

Contents

1.0 Introduction.....	5
2.0 Challengers Safeguarding Policy Statement	5
3.0 Safeguarding in context	6
4.0 Safeguarding and Disability;	6
5.0 Legislation, statutory guidance and local procedures.....	8
6.0 Safeguarding roles and responsibilities at Challengers.....	10
6.3 Scheme Leaders and Deputies	11
6.4 Trustees	11
7.0 Prevention and safe practice	11
8.0 Safe people	13
8.1 Safer Recruitment	13
8.2 Application Procedure	13
8.3 Conditions/qualifications for staff to be on the rota	13
8.4 Disclosure and Barring Service	14
Referrals to DBS	14
8.5 Risk by association	14
8.6.1 Induction: All new staff and agency/locum staff will complete a minimum induction and guidance on Challengers Safeguarding Procedure and ‘what to do if you are worried that a child is being harmed or at risk of harm’ . Challengers use these key documents to guide and track induction:	14
8.6.2 Supervision: Regular supervision with staff provides a time to reflect on and review all areas of practice and performance. Staff with operational responsibility for safeguarding should receive supervision from their line manager every month. Alongside general discussion about performance supervision should address all safeguarding concerns and include:	14
8.7 Safeguarding and good practice at Challengers	16
9.0 Physical contact at Challengers	16
9.1 Some helpful tips	16
9.2 Positive physical contact Indicators	17
9.3 Problematic/unsafe physical indicators.....	17
9.4 Managing problematic physical and sexualised behaviour	17
10.0 Personal Care	18
10.1 Keeping children safe when providing personal care.....	18
Using <i>OPS014E Disability Challengers Guild to Personal Care</i> and attending training provided by Challengers Operations Team.	18
11.0 Social contact out of work.....	18

11.1 Communication with children and young people (including the use of technology)	19
12.0 Phones, cameras, photos, the internet	20
12.1 Phones	20
12.2 Use of phones by young people	20
12.3 Using images, photos and film of children	21
12.4 How to use photos and film of children at Challengers	21
• Ask the child and parent for permission.	21
12.5 External and professional photographers/film	21
12.6 The internet	21
• Challengers will offer children safe use of the internet and technology when it is appropriate in the course of play and youth schemes at Challengers.	21
13.0 Definitions and Recognition	22
Female genital mutilation (FGM) The World Health organisation defines female genital mutilation (FGM) as: ‘all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons’ (WHO Fact Sheet No. 241 February 2014).	24
14.0 What to do if you are worried a child is being harmed or at risk of harm	29
14.1 Where might information come from?	29
• A declaration by the child – verbally or using signs or their behaviour;	29
14.2 What if a child is the ‘perpetrator’ of the harm	29
14.3 Listening to the child	29
14.6 Recording and reporting concerns	32
14.7 Key contacts when you are worried about a child	32
14.8 How to contact Challengers Designated Safeguarding Lead when you have a safeguarding concern	33
14.9 Notifying Ofsted	33
14.10 Notifying Charity Commission	33
14.11 Informing parents	34
15.0 Managing allegations against other users, staff, volunteers or others	34
15.1 Background	34
15.2 Roles and Responsibilities	35
15.3 Local designated officer or team (LADO)	35
How to contact LADO	35
15.4 Support for staff/ volunteer following an allegation	35
15.5 Whistleblowing	36
15.5 Flowchart for managing safeguarding allegations against staff and volunteers at Challengers	36

16.0 Recording, information management and information sharing	38
16.1.1 Learning lessons	38
16.2 Confidentiality	38
16.3.1 Seven Golden Rules for Information Sharing	38
16.3.2 Working Together 2018 Myth Busting Guide	39
17.0 Appendices.....	40
Physical Abuse	41
Recognising physical abuse	41
Bruising	41
Unexplained bruises or mark.....	42
Bruising in those who are Not Independently Mobile (NIM)	42
Emotional Abuse.....	43
Recognising emotional abuse	43
Sexual abuse	43
Recognising sexual abuse.....	43
Recognising Child Sexual Exploitation (CSE)	43

1.0 Introduction

This document sets out the arrangements for safeguarding at Challengers: policy, procedures and guidance for Challengers staff and volunteers including instructions on what to do when a child, young adult or anyone associated with Challengers is at risk of harm or being harmed.

Staff at Challengers have the opportunity to play with and meet 1,000s of children and young people and gain their trust and friendship so we should be ready and know what to do when we see or are told about abuse or harm.

Challengers staff are committed to both preventing harm as well as responding effectively should concerns arise, recognising the four aspects of the definition of safeguarding and promoting welfare in the current version of the statutory guidance *Working Together (July 2018)*:

- a) *protecting children from maltreatment*
- b) *preventing impairment of children's health or development*
- c) *ensuring that children are growing up in circumstances consistent with the provision of safe and effective care*
- d) *taking action to enable all children to have the best outcomes*

2.0 Challengers Safeguarding Policy Statement

Challengers' staff, volunteers will:

- Make the safety and wellbeing of everyone associated with Challengers a priority.
- Develop quality relationships with Challengers' children, young people and young adults so that they feel safe and happy at Challengers.
- Work to ensure Challengers is a safe place with safe people, safe practice, safe procedures that aim to prevent harm and to respond to concerns effectively should they arise
- Develop understanding of the vulnerability of disabled children, young people and young adults.
- Ensure that when there is a concern about the safety/welfare of anyone associated with the charity that it is reported immediately.
- Make sure all staff and volunteers know what to do and who to tell when they are worried about welfare or safety of a child, young person or others at a Challengers scheme or away from a Challengers' scheme.
- Prepare Challengers' staff with training, support to deliver effective safeguarding arrangements.
- Guide Challengers' staff with the practical application of safeguarding arrangements in the context of a Challengers scheme, for example who to tell and what to do if staff do not think Challengers has done the right thing.
- Guide Challengers' staff how to work with families and other agencies once concern identified.

The Challengers Senior Management Team and the Trustees will:

- Ensure the safeguarding arrangements at Challengers follow national statutory guidance
- Meet the requirements of the Charity Commission
- Incorporate lessons from best practice; and regularly review and updated as necessary
- Attend an annual training update

3.0 Safeguarding in context

This section considers three key influences driving safeguarding arrangements at Challengers:

- Understanding issues relating to safeguarding children, young people and young adults who are disabled/with disabilities;
- Understanding expectations and requirements as set out in national legislation and guidance
- Understanding the safeguarding expectations and requirements of the Charity Commission.

4.0 Safeguarding and Disability; Vulnerability of disabled children/young adults

- To keep disabled children safe from harm, Challengers staff must be alert to and understand the additional and increased vulnerability of disabled children to abuse and harm.
- Disabled children are more at risk from harm and abuse than non-disabled children.
- Disabled children rely and are dependent on Challengers staff to help and support them and to keep them safe from harm.
- Challengers staff should default to over report if in doubt.
- If the incident would be concerning for a non-disabled children it is concerning for a disabled child.
- Report every concern to a Challengers Leader immediately.

This section refers to and quotes from Safeguarding disabled children: practice guidance.¹

'Research and inspection indicate that disabled children face an increased risk of abuse or neglect yet they are underrepresented in safeguarding systems. Disabled children can be abused and neglected in ways that other children cannot and the early indicators suggestive of abuse or neglect can be more complicated than with non-disabled children.'

Professionals in all agencies who come into contact with children and young people with disabilities are in a position to identify indicators that the child may be suffering or may be at risk of significant harm.. There may be differences, and a child/young person's disability should always be considered when questioning whether significant harm might be indicated.

4.1 Why are they more at risk?

We will have a heightened alertness given that we are told that disabled children are significantly more at risk of harm than non-disabled children. 'The reasons why disabled children are more vulnerable to abuse are summarised below:

- *Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children*
- *Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour*
- *They have an impaired capacity to resist or avoid abuse*

¹ Safeguarding disabled children: practice guidance, 2009

(www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance)

- *They may have speech, language and communication needs which may make it difficult to tell others what is happening*
- *They often do not have access to someone they can trust to disclose their abuse*
- *They are especially vulnerable to bullying and intimidation*
- *Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.”*
- *“Professionals from all agencies/disciplines must be aware that the belief that disabled children are not abused or beliefs that minimise the impact of abuse on disabled children can lead to the denial of, or failure to report abuse or neglect.*
- *Reporting safeguarding concerns needs to be encouraged at all levels of professional involvement, and prompt and detailed information sharing is vital.*
- *The impairment with which a child presents should not detract from early multi-agency assessments of need that consider possible underlying causes for concern.’*

4.2 Risk factors?

Because of the particular needs of disabled children and young people they may also be at risk of being abused in other ways including:

- Force feeding or inappropriate feeding
- Their personal care needs may not be met adequately
- Physical practices such as physical restraint carried out unnecessarily or not in accordance with available guidelines.
- Rough handling
- Extreme behaviour modification including deprivation of clothing, medication or food, limiting movement, restricting freedoms, locking doors etc.
- Misuse of medication, sedation, heavy tranquillisation
- Unnecessary invasive procedures carried out against\ the child/young person’s will
- Being denied access to required medical treatment
- Misapplication of programmes or regimes
- Ill fitting equipment e.g. callipers, sleep boards which may cause injury or pain,
- Inappropriate splinting
- They may be more susceptible to bullying
- They may be more vulnerable to abuse using Information Communication Technology.

4.3 Why could it be missed?

Professionals may find it more difficult to attribute indicators of abuse or be reluctant to act on concerns in relation to disabled children because of a number of factors which may include:

- Professionals over identifying with the child/young person’s parents/carers and being reluctant to accept that abuse could have taken place, or seeing abuse as being attributable to the stress and difficulties of caring for a disabled child/young person
- A lack of knowledge about the impairment and its impact on the child/young person
- A lack of knowledge about the child/young person, e.g. not knowing the child/young person’s usual behaviour or demeanour
- Not being able to understand the child/young person’s communication
- Confusing behaviours that may indicate the child/young person is being abused with those associated with the child/young person’s impairment
- Denial of the child/young person’s sexuality
- Denial of young person’s mental health needs
- The child/young person having a number of carers.
- Carers may have unrealistic expectations of the child

- Failure to follow treatment plans
- Thinking the signs seen are connected with the disability

WITH THIS GUIDANCE, CHALLENGERS STAFF WILL:

- Never use a child's disability to 'explain away' signs of abuse.
- Take time to understand children and how they may communicate and behave in different ways so that staff can facilitate choice for children, especially including children in choices about the personal care they receive.
- Support disabled children with relationships, especially their understanding of their own and other's bodies and sexuality, so that they may protect themselves and staff teams be alert to mistakes that children may make while at Challengers.
- Collect all relevant children's information and establish a relationship with the child and their family so that staff continue to understand the child, their disability and what Challengers must do to make their day safe and fun.
- Establish an open culture of management that acknowledges that the service Challengers delivers is complex and that children and staff alike are vulnerable to making mistakes. When a mistake is made it will be reported and investigated appropriately so that the mistake is understood and the service improved.
- Never exclude a child from the service – Challengers will be a healthy and positive part of the child's life.
- Continually challenge and refresh our attitude and understanding of the experience of disability and be ready to change our behaviour in general but specifically how disabled children are kept safe from harm.

5.0 Legislation, statutory guidance and local procedures

5.1 The legal and statutory framework (England and Wales) relating to safeguarding children and adults

The underpinning legislation (for England and Wales) and related statutory guidance of relevance for safeguarding and addresses both safeguarding children and young people, safeguarding adults and related areas. The following represents some of the current key documents that should now inform *all* organisations' policy, procedure and practice:

5.2 Safeguarding children and young people

Working Together to Safeguard Children (July 2018) is the primary statutory guidance document and includes effective guidance on the implementation of relevant law (i.e: Children Act 1989 and subsequent legislation). It includes guidance regarding assessing need and providing help for children and young people; processes and procedures on 'managing individual cases' including

referral to social care, the police and/or the local authority designated officer in the event of allegations against staff or volunteers; organisational responsibilities; Local Safeguarding Children Board arrangements; a glossary including definitions and an outline of legislation, etc.).

Within *Working Together (2018)* there are links to other related and relevant guidance e.g:

- *Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers*
- *Keeping Children Safe in Education (2018)*
- *Guidance for safer working practice for those working with children and young people in education settings (October 2015)*
- *Child sexual exploitation: definition and guide for practitioners*
- *Preventing and tackling bullying*
- *National action plan to tackle child abuse linked to faith and belief*
- *Sexual violence and sexual harassment between children in schools and colleges*
- *Disclosure and Barring Services*
- *DBS barring referral guidance*
- *Multi-agency public protection arrangements*
- *Radicalisation – Prevent Strategy*
- *ThinkUKnow (Supporting children to stay safe online)*
- *Child maltreatment: when to suspect maltreatment in under 18s (NICE guidelines updated 2018)*
- *Whistleblowing advice line (NSPCC)*
- *etc...*

5.3 Safeguarding adults

The *Care and Support Statutory Guidance (2018)* the primary statutory guidance document regarding the safeguarding of adults and provides guidance on the implementation of relevant legislation, the main act being the Care Act 2014. Section 14 of the *Care and Support Statutory Guidance (2018)* refers to safeguarding and includes:

Six key principles underpin all adult safeguarding work

1) Empowerment

People being supported and encouraged to make their own decisions and informed consent.

2) Prevention

It is better to take action before harm occurs.

3) Proportionality

The least intrusive response appropriate to the risk presented.

4) Protection

Support and representation for those in greatest need.

5) Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6) Accountability

Accountability and transparency in safeguarding practice.

5.4 Other national legislation and statutory guidance relevant to children, young people and adults

Other legislation and associated guidance of relevance for both safeguarding children/young people and adults includes:

- Safeguarding Disabled Children: Practice Guidance 2009
- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006 and related Disclosure and Barring Service arrangements
 - Regulated activity in relation to children: scope. Factual note by HM Government
 - A Guide to Child Workforce Roles (v.9)
 - A Guide to Adult Workforce Roles (v.9)
- Mental Capacity Act 2005
- Counter-Terrorism and Security Act 2015 and the Revised Prevent Duty Guidance: for England and Wales (2015)
- Data Protection legislation and GDPR and related Guide to the General Data Protection Regulation (GDPR) (June 2018 – online version has ‘live’ updates and additional guidance)

6.0 Safeguarding roles and responsibilities at Challengers

6.1 Safeguarding, everybody’s business

As *Working Together 2018* highlights (p.11),

- Safeguarding is everyone’s responsibility.
- Everyone who works with children has a responsibility for keeping them safe.
- No single practitioner has a full picture of a child’s needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

The same approach would be equally important to adopt in relation to safeguarding adults at risk of harm or experiencing harm.

6.2 Designated Safeguarding Leads

- The Challengers DSL or Deputy DSL is available to help and support all staff with safeguarding procedure and concerns.
- All safeguarding incidents must be reported to the DSL or Deputy DSL– even if the investigation is led by senior staff other than the DSL.

We are guided by a number of documents in this area:

- Statutory framework for the Early Years Foundation Stage (Department for Education, 2014);
- Working Together to Safeguard Children: July 2018 (Department for Education, 2015);
- Local Safeguarding Boards Procedures

The Designated Safeguarding Lead is the Chief Executive and the Deputy Safeguarding Leads are the Service Managers. They will:

- Co-ordinate Challengers work with local safeguarding teams and/or children’s services;
- Attend basic safeguarding training and refresher training at a minimum of every 2 years;
- Co-ordinate and develop safeguarding training and updates for the whole organisation – every year for operations staff and every three years for non-operations staff;
- Ensuring Challengers Safeguarding Policy, and internal procedures, are reviewed and updated
- Provision of child protection advice and support to staff;
- To refer concerns to safeguarding teams, MASH following Challengers policy;

- Ensuring all relevant information about a child is disseminated to appropriate Challengers staff
- Ensuring that children's records are maintained and kept securely;
- Co-ordinating allegations made against staff.²

6.3 Scheme Leaders and Deputies

Leaders and Deputies will:

- Take a lead responsibility for safeguarding on-the-day at a Challengers 'setting', eg. A Challengers scheme;
- Provide day-to-day support and advice to staff teams with what to do if they are worried that a child is being harmed;
- Attend Challengers safeguarding refresher training every year;
- Attend LSCB training at least every three years and additional modules as necessary.

6.4 Trustees

See **OPS002 Safeguarding for Trustees Policy**

7.0 Prevention and safe practice

7.1 Safe places and safe activities

All staff and volunteers have a duty to ensure that Challengers sessions, events and activities are safe. Safety in this context includes both the safety of the environment (primarily addressed through the health and safety policies and procedures that are in place e.g.: fire and evacuation etc.) but also in relation to the prevention of, or appropriate response to, situations that may pose a risk to the wellbeing and safety of anyone associated with Challengers.

7.2 Risk assessment

It is expected that risk assessments will be undertaken for both regular and occasional or specific activities and events. This documentation will need to consider any safeguarding element. Particular attention should be paid to doors, entrances and exits of any room or buildings in use during a play session or activity remembering that:

- exit may be required in the event of an incident that requires emergency evacuation
- secure closure may be required in the event of an incident that requires 'lockdown'
- someone leaving a room, building or site without agreement or appropriate supervision may lead to a major safeguarding risk of harm.

7.3 Supervision of children, young people and adults

As above, particular attention should be paid to:

- Staffing in accordance with care needs
- Medicines Administration in line with policy
- 121 work – staff supervised around remaining with their 121
- Arriving on time and in time for briefing
- Ensure all staff study relevant care plans

7.4 Emergency evacuation procedure

It is critical that all staff are briefed appropriately and follow emergency procedures as and when necessary.

² See section **Error! Reference source not found.**

7.5 Emergency 'stay put'/lockdown procedure

Lockdown procedures should be seen as a sensible and proportionate response to any external or internal incident which has the potential to pose a threat to the safety of everyone on the site of scheme or building being used for a Challengers activity. Procedures should aim to minimise disruption to the play environment whilst ensuring everyone's safety. Lockdown procedures may be activated in response to any number of situations, but some of the more typical might be:

- A reported incident/civil disturbance in the local community (with the potential to pose a risk to anyone involved in a Challengers activity or on a Challengers site).
- An intruder on the site or likely to be on the site with the potential to pose a risk to anyone involved in a Challengers activity or on a Challengers site. In exceptional circumstances this could be someone known to a child, young person, young adult or a Challengers' member of staff or a volunteer.
- A warning being received regarding a risk locally, of air pollution (smoke plume, gas cloud etc) or chemical, biological or radiological contaminants.
- A major fire in the vicinity of the school.
- The close proximity of a dangerous dog roaming loose.

Lockdown arrangements should be determined by each site on an individual basis, as they will be dependent on local circumstances such as premises design and layout, room arrangements, resources available, etc. Schemes should consider having two types of lockdown; 'partial' and 'full'.

7.5.1 Partial Lockdown

In a partial lockdown everyone should remain in the school building and all doors leading outside should be locked. No one should be allowed to enter or leave the building; however activities can continue as usual. This may be as a result of a reported incident / civil disturbance in the local community with the potential to pose a risk to those on the site and in the building. It may also be as a result of a warning being received regarding the risk of air pollution, etc. Immediate action:

- All outside activity to cease immediately, everyone return to building.
- All staff and pupils remain in building and external doors and windows locked.
- Free movement may be permitted within the building dependent upon circumstances.
- In the event of an air pollution or chemical, biological or radiological contaminants issue, air vents, fans, heating and air conditioning systems should be closed or turned off.
- Use anything to hand to seal up all the cracks around doors and any vents into the room – you aim to minimise possible ingress of pollutants.
- Staff should await further instructions.

All situations are different. Once everyone is safely inside, senior staff will conduct an ongoing and dynamic risk assessment based on advice from the Emergency Services. Inform your DSL. A 'partial lockdown' may also be a precautionary measure, but puts the scheme in a state of readiness (whilst retaining a degree of normality) should the situation escalate. Emergency Services will advise as to the best course of action in respect of the prevailing threat.

7.5.2 Full Lockdown

This signifies an immediate threat to the site and those present and may be an escalation of a partial lockdown. The aim of a full lockdown is for the site and its rooms to appear empty. Immediate action:

- Everyone stay together on the playfloor. Office staff should remain in their office.

- External doors locked. Room doors locked (where a member of staff with key is present).
- Windows locked, blinds drawn, internal windows covered (so intruder cannot see in).
- Everyone sit quietly out of sight and where possible in a location that would protect them from gunfire (bullets go through glass, brick, wood and metal. Consider locations behind substantial brickwork or heavy reinforced walls).
- Lights, smartboards and computer monitors turned off.
- Mobile phones turned off (or turned onto silent so they cannot give away your position).
- A register to be taken of everyone in each room/office.
- Communicate register to a pre-agreed central office.
- Staff should await further instructions.

Everyone to remain in lock down until it has been lifted by a senior member of staff/emergency services. At any point during the lockdown, the fire alarm may sound which is a cue to evacuate the building. During the lockdown, staff will keep agreed lines of communication open but not make unnecessary calls to the central office as this could delay more important communication

7.5.3 Emergency Services

It is important to keep lines of communication open with Emergency Services as they are best placed to offer advice as a situation unfolds. The site may or may not be cordoned off by Emergency Services depending on the severity of the incident that has triggered the lockdown.

8.0 Safe people

8.1 Safer Recruitment

Challengers' recruitment and HR is overseen by the Quality Team and guided by HR008 Disability Challengers Safer Recruitment Policy. As well as this all Challengers staff receive HR001 Challengers Staff Handbook when they are successfully recruited to work. This section also refers to section 3.1 Recruitment, Supervision and Training of Staff of the SSCB Procedures Manual.

The outcome of all Challengers recruitment procedures and process is that the charity has the choice of the best staff to select, who are suitable and safe to work with a vulnerable group of children. Challengers will use these procedures for all Challengers applicants because of the opportunities of access to detail and information about children in Challengers workplaces.

8.2 Application Procedure

A methodical approach to recruitment will select the best and safest staff. So all candidates will:

- Complete HR008A Challengers Application Pack (CVs are not accepted);
- 2 references provided;
- Explanations for any gaps in an applicant's work history;
- Disclose any previous convictions, cautions, bind-overs (personal and/or professional life);
- Disclosure should be requested on the job application form. Any such details must be declared even if they would be considered 'spent' in other circumstances;
- Complete an Enhanced Disclosure and Barring Service (DBS) Form and have no unsupervised contact with children until the clearance is seen and recorded by Challengers;
- Complete an interview or a Challengers 'Recruitment Event' which will include a discussion or exercise of a 'real life' safeguarding scenario.

8.3 Conditions/qualifications for staff to be on the rota

When staff are recruited and in post, all staff must be fit and safe to work with children and vulnerable young adults. Before staff are allowed on the rota they need to have been recruited in line with the above policy and:

- Successfully attend and complete safeguarding induction and commit to annual updates
- 'Clean' DBS with all observations reported to DSL and, DBS updated every 3 years.
- Staff complete HR008I Challengers Disclosure and Fitness to Work Update every year.
- Have worked for Challengers in the last 12 months.

If any of these conditions are not met staff cannot work at Challengers schemes and will not be able to book on the staff scheme rota.

8.4 Disclosure and Barring Service

Challengers works with and provides services to children and vulnerable adults. Because of this all staff (age 16 and over) must complete an enhanced level of disclosure with the DBS so that the background and criminal history of all candidates can be checked. Challengers is a registered body and submits DBS applications on behalf of the applicant.

Referrals to DBS

If an allegation is substantiated and the employee or volunteer is dismissed or the employer ceases to use the subject's services, or the person resigns or otherwise ceases to provide his/her services, the LADO should discuss with the Challengers DSL whether a referral should be made to the Disclosure and Barring Service (DBS) and the information it should contain. If a referral is to be made to the DBS, it should be submitted within 1 month. If the person is subject to registration or regulation by a professional body or regulator, for example by the Health and Care Professions Council, General Medical Council, Ofsted etc. LADO to advise on whether a referral to that body is appropriate and, if so, the referral must be made in a timely manner.

8.5 Risk by association

In some cases, an allegation of abuse against someone closely associated with a member of staff e.g. partner, member of the family, or other household member, may present a risk to child(ren) for whom the member of staff is responsible. In these circumstances, Challengers will refer to LADO and a Strategy Discussion will consider:

- The ability and/or willingness of the member of staff to adequately protect the child(ren);
- Whether measures need to be put in place to ensure their protection;
- Whether the role of the member of staff is compromised.

This will all be done with advice from the LADO. All staff have a duty to disclose immediately to their line manager of the Challengers DSL when they think that they may be at risk by association. All staff will complete OPS001E Challengers Disclosure and Fitness to Work Update every year.

8.6 Induction, supervision and training

8.6.1 Induction: All new staff and agency/locum staff will complete a minimum induction and guidance on Challengers Safeguarding Procedure and 'what to do if you are worried that a child is being harmed or at risk of harm'. Challengers use these key documents to guide and track induction:

- HR008B Challengers Leader and Deputy Induction
- HR008C Challengers Play and Youth Worker Induction
- HR008D Disability Challengers Office Based and Non-Operations Staff Induction Form

8.6.2 Supervision: Regular supervision with staff provides a time to reflect on and review all areas of practice and performance. Staff with operational responsibility for safeguarding should receive supervision from their line manager every month. Alongside general discussion about performance supervision should address all safeguarding concerns and include:

- Training that staff may need;

- Direction to appropriate polices;
- Direction to appropriate external agencies for support and advice;
- Update on current safeguarding incidents;
- Discussion, advice and support on the management of complex incidents and safeguarding
- Address allegations, complaints, grievances to work towards resolution through investigation;
- Written notes with actions and decisions provided after the meeting;

8.6.3 Training:

Staff	Training	0-6 months	12-24 months	24-36 months
All staff	1. Challengers safeguarding policy	Receive copy of safeguarding policy	Remind where to get a copy of safeguarding policy	Test, revision and give updates
All staff	2. Type of abuse and significant harm a. Recognition and signs of abuse b. Who are abusers	Introduction and summary	Test and revision	Test and revision
All staff	3. What to do if you are worried about the safety of a child a. Who to tell b. How to tell	Summary and instructions	Test and revision	Test and revision
All staff	4. Practicalities of safeguarding at Challengers	Summary and instructions	Develop with scenarios	Develop with scenarios
All staff	a. Running a good playscheme	Summary and instructions	Develop with scenarios	Develop with scenarios
All staff	b. Physical play and positive physical contact	Summary and instructions	Develop with scenarios	Develop with scenarios
All staff	c. Sexualised play	Summary and instructions	Develop with scenarios	Develop with scenarios
All staff	d. Working as a team	Summary and instructions	Develop with scenarios	Develop with scenarios
All staff	e. Vulnerability of disabled children	Summary	Develop with scenarios	Develop with scenarios
All staff	5. Research and latest good practice	-	Present and discuss with resources	Present and discuss with resources
All staff	6. Photos, phones and social networking	Summary and instructions	Develop with scenarios	Test and revision
All staff	7. Allegations about staff	-	Summary and instructions	Develop with scenarios
All staff	8. Challengers relationship with local authorities, how to report and what to expect	-	Summary and instructions	Develop with scenarios
CEO, Operations Director	9. 'DSL' training	LSCB DSL training and Managing Allegations		Refresh DSL and Managing Allegations training Additional modules
Leaders, Deputies,	10. LSCB module training	Module 1 and 2		Additional modules

8.7 Safeguarding and good practice at Challengers

- Everyday safeguarding means getting routine procedure right every time at Challengers schemes.
- Not following routine everyday procedure will put disabled children at risk.
- Not following procedure is a safeguarding concern and in turn reportable using this procedure.

Challengers practice should reflect a general approach to safeguarding through the *everyday* delivery of a high quality service. This approach will include:

- Daily team meetings before and after sessions;
- Up-to-date children's information filed at scheme and in the office;
- Quality, fun and engaging activities;
- Staff teams who are supervised and supported and enough good quality staff for the task;
- Up-to-date risk assessments for schemes that are shared with teams;
- A shared understanding of key Challengers policy and procedure;
- An open management culture that has an understanding and supportive approach not a blame or culture – so that mistakes are declared and there is an intention to understand and improve.

The following general good practice points from Appendix 11 of the national practice guidance **Safer recruitment practice guidance (2016)** : **Things to remember:**

1. Treat everyone with respect, setting a positive example for others.
2. Respect personal space and privacy.
3. Ensure any actions cannot be misrepresented by someone else.
4. Challenge unacceptable behaviour.
5. Do not put anyone, including yourself, in a vulnerable or compromising situation.
6. Do not have inappropriate physical or verbal contact with others.
7. You must not keep allegations or suspected abuse secret.

9.0 Physical contact at Challengers

Challengers promotes positive physical contact at schemes as an important component of good play and youth work. Alongside this policy, staff behaviour will be monitored by Leaders day to day.

9.1 Some helpful tips

- It is helpful to remember that physical contact is behaviour and, in turn, communication. A guide for Challengers staff good practice is to think *why* are you (staff) *doing the behaviour* and what is it *communicating* to the child ? This behaviour should be explicable to the play and youth activity and the outcome should be that children feel safe and happy.
- Challengers will support children and staff to develop an understanding of behaviour and physical contact that is appropriate for 'public' and 'private' environments, times and parts of the body. Challengers staff behaviour assumes that Challengers is a 'public' place for children and staff and that we do 'public behaviour' – behaviour appropriate and safe for public places.
- Staff can also help where appropriate with explaining which bits of their/our bodies are 'private' – the NSPCC 'Let's Talk Pants (The Underwear Rule)' site has useful and accessible resources ;

P: Privates are Private

A: Always remember your body belongs to you

N: No means no!
T: Talk about secrets that upset you
S: Speak up, someone can help

9.2 Positive physical contact Indicators

Some indicators that the physical contact can be promoted and is positive may be that it:

- Is helpful to the child's development and enjoyment.
- Makes sense to the child and staff team and is relevant to the activity – eg. 'rough and tumble' on the bouncy castle, a cuddle when a child has fallen over or is missing their parent.
- Demonstrates an understanding of the child's vulnerability in terms of their understanding of what the physical contact communicates.
- Is in a public/open environment – not done in secret – an open environment where staff behaviour can be challenged professionally.
- Providing necessary personal care.
- Moving and handling children to and from an activity.
- Holding and/or restraining a child to protect them from harming them self and/or others.³

9.3 Problematic/unsafe physical indicators

At Challengers we see 1000s of children who will display a range of behaviour. Some of this behaviour will be problematic and may put them and/or others at risk of harm and is unsafe. Some indicators of problematic physical behaviour are:⁴

- A child being physically aggressive, eg. Harming themselves and/or others.
- A child 'acting out' explicit sexualised and/or aggressive behaviour.
- A child seeking and/or coercing other children or staff for the purpose of sexual arousal.
- A child inviting or asking for inappropriate physical contact, e.g: Asking for 'private' areas of their body to be touched over or underneath their clothing - especially their genitals and/or breasts.
- Staff inappropriately seeking to provide personal care for a particular child or children;
- Staff inappropriately seeking long periods of unsupervised time with a particular child or children.
- Repeated persistent problematic behaviour.
- Behaviour where one child exploits their power over the other, e.g: Through their age/stage of development. This would suggest coercion and absence of consent.

Any one of these behaviours and types of physical contact may put child/ren at risk of harm and may be a sign of abuse. If any of these indicators are seen at Challengers they must be reported to the Leader or a senior member of Challengers staff as a safeguarding incident immediately using the flow chart in section **Error! Reference source not found.**

9.4 Managing problematic physical and sexualised behaviour

For children displaying behaviour Challengers staff teams will use *OPS005B Challengers Behaviour Management Plans* to support and guide the child's behaviour and development. This will involve the family and may be helpful to contact other agencies such as school or their social worker.

³ See [OPS005 Challengers Supporting and Managing Behaviour Policy](#).

⁴ See also (Surrey County Council, n.d.) SSCB 5.7 Children Displaying Sexually Harmful Behaviour: <http://surreyscb.procedures.org.uk/hkpzt/procedures-for-specific-circumstances/children-displaying-harmful-sexual-behaviour/#s1273> (Jan 2019)

Share the plan and discuss the behaviour as a team to understand the behaviour and establish a team approach. Operations staff and Leaders will promote an open culture of support and understanding so that Challengers staff feel confident to discuss and report what can be a complex and sensitive area of practice.

There is a risk that prejudice, low expectations and perceptions of disabled children will lead to an approach that does not acknowledge or allow for the developing sexuality of disabled children. Challengers teams will be supported by Leaders and senior members of the Operations Team to understand how children's sexuality and understanding of relationships develops and how this development may be affected by a child's impairment.⁵

Any behaviour that is concerning must be reported to the Leader and recorded using *OPS004A Disability Challengers Incident Form*.

10.0 Personal Care

Providing personal care requires staff to have 'intimate physical contact' with children. This includes:

- Changing nappies and pads.
- Washing and cleaning a child's body, including a child's genitalia.
- Feeding a child.
- Escorting a child to the toilet or changing area.
- Administering 'invasive' medical procedures, e.g. rectal diazepam and enteral feeding systems.

10.1 Keeping children safe when providing personal care

Using *OPS014E Disability Challengers Guild to Personal Care* and attending training provided by Challengers Operations Team.

- Practical on-the-ground support from Leaders/senior staff.
- Agreeing the right and appropriate level of support a child needs – taking in to account any Moving People tasks or known risks for the child.
- Actively providing choice to children about who, how and when they like to receive personal care, including explaining the importance of personal care to the child.
- Using *OPS015 Challengers Children and Young People's Information Sheet* to gather detail about a child's personal care.
- Following instructions and using training to use any equipment safely.

11.0 Social contact out of work

- Challengers staff should not encourage or seek relationships and/or social contact with children and their families.

⁵ See also (Surrey County Council, n.d.) SSCB 5.7 Children Displaying Sexually Harmful Behaviour: <http://surreyscb.procedures.org.uk/hkpzt/procedures-for-specific-circumstances/children-displaying-harmful-sexual-behaviour/#s1273> (Jan 2019)

- Always use Challengers sites, events, email, internet and phones to contact families.
- Get help from DSL or senior staff if you are unsure how to contact or manage a relationship with a family and/or a child.

This section guides Challengers staff with safe professional conduct that will protect children and staff. This section uses guidance from *Guidance for Safer Working Practice for Adults who Work with Children and Young People* Section 12 (Department of Children, Schools and Families, 2015).

'Social contact' is relationships and/or contact that is made outside the place and/or time of working or volunteering at Challengers (or another organisation), or times when staff are not under instruction or employed by Challengers.

- Adults who work with children and young people should not seek to have social contact them or their families.
- If a child or parent seeks to establish social contact, or if this occurs coincidentally, the adult should exercise her/his professional judgment in making a response but should always discuss this with their manager or with the parent of the child or young person.
- Adults should be aware that social contact may be misconstrued as grooming.
- In exceptional circumstances there maybe unintentional social contact – for example through interests outside of work or through the adult's own family or personal networks. In these cases care should be taken to maintain appropriate personal and professional boundaries.
- It is recognised that some adults may support a parent who may be in particular difficulty. Care needs to be exercised in those situations where parent comes to depend upon the adult for support outside their professional role. This situation should be recorded and discussed with line manager and HR. Where necessary referrals made to appropriate support agency.
- Challengers staff should seek help and support from senior staff if they feel unsure or concerned about contact made outside work with children and/or families who use Challengers.

11.1 Communication with children and young people (including the use of technology)

- **SOCIAL NETWORKING** – Staff should not befriend or accept requests of friendship on any social network site from children or young people who use Challengers.
- **MOBILE DEVICES/PHONES** – Staff should not use personal mobile phones or connected devices to contact children or families.

Communication with children and their families should be solely motivated and because of duties required of staff in the course of their employment/deployment by Challengers and the work and service provided by Challengers.

- Challengers staff should only use systems, methods and devices provided and managed by Challengers to communicate with children and young people. For example authorised Challengers email accounts, mobile phones provided by Challengers and internet sites managed and controlled by Challengers (e.g. Facebook, Twitter, Tumblr and Pinterest).

This section uses guidance from *Guidance for Safer Working Practice for Adults who Work with Children and Young People* section 12 (Department of Children, Schools and Families, 2015).

- Communication between children and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes wider use of technology e.g. mobile phones text messaging, e-mails, digital cameras, videos, web-cams, websites and blogs.
- Adults should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child/young person, other than that which might be appropriate as part of their professional role.
- Adults should ensure that all communications are transparent and open to scrutiny.
- Adults should also be careful in their communications with children so as to avoid any possible misinterpretation of their motives or any behaviour which could be construed as grooming.
- They should not give personal contact details to children and young people unless the need to do so is agreed with senior management and parents/carers.
- E-mail/ text communications between an adult and a child/ young person outside agreed protocols may lead to disciplinary and/or criminal investigations; it may be interpreted as grooming behaviour. This also includes communications through internet sites.
- Internal e-mail systems should be used in accordance with [HR001 Challengers Staff Handbook Section 8](#).

12.0 Phones, cameras, photos, the internet

- **PHONES** – While working at Challengers personal phones must not be used.
- **CAMERA** – All photos taken at Challengers are for the use of Challengers and not for personal use. Use cameras/phones that Challengers provide not personal devices.
- **INTERNET** – Supervise and monitor children and young people's use of the internet.

12.1 Phones

All Challengers scheme have the use of a phone (mobile or landline) so that staff can communicate effectively with colleagues, families and other agencies. Phones are increasingly complicated devices and allow users to communicate and connect to networks in a number of ways. We should be aware of the risks that phones present to staff and children in our care.

- While working at Challengers personal phones must not be used. Use of phones will distract staff from their duty. Our focus should always be on the child – interruption by personal calls, texts /emails is highly unprofessional and an example of neglect of vulnerable group
- Staff working at Challengers schemes should leave personal phones (and any 'connected' device) in the staff room/area. This removes any misunderstanding of the unsafe or misuse of the device and protects staff property from damage.
- There may be exceptional circumstances when it is appropriate the Leader recommends the use personal phones while at work. An example of this is on trips out and a personal phone will allow the group to communicate if the group is separated.

12.2 Use of phones by young people

- Children may bring their own phones and connected devices to Challengers schemes.
- Challengers staff teams must consider and agree the safest way to support the appropriate use of the devices with advice about how they can used for fun but also in a safe way that protects them from harm, for example asking permission to take a photo of someone else.
- Challengers staff should find ways to supervise the use of devices.

- If the use of devices places any child/ren at risk of harm they will need to be asked to leave their device in a safe place ('phone box') away from their and others use. This will keep the child's device safe and reduce the risk of any misunderstanding.
- Staff teams to develop an understanding of disabled children's vulnerability to abuse and exploitation in general and via online networks.
- Provide devices managed by Challengers and that we can control content and connectivity.
- The Leader may ask children and young people not to bring/use connected devices

12.3 Using images, photos and film of children

The use of images (photos and film) of children and staff at Challengers is fun and enjoyed by children, families and provides wonderful images that the charity can use to promote the service and positive images of disabled children and play.

12.4 How to use photos and film of children at Challengers⁶

- Ask the child and parent for permission.
- Record permission/consent using [OPS015 Challengers Children and Young People's Information Sheet](#) or a specific photo permission agreement – this will be recorded on the Challengers database.
- Permission will be collected for:
 - photographs
 - film
- Care must be taken when using/making images of children who are:
 - Looked after by the local authority
 - Looked after by a foster parent
 - Known to have been subject to a Child Protection Plan
- Do not use children's names within the image/titles/captions. If a child's name can be seen do not use the photograph.
- Allow families to withdraw consent to use images of their child/ren.
- Store images securely on Challengers devices and/or accounts – images must not be stored on personal devices/accounts.

12.5 External and professional photographers/film

- State written expectations of professional photographers or press who are invited to an event. These should make clear the organisation's expectations of them in relation to safeguarding.
- Do not allow photographers unsupervised access to children.

12.6 The internet⁷

- Challengers will offer children safe use of the internet and technology when it is appropriate in the course of play and youth schemes at Challengers.
- Supervise and support children to understand safe and appropriate behaviour while using the internet and online device.
- Support staff with safe use of technology that they own and bring to work.
- Put in place systems to limit and/or control access to technology and the internet to limit risk of harm, for example use technology to block certain websites, use software to stop

⁶ Photography and sharing images Guidance for photographing and recording children during events and activities: <https://learning.nspcc.org.uk/research-resources/briefings/photography-sharing-images-guidance/> (Jan 2019)

⁷ Section 5.1 (Surrey County Council, n.d.) <http://surreyscb.procedures.org.uk/hkpzq/procedures-for-specific-circumstances/the-internet-and-the-abuse-of-children/#s1232> (Jan 2019)

viruses and use security permission to control the change of settings on network and remote devices.

- Report any concern about use of technology or online content, for example:
 - Exposure to inappropriate text or images, including child/adult pornography and extreme or obscene material.
 - Offensive or indecent images/film of children and young people.
 - Requests to make and transmit pornographic images of themselves or to perform sexual acts online.
 - Invitations to meet online contacts.

13.0 Definitions and Recognition

13.1 Definitions *From: Working Together to Safeguard Children and Young People (2018)*

13.1.1 General

Children Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

Safeguarding and promoting the welfare of children Defined for the purposes of this guidance as:

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

Child protection Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Abuse A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Child criminal exploitation As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Contextual safeguarding As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful

effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered

13.1.2 Four Types of Harm

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

Emotional abuse 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 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 on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing 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 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 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 (for example, 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, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

13.1.3 National Themes

Child sexual exploitation Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Prevent is a national duty. The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.

We are required to introduce **Fundamental British Values** to counter this and we believe that the Challengers Approach offers much in common by respecting the individual, everyone has a view and a part to play, taking turns, mutual respect.

Potential indicators include:

- Use of inappropriate language;
- Possession of violent extremist literature;
- Behavioural changes;
- The expression of extremist views;
- Advocating violent actions and means;
- Association with known extremists;
- Seeking to recruit others to an extremist ideology.

Female genital mutilation (FGM)⁸ The World Health Organisation defines female genital mutilation (FGM) as: 'all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (WHO Fact Sheet No. 241 February 2014).

FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding. There are, however, particular characteristics of FGM that front-line professionals should be aware of to ensure that they can provide appropriate protection and support to those affected.

Extremism Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

13.1.4 Contacts

Local authority designated officer County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people who work with children.

Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to ensure that any allegations about

⁸ See also NSPCC <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/>

those who work with children are passed to the designated officer, or team of officers, without delay.

Safeguarding partners A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 as: (a) the local authority, (b) a clinical commissioning group for an area any part of which falls within the local authority area, and (c) the chief officer of police for an area any part of which falls within the local authority area. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies as well as arrangements for conducting local reviews.

13.2 'Signs and symptoms'

Understanding and identifying abuse and neglect from ***What to do if you're worried a child is being abused (2015)*** also linked from *Working Together 2018*

13.2.1 Guiding principles

1. No matter where you work, you are likely to encounter children during the course of your normal working activities. You are in a unique position to be able to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected.
2. You should make sure that you are alert to the signs of abuse and neglect, that you question the behaviour of children and parents/carers and don't necessarily take what you are told at face value. You should make sure you know where to turn to if you need to ask for help, and that you refer to children's social care or to the police, if you suspect a child is at risk of harm or is immediate danger.
3. You should make sure that you understand and work within the local multi-agency safeguarding arrangements that are in place in your area. In doing so, you should be guided by the following key principles:
 - children have a right to be safe and should be protected from all forms of abuse and neglect;
 - safeguarding children is everyone's responsibility;
 - it is better to help children as early as possible, before issues escalate and become more damaging;
 - children and families are best supported and protected when there is a coordinated response from all relevant agencies.
4. You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If you think that referral to children's social care is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

13.2.2 Understanding and identifying abuse and neglect

1. 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.
2. Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

3. The warning signs and symptoms of child abuse and neglect can vary from child to child. Disabled children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child.

4. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, you can respond to problems as early as possible and provide the right support and services for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

5. There are a number of warning indicators which might suggest that a child may be being abused or neglected. Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start bed
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, e.g. learning to speak or walk late with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

13.2.3 Indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained: bruises or cuts; burns or scalds; or bite marks.

13.2.4 Indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

13.2.5 Indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

13.2.6 Indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

13.2.7 Indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

13.3 Focusing on adults

13.3.1 What constitutes abuse and neglect?

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

13.3.2 Physical abuse includes:

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint

- inappropriate physical sanctions

13.3.3 Domestic violence includes:

- psychological
- physical
- sexual
- financial
- emotional abuse
- so called 'honour' based violence

13.3.4 Sexual abuse includes:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting

13.3.5 Psychological abuse includes:

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

13.3.6 Financial or material abuse includes:

- theft
- fraud
- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

13.3.7 Modern slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude.
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

13.3.8 Discriminatory abuse including forms of:

- harassment
- slurs or similar treatment because of
 - race
 - gender and gender identity
 - age
 - disability
 - sexual orientation
 - religion

13.3.9 Neglect and acts of omission includes:

- ignoring medical emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- withholding of necessities of life, such as medication, adequate nutrition and heating

14.0 What to do if you are worried a child is being harmed or at risk of harm

- The safety of children is our first priority.
- Tell your Leader or a senior member of Challengers staff immediately.
- **ACT IMMEDIATELY** – Leader or senior member of Challengers staff make a referral to the local authority safeguarding/MASH team.
- If your line manager or Challengers does not respond in the right way you must make the referral to the local authority safeguarding team/MASH yourself.

14.1 Where might information come from?

- A declaration by the child – verbally or using signs or their behaviour;
- Another child;
- A member of staff – their observations or feelings;
- The family of the child concerned – the family/carers may perceive their report as ‘normal’ but Challengers may still consider the information to be a safeguarding concern;
- A member of the public;
- Another professional.

14.2 What if a child is the ‘perpetrator’ of the harm

If the concern is about a child causing harm to another child then both children must be considered as at risk of harm and the incident(s) reported appropriately for each child.

14.3 Listening to the child

If the child makes an allegation/discloses information which raises concern, we should:

- See and speak to the child;
- Listen to what they say;
- Collect accurate information;

- Treat the child as competent and intelligent;
- Take the child and their declaration seriously;
- A record of all conversations and actions must be kept using a OPS004A
- Clarify the concerns;
- Offer reassurance about how s/he will be kept safe;
- Do not promise to keep the declaration a secret. Reassure the child (or the reporting person) that they have done the right thing to tell;
- Explain that the information may be passed to Children's Services and/or the Police.

Children are clear about what they want from an effective safeguarding system. These asks from children should guide the behaviour of practitioners. Children have said that they need:

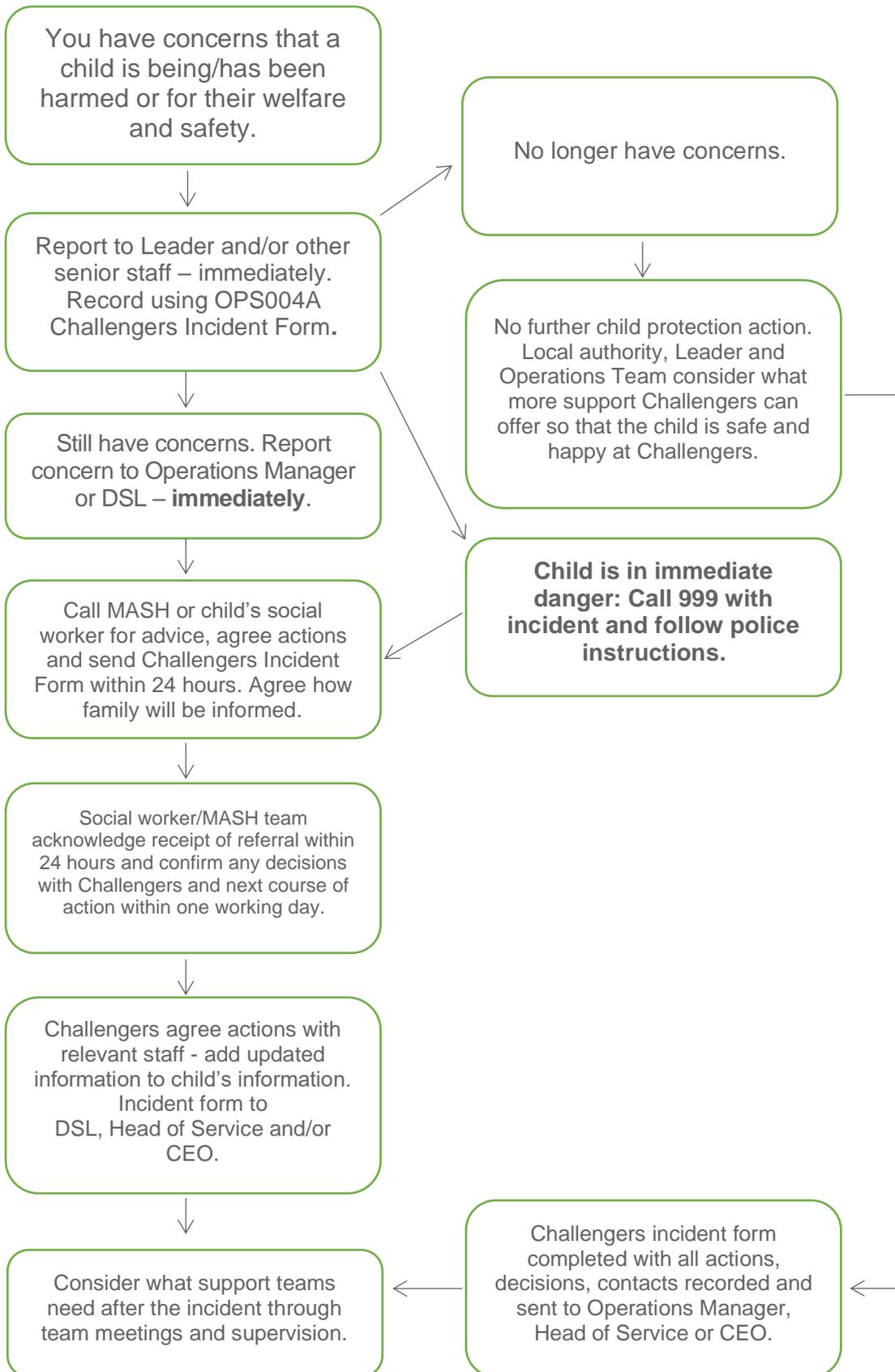
- Vigilance: to have adults notice when things are troubling them
- Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- Stability: to be able to develop an ongoing stable relationship of trust with those helping them
- respect: 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 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
- Protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice Police investigations.

Consideration must always be given to issues of diversity, so that the impact of cultural expectations and obligations are taken into consideration. It is vital that if there are any communication difficulties, appropriate support is sourced.

Whilst the child's view should be considered, it remains the responsibility of Challengers staff/the professional to take whatever action is required to ensure the safety and best interests of that child and any other children.

14.4 Safeguarding flowchart – what to do if you are worried



14.5 Making a referral to MASH

If you are concerned about the safety or welfare of a child you must call the MASH* team for advice.

- Discuss the concern/referral with your line manager but this should not delay or obstruct any referral.
- Do it quickly – do not delay.
- Report to MASH before you call any other agency.
- Record in writing discussions about a child's welfare. Make sure you reach a clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken
- Within 24 hours follow up the referral with a copy of the Challengers incident form or the MASH team's own referral form.

- *MASH stands for Multi agency Safeguarding Hub.
- Each local authority will have a MASH OR Safeguarding team who receive and manage all safeguarding concerns for that area – **select the county where the child lives**
- Receipt of a referral to MASH should be acknowledged to Challengers within 24 hours.

14.6 Recording and reporting concerns⁹

Record all actions, decisions and names of professionals using [OPS004A Challengers Incident Form](#).

The person making the referral should provide as much of the information listed below as s/he can within same working day and as soon as possible;

- Full name, date of birth and gender of child/ren
- Full family address and any known previous addresses
- Identity of those with parental responsibility
- Ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid
- Any impairments child/ren have
- Any significant/important recent or historical events/incidents in the child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Identity and current whereabouts of the suspected/alleged perpetrator
- Child's current location and emotional and physical condition
- Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser)
- Child's account and the parent's' response to the concerns if known
- Referrers relationship and knowledge of the child and parents/carers
- Known current or previous involvement of other agencies/professionals
- Information about parental knowledge of, and agreement to, the referral

14.7 Key contacts when you are worried about a child

The individual reporting the concern must be sure that the person they report to will take action to keep the child safe from harm. The individual must not stop until this can be confirmed. This will usually be achieved by following Challengers procedure.

⁹ See also **Error! Reference source not found.**

14.8 How to contact Challengers Designated Safeguarding Lead when you have a safeguarding concern¹⁰

- All safeguarding incidents must be checked and closed by the DSL or Deputy DSL.
- The DSL role is to provide advice, help co-ordinate safeguarding referrals.
- Staff may feel that their immediate line manager has not made the right decision or taken the concern seriously. In this case Challengers staff must contact the Challengers Designated Safeguarding Lead (DSL) below or use *OPS023 Challengers Emergency Contact List*. See appendix

CHALLENGERS DSL CONTACTS – all staff, families and anyone concerned about safeguarding at Challengers can contact:

- Chief Executive Officer: Amanda Matthews 01483 579 390 or 07720 092 181
- Head of Service: Paul Wilson 01483 230 930 or 07815 553 212 (Designated Safeguarding Lead)

14.9 Notifying Ofsted

Challengers will report to Ofsted:

- All allegations or concerns about staff that are referred to the LADO;
- All significant harm to a child that happens at a Challengers play scheme and preschool—even if the harm is caused through legitimate play/leisure and not caused by staff behaviour;
- Anyone at anytime can notify Ofsted about a concern at Challengers – to do with the safety of children or actions of staff.

HOW TO CONTACT OFSTED:

- **Phone:** 0300 123 1231
- **Email:** enquiries@ofsted.gov.uk
- **Website:** www.gov.uk/government/organisations/ofsted or <https://contact.ofsted.gov.uk/contact-form>
- **Address:** Piccadilly Gate, Store Street, Manchester, M1 2WD

14.10 Notifying Charity Commission

Challengers will report to the Charity Commission when:

- harm to people who come into contact with the charity through its work
- loss of your charity's money or assets
- damage to your charity's property
- harm to your charity's work or reputation

The main categories of reportable incident are:

- protecting people and safeguarding incidents – incidents that have resulted in or risk significant harm to beneficiaries and other people who come into contact with the charity through its work
- financial crimes – fraud, theft, cyber-crime and money laundering
- large donations from unknown or unverifiable source, suspicious financial activity using charity's funds
- other significant financial loss

¹⁰ See also section **Error! Reference source not found. Error! Reference source not found.**

- links to terrorism or extremism, including 'proscribed' (or banned) organisations, individuals subject to an asset freeze, or kidnapping of staff
- other significant incidents e.g. Insolvency, forced withdrawal of banking services without an alternative, significant data breaches/losses or incidents involving partners that materially affect charity

HOW TO CONTACT CHARITY COMMISSION:

- Email: RSI@charitycommission.gsi.gov.uk

14.11 Informing parents¹¹

Challengers will always inform and involve families when we contact MASH about their child – unless we are advised not to by Local Authority – this will be highly unusual.

Practically staff need to consider:

- Whether or not it is safe to speak to the family before contacting MASH.
- If in doubt call MASH first and get advice about how/if Challengers should inform the family.
- When the family is informed record their reaction about the incident/referral.
- Inviting families to meetings about their child's care alongside advice Challengers have asked for and/or received from a MASH/Children's Services. These meetings need to be recorded and notes and any documents generated shared with the family.
- Do not wait to tell the family if this delays a referral.
- Contact with Children's Services/MASH should be a positive experience for the child, family and Challengers – the child's safety and happiness should be the outcome. Challengers should promote this aspect to families.
- Challengers staff do not need parental permission to contact the MASH about a concern but involving and describing the concern to parents may improve trust and the quality of relationship Challengers has with the child's family.
- Reason/s for proceeding without parental agreement must be recorded.
- Children's Services must be told that the parent has withheld her/his permission.

15.0 Managing allegations against other users, staff, volunteers or others

15.1 Background

All references in this document to 'members of staff' should be interpreted as meaning all staff, whether they are in a paid or unpaid capacity. This may concern staff in the work place but also in their personal life or other places that they work. These procedures should be applied when there is an allegation or concern that any person who works with children, in connection with their employment (paid or voluntary), has:

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

¹¹ Section 4.5.5 (Surrey County Council, n.d.) <http://surreyscb.procedures.org.uk/zkpgy/managing-individual-cases/contacts-and-referrals#s1129>

Whilst some behaviours may not constitute a criminal offence, and some may not reach the threshold of Significant Harm, consideration will need to be given as to whether they may indicate unsuitability to work with children. Any such behaviour should be considered within the context of the general definition of abuse from *Working Together 2015/2018* (see *Appendix*) the four categories of abuse i.e. physical, sexual and emotional abuse and neglect as well as contextual. These include concerns relating to inappropriate relationships between members of staff and children or young people e.g.:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (Section 16 to 19, Sexual Offences Act 2003);
- ‘Grooming’ (Section 15 Sexual Offences Act 2003) i.e. meeting a child under 16 with intent to commit a relevant offence;
- Other ‘grooming’ behaviour giving rise to concerns of a broader child protection nature e.g. inappropriate text/ e-mail messages or images, gifts, socialising etc;
- Possession of indecent photographs/pseudo-photographs of children.

15.2 Roles and Responsibilities

Challengers DSL/Deputy DSL will:

- Receive all reports of allegations;
- Ensure the DSL is made aware if not already
- Appoint a deputy to whom reports should be made in the absence of the DSL
- Collate information on Incident Report
- Report to the LADO and HR
- Notify Ofsted or relevant regulatory body as well as commissioning body
- Ensure that the organisation deals with allegations in accordance with LSCB procedures;
- Make referrals to the DBS if required

15.3 Local designated officer or team (LADO)

The LADO is employed by the local authority and works in the safeguarding team.

The LADO manages allegations against individuals who work or volunteer with children in the local authority. The LADO will:

- Receive reports about allegations and be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the Police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

How to contact LADO

- Only DSL or Deputy DSL’s to contact LADO.
- Report to LADO on same day or next working day.
- Use OPS001F Challengers Summary of Staff Allegation (Version to Complete on PC) to summarise the referral/report to LADO.
- LADO offices are typically only open in office hours
- *OPS023 Challengers Emergency Contact List* for contact numbers and you need to **select the county in which the service is based.**

15.4 Support for staff/ volunteer following an allegation

This is a serious matter for the child, the organisation and the staff member/ volunteer concerned. Advice needs to be followed from the LADO and HR including possible suspension while an investigation takes place. However, at the same time all efforts must be made to support the staff/volunteer during the process. Further advice to be sought from HR and LADO.

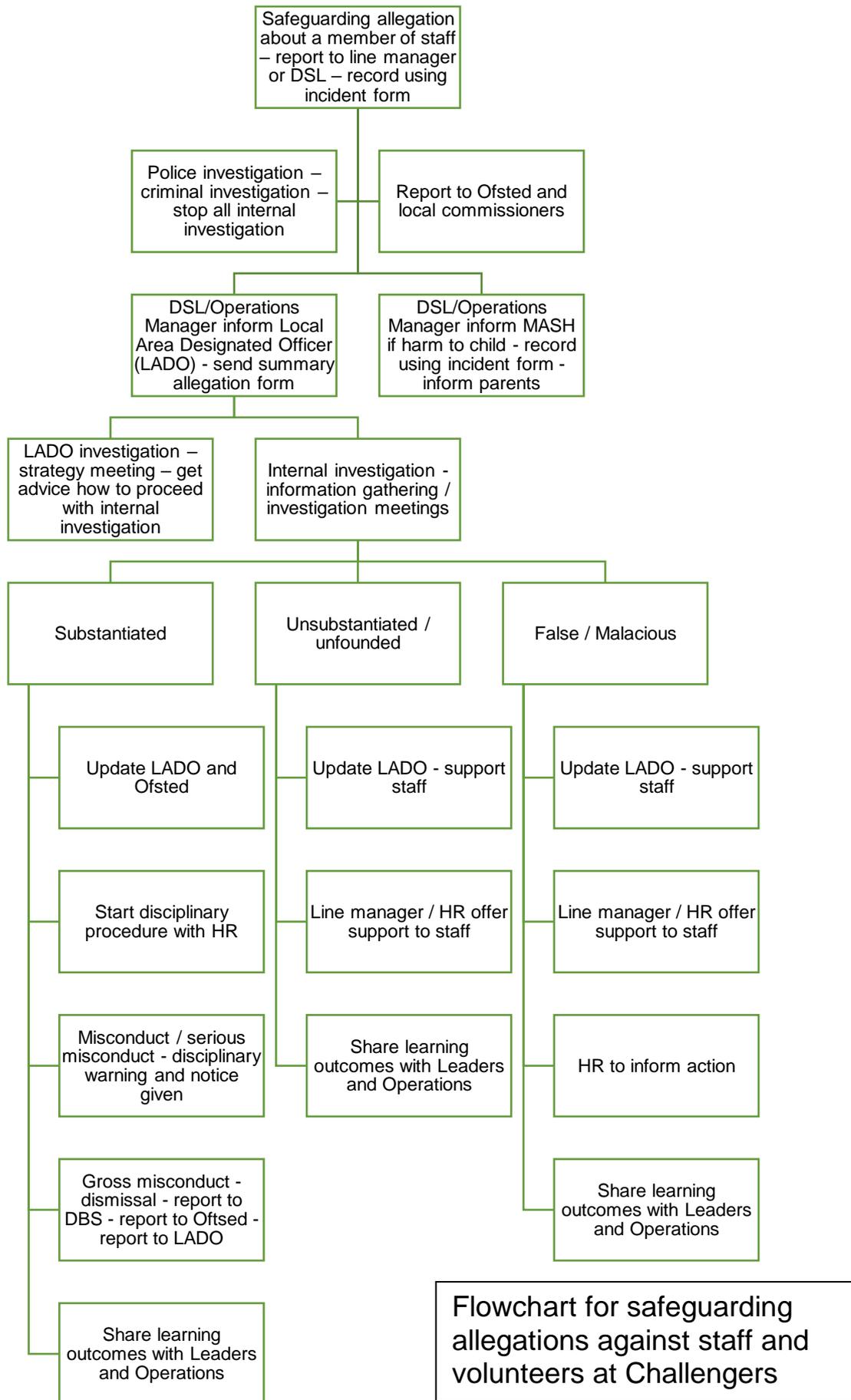
15.5 Whistleblowing

If you report wrongdoing including in relation to someone's behaviour or in relation to processes and arrangements at Challengers that may potentially harm someone or may actually have harmed someone associated with the organisation – especially, of course, those who use the services that Challengers provides - this is commonly called whistleblowing.

This will usually be about something you've seen at work - though not always. If the staff do not think that their line manager or Challengers as an organisation have acted to keep children safe the individual must use Ops 023 Emergency and Safeguarding Contact List to escalate their concerns. This might involve contacting the DSL, The Safeguarding Trustee and/or commissioning and regulatory bodies.

15.5 Flowchart for managing safeguarding allegations against staff and volunteers at Challengers

Turn over....



16.0 Recording, information management and information sharing

16.1 Recording

- All safeguarding incidents (whether referred to a local authority safeguarding or not) will be recorded using OPS004A Disability Challengers Incident Form.
- Use the form and additional sheets to record all actions, decisions and why you are concerned and it is critical that
 - they record FACT NOT OPINION
 - they are legible
- Recording an incident without delay and with detail about facts, decisions and actions will help an investigation and avoid relying on memory.
- All referrals or calls for advice to a local authority safeguarding team must be followed by the copy of the OPS004A Disability Challengers Incident Form.
- The professional at the local authority safeguarding team should acknowledge the contact and any actions for Challengers within 24 hours of the referral.
- Remember that these forms may be shared with others including professionals, regulators, Insurers, trustees etc They need to be legible and professional.

16.1.1 Learning lessons

- Sharing an open review of incidents at Challengers will improve the child's experience and the policy and practice of Challengers staff.
- A summary of lessons learned to change practice should included in the report
- Personal child, family and staff data will need to be anonymised and treated sensitively.
- Incident registers are reviewed regularly by the Board of Trustees who also look at individual incident forms

16.2 Confidentiality

- Challengers collect and store important personal detail about children and their family.
- Each time data/information is moved it will be secure so that only the intended recipients/users can see/use the data – using locks, secure email, encrypted backups and secure server networks (on sites and data providers in 'the cloud').
- Consent to collect, store and share data will be collected from parents at first visit and refreshed as necessary – as wishes of child/family change and/or law/good practice changes.
- Details on data and how we keep and use it is included in our *FIN003 Challengers Data Policy*

16.3 Information sharing

16.3.1 Seven Golden Rules for Information Sharing¹²

The HM Government guidance Information sharing, Advice for practitioners providing safeguarding services to children, young people, parents and carers (March 2015), provides seven golden rules for Information Sharing;

- 1 Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

¹² Information sharing advice for safeguarding practitioners, Guidance on information sharing for people who provide safeguarding services to children, young people, parents and carers:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

- 2 Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3 Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- 4 Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. Where you have consent, be mindful that an individual might not expect information to be shared.
- 5 Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- 6 Necessary, proportionate, relevant, adequate, accurate, timely and secure
- 7 Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for why.

16.3.2 Working Together 2018 Myth Busting Guide

The statutory guidance document *Working Together 2018* has useful guidance relating to the sharing and management of information in safeguarding matters and includes a *Myth-busting guide to information sharing* which includes the following:

- Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children.
- Below are common myths that may hinder effective information sharing:

Data protection legislation is a barrier to sharing information

No – the Data Protection Act 2018 and GDPR do not prohibit collection and sharing of personal information, but provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances rights of the information subject (the individual whom the information is about) and possible need to share information about them.

Consent is always needed to share personal information

No – you do not necessarily need consent to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk.

Personal information collected by one organisation/agency cannot be disclosed to another

No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners¹⁴.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information

No – this is not the case.

In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

17.0 Appendices

17.1. Emergency Contact List

CHIEF EXECUTIVE OFFICER

- **Omanda Matthews 07720 092 181** | ChiefExecutiveOfficer@disability-challengers.org

OPERATIONS TEAM 01483 230 930

- | | | |
|----------------------|----------------------|------------------------------|
| • Paul Wilson | 07815 553 212 | Head of Service (DSL) |
| • Emily Schaefer | 07843 371 398 | Operations Manager |
| • Sophie Reading | 07881 376 912 | Operations Manager |
| • Mark Carr | 07787 291 469 | Operations Manager |
| • Ash Morgan | 07762 891 496 | Operations Manager |
| • Debbie Hull | 07818 552 163 | Nurse Trainer/Advisor |
| • Shannon Drew | 07823 331 537 | Health and Safety Officer |

SAFEGUARDING AND CHILD PROTECTION

If you are worried about the safety or welfare of a child/young person at Challengers or you need to make a Safeguarding Referral:

- Surrey SPA (CHILDREN & ADULTS) 0300 470 9100 EDT OUT OF HOURS 01483 517 898
- Surrey LADO (CONCERNS ABOUT STAFF) 0300 123 1650
- Hampshire MASH (CHILDREN) 0300 555 1384
- Hampshire Safeguarding Adults 0300 555 1386
- Hampshire LADO (CONCERNS ABOUT STAFF) 01962 876 364
- Richmond/Kingston SPA 020 8547 5008
- West Sussex MASH (CHILDREN) 01403 229 900 EDT 0330 222 6664
- Ofsted 0300 123 1231 enquiries@ofsted.gov.uk
- NSPCC 0808 800 5000 www.nspcc.org.uk

• **IF A CHILD IS IN IMMEDIATE DANGER 999**

• **IF YOU NEED MEDICAL ADVICE FOR A CHILD CALL 111**

17.2 More definitions and further information

Definition of Significant Harm

The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes Significant Harm but consideration should be given to the following:

- The severity of ill-treatment which may include the degree and extent of physical harm including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- The duration and frequency of abuse and neglect;
- The extent of premeditation.

Child abuse and neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children, 2018 sets out definitions and examples of the four broad categories of abuse which are used as a basis for determining that a child should be subject to a Child Protection Plan:

- Neglect;
- Physical abuse;
- Sexual abuse and exploitation;
- Emotional abuse.

These categories may overlap and an abused child does frequently suffer more than one type of abuse. They are dealt with in the sections below.

Physical Abuse

Recognising physical abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding

- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Unexplained bruises or mark

All bruises or mark on a child's body that are unexplained must be recorded and reported.

A bruise or mark on the body is unexplained when:

- A bruise/mark is found on a child and the mark has not been reported by the parent at the start of the session.
- A bruise/mark is found on a child and there is no incident at Challengers that is consistent with the bruise/mark.
- An explanation is given by the child/parent/carer/staff and it is inconsistent with the bruise/mark seen.

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Bruising in those who are Not Independently Mobile (NIM)

This section guides staff what to do when bruises or marks are seen on children and young people who are not independently mobile – as Challengers this might include children and young people who:

- Use wheelchairs either all or some of the time;
- Rely on staff to move them – for example to use the toilet, to change;
- Very young babies – 'babes in arms';
- Use equipment to move.

FGM Significant/Immediate Risk Factors

FGM is a form of physical abuse and is illegal in the UK. If a child/young person under age of 18 identifies one or more serious or immediate risks from the list below, or other risks that in your judgment appear to be serious, then refer to MASH;

- A child or sibling asks for help;
- A parent or family member expresses concern that FGM may be carried out on child;
- Girl has confided that she is to have a 'special procedure'; or to attend a 'special occasion'. Girl has talked about going away to 'become a woman' or to 'become like my mum /sister';
- Girl has a sister or other female child relative who has already undergone FGM;
- Family/child is already known to Children's Services- if known and have identified FGM within a family you must share this information with Children Services

Signs that FGM has taken place:

- A family arranging a long break abroad during the summer holidays.
- Prolonged absence from school with noticeable behaviour changes on the girl's return;
- Longer/frequent visits to the toilet particularly after a holiday abroad, or at any time;
- Some girls may find it difficult to sit still and appear uncomfortable or may complain of pain between their legs;
- Some girls may speak about 'something somebody did to them, that they are not allowed to talk about';

- A professional overhears a conversation amongst children about a 'special procedure' that took place when on holiday;
- Young girls refusing to participate in P.E regularly without a medical note;
- Recurrent Urinary Tract Infections (UTI) or complaints of abdominal pain.

Emotional Abuse

Recognising emotional abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scapegoated within the family
- Frozen watchfulness, particularly in preschool children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others

Sexual abuse

Recognising sexual abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural. Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexual conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Involvement in sexual exploitation or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or clothing.

Recognising Child Sexual Exploitation (CSE)

CSE is a form of sexual abuse. High Risk factors could be described as:

- Entrenched in one or a number of abusive relationships;
- Contact with known perpetrators;
- Regularly going missing and running from home;

- Problem drug and alcohol abuse;
- Experience of violence, intimidation and fear;
- Excessive mobile and internet use;
- Physical and/or learning disability;
- Looked After Child or subject to CP Plan currently or in the past;
- Receipt of unexplained 'gifts'.

Neglect

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of care given. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Restrictive Practices

Restrictive practices refers to any practice where one person or more restricts the movement of another. This can be physical barriers, which involves a child being prevented from freedom of movement, being confined inappropriately (including long periods of time. Examples are;

1. Spending long periods of time in a wheelchair within the home environment against professional advice.
2. Leaving immobile children in bed for prolonged periods of time against professional advice
3. Locking children in a room sometimes referred to as seclusion.
4. Using 'reins' for older children whilst out in the community

When workers become aware that parents/carers are using restrictive practice then they should recognise that this requires further assessment and that parents/carers are supported to find an alternative approach to manage the child/young person's behaviour. In most cases where restrictive practice is identified and in all cases that involve a child being locked in, a referral must be made to children's social care.

17.3 Further reading

Children and young people (under the age of 18)

- *The Children Act 1989* <http://www.legislation.gov.uk/ukpga/1989/41/contents>
- *Working together to safeguard children (March 2018)*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf
- *What to do if you're worried a child is being abused: advice for practitioners* -
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>.
- *Criminal Exploitation of children and vulnerable adults: County Lines Guidance* (DFE, 2017)

- *Information sharing: Advice for practitioners providing safeguarding services (DfE 2018)*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf
- *Surrey Safeguarding Children's Board* - <http://surreyscb.procedures.org.uk/>
- *Lockdown Procedures Guidance for Schools – Summer 2016* Surrey
County Council
https://www.surreycc.gov.uk/_data/assets/pdf_file/0008/95561/LOCKDOWN-GUIDANCE-FINAL-SUMMER-2016-web-version.pdf
- *Safeguarding disabled children – Practice Guidance*
Departmental advice setting out how agencies and professionals should work together to safeguard the welfare of disabled children (2009) :
<https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>
- *National Working Group on Safeguarding Disabled Children. (2016) Safeguarding disabled children in England: how Local Safeguarding Children Boards are delivering against Ofsted requirements to protect disabled children: findings from a national survey.* London: NSPCC.
<https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/safeguarding-disabled-children-england/>
- *Protecting disabled children: thematic inspection* - Ofsted survey report looking at the effectiveness of work to protect disabled children and young people:
<https://www.gov.uk/government/publications/protecting-disabled-children-thematic-inspection>

Adults (over the age of 18)

Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Care and Support Statutory Guidance (2018) – especially section 14: Safeguarding
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>