

Larchwood Short Break Unit Safeguarding Policy

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

Version 7
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1 Introduction

Larchwood is a short break Children's Home, providing personalised respite care for children who have complex needs, specifically a severe learning disability, which may or may not include a physical disability or medical condition. The children and young people who access Larchwood require personal care, medication, behavioural and/or communication support, sleep support, 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/>

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| 1 | <u>Responding to abuse and neglect</u> |
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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 staff at Larchwood including permanent support workers, admin & auxiliary staff, relief support workers, agency staff, 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 based on 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
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Equality Act 2010
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Children and Social Work Act 2017
- Working Together to Safeguard Children 2018
- GDPR 2018
- Safeguarding Disabled Children Practice Guidance 2019
- 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:

- bullying and cyberbullying
- child sexual exploitation,
- child trafficking and modern slavery,
- criminal exploitation, gangs, and county lines,
- domestic abuse
- fabricated or induced illness
- female genital mutilation and breast ironing
- grooming,
- non-recent abuse,
- online abuse
- 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

Types of abuse: there are four main categories, other types of abuse may occur in isolation but are often linked to one or more of the four main categories.

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 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 because 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 caregivers); 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.

Bullying and Cyberbullying:

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening, or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Cyberbullying is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming, and mobile phone.

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 technology. ([Working Together to Safeguard Children 2018](#))

Child Trafficking and Modern Slavery

Trafficking is the movement of a person from one place to another for the purpose of exploitation: using them for somebody else's gain. Modern slavery is a common term for all kinds of slavery, trafficking, and exploitation. Children can be smuggled or trafficked into the UK from many parts of the world to be exploited, however some children are trafficked by being moved out of the UK, in and around the UK and even from house to house in their local area. They are often moved away from their family and friends so that they can be isolated and controlled by traffickers. Children are often trafficked and exploited for forced labour, criminal exploitation, sexual exploitation, domestic servitude, and organ harvesting. Traffickers will often trick children with offers of legitimate work or an opportunity to move somewhere safer.

Child Criminal Exploitation:

Child Criminal Exploitation is when 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.

Domestic Abuse:

Domestic Abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling, or coercive behaviour, sexual and/or economic abuse. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home.

Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.

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.

Breast Ironing is bringing girls breasts into contact with hard or heated objects, to suppress or reverse the growth of breasts by destroying the tissue.

Grooming:

Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit, and abuse them. Children and young people who are groomed can be sexually abused, exploited, or trafficked. Anybody can be a groomer, no matter their age, gender, or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

Non-recent Abuse:

Non-recent child abuse, sometimes called historical abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case: there's no excuse for abuse. You might have known you were abused for a very long or only recently learnt or understood what happened to you. Whether the abuse happened once or hundreds of times, a year or 70 years ago, whatever the circumstances, there's support to help you. It's never too late.

Online Abuse:

Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. And it can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming, and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse, which is taking place offline, like bullying or grooming. Or the abuse might only happen online.

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 dependent 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.
- Meeting on a six monthly with Agencies who supply workers to ensure that their practice is in line with Larchwood and ensuring that we have the worker's agency profiles.
- Bracknell Forest Commissioning Team undertake due diligence with agencies used.
- Ensuring a Bracknell Forest Council employed support worker is on rota for every shift.
- The senior practitioner undertaking one to two shifts per week, and the Registered manager undertaking occasional shifts, to maintain a management overview of practice.
- Promoting the Bracknell Forest Whistle Blowing Policy and access to the Registered 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.

[Allegations Against Staff or Volunteers who Work with Children \(proceduresonline.com\)](http://proceduresonline.com)

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 direct work and target setting, to maximise the communication skills of children with disabilities. As a result of practising and improving communication, it is anticipated that their safety and safeguarding skills will be enhanced. 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 other communication aids available within the unit, for example PECS symbols, AAC devices, 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.
- Supporting children and young people to move towards independent self-care. Embedding the idea of consent in personal care if independence cannot fully be achieved.
- Discussing personal safety and relationships as part of our group work through displays, visuals, direct discussions and role modelling.

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 Registered 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 (Make safe) 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 available in the appendix and through the link provided.
- 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 registered manager regularly as well as the Reg 44 visitors and the responsible individual.

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 and ICPC

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.
- 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 (Appendix 3).

For bruises sustained at Larchwood notify parents, registered 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.

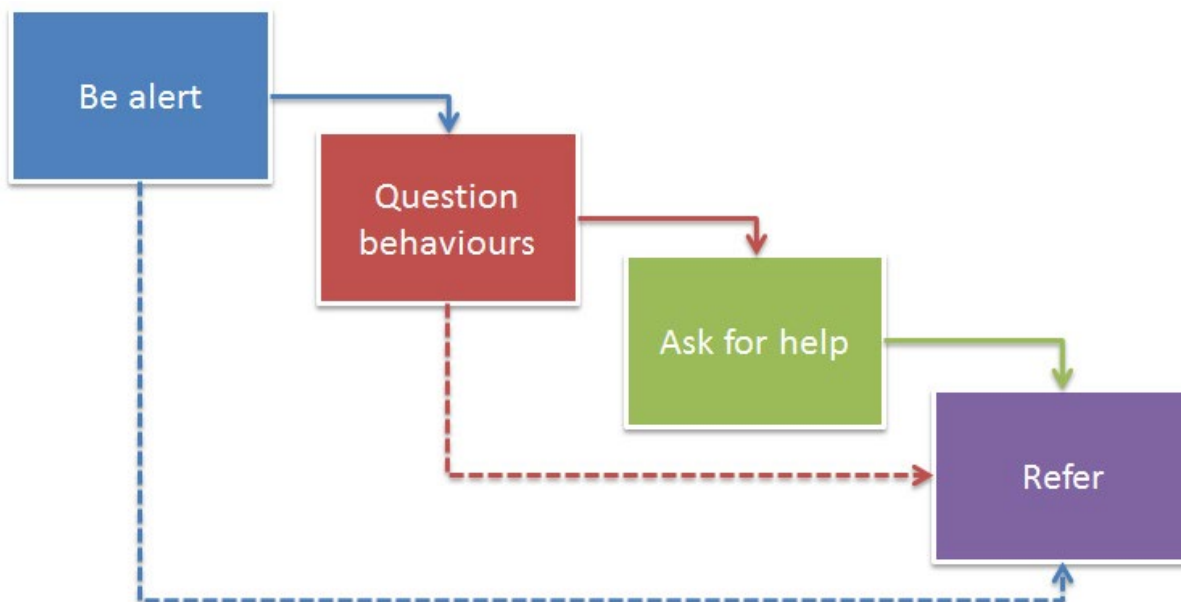
The signs of the distress the child may be under can take many forms and can include:

- 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:

- 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.

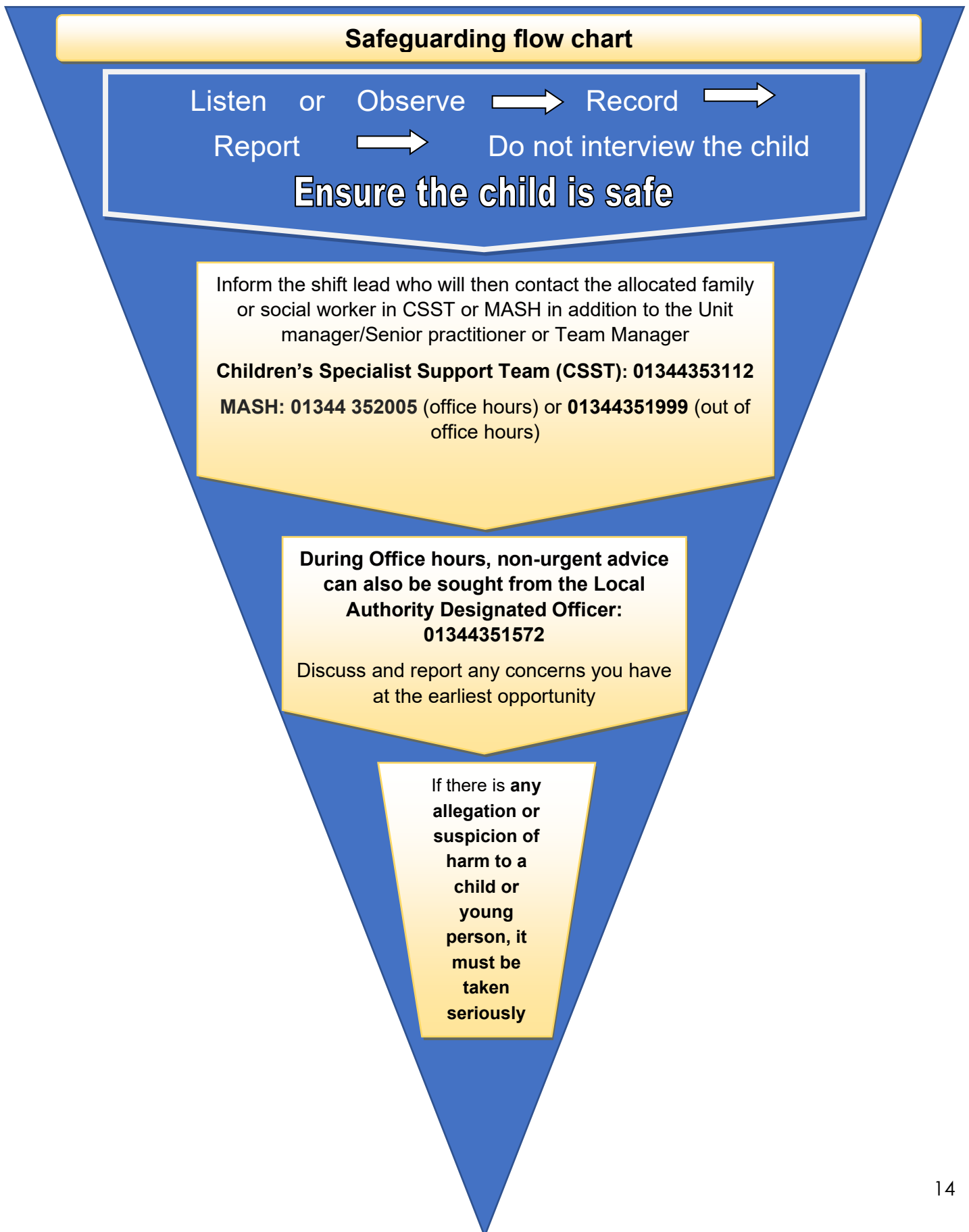
- The parent should be informed that after considering their wishes a referral has been made (unless this action may increase the risk of harm).

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.

Appendix 1

Child Protection Flowchart

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



Appendix 2

Pan Berkshire Child Protection Procedures

Child Exploitation (CE) and Serious Youth Violence (SYV) Indicator and Analysis Tool

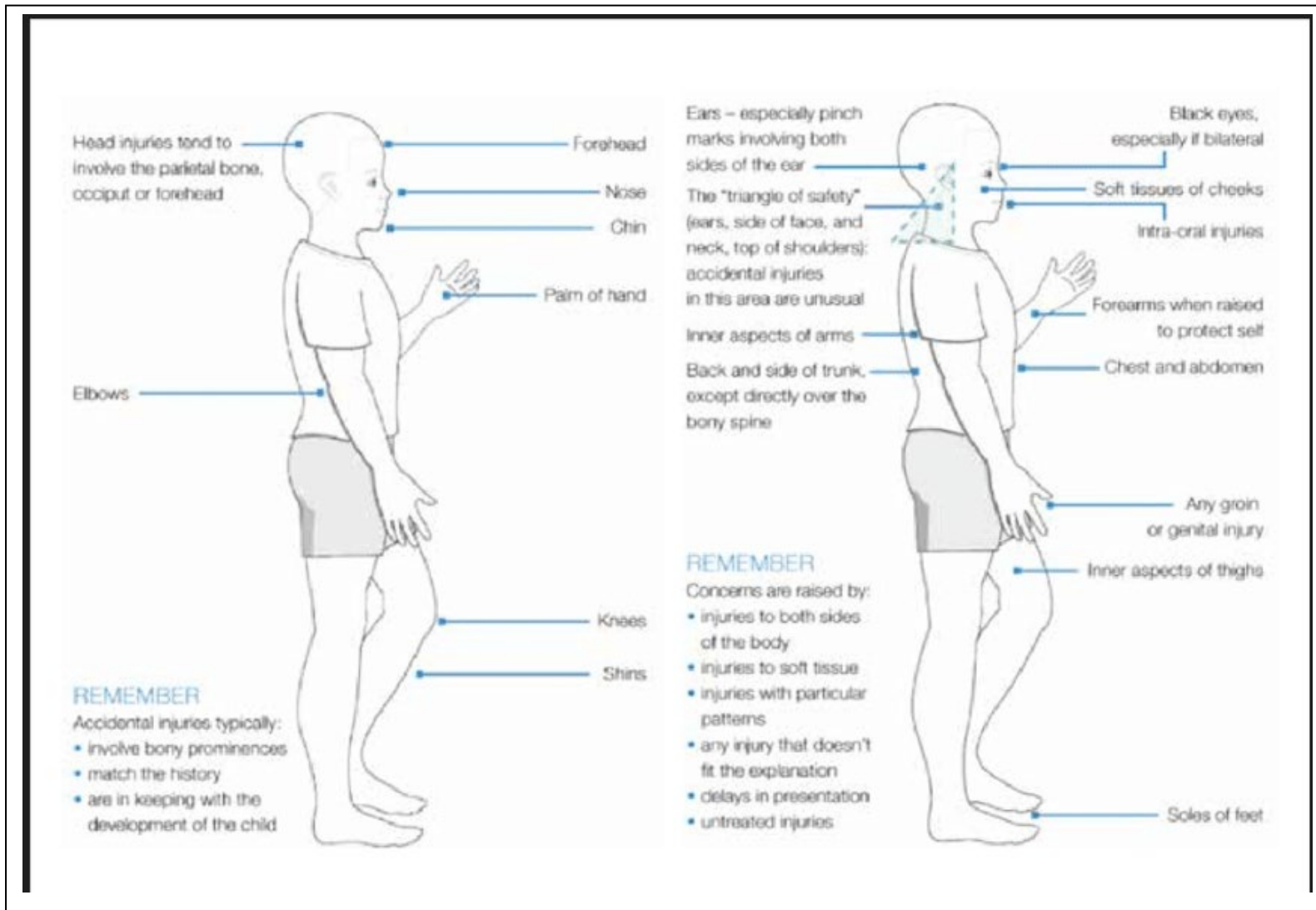


Guidance

When considering child exploitation, the following domains are helpful to consider:



Appendix 3



Larchwood Safeguarding Policy August 2023

Please sign to say you have read and understood this document, should you require clarity on any areas of this document please make an urgent appointment to speak to the Larchwood management team.

Document Name: Safeguarding Policy

Date	Name	Signature	Comments