**­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

THE ORGANISATION safeguarding children

Procedures

**January 2024**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contents

[Safeguarding Children procedures 2](#_Toc157508887)

[**Safeguarding Procedures (All staff )** 2](#_Toc157508888)

[1. Purpose 2](#_Toc157508889)

[2. Definitions 2](#_Toc157508890)

[3. Safeguarding procedures 3](#_Toc157508891)

[3. Reporting of Safeguarding concerns 3](#_Toc157508892)

[3.1 Making a safeguarding referral 3](#_Toc157508893)

[**3.2 Unsure of the referral is a safeguarding or welfare referral?**  4](#_Toc157508894)

[Flowchart for referral for actual or suspected abuse: Children (2024) 5](#_Toc157508895)

[3.3 Reporting allegations of abuse or malpractice against a member of staff including volunteers 6](#_Toc157508896)

[4.1 Definitions of abuse 7](#_Toc157508897)

[4.2 Domestic abuse 8](#_Toc157508898)

[4.3 PREVENT: Vulnerable to radicalisation (VTR) or influenced by Extremism 8](#_Toc157508899)

[4.4 Information sharing procedures relating to safeguarding children 10](#_Toc157508900)

[information sharing Definitions 10](#_Toc157508901)

[4.5 Information sharing flowchart 11](#_Toc157508902)

[Responsibilities of THE ORG Safeguarding Officer(s) 12](#_Toc157508903)

[Responsibilities of the ORG Safeguarding Trustee 13](#_Toc157508904)

[section 2: detailed procedures for THE ORG safeguarding officers or staff reporting in their absence 14](#_Toc157508905)

[ADDITIONAL PROCEDURES 14](#_Toc157508906)

[Allegations Management : Allegations of abuse or malpractice against a member of staff (including volunteers). 14](#_Toc157508907)

[Appendix 1. How to respond when a child/young person wants to talk about abuse 16](#_Toc157508908)

[**Appendix 2. Other good practice** 17](#_Toc157508909)

[Staff ratios 17](#_Toc157508910)

[Appendix 2: recognising possible child/young person abuse 18](#_Toc157508911)

**THE ORGANISATION**

# Safeguarding Children procedures

**Safeguarding Procedures (All staff )**

## 1. Purpose

To help keep children safe from abuse and to equip staff and volunteers about safeguarding so they can See it. Recognise it. Report it. Safeguarding is everyone’s responsibility.

All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding. Staff will exercise a ‘professional curiosity’ and will be alert to the fact that safeguarding issues can manifest themselves in any number of ways including, child-on-child abuse, child-on-adult abuse, service users can abuse service provider staff.

Staff will respond to all concerns, worries, suspicions, disclosures, allegations. If there is a safeguarding concern staff must not keep information about their concerns to themselves they must follow the procedure in the flowchart below for reporting safeguarding concerns.

The Safeguarding Officer(s) discharge their safeguarding functions in a way that ensures that adults at risk of harm are safeguarded from harm and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the police or other appropriate external bodies.

The Board of Trustees is responsible for safeguarding governance and may discharge some of the functions to the Chief Executive who is responsible for supervision of these activities.

## 2. Definitions

A child is anyone up until their 18th birthday.

“Safeguarding and promoting the welfare of children” is defined in Working Together 2023 as:

* providing help and support to meet the needs of children as soon as problems emerge
* protecting children from maltreatment, whether that is within or outside the home, including online
* preventing impairment of children’s mental and physical health or development
* ensuring that children grow up in circumstances consistent with the provision of safe and effective care
* promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
* taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children’s Social Care National Framework.

Staff refers to paid staff and volunteers.

## 3. Safeguarding procedures

* Safeguarding is everybody’s responsibility
* THE ORGANISATION’ commitment to keeping children and young people safe is regularly and consistently referenced in all our key policies, procedures, website and appropriate documents.
* THE ORGANISATION communicates its safeguarding policies and procedures to all staff. This is done as part of induction, at supervision for relevant roles and policies and procedures are available on the staff ‘shared drive’ under policies and procedures: safeguarding
* THE ORGANISATION communicates its safeguarding policies and procedures to all staff and relevant stakeholders, including the children and young people we support through its website, staff and documentation. Safeguarding updates on practice or referral routes etc is a standing item on internal team meeting agendas.
* THE ORGANISATION communicates its safeguarding policies and procedures to its Board Members as part of a standing agenda item at Board meetings.

## 3. Reporting of Safeguarding concerns

If you are worried about a child, talk to the THE ORGANISATION Safeguarding Lead to discuss your concerns at the very earliest opportunity. Do not delay.

**Safeguarding Officers**

Lead Officer

Deputy Officer

Safeguarding Trustee

## 3.1 Making a safeguarding referral

1. To report a safeguarding concern about a child the referral will be made using the relevant Suffolk County Council online [Portal (child).](https://www.suffolk.gov.uk/children-families-and-learning/children-and-young-peoples-portals/children-and-young-peoples-portal/#Children%20and%20Young%20Peoples%20Portal)
2. If we cannot access the portal we will contact Customer First to make the referral on 0808 800 4005. All telephone referrals to Customer First MUST be confirmed in writing within 24 hours.
3. The police and relevant emergency services will be contacted in an emergency situation by calling 999.
4. We will refer to the [Suffolk Thresholds Needs Met](https://suffolksp.org.uk/safeguarding-topics/childrens-topics/threshold-document-and-guidance/) document to establish the safeguarding threshold.

Where appropriate and safe to do so staff need to make it clear to anyone who shares information with them that will have to pass the information on and follow THE ORGS procedure in order to ensure that no one else is at risk, to prevent a crime or to protect them if they cannot protect themselves from harm.

Lack of consent to share information does not mean that the staff member keeps the information to themselves, they must tell their Safeguarding Lead/ Deputy.

Your report must be accurate and where possible use the child’s exact words if they disclosed the information to you.

The report must be signed and dated, including the year. Ensure the form is emailed safely following the directions on the form and ensure a copy is sent to THE ORGS Safeguarding Lead in the same manner marked “Confidential SG”.

**3.2 Unsure of the referral is a safeguarding or welfare referral?**  
If staff are unsure that a safeguarding referral is needed, we will call the MASH Professional Consultation Line on 0345 6061499 to speak with a MASH social worker - or use the new webchat facility.

Note: Safeguarding referrals are not made via the MASH number above, we will use it for consultation purposes only. The MASH consultation line is for staff to discuss the most appropriate and effective way of providing or obtaining help and support for a child they think is at risk of abuse. This will include advice and guidance about making a referral where necessary, including how to involve parents.

In Family Support Team (formerly known as Early Help) cases no Multi Agency Referral Form should be sent to the MASH without prior discussion with the Practice Lead or Team manager of the relevant Family Support team. Where a child and family have an allocated Social Worker, you will need to contact the named Social Worker Directly to discuss any concerns.

# Flowchart for referral for actual or suspected abuse: Children (2024)

**See it. Recognise it. Report it.**

|  |  |  |
| --- | --- | --- |
| If the matter is urgent because a child is in immediate danger phone 999 for the Police. | | |
|  |  |  |
| See it.  Are they safe? If you are concerned about a child you could help stop abuse  if you follow the safeguarding policy and procedure (use this flowchart)  It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Safeguarding Lead and/ or appropriate authority | | |
|  |  |  |
| Recognise it.   * Share your concerns/ information with the Safeguarding Lead/ Deputy Safeguarding Lead. * *For concerns about a child (under 18 years of age)*: Use the *Suffolk Thresholds of Needs Matrix* to guide your discussions on thresholds for safeguarding referrals * If you need to discuss whether or not a referral is required, call the MASH Professional Consultation Line on 0345 6061499 to speak with a MASH social worker - or use their webchat * If there is immediate danger to the child call 999 for the Police. | | |
|  |  |  |
| **Report it**  If you have a concern about a child and need to make a safeguarding referral use the relevant online [Suffolk Children and Young people’s Portal](https://suffolksp.org.uk/concerned/) | | |
|  |  |  |
| **Contact information**  Safeguarding referral: [Via portal](https://suffolksp.org.uk/concerned/).  Customer First [0808 800 4005](tel:00448088004005)  MASH Professionals Consultation line [03456 061 499](tel:00443456061499)  **Police: 999 if it is an emergency**  Safeguarding Lead: tel. email:  Safeguarding Deputy: tel. email: Safeguarding Trustee: tel. email: | | |
|  |  |  |
| Notes:  reporting for CYP | | |
| * Parents/ carers should be advised that you are making a referral unless this might put the child at risk or cause any delay in referring * **Local Authority Designated Officer (LADO) Referrals** If you have concerns about an adult working with a child under the age of 18 that you would like to report, [access the LADO page for more information](https://suffolksp.org.uk/working-with-children-and-adults/children/local-authority-designated-officers-lado/) | | |
| Remember ALL notes will be disclosable should a formal or criminal investigation occur. *Ensure that your notes are signed, dated, professional, separate opinion from fact, are recorded verbatim using the same words as were used during the disclosure.* | | |

## 3.3 Reporting allegations of abuse or malpractice against a member of staff including volunteers

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. **It also includes allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity.** **This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children.**

It must be used in respect of all allegations that are consistent with the guidance in Working Together i.e. cases in which it is alleged that a person who works with children has:

* behaved in a way that has harmed, or may have harmed, a child
* possibly committed a criminal offence against, or related to, a child; or
* behaved in a way that indicates s/he is unsuitable to work with children.

If the allegation is against a THE ORG member of staff or volunteer the allegation must be reported immediately, at least within one working day, to the THE ORG Safeguarding Lead.

If the allegation is against the Safeguarding Lead then the allegation must be reported to the THE ORG Deputy Safeguarding Lead. The THE ORG Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

**Contact details for LADO’s**

Local Authority Designated Officers can be contacted for allegations against all staff and volunteers via: Email on [LADO@suffolk.gov.uk](mailto:LADOCentral@suffolk.gcsx.gov.uk) or

LADO central telephone number 0300 123 2044

**4 RECOGNISING CHILD ABUSE**

Abuse can take many forms and the examples in the definitions below are not exhaustive. There may be other situations not covered in the examples below that give you concern for a child’s safety and wellbeing. If you have a concern follow the reporting flowchart.

## 4.1 Definitions of abuse

**PHYSICAL ABUSE**

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

**EMOTIONAL ABUSE**

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 opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate… It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

##### SEXUAL ABUSE

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

They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online 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.

##### NEGLECT

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

* provide adequate food, clothing and shelter (including exclusion from home or abandonment);
* protect a child from physical and emotional harm or danger;
* ensure adequate supervision (including the use of inadequate care-givers);
* ensure access to appropriate medical care or treatment;
* It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Definitions from *Working together to safeguard children, 2018*

**STAFF MUST ALSO BE AWARE OF THE FOLLOWING SAFEGUARDING ISSUES**

## 4.2 Domestic abuse

**The organisation will act in accordance with the Domestic Abuse Act 2021 and local safeguarding procedures including making a referral if it seems reasonable to suspect that:**

* a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e. that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
* the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

(Refer to the Domestic Abuse guidance on the Suffolk Safeguarding Partnership website for further guidance and accompanying THE ORG procedure for more information).

## 4.3 PREVENT: Vulnerable to radicalisation (VTR) or influenced by Extremism

We will act in accordance with the policies and procedures on the Suffolk Safeguarding Partnership website for PREVENT

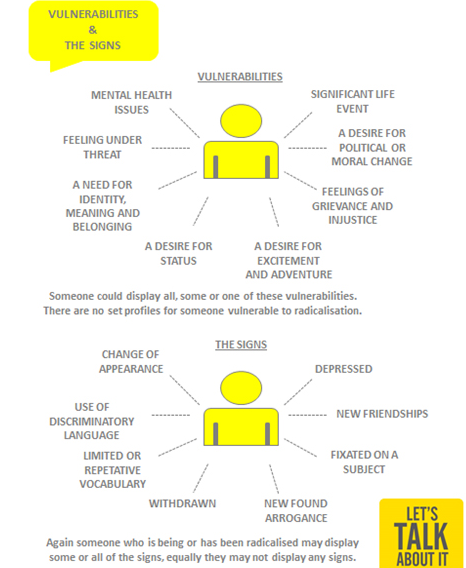
Staff may notice a change in a child or adults behaviour that may suggest they are vulnerable to violent extremism. After having discussed concerns with appropriate colleagues, being mindful of confidentiality, where the staff member still has concerns that the individual may be vulnerable to violent extremism, [a Vulnerable To Radicalisation (VTR) referral form](https://suffolksp.org.uk/safeguarding-topics/prevent-and-vulnerable-to-radicalisation/) is to be completed and sent to the [preventreferrals@suffolk.pnn.police.uk](mailto:preventreferrals@suffolk.pnn.police.uk). For urgent safeguarding concerns call Customer First 0808 800 4005

UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL

## 

**Who is Vulnerable to Radicalisation?**

People who are vulnerable to radicalisation come from all walks of life, genders, ages and social groups, income levels, professions etc.



There is no profile for someone who could be drawn into terrorism.

Extremism is any form of extremism; this includes extreme right wing views, animal rights issues as well as religious views. It is unhelpful to have a narrow view of who can be VTR. It is important to keep an open mind.

Looking at the factors associated with a person who becomes vulnerable to it can be helpful to look at.

This guide is to help you refer concerns about an individual who may be vulnerable to being drawn into terrorism. Below are questions which may help you to quantify and structure your concerns. The list is not exhaustive and other factors may be present but they are intended as a guide to help communicate your professional judgement about what has led you to make a referral.

**Faith / ideology**

* Are they new to a particular faith / faith strand?
* Do they seem to have naïve or narrow religious or political views?
* Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?
* Have there been specific examples or is there an undertone of “ Them and Us “ language or violent rhetoric being used or behaviour occurring?
* Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
* Are there particular grievances either personal or global that appear to be unresolved / festering?
* Has there been an increase in unusual travel abroad without satisfactory explanation?

**Personal / emotional / social issues**

* Is there conflict with their families regarding religious beliefs / lifestyle choices?
* Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration? Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?
* Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?
* Have they got / had extremist propaganda materials ( DVD’s, CD’s, leaflets etc.) in their possession?
* Do they associate with negative / criminal peers or known groups of concern?
* Are there concerns regarding their emotional stability and or mental health?
* Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

**Risk / Protective Factors**

* What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g; mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.
* Is there any evidence of others targeting or exploiting these vulnerabilities or risks?
* What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

## 4.4 Information sharing procedures relating to safeguarding children

To be read in conjunction with the THE ORG Information Sharing policy and procedure

Through the safe and effective sharing of information it aims to ensure that vulnerable adults and or children get the support they require from external services and that the people it works with are protected from harm, abuse or neglect. It also seeks to prevent them from offending.

In many reviews into deaths of children the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. It is imperative that THE ORG staff understand the requirement to share safeguarding information in order to protect vulnerable children from harm.

Confidentiality and information sharing must be integrated across all aspects of THE ORGANISATION services and management as its users have the right to privacy and confidentiality and to understand when “secrets” cannot be protected for their best interests.

## information sharing Definitions

**Confidentiality:** Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

THE ORG understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user’s prior expressed consent to disclose such information.

**Breach of confidentiality:** Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

**Even where sharing of confidential information is not authorised, THE ORG may lawfully share it if this can be justified in the public interest.**

Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the Manager with the CE on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information

**Public interest**: A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

**Serious crime:** This means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

## 4.5 Information sharing flowchart



# Responsibilities of THE ORG Safeguarding Officer(s)

Table of Contents

[Safeguarding Children procedures 2](#_Toc451252126)

[Part II: Responsibilities of THE ORGANISATION Safeguarding Officer(s) 12](#_Toc451252145)

[2. Responsibilities of the THE ORGANISATION Safeguarding Trustee 13](#_Toc451252146)

[section 2: detailed procedures for THE ORGANISATION safeguarding officers or staff reporting in their absence 14](#_Toc451252147)

[ADDITIONAL PROCEDURES 14](#_Toc451252148)

[1 Allegations Management : Allegations of abuse or malpractice against a member of staff (including volunteers). 14](#_Toc451252149)

[2 Common Assessment Framework (CAF) Procedure 16](#_Toc451252150)

[3 Children in Need (CIN) procedures 16](#_Toc451252151)

[4 Domestic Incidents/Abuse procedure 17](#_Toc451252152)

[1. HOW TO REACT WHEN A CHILD/YOUNG PERSON WANTS TO TALK ABOUT ABUSE 19](#_Toc451252153)

[2. Staff ratios 20](#_Toc451252154)

[**Other good practise** 20](#_Toc451252155)

[Appendix B: RECOGNISING POSSIBLE CHILD/YOUNG PERSON ABUSE 21](#_Toc451252156)

# 

**1. Responsibilities of THE ORG Safeguarding Officer**

This role will work closely with the senior Board level lead. The Lead Safeguarding Officer’s role is to support other staff to recognise the needs of children, including identifying and responding to possible abuse. The role will be given sufficient resource and, supervision and support them to fulfil their child welfare and safeguarding responsibilities effectively

They will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare.

In the case of allegations made against THE ORG Staff (including volunteers) the Safeguarding Lead will work with the LADO and must follow local Suffolk County Council/SSP procedures. In cases of actual or suspected abuse by a member of THE ORG staff the Safeguarding Lead in consultation with the LADO will ensure the Police and/or other statutory bodies like Social Services are informed as appropriate. The victim must be protected from further abuse while the Police/ external agencies conduct their own investigation.

If not already aware any allegation must be reported to the Safeguarding Lead unless the Safeguarding Lead is the alleged perpetrator, in that situation the report will be made to the THE ORGANISATION Deputy Safeguarding Lead.

Any information held either electronically or in hard copy will be held securely in a password protected document or sealed envelope in a secure, locked cabinet/drawer. Any electronic database used for recording and reporting abuse internally will protect the identity of the child and use an identifying code rather than the name so as to ensure confidentiality.

# 2. Responsibilities of the ORG Safeguarding Trustee

The Charity Commission is clear that Trustees have primary responsibility for safeguarding in THE ORG; while some responsibilities can be delegated over all responsibility lies with the Board.

To enable the Board not only to support the management and staff team in the organisation, including the Safeguarding Lead Officer, but also to provide an important mechanism for critically evaluating the information presented to the Board by the management team, and, where necessary, challenging and checking it out.

To ensure that THE ORGis taking steps to safeguard and take responsibility for the children with whom it works and is acting in their best interests, taking all reasonable steps to prevent any harm to them, assessing and managing risk, ensuring safeguarding policies and procedures are in place, undertaking ongoing monitoring and reviewing of policies and procedures including complaints and recruitment, to ensure that safeguards are being implemented and are effective, that THE ORG is responding appropriately to allegations of abuse

# section 2: detailed procedures for THE ORGANISATION safeguarding officers or staff reporting in their absence

# ADDITIONAL PROCEDURES

The following procedures must be followed and referred to as necessary**:** -

* Early Help assessment (Formerly Common Assessment Framework CAF)
* Child In Need (CIN)
* Domestic abuse

## 1 Allegations Management : Allegations of abuse or malpractice against a member of staff (including volunteers).

It is essential that any allegation of abuse made against a person who works/volunteers with children and young people are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

It also caters for cases of allegations that might indicate that the alleged perpetrator is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children. It should be used in respect of all allegations where it is alleged that a person who works/volunteers with children has:

* behaved in a way that has harmed, or may have harmed, a child
* possibly committed a criminal offence against, or related to, a child; or
* behaved in a way that indicates s/he is unsuitable to work with children.

**Reporting procedure for Allegations**If the allegation is against a THE ORG member of staff the allegation must be reported immediately, at least within one working day, to the THE ORG Safeguarding Lead.

If the allegation is against the Safeguarding Lead then the allegation must be reported to the THE ORGANISATION Deputy Safeguarding Lead. The THE ORGANISATION Safeguarding Lead/or Deputy must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

**Contact details for LADO’s 0300 123 2044**

**Email: lado@suffolk.gov.uk**

[See embedded guidance from the Suffolk Safeguarding Partnership regarding Managing allegations for full details.](https://www.suffolksp.org.uk/local-authority-designated-officers-lado#gsc.tab=0)

**Initial consideration**

The LA Designated Officer (LADO) will discuss the matter with the THE ORG Safeguarding Officer and, where necessary, obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that a child or young person is suffering, or is likely to suffer, significant harm, the LADO should immediately inform the police and convene a similar discussion to decide whether a police investigation is needed. That discussion should also involve the employer.

**Action following initial consideration**

Where the initial evaluation decides that the allegation does not involve a possible criminal offence, it is dealt with by the THE ORG Safeguarding Officer or Chair. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

Where further investigation is required to inform consideration of disciplinary action, the Safeguarding Officer or Chair will discuss who will undertake that investigation with the LADO. In some settings and circumstances, it may be appropriate for the disciplinary investigation to be conducted by a person who is independent of THE ORG or the person’s line manager to ensure objectivity. In any case, the investigating officer should aim to provide a report to the employer within 10 working days.

On receipt of the report of the disciplinary investigation, the Safeguarding Officeror Chair should decide whether a disciplinary hearing is needed **within two working days**, and if a hearing is needed it should be held **within 15 working days**

**Suspension**The possible risk of harm to children posed by an accused person needs to be managed and evaluated. The evaluation will be in respect of the child/ren involved in the allegation and any other children in the individuals home, work or community life. In some cases it will require consideration to be given to the use of suspension for the person involved in the allegation. This may be until the matter is resolved

A THE ORG member of staff must not be automatically suspended without careful thought and consideration of the circumstances of the allegation. In making the decision, the Safeguarding Officermust consider whether the person should be suspended from contact with children for the duration of the investigation, or until resolution has been reached. In any case, alternatives to suspension should be explored and advice sought from the LADO.

If the allegation has been referred and a strategy meeting is to be convened, it will be a task of the strategy meeting to consider the facts of the allegation, and although a senior manager of THE ORG. cannot be directed to suspend, they will be supported in making the decision. This should be done after the views of the designated senior named officer from the police and Area Safeguarding Manager have been canvassed.

If the allegation is reported to a THE ORG staff member against a member of staff (including a volunteer) of another organisation or agency then the member of THE ORG.staff should consult with the THE ORG Safeguarding Officer and agree who should contact the LADO. However, if any delay in this procedure is likely to put a young person at risk of significant harm then the THE ORGmember of staff should contact the LADO directly.

**2 Early Help Assessment Procedure**

If there are safeguarding concerns about a family while they are receiving Family Support services, the concerns should be discussed with the Practice Manager or Lead. The team will involve the social care team as needed..

# 

# Appendix 1. How to respond when a child/young person wants to talk about abuse

* **General points**
* Take seriously what the child/young person says (however unlikely the story may sound)
* Keep calm
* Look at the child/young person directly
* Be honest
* Let them know you will need to tell someone else – don’t promise confidentiality
* Reassure them they are not to blame for the abuse
* Be aware that the child/young person may have been threatened
* Never push for information
* Ask questions for clarification only; avoid asking questions that suggest a particular answer.
* **Helpful things to say or show**
* Show acceptance of what the child/young person says
* “I am glad you have told me”
* “It’s not your fault”
* “I will help you”
* **Avoid saying**
* “Why didn’t you tell anyone before?”
* “I can’t believe it”
* “Are you sure this is true?”
* Never make false promises
* Never make statements such as “I am shocked!”, or “don’t tell anyone else”
* **Concluding**
* Reassure the young person that they were right to tell you and that you take them seriously
* Let the young person know what you are going to do next and that you will let them know what might happen Immediately report the matter, as per procedures

**Appendix 2.** **Other good practice**

## Staff ratios

**Plan the work of the group so as to minimise situations where the abuse of children and/or young people may occur**

Arrange that an adult is not left alone with a child or young person where there is little or no opportunity of the activity being observed by others. This may mean groups working within the same large room or working in an adjoining room with the door left open. This good practice can be as much benefit to the adult as to the child or young person.

Ensure that all staff, paid and unpaid, who work with children and young people do not meet one of the children or young people outside designated THE ORGANISATION premises without a parent or other adult being present.

Always have at least two adults present with a group, particularly when it is the only activity taking place on THE ORGANISATION premises. OFSTED recommends that the following number of adults should be present when working with children. If there are not enough leaders, the event should not take place.

* Age 13 - 18: 1 adult to 10 children.

However, these are just general recommendations in addition we must always ensure appropriate ratios of leadership to children and young people are observed according to age and gender and reflect the needs identified in the risk assessment for the activity and the group of children and young people involved.

**Consent forms** including medical details should always be used for children and young people attending the activity and should be readily available during the activity.

Never take a group off the premises with fewer than two adults. Consent forms including medical details should always be used for specific outings or activities outside the THE ORGANISATION premises.

As it is good practice to keep a **record of each activity/**session these will be used. This record should include a register of children and staff and details of any significant incidents.

**Always keep a register** with the address and contact phone number of every child. These records are to be kept securely, in line with the Data Protection policy.

All staff working with children or young people will be subject to an appropriate **DBS check**. While waiting for a DBS check to arrive the person will never be left alone with children unsupervised.

Any photography or filming of children and young people at THE ORGANISATION activities will be subject to the **Photography and filming policy**.

# Appendix 2: RECOGNISING POSSIBLE CHILD/YOUNG PERSON ABUSE

The following behavioural signs *may* be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

**Physical signs**

* Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
* Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
* Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
* Injuries which have not received medical attention.
* Instances where children/young people are kept away from the group inappropriately or without explanation.
* Self-mutilation or self-harming e.g.. cutting, slashing, drug abuse.

**Emotional signs**Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also depression/aggression.

* Nervousness or inappropriate fear of particular adults.
* Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.
* Persistent tiredness, wetting or soiling of bed or clothes by an older child.

**Signs of neglect**

* Regular poor hygiene
* Persistent tiredness
* Inadequate clothing
* Excessive appetite
* Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

**Indicators of possible sexual abuse**

* Any direct disclosure made by a child/young person concerning sexual abuse.
* Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
* Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
* Preoccupation with sexual activity through words, play or drawing.
* Child/Young person who is sexually provocative or seductive with adults.
* Inappropriate bed-sharing arrangements at home.
* Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
* Other emotional signs (see above) may be indicative of sexual or some other form of abuse.