

Larchwood Short Break Unit Safeguarding Policy

What to do if you are worried about a
Child who attends Larchwood

Version 4
September 2019

Document name & file location	Larchwood Child Protection Policy	
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Document owner	??	
Review date	This document is to be reviewed a minimum of every 2 years, the next review to occur no later than September 2021. Incremental reviews may take place as required.	
Accessibility	This document can be made available in hard and electronic formats. No copies in other languages are currently available.	
Destruction date	Details of destruction dates	
How this document was created	Version 1	Author and Team
	Version 2	Team / Line Manager
	Version 3	CSCMT
	Version 4	CYP&L DMT
	Version 5	Public document or Pre-print Design Circulation
Circulation restrictions	No exceptions, FOI Exempt (Delete as appropriate)	
Version	Detail of change	Name & Date
1.0	Document created	November 2014
2.0	Revised	October 2016
3.0	Revised	June 2018
4.0	Revised	September 2018

Accessibility

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Copies in alternative languages may also be obtained.

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1 Introduction

Larchwood is a short break unit, providing respite care for children with a range of complex needs who have a learning and/or physical disability. The children and young people who access Larchwood require personal care, medication, behavioural management and support with learning and achievements. Larchwood support workers are responsible for carrying out their duties in accordance with Bracknell Forest Council's Child Safeguarding Policy for Children's Services version 5.0 and the Berkshire Local Safeguarding Children Boards Child Protection Procedures. These include Core Procedures (below) and additional Safeguarding Practice Guidance.

<https://berks.proceduresonline.com/>

- 1 **Recognition & Response**
- 1.2 **Referral and Assessment**
- 1.3 **Section 47 Enquiries**
- 1.4 **Child Protection Conference**
- 1.5 **Planning & Implementation**
- 1.6 **Recording That a Child Is Subject of a Child Protection Plan**
- 1.7 **Unallocated Child Protection Cases**
- 1.8 **Children & Families Moving Across Boundaries**
- 1.9 **Allegations Against Support workers , Carers & Volunteers***
- 1.10 **Organised & Complex Abuse**
- 1.11 **Information Sharing & Confidentiality**

This policy should, therefore, be read in conjunction with the above and is not intended to duplicate these policies but rather to provide focused guidance with reference to safeguarding children with disabilities who use Larchwood.

2 Scope

This policy applies to all support workers at Larchwood including permanent support workers, agency and relief support workers, volunteers, and students working in the unit. All employees and volunteers are responsible for carrying out their duties in a way that actively safeguards and promotes the welfare of children, young people and adults at risk. They must also act in a way that protects them from wrongful allegations of abuse as far as possible. In doing so, they should be guided by the following key principles, in respect of what children need from us:

- 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 co-ordinated response from all relevant agencies;
- 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/their social worker is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

3 Legal and Regulatory Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children

Larchwood Short Break Service is run in accordance with The Children's Homes (England) Regulations 2015 and the Department for Education Guide to the Children's Homes Regulations including the quality standards April 2015.

4 Particular Vulnerability to abuse of Children with disabilities

There are four main categories of child abuse; Emotional, Physical, Neglect and Sexual. Other categories of abuse include child sexual/criminal exploitation, female genital mutilation, and radicalisation. Somebody may abuse a child with a disability by inflicting harm through one of the above categories of abuse, or by failing to act to prevent harm.

Research shows that children with disabilities are three times more likely to be abused than their non-disabled peers (Jones et al.2012). In addition children with disabilities in residential care face particular risks. (Utting 1977) concluded that children with disabilities are extremely vulnerable to abuse of all kinds including peer abuse, and that high priority needs to be given to protecting them.

Children with learning and / or physical disabilities may also be at greater risk of exploitation by adults, including child sexual/criminal exploitation and radicalisation.

4.1 Definitions of abuse

Physical abuse:

Physical abuse is defined as deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It isn't accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries (NAHI). Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell – this is known as fabricated or induced illness (FII).

Emotional Abuse:

Emotional abuse is the ongoing emotional maltreatment of a child. It is sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of [abuse or neglect](#) at the same time – but this isn't always the case.

Sexual Abuse:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening or not. 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 (including via the internet).

Sexual abuse often occurs in conjunction with the other categories of child abuse especially emotional abuse in order to maintain control and secrecy.

Children from the age of birth onwards may be subjected to sexual abuse. Sexual abuse can have a long-term impact on emotional, social and educational development and is linked to the development of mental health issues in later life.

Neglect:

Neglect is "the persistent failure to meet a child's basic physical, emotional 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. When the child is born, neglect may involve the parents or carers failing to:

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

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years".

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.

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. ([Working Together to Safeguard Children 2015](#))

Child Criminal Exploitation:

Child Criminal Exploitation is common in county lines and occurs 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. 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.

(https://www.workingtogetheronline.co.uk/glossary/ch_crim_exploit.html?zoom_highlight=child+criminal+exploitation)

Female Genital Mutilation:

(FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Radicalisation:

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

"Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. " (HM Government Prevent Strategy 2011).

Since the publication of the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to develop extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

4.2 Factors that increase risk and decrease protection

- Attitudes and assumptions; e.g.
 - A reluctance to believe disabled children are abused.
 - A tendency to minimise the impact of abuse.
 - Attributing indicators of abuse to the child's impairment.
- Barriers to the disabled child and their family accessing support services
- Issues related to a child's specific impairment e.g.
 - Dependency on numerous carers for personal or intimate care or invasive clinical care.
 - Impaired capacity to resist or avoid abuse.
 - Difficulties in communicating may mean the child is less able to "tell" or communicate their concerns.
 - An inability to understand what is happening or to seek help.
 - Children may have bruises / injuries that are assumed to be part of their condition / disability without due consideration.
- A lack of professional skills, expertise and confidence in identifying child protection concerns and responding appropriately.
- Children with disabilities may be more socially isolated
- Children with disabilities may be cared for by a range of different people and in a range of different settings.
- Children with disabilities are vulnerable to bullying and intimidation.
- Children with disabilities may have challenging behaviour.

- Parents / carers may be dependant on the services they receive and therefore less inclined to voice concern.

4.3 What we know about children with disabilities' experience of abuse

Research suggests that:

- Children with disabilities are at greater risk of physical, sexual and emotional abuse and neglect than a non disabled child.
- Those children with disabilities at greatest risk of abuse are those with behaviour/conduct disorders.
- Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions, and deaf children. In addition to the risk factors that exist for all children in residential settings, disabled children are at risk of particular forms of abuse. These include:
 - Over medicating.
 - Poor feeding.
 - Poor toileting arrangements.
 - Issues around control of challenging behaviour.
 - Lack of stimulation.
 - Lack of information and emotional support.

5 Policy

5.1 Larchwood Management and Employees will practice safe recruitment and continuity of care

This will be accomplished by

- Carrying out comprehensive checks on the suitability of support workers and volunteers to work with children, including DBS checks and written and verbal references, and ensuring explanations for any gaps in employment are recorded.
- Maintaining a pool of relief support workers who can provide consistency.
- Reducing reliance on agency support workers.
- Ensuring a senior support worker is on rota for every shift.
- Ensuring the senior practitioner undertakes two shifts per week, and the unit manager undertakes occasional shifts, to maintain a management overview of practice.
- Promoting the Bracknell Forest Whistle Blowing Policy and access to the Unit Manager or LADO to encourage support workers to speak out if they are concerned about the actions or behaviour of a colleague toward a child.
- Reporting any allegation about a volunteer or professional working with children or young people to a Senior Manager and the 'Local Authority Designated Officer' (LADO) immediately. The LADO will provide advice and guidance regarding the next steps to take and will liaise with the police and other agencies to monitor the progress of allegations to ensure that they are dealt with promptly, consistently and fairly.
https://berks.proceduresonline.com/bracknell/p_alleg_against_staff.html

5.2 Larchwood Management and Employees will work with the young people in their care to raise awareness of safeguarding issues and ensure that where possible, children and young people are educated about safety and their right to be safe.

This will be accomplished by

- Creating opportunities, through care and goal planning, to maximise the communication skills of children with disabilities to enhance their safety and safeguarding generally. This is particularly important for those with speech, language and communication needs, including children who are hearing impaired and those who use non-verbal means of communication.
- Ensuring individual children have a way of expressing themselves regarding abuse with appropriate vocabulary and access to communication methods that is meaningful to them.
- Promoting and using the image vocabulary book freely available in the play room (a pictorial resource covering areas such as feelings, rights and safety, personal care and sexuality).
- Promoting and using other communication aids available within the unit, for example PECS symbols, and iPads.
- Building self-esteem, assertiveness skills and relationship skills in children and young people crucial for disabled children's positive self-image and keeping them safe.
- Discussing personal safety and relationships as part of our 'Larchwood Lions' group work through using arts and crafts, direct discussions, media and then displaying our learning for all to see.

5.3 Larchwood Management and Employees will implement the relevant procedures for identifying and reporting cases, or suspected cases, of abuse

This will be accomplished by

- Training all new support workers in Safeguarding Procedures and providing appropriate refresher training.
- Ensuring support workers are kept up to date with training in the key safeguarding areas of child exploitation and radicalisation. The Unit Manager must ensure all support workers are e Safety vigilant and aware of the Integrated CSE/CCE Risk Assessment Tool, and how to make a referral to MACE (Multi-Agency Criminal Exploitation Conference). Bracknell Forest Council employs a specialist team (Makesafe) for children at risk of exploitation and missing children (based within the Children's Specialist Support Team), with whom Larchwood support workers are encouraged to liaise with for advice relating to any concerns about exploitation. A CSE vulnerabilities check list is displayed in Larchwood for support workers awareness.
- Regular review and promotion of the Children who are not Independently Mobile bruising protocol with support workers.
https://berks.proceduresonline.com/bracknell/p_bruising.html
- Keeping accurate records of interactions with children and young people recording what is observed as well as what children / other people say. Larchwood support workers are in a strong position to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected. Clear accurate recording enables the history of behaviours/concerns/bruising to be collated and appropriately reviewed with safeguarding in mind.
- Ensuring support workers are aware that any concerns/allegations about a foster carer should be dealt with in line with the guidance in the Bracknell Forest Multi-Agency Safeguarding Children Procedures.
https://berks.proceduresonline.com/bracknell/p_alleg_against_staff.html
- Ensuring that support workers maintain body maps for children where there are injuries, bruising or marks and these body maps are checked against the non accidental and accidental injuries chart for guidance and curiosity is always applied and discussions take place with other relevant people where appropriate. Body maps are viewed by the unit manager regularly as well as the Reg 44 visitors and the responsible provider.

5.4 Larchwood Management and Employees will support young people who have been abused

This will be accomplished

- In accordance with his/her agreed child protection plan. This includes being part of and actively contributing to the core group.

5.5 Larchwood Management and Employees will establish a safe environment in which children can learn and develop.

This will be accomplished by ensuring that

- Children have the right medicine.
- Clinical procedures are safely administered.
- Access to specialist health support is available when necessary whilst at Larchwood.
- Appropriate intervention and behaviour management is carried out by support workers and carers who are trained and competent.
- Larchwood is appropriately adapted, and the necessary equipment is in place.
- Accessible and safe transport to and from Larchwood is available.
- Bullying or discrimination is challenged.
- Children receive care from a stable team of support workers who develop an understanding of the child's unique way of communicating and provide security and consistency.
- Each child has a detailed care plan and risk profile, which are agreed by parents and other professionals involved in the child's care. These tools contribute to providing the best possible care and achieving the best outcomes for children and young people. Triggers and patterns of behaviours will be explored as part of the plan.
- When behaviour is escalating or there is an incident that is out of character for a child then advice is obtained from the CSST specialist behaviour support worker.
- Support workers are reminded at all times that behaviour is often a form of communication and it is important to ask what the behaviour might be 'telling us'
- The Bracknell Forest Whistle Blowing policy is promoted.

6 Bruising in Children who are not Independently Mobile

Accidental bruising on non-independently mobile infants and children is rare and should therefore always warrant further investigation. The younger the child, the greater the risk that bruising is non-accidental. Bruising is the most common presenting feature of physical abuse in children. Recent Serious Case Reviews and individual child protection cases across Berkshire have indicated that support workers and volunteers have sometimes underestimated or not recognised the potential for physical abuse, of the presence of bruising in children who are not independently mobile (i.e. those not yet crawling, cruising or walking independently).

If a child or young person attending Larchwood presents with unexplained bruising support workers must:

- Record all marks and bruises on a skin map.
- Inform parents or professionals directly working with the child/young person and question to gather an explanation.
- Seek advice from a manager if you have concerns over what you have been told, or the bruise/mark does not in your judgement add up to the explanation given and you are still concerned that this bruise/mark is significant.
- Use the non accidental and accidental injuries chart for guidance.

For bruises sustained at Larchwood notify parents, unit manager and social worker through the most appropriate channels according to the severity.

7 Self harm and Suicidal Behaviour

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

The term self-harm rather than deliberate self-harm is the preferred term as it is a more neutral terminology recognising that whilst the act is intentional it is often not within the young person's ability to control it.

Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and sometimes hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings in another way and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

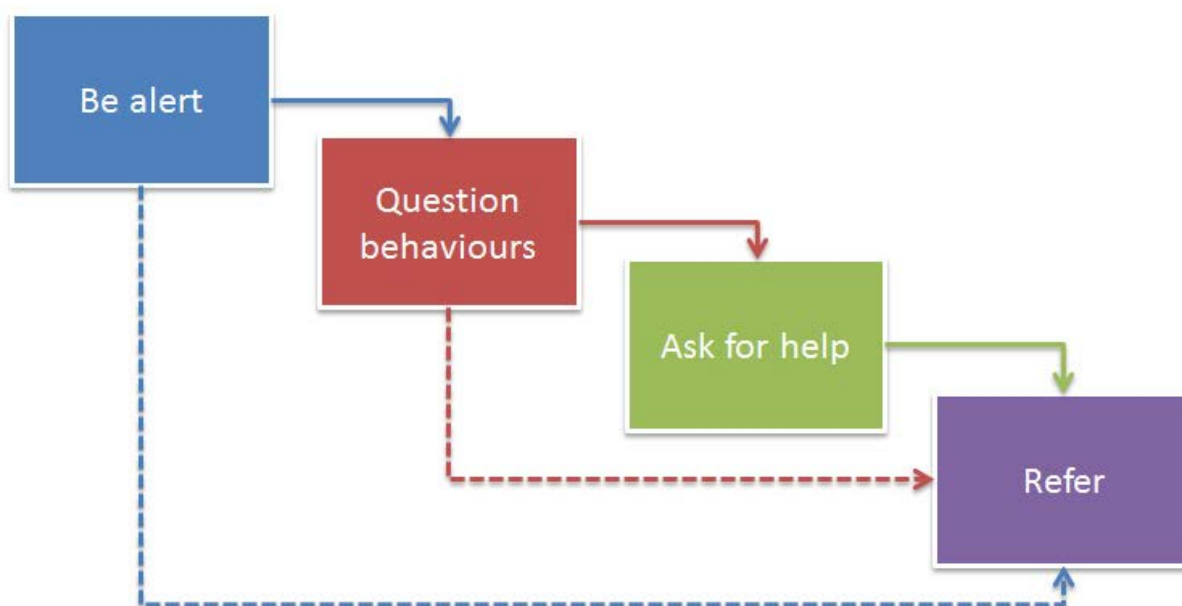
The indicators that a child or young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement, bullying at school or a variety of forms of cyber bullying, often via mobile phones, homophobic bullying, mental health problems including eating disorders, domestic violence and abuse or any form of child abuse as well as conflict between the child and parents.

The signs of the distress the child may be under can take many forms and can include:

- Cutting behaviours;
- Other forms of self-harm, such as burning, scalding, banging, hair pulling;
- Self-poisoning;
- Not looking after their needs properly emotionally or physically;
- Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;
- Staying in an abusive relationship;
- Taking risks too easily;
- Eating distress (anorexia and bulimia);
- Addiction for example, to alcohol or drugs;
- Low self-esteem and expressions of hopelessness.

8 Immediate Action to take if you are worried about a child

You work in an organisation that has specific duties in law to safeguard and promote the welfare of children. If you are worried that a child is being abused or ill-treated, you must tell someone. Children and their parents may need help urgently. You should contact the unit manager immediately but if the matter arises out of hours you should contact the allocated on-call manager. **If line management is not available you must independently pursue the process. Do not wait.**



8.1 Immediate action to ensure safety

If you believe that a child or young person in your care is at risk of suffering significant harm either at home or within the working environment and that urgent action is needed to protect the child or young person, **you must** immediately follow the actions stated on the Child Protection Flow Chart.

Responding to abuse

In a situation where a child discloses abuse, there are a number of steps that should be taken.

- **Listen carefully to the child.** Avoid commenting on the matter or showing reactions like shock or disbelief which could cause the child to retract or stop talking.
- **Let them know they've done the right thing.** Reassurance can make a big impact on a child who may have been keeping the abuse secret.
- **Tell them it's not their fault.** Abuse is never the child's fault and they need to know this.
- **Say you will take them seriously.** A child could keep abuse secret in fear they won't be taken seriously. They've spoken out because they want help and trust that someone will listen to and support them.
- **Don't talk to the alleged abuser.** Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child.
- **Explain what you'll do next.** If age appropriate, explain to the child that this will need to be reported to someone who will be able to help.
- **Don't delay reporting the abuse.** The sooner the abuse is reported after the child discloses the better. Report as soon as possible so details are fresh in the mind and action can be taken quickly.
- **Case notes/recording should take place at the earliest point and be completed in full the same day.**

For cases of disclosures of sexual abuse remember to not remove/wash any clothing or bedding items, as this can be used as evidence if a crime has been committed.

8.1.1 Legal framework

The safety of children is paramount in all decisions relating to their welfare. Any action taken by a member of Larchwood should ensure that no child is left in immediate danger.

The law (s.3 (5) Children Act 1989) empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare.

This may include:

- Taking all reasonable steps to offer a child immediate protection from an aggressive parent/carer.
- Keeping the child/young person under close supervision.
- Bringing in extra support workers.
- If you feel unable to protect the child/young person, other children, support workers carers or volunteers from danger, contact the Police immediately.
- If a support worker is under suspicion you may need to ask them to wait in the office or leave the unit in which they are working (ensuring the child is safe with an appropriate adult in the process).

8.1.2 Urgent Medical Attention

- If the child is suffering from a serious injury, medical attention must be sought immediately from Accident & Emergency (A&E).
- If abuse is suspected, Children's Social Care must be informed.

- Except in cases where emergency treatment is needed, Children's Social Care and the Child Abuse Investigation Unit are responsible for ensuring any medical examinations required are initiated as part of child protection (s.47) enquiries.

8.1.3 Recording

You should record, on the child's case record within 24hrs, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

8.1.4 Professional consultation (getting advice) and who to contact

Professional consultation can be sought at any stage with regards to concerns, process or for general support. During office hours there is always a variety of professionals you can seek advice from if you are concerned about safeguarding relating to a child or a support worker's conduct. Within Larchwood you will have direct access to either the Unit Manager or Senior Practitioner. Within the CSST you can access the child's Social Worker, Duty Social Worker, Team Manager or Head of Service. Within the council you can call the LADO.

Telephone contact details:

- Unit Manager - number is displayed within the unit.
- Team Manager – number is displayed within the unit
- Head of Service / Responsible Provider – number displayed in the unit
- Children's Specialist Support Team 01344 353112 / 01344 454042.
- Emergency Duty Team 01344 786543.
- Thames Valley Police 101 (999 in an emergency).
- Local Authority Designated Officer (LADO) 01344 351572.

Outside of office hours:

If you are unsure about something it is always ok to call the on-call manager from Larchwood for advice (see the bookings sheet for the named on-call manager). If unable to contact the on-call manager, please call the Head of Service for advice.

There is always someone available to offer advice and guidance. Never feel afraid to ask, or just run your decision past someone if in doubt.

There should be no delay in obtaining advice, i.e. if the person you called is not available try someone else or pursue the referral process.

A formal referral or any urgent medical treatment must not be delayed by the need for consultation. It remains the responsibility of Larchwood support workers to take whatever action is required to ensure the safety of the children in their care.

8.1.5 Talking to parents

Where practicable, concerns should be discussed with the parents / carers **unless** this may:

- Place the child/young person at risk of **significant harm** e.g. by the behaviour response it may prompt, or by leading to an unreasonable delay.
- Potentially lead to the loss of evidential material.

8.1.6 Decision not to seek parental permission

A decision by any professional **not** to seek parental permission before making a referral to Children's Social Care must be recorded and the reasons given.

Formal concerns/referrals from named professionals cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.

8.1.7 Parental permission given

Where a parent has agreed to a referral, this must be recorded and confirmed in the referral to Children's Specialist Support Team.

8.1.8 Parental refusal of permission

Where a parent refuses to give permission for the referral, further advice should, unless this would cause undue delay, be sought from a manager. If having taken full account of the parents wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded.
- The Children's Specialist Support Team (or social work team in the child's Local Authority) must be informed that the parent has withheld permission.
- The parent should be informed that after considering their wishes a referral has been made (unless this action may increase the risk of harm).

Child protection/concerns (referrals) to the social work team should be carried out by the most senior member on duty at the time. All discussions and actions taken must be fully recorded by the support workers involved.

Child Protection Flowchart

Where required take immediate action to protect the child and contact police if necessary.

Listen Observe Record
Report Do not interview the child

Ensure the child is safe.

Talk to the most senior member of staff on shift who will then contact the allocated worker or Emergency Duty Team plus the Unit manager/senior practitioner or Team Manager/Head of Service

Children's specialist support team:

01344353112/354042

Emergency duty team: 01344786543

The telephone numbers are on the wall.

During Office hours, advice can also be sought from the Local Authority Designated Officer (LADO):01344351572

Discuss and report any concerns you have at the earliest opportunity

If there is **any** allegation or

Suspicion of harm to a child

or

young person, it should be taken seriously