to develop a positive self-image
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Always listen to children.

Due to the many hours of care we are providing, staff will often be the first people to sense that there is a problem. They may well be the first people in whom children confide about abuse. Our prime responsibility is the welfare and wellbeing of all children in our care. As such we believe we have a duty to children, parents and staff to act quickly and responsibly in any instance that may come to our attention.

Legislative framework

The purpose of this annex, in combination with the group Safeguarding Policy, is to ensure best practice within our nursery services, and compliance with the relevant legislation, specifically the Safeguarding and Welfare Requirements of the Statutory Framework for the Early Years Foundation Stage, which can be downloaded at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/335504/EYFS_framework_from_1_September_2014_with_clarification_note.pdf

Staffing and volunteers

Staff qualifications, training, support and skills

Big Life Nurseries staffing meets the following requirements of the EYFS Statutory Framework:

- All staff receive induction training to help them understand their roles and responsibilities which includes information about:
 - Emergency evacuation procedures
 - Safeguarding
 - Child protection
 - Big Life's equality policy
 - Health and safety issues
- All staff receive effective, regular supervision which provides opportunities for staff to:
 - Discuss any issues, particularly concerning children's development or wellbeing
 - Identify solutions to address issues as they arise
 - Receive coaching to improve their personal effectiveness
- This includes regular appraisal of training needs, with staff supported to improve their qualification levels wherever possible
- The manager in each setting holds at least a full and relevant level 3 qualification and has at least two years' experience working in an early years setting or two years' other suitable experience
- The manager has a named deputy who is capable and qualified to take charge in their absence
- At least half of all other staff hold at least a full and relevant level 2 qualification
- All staff will hold a current paediatric first aid certificate in order to be counted in ratio'
- We take into account the number of children and staff and the layout of the premises to ensure that a paediatric first aider is able to respond to emergencies quickly
- Staff have sufficient understanding and use of English to ensure the wellbeing of children in their care.

Key person

Each child is assigned a key person who helps to ensure that the child's care is tailored to meet their individual needs, supports the child to become familiar with the setting, provides a settled relationship for the child, and builds a relationship with their parents.

Staff: child ratios

Big Life Nurseries meet all the requirements of the EYFS Statutory Framework in terms of staff ratios and qualifications. We choose not to include volunteers, apprentices or those on placements within ratios, so these are always additional to the required ratios.

Children are always within sight or hearing of staff and almost always within both sight and hearing.

Parents are informed about staff deployment, and when appropriate are involved in decisions about staffing.

Staff taking medication or other substances

This is covered by The Big Life group's separate Drugs and Alcohol Policy, which states that:

- Employees must not come to work under the influence of alcohol or non-prescribed drugs
- Employees must establish and advise Big Life whether any prescribed medication could affect their ability to work, in which case alternative duties may be agreed if required.

Health

The following policies help to ensure the health and the safety of children in our care:

- Administration of medication
- Healthy eating
- Incident and serious untoward incident reporting
- Accident reporting.

We use the Health Protection Agency's exclusion chart to prevent the spread of infectious diseases.

Serious incidents are reported to Ofsted in accordance with regulations.

Behaviour management

We manage children's behaviour in appropriate ways and the use of corporal punishment is not permitted. Physical intervention will only be used to avert immediate danger of personal injury to a child or another, or to manage behaviour as a last resort. Records of any physical intervention will be kept and parents will be informed on the same day or as soon as reasonably practicable.

Safety and suitability of premises, environment and equipment

Big Life Nurseries are clean and well maintained, meeting all the requirements set out in the EYFS Statutory Framework including hygiene and health and safety requirements, space per child, sleeping and bathroom arrangements.

We only release children into the care of individuals who have been notified to us by the parent, and children are never allowed to leave the premises unsupervised.

All Big Life Nurseries take the safety of the children seriously. Part of this is ensuring that no unauthorised persons have unsupervised access to children whilst in our care. All of our settings are fitted with secure doors with restricted access.

We request that parents and visitors do not let anyone else into the nursery setting and ensure that a member of staff is alerted should anyone be needing to gain access. All visitors are expected to sign in, identification is checked and they are escorted during their visit by a member of our team.

We do not allow smoking, including outdoors in the vicinity of our buildings.

Equipment and toys are routinely inspected, cleaned and replaced.

We have a maintenance plan, which involves routine inspections and maintenance of all structural and building related equipment.

Risk assessment

The Big Life group's separate Health and Safety Policy and Risk Management Framework ensure all our work is thoroughly risk assessed and carried out in a safe manner. In our nurseries this includes:

- Quarterly building risk assessments
- Daily risk assessments in each room and outdoors
- Health and Safety is a standing agenda item at all tiers of team meetings and all 1-1 supervision sessions.

Outings

Written parental permission will be obtained for all outings. All outings will be individually risk assessed and adequately insured. A member of staff with a current paediatric first aid qualification will attend all outings.

Special educational needs and disabilities (SEND)

We operate in accordance with the SEND Code of Practice (January 2015) and the safeguarding and welfare requirements of the EYFS Statutory Framework, including:

- Designating a Special Educational Needs Co-ordinator (SENCO)
- Providing information for parents on how we support children with SEND

- Regularly reviewing and evaluating the quality and breadth of the support we offer or can access for children with SEND
- Working in partnership with other local providers to explore how different types of need can be met most effectively.

Information about the provider

In accordance with EYFS requirements, all nurseries hold the following documentation:

- Name, home address and telephone number of the provider and any other person living or employed on the premises
- Name, home address and telephone number of anyone else who will regularly be in unsupervised contact with the children attending the provision
- A daily record of the names of the children being cared for on the premises, their hours of attendance and the names of each child's key person
- Their certificate of registration, which is displayed and shown to parents on request.

Changes that must be notified to Ofsted

Changes will be notified to Ofsted in line with EYFS requirements. These include the appointment of a new manager, changes to contact details, and proposals to amend the hours of provision.

Annex 3. Health services

The National Service Framework for Children, Young People and Maternity Services 2004 sets out 11 standards for promoting the health and wellbeing of children and young people and for providing high quality services which meet their needs:

1. Promoting Health and Wellbeing, Identifying Needs and Intervening Early
2. Supporting Parenting
3. Child, Young Person and Family-centred Services
4. Growing Up into Adulthood
5. Safeguarding and Promoting the Welfare of Children and Young People
6. Children and Young People who are Ill
7. Children and Young People in Hospital
8. Disabled Children and Young People and those with Complex Health Needs
9. The Mental Health and Psychological Wellbeing of Children and Young People
10. Medicines for Children and Young People
11. Maternity Services.

While all the standards have relevance to this policy, standard 5 is the most relevant. The National Service Framework sets out the following Markers of Good Practice for standard 5, which are all met by this policy and the procedures and other policies which support it.

1. At a strategic level, agencies and professionals work in partnership with each other, service users and members of the local community, in accordance with their agreed LSCB annual business plan.
2. Agencies develop, implement and evaluate the effectiveness of policies, procedures and practices for safeguarding and promoting the welfare of children and young people including those concerned with the recruitment and management of staff.
3. Where there are concerns about a child's welfare, an assessment is undertaken in accordance with the Framework for the Assessment of Children in Need and their Families and plans are made, implemented and reviewed which result in each child achieving their optimal outcomes. Children and families are actively involved in these processes unless this would result in harm to the child.
4. All staff are alert to the increased likelihood of harm being suffered by disabled children, or by those children who are living in special circumstances, whose needs may not be recognised by staff in statutory agencies and who, therefore, are 'invisible' to the system.
5. A broad range of integrated, evidence-based services are available to prevent children and young people from being harmed, safeguard those who are likely to suffer significant harm, and address the needs of those children who have suffered harm, at the same time providing support to their parents / carers.
6. Agencies provide staff working with children, young people and families with supervision and with support to enable them to manage the stresses inherent in this work, implement systems which quality assure the services they provide or commission, and ensure their staff use effective systems to record their work with children and families.
7. Staff (at all levels) understand their roles and responsibilities regarding safeguarding and promoting the welfare of children and young people and are appropriately trained to undertake these effectively.

All agencies have in place safe recruitment practices for all staff in contact or working with children.

Annexe 4. Contacts.

Below are the named Local Safeguarding Boards, contact details for the local authorities and names of the LADOs with contact details.

Greater Manchester reporting procedures can be accessed via - <http://greatermanchesterscb.proceduresonline.com/>

Local Children Safeguarding Boards

Name of Local Children Safeguarding Board	Contact details
Manchester	www.manchesterscb.org.uk
Trafford	www.tscb.co.uk
Rochdale	www.rbscb.org
Salford	www.sscb@salford.gov.uk
Stockport	www.safeguardingchildreninstockport.org.uk
Leeds	www.leedslscb.org.uk/
Liverpool	www.liverpoolscb.org.uk
Stockton	www.stockton.gov.uk/
Sheffield	www.safeguardingsheffieldchildren.org.uk/

Children Social Care team receiving referrals

Name of Local authority	Contact details
Manchester	0161 234 5001 Email mcreply@manchester.gov.uk
Trafford	MARAT 0161 912 5056 Email MARAT@trafford.gov.uk
Rochdale	mass@rochdale.gov.uk or mass@rochdale.gcsx.gov.uk (secure) Tel- 03003030440
Salford	The Bridge partnership Tel – 0161 603 4500 Email : worriedaboutachild@salford.gov.uk
Stockport	Contact centre Tel : 0161 342 4101
Leeds	Duty and advice team Tel 0113 376 0336
Liverpool	Careline 0151 233 3700
Stockton	The childrens hub Tel 01429284284 Email firstcontactchildren@stockton.gcsx.gov.uk
Sheffield	Children and Families prevention and assessment team 01142734491

Local authority Designated Officer (LADO) contact details

Name of Local authority	Contact details
Manchester	Majella O'Hagan Tel- 0161 234 1214 Email majella.ohagan@manchester.gov.uk
Trafford	Anita Hopkins 0161 912 5024 Email anita.hopkins@trafford.gov.uk
Rochdale	Louise Hurst Tel 0300 3030 350 Email lado@rochdale.gov.uk
Salford	Margaret Dillon and Patsy Molloy Tel – 0161 603 4350 or 0161 603 4445 Email Margaret.dillon@salford.gov.uk or patsy.molloy@salford.gov.uk
Stockport	Ged Sweeney Tel 0161 474 5657 Email ged.sweeney@stockport.gov.uk
Leeds	Tel 0113 247 8652
Liverpool	Ray Said Tel 0151 225 8101/ 225 8103 Email ray.said@liverpool.gov.uk
Stockton	Phil Curtis Tel 01642 527413 Email LADO@stockton.gcsx.gov.uk
Sheffield	lado@sheffield.gcsx.gov.uk Tel 01142734850 01142734934