



## **Safeguarding and Child Protection Policy**

### **HOP SKIP AND JUMP**

#### **Principles**

Hop Skip and Jump takes seriously its responsibility to protect and safeguard the welfare of the children and young people in its care.

“The welfare of the child is paramount.” Children Act 1989.

#### **All action is taken in line with the following legislation/guidance:**

- Keeping Children Safe in Education (DfE July 2015)
- Section 175 Children Act 2002
- Working Together to Safeguard Children (March 2015)
- Wigan Local Safeguarding Children Board guidance
- What to do if you're worried a child is being abused (DfE March 2015) – non-statutory advice for practitioners
- Information-sharing :advice for practitioners providing safeguarding services (DfE March 2015)
- The Prevent duty - Departmental advice for schools and childcare providers (July 2015)

We will follow procedures set out by the Local Safeguarding Children Board and take account of further guidance issued by the DfE, and the Local Authority (LA).

Our policy applies to all staff and volunteers working at Hop Skip and Jump.

We recognise that staff, because of their contact with and knowledge of children or young people in their care, is well placed to identify abuse or neglect and offer support to children in need.

**As part of the ethos of Hop Skip and Jump all staff and volunteers are committed to:**

- Ensuring they practise safer recruitment in checking the suitability of staff and volunteers to work with children;
- Understanding, and adhering to the Hop Skip and Jumps code of conduct (Safer Working Practice Guidance for adults working with children and young people 2013);
- Establishing and maintaining a safe environment, where all children feel secure, can learn and develop, are encouraged to talk and are listened to, where their views are valued and respected;
- Supporting children who have been abused, and carrying out specific actions in accordance with the agreed Child Protection Support plan;
- Ensuring staff and volunteers are aware of signs and symptoms of abuse, know the correct procedure for referring concerns, or reporting allegations against staff, and receive appropriate training to enable them to carry out these requirements;
- Ensuring all volunteers understand their responsibilities in being alert to the signs of abuse and their responsibility for referring any concerns to the designated safeguarding lead;
- Exercising our duty to work in partnership with other agencies and to share information with them, including attendance at child protection conferences, core groups and preparation of reports for conferences;
- Encouraging and supporting parents/carers, working in partnership with them.

**Hop Skip and Jump recognises that it is an agent of referral and not of investigation.**

Safeguarding issues can include one or more of the following:

- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Bullying or harassment (including e-safety)
- Child sexual exploitation
- Forced Marriage
- Radicalisation
- Female Genital Mutilation
- Domestic Abuse

Our child protection policy should be read in conjunction with the following relevant policies:

- Positive Behaviour Support and positive handling
- Anti-bullying
- Health and Safety
- Equal Opportunities
- Social Media
- First Aid
- Lone Working
- Recruitment
- Children missing in education

## **Concerned about a child or young person?**

Speak to your manager or safeguarding lead on duty Lyndsey Stone / Jess Clitheroe or contact Hayley Stone / Terry Ratcliff on 01453 836390 for further advice.

Record the outcome of any discussion about the child's welfare and any action to be taken on a HS&J 'Child's Concern Form'

If you're still concerned seek consent of the family and child to complete an Early Help Assessment.

If the assessment highlights that the child needs more support convene a change meeting with the necessary agencies, with the purpose of providing services to improve outcomes for the child/family

If the assessment highlights that the child may be suffering or is at risk of suffering significant harm refer them to Children's Social Care

In both circumstances discuss your concerns with the family and seek their agreement to make a referral to Children's Social Care, unless doing so will increase the risk to the child

If the child is already known to Children's Social Care you should still discuss your concerns with them.

### **In an emergency**

If you feel they or anyone else is in immediate harm or in need of emergency medical attention call the emergency services on 999.

**PROTOCOL FOR INJURIES IN NON-MOBILE CHILDREN**

Professional observes an INJURY, BRUISE or SUSPICIOUS MARK  
**You Must Suspect Child Maltreatment**

Is the child seriously ill/needs emergency treatment?

**YES**  
A child who is seriously ill should be referred immediately to hospital  
Contact Police

**NO**  
Seek an explanation, examine and record accurately.  
This should include details of social history including other children and carers.

Explain to carers the reason for immediate referral to Paediatrics and Children's Social Care.

Refer Child immediately to Paediatrician On-Call for Child Protection T: 01942 244000  
Refer Child immediately to Children's Social Care T: 01942 8283000  
Inform GP & Health Visitor

Follow the Wigan Safeguarding Children' Board Child Protection Procedures.  
<http://www.wiganlscb.com/childprotection.asp>

## INJURIES IN NON-MOBILE CHILDREN

### Protocol Summary

The protocol provides all agency professionals with a knowledge base and action strategy for the assessment, management and referral of children who are nonmobile who present with injuries (including bruising or suspicious marks).

Any child who is found to be seriously ill or injured, or in need of urgent treatment or further investigation, *should be referred immediately to hospital before referral to Children's Social Care.*

**Bruising is the commonest presenting feature of physical abuse in children. The younger the child the greater the risk that bruising is non-accidental. There is a substantial and well-founded research base on the significance of bruising in children. [www.core-info.cf.ac.uk/bruising](http://www.core-info.cf.ac.uk/bruising)**

Any injury, bruising, or mark that might be bruising, in a child of any age that is brought to the attention of a professional should be taken as a matter for inquiry and concern. Injuries in a non-mobile child should raise suspicion of maltreatment and should result in an immediate referral to Children's Social Care and an urgent paediatric opinion. [See NICE Clinical Guideline 89: <http://guidance.nice.org.uk/CG89/Guidance/pdf/English>

Where a decision to refer is made, it is the responsibility of the first professional to learn of or observe the injury to make the referral. See below for contact details.

All telephone referrals should be followed up within 48 hours with a written referral using the appropriate interagency referral form. This can be accessed via:

<http://www.wigan.gov.uk/Resident/Health-SocialCare/Children-and-youngpeople/ProfessionalReferralForm.aspx>

For a paediatric opinion contacts your local acute hospital. See below for contact details.

An injury must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken by a paediatrician.

Innocent bruising is rare. It is the responsibility of Children's Social Care and the local acute hospital to decide whether bruising is consistent with an innocent cause or not.

Parents or carers should be included as far as possible in the decision-making process providing this does not pose a further risk to the child. If a parent or carer is uncooperative or refuses to take the child for further assessment, this should be reported immediately to Children's Social Care.

Information should be shared between the child's GP and Health Visitor and the case should be discussed with a professional or senior colleague such as the Area Safeguarding Children Team or the Trust Safeguarding Children Team.

The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be over-emphasised - body maps can be used. Once a referral to Children's Social Care has been made, practitioners must follow the WSCB Safeguarding Children Procedures: <http://www.wiganlscb.com/childprotection.asp>

Refer Child to Paediatrician On-Call for Child Protection (RAEI)

T: 01942 244000

Refer Child to Children's Social Care (Duty Team)

T: 01942 828300

## Record Keeping

### Any member of staff or volunteer receiving a disclosure of abuse, or noticing possible abuse must :-

- Make an accurate record as soon as possible; noting what was said or seen, putting the event into context, and giving the full date, time and location. (This will be recorded onto a concern / disclosure form)
- Where staff has observed injuries to a child, these will be recorded on a body map outline, with some indication given about the size of the injury. **Staff will not take photographs of injuries.**
- The concern / disclosure must be discussed with the designated safeguarding lead as soon as possible.
- All hand-written records must be retained, even if they are subsequently written up onto a concern/disclosure form.

Written records of concerns about children must be kept, even where there is no need to make a referral immediately.

All records relating to child protection concerns will be kept in a secure place and will remain confidential. They do not form part of the Children's & Young Person assessment files and must be kept separate from other records.

A chronology will be kept at the front of each individual child & young person file, which is reviewed and updated whenever a new concern is raised or additional relevant information becomes available, **noting actions and outcomes.**

Confidentiality must be maintained at all times.

There are occasions when social care will contact Hop Skip and Jump and request a phone number for a parent or carer. The caller's identity should be verified before releasing this information, take the professional's number and contact them back before releasing any information.

## **Alleged Abuse by Staff**

### **What to do if an allegation or concern is raised about a member of your staff?**

If you're faced with an allegation against an employee, volunteer, or a professional working or providing services to children you must contact the Designated Officer in your agency at the earliest opportunity. Failure to do this could put children and young people at risk of harm. The Designated Officer should inform the LADO within 1 working day.

If you are not sure if the situation meets the threshold contact LADO for an informal discussion.

### **What is the process?**

The LADO process can be described in 6 stages:

1. You become aware of a risk to a child from an employee, volunteer, or professional in your employ. You report your concerns to your Designated Officer at the earliest opportunity, who will then liaise with LADO. Every organisation should have a Designated Officer who deals with Safeguarding issues
2. LADO will work with you and the designated officer to decide; who the case needs to be referred to; if an initial action meeting is needed to discuss safeguarding issues; whether Human Resources need to be involved and what immediate action needs to be taken to make a child or children safe
3. LADO will consult wherever appropriate, with the police, children's social care team and the person's line manager (if this is a different person from the referrer)
4. Following the initial discussions the LADO will either arrange an Initial Action meeting or record the case as advice given or no further action required
5. The Initial Action meeting brings together information and evidence to plan the investigation. This is a multi-agency meeting that will decide if there is a criminal offence that needs to be investigated by the police, whether a child is in need of protection or services, and if an employer needs to consider disciplinary action against the individual
6. The LADO co-ordinates the investigations and reviews the actions as necessary. They record all the information and actions ensuring where necessary that individuals are reported to regulatory bodies.

### **Contact LADO**

The Local Authority Designated Officer in Wigan, Steve Westhead.

- Telephone: 01942 486034
- Out of normal office hours: 01942 828300
- Email: [lado@wigan.gcsx.gov.uk](mailto:lado@wigan.gcsx.gov.uk)

Hop Skip and Jump is legally obliged to make a referral to the Disclosure and Barring service if at the end of the allegation process a member of staff or volunteer is removed from their position, or if they leave while under investigation for allegedly causing harm or posing a risk of harm.

Hop Skip and Jump has a code of conduct in place which clearly states what behaviours are acceptable and what behaviours are not and a professional boundaries policy in place. Staff sign to say that they have read and understood the documents.

### **Concerns about safeguarding practice within Hop Skip and Jump**

Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in Hop Skip and Jump. Appropriate whistleblowing policy and procedures is in place for Hop Skip and Jump.

### **Training**

All staff must receive up to date Safeguarding training every 2 years. Training is available from the Wigan Local Safeguarding Children Board [www.wigan.gov.uk](http://www.wigan.gov.uk)

Where appropriate, staff will receive additional training in order to effectively carry out their role e.g. safer recruitment training, LADO training.

The designated safeguarding lead and their deputy should keep up to date with local and national advice and guidance on child protection, and attend such additional training as is necessary to effectively fulfil their roles.

Training records must be kept up to date, recording the date, focus and level of training received by individuals.

### **Review**

This policy will be reviewed on an annual basis, and updated where appropriate, however if a weakness is identified in Hop Skip and Jumps procedures, the policy will be reviewed and revised immediately.

Signed: