



OASISS Safeguarding Policy – Draft 5  
**Child protection,  
Safeguarding Children and Vulnerable Adults Policy**

Signed by Chair of Management Committee

Date

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## **1. INTRODUCTION**

### **1.1 Policy Statement:**

**Open ArmS In Shelford and Stapleford (OASISS)**, is committed to promoting the welfare of the children and young people who attend its activities and/or events, including having in place a robust system to process child protection concerns and disclosures.

We wish to prevent any physical, sexual, emotional or spiritual abuse of children or vulnerable adults and, to this end, we recognise our responsibility to implement, maintain and review procedures. Our policy will assist this process and it will also help to protect all those who volunteer at OASISS. The policy applies to all management committee members and volunteers.

This policy aims to clarify roles and responsibilities, procedures and guidelines, definitions and management committee members and volunteers awareness, training and support. Child abuse and protection procedures can be difficult and unpleasant. This policy aims to provide a framework to assist workers when dealing with concerns. **It is important to remember that keeping children and vulnerable adults safe is your responsibility, but that there is help and advice available to support you.**

In this document a child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' therefore means 'Children and young people' throughout

### **1.2 Our guiding principles:**

All children and vulnerable adults have fundamental rights as individuals that entitle them to dignity and respect and these rights include an absolute right to protection from harm by others regardless of gender, ethnicity, disability, sexuality or beliefs.

We share the guiding principles outlined in the UN Convention on the Rights of the Child.

- Children must be protected from all forms of violence and exploitation
- Everyone has a responsibility to support the care and protection of children
- We listen to children, respect their views and respond to them directly
- Children should be encouraged and enabled to fulfil their potential
- We challenge inequalities for children
- Every child must have someone to turn to

### **1.3 Guidelines:**

The welfare of each child or vulnerable adult that we are in contact with is the paramount consideration of our organisation and will be reflected in all our actions, policies and activities. Therefore:

- An understanding of this policy is mandatory for all management committee members and volunteers who will be trained accordingly;
- It will be approved and endorsed by the OASISS Management Committee and will be reviewed every year or whenever there is a major change in the organisation or in relevant legislation;
- Children and, where appropriate, parents will be made aware of the policy so that they know the procedures and their rights;
- We will work to develop effective links with relevant services to promote the safety and welfare of children

- We will work in partnership with others in line with *Working Together to Safeguard Children 2015*– this will include parents and carers, other agencies and the wider community – in order to protect the rights and principles enshrined in law and in the UN Convention on the rights of a Child;
- All concerns and allegations of abuse will be taken seriously and responded to appropriately – this may require a referral to children’s services and in emergencies, the Police;
- Everyone working for OASISS has a duty to share any concerns that they have with their colleagues and/or designated person. There is a process for recording and sharing concerns in this policy;
- In cases of suspected child abuse concerns cannot be kept confidential

## **2. RESPONSIBILITIES:**

### **2.1 We operate under the following values and principles when working with children:**

- The safety of children is paramount
- Children should be listened to and at the centre of any process
- Children and their cultures should be respected
- Children should be encouraged to participate in decisions, which affect them.

### **2.2 We all have a legal responsibility to Safeguard children and refer to Social Care or the police when abuse has occurred:**

- We must act
- We must not investigate
- We cannot maintain total confidentiality
- We have to act on concerns, suspicions, facts and disclosures.

### **2.3 It is the responsibility of the Chair of the Management Committee**

- Ensure that the Safeguarding Children Policy and other related policies are implemented
- Appoint Designated Persons to deal with Safeguarding and Child Protection issues
- Fulfil the function of the Named Senior Officer when dealing with allegations or serious concerns in respect of any adult who volunteers with children at OASISS.
- Take part in a review of this policy on an annual basis

### **2.4 It is the responsibility of the Management Committee of OASISS to:**

- Ensure the policy for Safeguarding Children and Young People is reviewed and adopted on an annual basis
- Ratify the appointment of Designated Persons (DP)

### **2.5 It is the responsibility of Designated Persons (DP) to:**

- Co-ordinate and oversee the organisation’s Safeguarding policy
- Ensure that all volunteers know the policy and are given appropriate training to ensure the procedures operate effectively
- Ensure that the policy is available publicly and, when functional, on the OASISS website.
- Take part in a review of the policy on an annual basis
- Take necessary action on new concerns
- Gather information and make referrals to Social Care and/or the police as necessary or support the member of staff to do this
- Respond to the instructions of the investigating body
- Ensure records are completed and filed confidentially

## **2.6 It is the responsibility of Volunteers to:**

- Ensure the policy for Safeguarding Children and Young People is implemented throughout the organisation.
- Ensure that all management committee members and volunteers know the policy and are given appropriate training to ensure the procedures operate effectively.
- Together with the DP and Chair of the Management Committee, undertake a review of the policy on an annual basis or if major changes to the organisation or legislation takes place.

## **2.7 It is the responsibility of management committee and volunteers to:**

- Be alert and responsive to the signs and indicators of possible abuse including possible child sexual exploitation, female genital mutilation and radicalisation
- Be alert and responsive to the risks which individual abusers, or potential abusers, may pose to children
- Share information to enable informed assessments and good practice
- Keep clear, detailed and accurate records of disclosures or situations
- Discuss issues and concerns with the supervisor or designated people immediately
- Use appropriate behaviour and language when working with children
- Act on concerns, suspicions, facts and disclosures

## **3. DESIGNATED PERSONS (DP)**

3.1 A Designated Person will be appointed with responsibility for the co-ordination and implementation of the organisation's Safeguarding Children Policy and Guidelines. The following procedures will be followed:

- The appointment will be made by the OASISS management committee.
- The person must have experience of working with children
- The person must be capable of being sympathetic to children but objective in the pursuance of their task - with an ability to cope with the shock and upset which abuse allegations may produce.
- The person must be able to act confidentially, speedily and decisively, relating well to statutory authorities, parents/carers etc.
- The person must undertake appropriate training prior to taking on this role and it must be updated every two years.

3.2 A designated person has the following responsibilities:

- Receive concerns and disclosures from OASISS management committee members and volunteers and act decisively over necessary actions relating well to statutory authorities, parents/carers etc.
- Gather information and make referrals to Social Care and/or the police as necessary or support the member of staff to do this
- Ensure policies and procedures are followed and that staff are supported
- Ensure records are completed and filed confidentially
- Ensure staff, students and volunteers receive support and training

3.3 The following are designated persons for OASISS and are trained to deal with Child Protection issues. They should be contacted in the first instance. If they are not available follow the procedure set out in section 9.

### **Designated Persons:**

Who - ?

Contact details – telephone and email addresses

#### **4. CONFIDENTIALITY AND INFORMATION SHARING:**

4.1 It is OASISS's duty to both prevent abuse and to report any abuse discovered or suspected. **Total confidentiality cannot be observed when abuse is disclosed or suspected or children are at risk of abuse, it must be reported.** Members of the OASISS Management Committee and volunteers have a responsibility to share information with other agencies in order to Safeguard Children.

4.2 Child protection information will be stored and handled in line with the Data Protection Act 1998 principles. The Data Protection Act does not prevent the DP from sharing information with relevant agencies, where that information may help to protect a child.

4.3 Child protection records are normally exempt from the disclosure provisions of the Data Protection Act 1998, which means that children and parents do not have an automatic right to see them. If any member of OASISS management committee or volunteer receives a request to see child protection records they should refer this to a Designated Person who in turn will seek advice from Cambridgeshire County Council's Information Governance Team. Together a decision will be made about what information to share. This decision will consider the balance between the potential risk to the child and the principle of working openly and honestly with parents. .

4.4 Designated Persons should only disclose information about a child to others on a 'need to know' basis.

4.5 OASISS management committee members or volunteers must be clear about their obligations and let children know that if they tell us something we may have to act on it and tell someone else; it is vital to allow space for a child to talk but it is essential that they know the limits of confidentiality.

4.6 OASISS management committee members or volunteers should adhere to the following guidance on talking to children about confidentiality and safe-guarding:

- Explain that total confidentiality may not be possible and that concerns will need to be shared with someone else
- Be honest with the child
- Reassure the child that they have done the right thing
- Reassure the child you will do your best to support them
- Explain the process of reporting child protection issues and ensure the child has understood.

#### **5. DEFINITIONS OF ABUSE:**

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. The following categories and descriptions help understand the different types of abuse that can cause significant harm to a child. These definitions are taken from the document 'Working Together to Safeguard Children 2015' and the 2009 statutory guidance Safeguarding Children and Young People from Sexual Exploitation.

**5.1 Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**5.2 Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve

conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child the 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 on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation of corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**5.3 Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (Staff should also have an understanding of sexual exploitation see below).

***Sexual Exploitation** of children under 18 involves exploitative situations, contexts and relationships where they (or a third person or persons) receive "something" (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social, economic and, or emotional vulnerability.*

**5.4 Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical treatment. It may include neglect of, or unresponsiveness to a child's basic emotional needs.

**5.5 Spiritual abuse** can occur when a child is subject to fear or opposition by the use of spiritual authority, or where a young person's faith is manipulated in order to gain control or complicity that would otherwise be unacceptable.

## **6. INDICATORS OF ABUSE:**

### **6.1 General Indicators**

- Significant changes in behaviour
- Poor attendance at school
- Low self-esteem

- Withdrawal
- Aggressiveness, anger, anxiety, tearfulness
- Fear of parents being contacted
- Running away
- Self-harm

### **6.2 Possible signs of Physical Abuse**

- Refusal to discuss injuries or improbable explanations
- Flinching from physical contact
- Acceptance of excessive punishment
- Pattern of absences which may serve to hide bruises or other physical injuries
- Wearing clothes that may cover bruises, particularly in hot weather
- Fear of undressing
- Aggression towards others
- Over compliant behaviour or a 'watchful attitude'
- Fear of returning home or parents being contacted
- Bruises/marks – on soft parts of the body e.g. cheeks, forearm (in defence), hips, stomach, upper arms, shoulders and neck
- Bite marks, burns/scalds
- Untreated injuries or illness, fear of medical attention

### **6.3 Possible signs of Emotional Abuse**

- Continual self-deprecation
- Developmental delay – physical or cognitive
- Self-harm
- Fearfulness
- Inappropriate emotional responses to painful situations
- 'Neurotic' behaviour – obsessive rocking, thumb-sucking, and so on
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in as few friends
- Desperate attention seeking behaviour
- Eating problems
- Depression, withdrawal
- Sudden speech disorder

### **6.4 Possible signs of Neglect**

- Constant hunger and tiredness
- Underweight or obesity
- Poor personal hygiene
- Inappropriate clothing
- Poor skin or hair tone
- Untreated medical problems and regular accidents
- Child exposed to risks and dangers
- Social isolation
- Destructive tendencies
- Poor relationships with peers

### **6.5 Possible signs of Sexual Abuse**

- Provocative sexual behaviour, overly affectionate behaviour which transgresses the usual boundaries of physical contact
- Sexual awareness inappropriate to the child's age – shown for example, in drawings, language, games etc.
- Sexualises non-sexualised objects or activities
- Attempts to teach other children about sexual activity
- Frequent public masturbation

- Over-compliant behaviour
- Refusing to stay with certain people or go to certain places
- Self harm

#### **6.6 Possible signs of Sexual Exploitation**

- Repeatedly going missing, particularly overnight
- Coming home with unaccounted gifts, i.e. clothes, money, mobile phone, jewellery and drugs
- Excessive a secretive use of internet and/or mobile
- Mood swings and changes in behaviour
- Having several SIM cards, frequent mobile phone top ups
- Losing contact with family and friends of their own age and associating with an older age group
- Unexplained injuries
- Low self esteem, leading to a change in personal appearance
- Excessive washing or bathing particularly when returning from 'missing' episodes
- Sexually transmitted infections or becoming pregnant

#### **6.7 Possible signs of Spiritual Abuse**

- Disproportionate dependency on a spiritual leader with a willingness or desire to submit or debase or subject themselves
- Acceptance of guilt or blame for things which are not their fault
- Abusing or punishing themselves especially if this is ritualised or systematic

***These signs are not exhaustive, and neither are they definitely signs that a child is being abused but concerns should be reported to a line manager or a designated person.***

### **7. SPECIFIC SAFEGUARDING ISSUES:**

**7.1 Female Genital Mutilation (FGM)** is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and later in life.

The procedure is typically carried out on girls aged between 4-13, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. Girls can die as a result of the procedure from blood loss or infection, either following the procedure or subsequently in childbirth. It can have long term effects on physical and psychological health.

FGM is recognized as a violation of the human rights of girls and young women, and is illegal in the UK. The Female Genital Mutilation Act 2003 made it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet counsel, or procure the carrying out of FGM abroad, even in countries where it is legal.

There is a range of potential indicators that a child 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. Victims of FGM are likely to come from a community that is known to practice FGM.

If there are suspicions that a child is likely to suffer or has suffered FGM, there is a mandatory duty to report to the police when it has been discovered through disclosure by the



victim that FGM appears to have been carried out on a girl under 18. Staff should speak to the Designated Safeguarding Lead if they have any concerns someone is the victim of FGM.

**7.2 Preventing radicalisation:** Protecting children from the risk of radicalisation is similar in nature to protecting children from other forms of harm and abuse. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Extremist groups can attempt to radicalise vulnerable children to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of children. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. The Counter-Terrorism and Security Act, 2015 places a duty on those in authority to have due regard to the need to prevent people from being drawn into terrorism. If a staff member has a concern that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the Designated Safeguarding Lead.

## **8. DEALING WITH SUSPECTED ABUSE:**

8.1 Child protection is very serious and all suspicions and concerns, regardless of how minor they seem should be dealt with seriously and the following steps taken:

- Do not delay
- Record any observations and keep an account of your suspicions and concerns
- It is not your role to investigate or confront the person suspected of abuse – present information clearly and factually
- Don't keep it to yourself – discuss it with your supervisor or a designated person.
- Complete a written record of your concerns using the 'Concern form' (see appendix). One small concern raised may be the missing part of a jigsaw that completes a picture that is held centrally. The form should be completed the same day as the concern was raised.

If it is urgent and you cannot contact the designated person you must call Cambridge Direct or the Police (Child Abuse Investigation Team) directly to seek advice. (see section 10)

## **9. DEALING WITH ALLEGATIONS OF ABUSE:**

9.1 If a child makes a disclosure and has suffered abuse the following action must be taken. Our main concern is the child and therefore all decisions should reflect this fact.

- Stay calm and in control but do not delay in taking action
- You must explain to the child that you cannot keep the information confidential (see section 4).
- You should reassure the child and explain that you need to tell someone and explain who and why. Make it clear that you will only tell the people who need to know and who should be able to help
- It is important to remember that the child is not always in a position to judge risks themselves and they have a right to protection.
- It is not your role to investigate or confront the person about who the allegation is being made
- Don't keep it to yourself – discuss it with the designated person.

- Complete a written record of your concerns using the 'Concern form' (see section 14 and appendix A & B). The form should be completed the same day as the concern was raised. Present information clearly and factually, using the child's words where possible. The form could be used as evidence in court.
- If a child is at risk of serious harm call Cambridge Direct Contact Centre 0345 045 5203, the Emergency Duty Team 01733 234724 or the Police (Child Abuse Investigation Team) immediately to make a referral. All telephone referrals should be followed up in writing within 48 hours using the appropriate Referral Form.
- If you have a concern regarding a child but they are not at immediate risk of harm a written referral should be completed and sent to Cambridge Direct Contact Centre.
- If you cannot contact your supervisor or a designated person and need to discuss a concern you must call Cambridge Direct Contact Centre 0345 045 5203 or the Emergency Duty Team 01733 234724 who will advise on next steps (See Section 10).

## **9.2 Good practice guidelines when talking to the child:**

- Reassure the child that 'they did the right thing' in telling someone
- Give the child the time they need to explain
- Avoid 'closed' or 'leading' questions – for example: after noticing a mark on a child, ask: "How did that happen?" and NOT "Did Daddy do that?"
- Do not be judgemental
- Be attentive and take the child seriously so they feel safe
- Avoid condemning the alleged abuser
- Avoid promises you cannot keep
- Never promise to keep the abuse a secret
- Repeat back to the child (as accurately as possible) what you have heard to check your understanding of what the child has told you
- Ask the child if they have told anyone else about these things
- Explain what will happen next
- Write down what the child has told you in a Concern Form. Ensure records are accurate and factual and where possible use the child's own words.
- Get advice from the designated person, Children's Social Care and/or the police (Child Abuse Investigation Team)
- DO NOT SEND THE CHILD HOME if they are at immediate risk of harm
- DO NOT CONTACT THE ALLEGED ABUSER – unless this has been discussed with a designated person or Social Care.

## **10. MAKING A REFERRAL:**

10.1 If one suspects a child is at risk of significant harm **act immediately do not delay** and speak to the Designated Person.

- It is then the responsibility of the Designated Person to ensure that cases of suspected abuse or allegations of abuse are referred to Children's Social Care via Cambridgeshire Direct 0345 045 5203 or the police via the Multi Agency Safeguarding Hub (MASH) 101.
- When making a referral it is essential that you provide as much relevant information as possible. The following information will be helpful in making the referral and completing the form:
  - Your name, role and contact number
  - The Child's full name (or any names they have previously been known by)
  - Address of the Child
  - Date of Birth of the child

- Sex and ethnicity
- School
- Family details -names of parents/carers/siblings
- Names of other agencies working with the child
- Any previous concerns or referrals
- Completed CAF if one exists
- Current concern -factual and accurate details of the disclosure or concerns as detailed on the completed 'Concern Form'
- Wishes and feelings of the child
- Details of the referral should be recorded on an Individual Chronology Sheet including the name of the person you spoke to and any agreed actions.

## **11. NEXT STEPS FOLLOWING REFERRAL**

- Following a referral to Cambridge Direct the concern will be passed to the First Response Emergency Duty Team(FREDT) who will decide if the case meets the threshold for further Social Care involvement.
- If the child is considered not in need by the FREDT then there will be no further action taken by Social Care and the referring agency will be notified and alternative steps suggested e.g. completing a CAF or making a referral to the locality
- If the child is deemed to be at risk of significant harm an initial assessment will be undertaken to determine whether the child is in need and the nature of any services required. The assessment should be completed within 10 working days of the referral and should be undertaken in collaboration with all those involved with the child and family. This will determine whether a more detailed core assessment should be undertaken.
- If a child is suspected to be suffering, or likely to suffer significant harm following a core assessment, Social Care are required under Section 47 of the Children Act 1989 to make enquiries, to enable a decision to be made over whether action needs to be taken to safeguard and promote the welfare of the child. If concerns are substantiated and the child is judged to be at continuing risk of harm a **Child Protection Conference** must be held.
- Where there are no concerns about harm but the assessment confirms that the child is in need, a **Child in Need (CIN) meeting** is held in order to agree a plan. If the child is not deemed to be a Child in Need then the case will be stepped down to locality and a CAF will be completed.

## **12. ATTENDING CHILD PROTECTION CONFERENCES:**

12.1 Attending an Initial Child Protection Conference or a Review meeting is of high importance and should take precedence over other commitments. It is essential that the conference is attended in order to represent the child and contribute to the decision making. Those who attend will be asked to make informed decisions about whether the child is at continuing risk of significant harm and if the child should become subject to a child protection plan.

## **13. KEEPING RECORDS:**

13.1 Good record keeping is essential in child protection, particularly with regard to children who are subject to a child protection plan, children 'in need' or who are identified as vulnerable, for the following reasons:

- It is a legal requirement and provides evidence of concerns, discussions and actions taken
- It can provide evidence for investigations, enquiries, complaints or court proceedings

- It provides an accurate documented account of involvement and actions that may have been taken with children and families
- It supports effective working together
- It demonstrates professional accountability

### 13.2 **What information should be recorded?**

- A record should be made of any information, including hearsay and 'nagging doubts', which gives cause for concern about a child and their wellbeing. This information may not appear to be very significant on its own, but it could contribute to a 'jigsaw' picture of abuse that should not be ignored. A 'Concern Form' should be completed and give to the DP for their records.
- When a concern results in a referral to Cambridge Direct a copy of the referral must be kept for child protection records.
- When the DP receives a completed 'Concern Form' or a referral a Child Protection Record will be started for an individual child.
- A chronology will be started by the DP for a child when a concern form has been received. All subsequent safeguarding actions taken will be recorded on this chronology. The DP will utilise the chronology to keep track of cases, recording significant incidents and outlining the involvement and communication with other agencies (see appendix C).
- All child protection records must be kept securely in a locked filing cabinet in the office of the assigned DP. If for any reason the files need to be removed they will be signed out. This is located in the **XXXXX**. This office is used by OASISS and has restricted access.
- A list will be kept at the front of the cabinet of all the children who have a logging concerns form or who for whom there is child protection information of any kind.

### 13.3 **How should notes and reports be made?**

- Concern Forms, referral forms, reports for Child Protection Conferences and any related notes can be hand written or word-processed. A paper copy should be printed and filed by the DP.
- Concern Forms must be printed on yellow coloured paper so they can be easily identified
- Information should be factual or based on fact. Record what was seen and heard etc. and try to be specific e.g. 'Jane had 2 circular marks on her arm' rather than 'Jane had 2 cigarette burns on her arm'. Drawing a sketch showing position and size of any marks should be completed using the Body Maps (see appendix B)
- The source of the information should be identified
- Opinion is acceptable as long as it can be justified in some way e.g. 'Sam ran and hid under the table when his mother arrived to take him home. He appeared to be frightened'.
- Avoid specialist jargon that others may not understand

### 13.4 **Who should have access to child protection information?**

- Access to Child Protection files will only be granted with the permission of the DP and should be on a need-to-know basis. The confidentiality of the child and family must be respected as far as possible, but the welfare of the child is paramount. Therefore information should be shared with another agency where there is concern that a child is at risk of significant harm.
- Information should not be released to solicitors without taking legal advice
- Child protection files will not normally be shared with parents/carers although a request to see them under the Data Protection Act can be made. Further advice should be sought if this situation arises (see section 4).

- Child Protection reports should be shared with the family at least 24 hours in advance of the case conference (see section 13).

## **14. ALLEGATIONS AGAINST WORKERS**

*“Children can be subjected to abuse by those who work with them in any setting. All allegations of abuse or maltreatment of children by a professional, staff member, or volunteer must therefore be taken seriously and treated in accordance with consistent procedures.” Working Together to Safeguard Children 2015*

14.1 The following procedures relate to all cases in which it is alleged that a OASISS management committee member or volunteer who works with children in any capacity (paid or voluntary) at OASISS has acted inappropriately.

**In the rare event of an adult who is working with children presenting an immediate risk of harming one or more children to what is perceived to be a dangerous extent, call the police.**

The following actions should be taken immediately on hearing a disclosure or witnessing an incident, if necessary before informing the Designated Safeguarding Lead or relevant trustee.

### 14.2 ***Initial actions:***

- Ensure the individual child or children are safe. Appropriate attention should be given to any injury, but it is important not to contaminate any potential forensic evidence.
- If a child is making a disclosure, ensure that his/her account is accurately recorded as soon as possible; this must be an unprompted account. Do not discuss the disclosure with him/her but do reassure the child. Make sure the account is signed and dated.
- If there are known witnesses, including yourself, make a note of their names and give them to the Designated Person or Chair of the Management Committee.
- **Do not undertake any form of investigation at this stage.** If the alleged perpetrator is unaware of the allegation or serious concern, do not alert him/her to it, as this may allow opportunity for him/her to influence others to get rid of potential evidence. If s/he is aware that an allegation has been made, or that his/her inappropriate behaviour has been witnessed, inform the Designated Person or Chair of the Management Committee as quickly as possible; it may be necessary to suspend the alleged perpetrator to protect all concerned.
- Keep a clear record of all actions and discussions at this stage.
- Keep an open mind about the allegations or serious concerns and close down speculation as much as possible. It is important to be fair to all involved.
- Report the allegation or serious concern to the Designated Person or Chair of the Management Committee as quickly as possible. If they are both unavailable the LADO Unit (01223 727967) should be contacted for advice. When reporting the allegation, you should have to hand the following:
  - All available accounts of the incident or behaviour
  - Details of the child(ren) concerned, if possible
  - Details of the perpetrator, if possible
  - Names of known witnesses

### 14.3 ***Initial considerations:***

- The Designated Person and Chair of the Management Committee will in the first instance consider the allegation made and decide whether or not they have:
  - Behaved in a way that has harmed, or may have harmed, a child
  - Possibly committed a criminal offence against, or related to, a child; or
  - Behaved towards a child or children in a way that indicates that s/he is unsuitable to work with children
- If it is clear that the allegation does not meet the above criteria the allegation will be addressed directly through OASISS's complaints/disciplinary procedures.
- Check whether or not the allegation is unfounded or demonstrably false before a formal investigation. This judgement should only be made on provable facts, not opinions of the alleged perpetrator.
- If further advice or actions are required contact the LADO to assess all the known information.
- If, following discussion between the Designated Person, Chair of the Management Committee and the LADO Unit, it is assessed that the matter does not reach the threshold for referral to the police; OASISS should conduct an internal enquiry into the allegation or serious concern and follow its own disciplinary procedures.
- If the necessary outcome is to refer to the police the LADO Unit will do this. If it is unclear whether or not such a referral is advisable, then the LADO Unit will take advice from the police before formally referring the matter.
- In cases where the police become involved there will be a Complex Strategy Meeting, convened and chaired by the LADO Unit which will be attended by the Designated Person or Chair of the Management Committee.
- If the allegation is made against the Designated Person or Chair of the Management Committee, it may not be appropriate to follow an internal reporting route. The LADO Unit should be contacted directly. Alternatively, the member of staff can contact the Education Child Protection Service or NSPCC for advice.

## **15. TRAINING, SUPPORT AND SUPERVISION:**

- All Management Committee members and volunteers will be required to read the Safeguarding Children Policy and go through it with the appointed OASISS DP.
- A record will be kept of staff and volunteers who have completed training by the lead youth worker.

## **16. E-SAFETY AND TECHNOLOGY**

16.1 OASISS recognises that there are many educational and social benefits from the use of new technologies but the use of these technologies needs to be monitored. OASISS is committed to establishing safe and responsible communication and online behaviours amongst Management Committee members and volunteers. The use of technology for communication purposes between children, Management Committee members and volunteers, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phones text messaging, emails, digital cameras, video, web-cams, websites and blogs.

16.2 Management Committee members and Volunteers should be circumspect in their communications with children so as to avoid any possible misinterpretation of their motives or any behaviour which could be construed as grooming. This means that Management Committee members and volunteers should:

- not request, or respond to, any personal information from a child, other than that which might be appropriate in a professional role
- ensure that personal social networking sites are set at private and children with whom they work are never listed as approved contacts
- never use or access the social networking sites of children with whom they work
- not give their personal contact details to pupils including email, home or mobile telephone numbers but use OASISS email addresses
- only make contact with children for professional reasons and in accordance with job role and purpose
- not use personal Facebook, Whatsapp or similar web-based communication accounts to send messages to a child
- ask for further guidance around appropriate communication if something is unclear
- report and record any incidents (verbal, written or physical) that suggest a child may have developed an infatuation with a Management Committee member or volunteer.

## **APPENDIX:**

### **A. Safeguarding Children: Concern Form Guidance Notes**

This form must be used when an OASISS Management Committee member or volunteer has a general or an immediate concern. The form should be used when an incident occurs which causes a OASISS Management Committee member or volunteer to be concerned about the immediate safety of a child or young person. It must also be used where concerns about any family situation are believed to be placing a child at a very high risk of harm, or where there are on-going concerns about the physical or emotional well-being of a child.

*The completion of these forms must be seen as a priority and carried out as soon as possible to ensure an accurate record of events.*

#### **All forms must be:**

- Completed by an OASISS Management Committee member or volunteer.
- Completed with full reference to OASISS's Safeguarding Children Policy.
- Signed off by the Designated Person who will then start a Chronology for that Child or Young Person.
- Given to the Designated Person and locked in the relevant filing cabinet. The storing of all records must adhere to the requirements of Data Protection legislation.

It is important that the forms are used to monitor individual situations but also as a tool through which OASISS can identify gaps in service provision which put children at risk.

**No OASISS Management Committee member or volunteer should act alone on a child protection issue, support and advice should always be sought.**

### **B. SAFEGUARDING CHILDREN: CONCERN FORM**

<b>Child's Full Name:</b>	<b>DOB:</b>	<b>Gender:</b>
<b>Any other names by which child is known:</b>	<b>Ethnicity:</b>	
<b>Address:</b>	<b>Tel Number:</b>	
<b>Postcode:</b>	<b>Mobile:</b>	
<b>Carer's name:</b>	<b>Relationship to child:</b>	
<b>Siblings (if known give names and approx ages):</b>		
<b>Date of Concern/Incident:</b>	<b>Time of Concern/Incident:</b>	
<b>Your role:</b>	<b>Programme Area:</b>	
<b>Your Name (print):</b>	<b>Your Signature:</b>	



Describe the incident as factually as possible not your opinion. Include who was involved, where it happened, exactly what happened etc. Remember to describe clearly any behavioural or physical signs you have observed.

(continue overleaf if necessary)

(Check to make sure your report is clear now and will also be clear to someone reading it next year)

Line-Manager: ..... Recorded on database.....

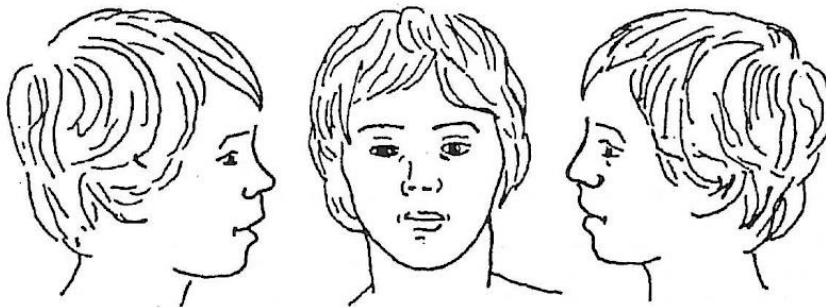
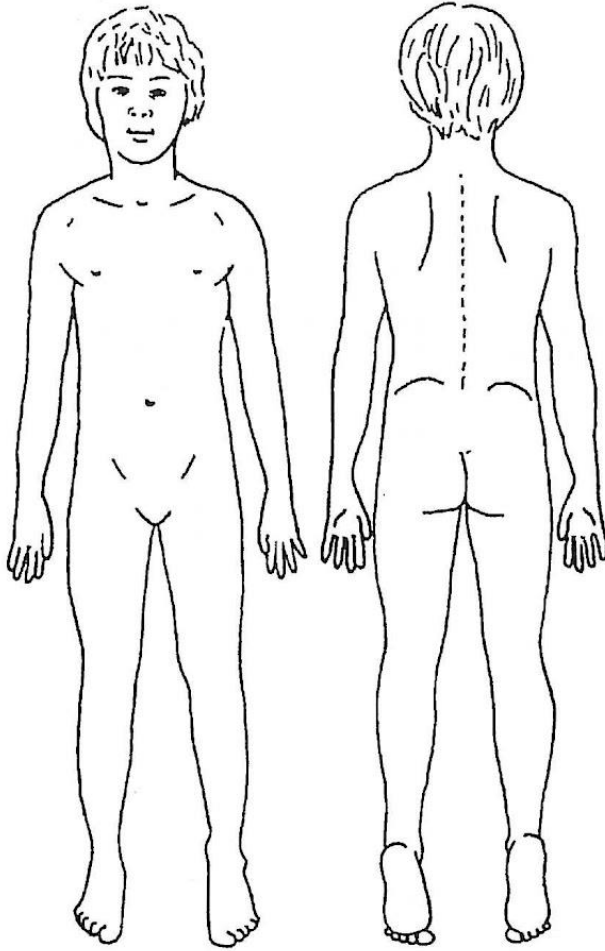
Details of Immediate Action.....

Received by..... Designated Person for Child Protection

Date.....Time.....

Further action by DP.....

# BODY MAP



<b>Name of child:</b>	<b>DOB:</b>
<b>Parents' / Carers' Names:</b>	<b>Contact No:</b>
	<b>Contact No:</b>
<b>Name of setting:</b>	<b>Name of Designated Person:</b>
<b>Lead:</b>	<b>Ethnicity:</b>

<b>Date</b>	<b>Event</b>	<b>Action by OASISS</b>	<b>Action by other agency</b>	<b>Signed</b>

## D. Proforma Report for Social Care

### GUIDANCE FOR COMPLETING A SOCIAL CARE REPORT

- The report you write should summarise all the information that you have gathered about the child/ren and the family circumstances. Be clear in distinguishing fact and opinion. Opinions and interpretations are important but try to base them on fact.
- The report should highlight strengths and weaknesses as well as concerns. It should be concise and free from jargon.
- Look at each heading on the form and consider whether or not you have anything to contribute under that heading. Make sure you complete all the information that you know but do not worry if you cannot write something under every heading. You may not have all the information required.
- **Reports should be shared with parent/cares/child if appropriate at least 24 hours in advance of the conference, ideally earlier.** Ensure that you have included everything that you will share at the conference.
- Reports should be typed and sent to the Review Manager who will chair the conference and to the social worker who is managing the case at least **48 hours** in advance of the conference. This will assist the Social Worker to identify gaps in information and how these might be filled.
- If you are unable to send the report 48 hours in advance you must take enough copies for each conference member.
- There may be occasions when conferences are convened with very short notice. This sometimes cannot be helped and you should endeavour to complete as much of the report as you can before the conference.

### OASISS Report for Social Care

Details of child/YP	
Child's name:	D.O.B.
Other known names:	
Details of parents/carers holding parental responsibility	
Name:	Name:
Relationship to child/YP:	Relationship to child/YP:
Parental responsibility: Yes/No (please delete)	Parental responsibility: Yes/No (please delete)
1. Details of support and context (include groups attended, length of support, punctuality)	

**2. Observations of emotional and behavioural development** include any significant changes

**3. Observations regarding the physical care of the child/YP** include physical presentation, hygiene, nutrition, general health

**4. Observations of the relationships/interactions between the parent/carer and the child/YP and with peers and staff** including examples of what you have seen and heard

**5. What is working well?** Include strengths, positive outcomes and developments

**6. What are you concerned about?** Include any previous as well as current concerns

**7. Views of the child/YP** e.g. what is life like at home? Have they indicated what they would like to change? What do they hope the outcome of the conference will be?

**8. Next Steps** What other support do you consider the child/family needs?

Signature:

Role:

Print name:

Date:

Has the report been shared with the family?

Yes

No

If not why?

## **E. SOURCES OF ADVICE AND REFERRAL:**

<p><b>For all advice and to make a child protection referral contact:</b></p> <p><b>Cambridgeshire Direct Contact Centre</b> Tel: 0345 045 5203 Office hours 8.00am - 8.00pm</p> <p><b>Email</b> referralcentre.childrens@cambridgeshire.GCSX.gov.uk</p> <p><b>Emergency Duty Team (out of hours)</b> Tel: 01733 234724</p> <p><b>First Response Emergency Duty Team (FREDT)</b> Tel: 0345 045 1362</p>	<p><b>Education Child Protection Service</b> Mail Box No: D13 Cambridge Professional Development Centre Foster Road Trumpington Cambridge CB2 9NL Tel: 01223 729039</p> <p><b>Advice helpline</b> Tel: 01223 703800 Email: ECPSGeneral@cambridgeshireshire.gov.uk Office hours 8.30am – 4.30pm school term time</p>
<p><b>Multi Agency Safeguarding Hub (MASH) Police Child Abuse Investigation Unit</b></p> <p>For advice and to make a referral: Tel: 101 Fax: 01480 425924</p>	<p>Hours of operation 8.00am – 5.00pm Monday to Friday</p> <p><b>Cambs Police</b> Tel: 101</p>
<p><b>Cambridgeshire LSCB (Local Safeguarding Children Board)</b> 3<sup>rd</sup> Floor, Scott House, 5 George Street Huntingdon PE29 3AD Tel: 01480 373522 Fax: 01480 376377 <a href="http://www.cambslscb.org.uk">www.cambslscb.org.uk</a> Email: LSCB@cambridgeshire.gov.uk</p>	<p><b>Local Authority Designated Officer (LADO)</b> Reporting concerns about another practitioner or volunteer who works with children Tel: 01223 727967</p>
<p><b>Ofsted</b> Children's Services Tel. 0300 123 1231</p>	<p><b>NSPCC</b> Tel. 0808 800 5000</p>
<p><b>Simon Kerss</b> <b>Domestic Abuse Partnership Manager</b> Box No: CC1207 Castle Court Shire Hall Cambridge CB3 0AP Tel. 07789 920401</p> <p><b>Women's Aid 24-hour Domestic Violence Helpline</b> Tel. 0808 2000 247</p>	<p><b>Child and Adolescent Mental Health Services (CAMHS)</b> Brookside Family Consultation Clinic 18 Trumpington Road Cambridge CB2 8AH  Tel. 01223 746001</p>

<p><b>Trudy Potter</b>  <b>Cambs Sexual Behaviour Service</b>  Box No:CC1010  Castle Court  Shire Hall  Cambridge  CB3 0AP</p> <p>Tel. 01223 703591  Fax. 01223 718012</p>	<p><b>Inclusion Substance Misuse Treatment</b> General Enquires: 0300 555 0101  <a href="http://www.inclusion-cambridgeshire.org.uk/">www.inclusion-cambridgeshire.org.uk/</a></p>
<p><b>Early Years and Childcare Services</b>  Box No: CC1012  Castle Court  Shire Hall  Cambridge  CB3 0AP  Gemma Hope - Safeguarding Manager  Tel. 01223 714760  Mob. 07868 038762</p>	<p><b>Parent Partnership Service</b></p> <p><b>Robert Wilson – 01223 699211</b></p>
<p><b>Nicola Ayres</b>  <b>Named Nurse for Safeguarding Children – Cambridgeshire</b>  Ida Darwin  Fulbourne  Cambridge  CB21 5EE</p> <p>Tel: 07908 716 166  Email: <a href="mailto:Nicola.ayres@nhs.net">Nicola.ayres@nhs.net</a></p>	<p><b>Cambridgeshire Child and Adolescent Substance Use Service (CASUS)</b>  (For support and treatment for people under 18 and their families)  <b>CASUS South</b>  Tel. 01223 214614  <b>CASUS North</b>  <b>Tel.01480 415278</b>  <a href="http://www.casus.cpft.nhs.uk">www.casus.cpft.nhs.uk</a></p>
<p><b>Child Protection Review Managers (South Cambridgeshire)</b>  Box No: CC1010  Castle Court  Shire Hall  Cambridge  CB3 0AP</p> <p>Tel: 01223 706380  Fax: 01223 475965</p>	<p><b>Children’s Safeguarding Team – Health</b>  <b>01480 418633</b></p> <p><b>Anthea Boulton</b>  Tel: 07786 734974</p> <p><b>Adrian Roberts</b>  Tel: 07983 343208</p> <p><b>Julie May</b>  Tel: 07983 345423</p>
<p><b>Adult Safeguarding Manager</b>  <b>Ivan Molyneux</b>  Box No: CC1310  Castle Court  Shire Hall  Cambridge  CB3 0AP</p> <p>Tel: 01223 715576</p>	<p><b>Adult Safeguarding Manager</b>  <b>Ivan Molyneux</b>  Box No: CC1310  Castle Court  Shire Hall  Cambridge  CB3 0AP</p> <p>Tel: 01223 715576</p>