



**CHILDREN AND YOUNG PEOPLE
SAFEGUARDING
PROCEDURES**

CONTENTS

| | | |
|---------------------|--|----------------|
| 1. | PURPOSE OF THE PROCEDURE | 2 |
| 2. | LEGAL REQUIREMENTS AND ADDITIONAL FACTORS IN RELATION TO SAFEGUARDING DISABLED CHILDREN | 2-4 |
| 3. | AREAS OF RESPONSIBILITY | 5-6 |
| 4. | DEFINITIONS | 6-7 |
| 5. | PRINCIPLES TO BE OBSERVED | 7 |
| 6. | WHAT TO DO WHEN HARM IS SUSPECTED | 7-8 |
| 6.1 | The Safeguarding Children Process | 9-14 |
| 6.2 | Missing Children and Sexual Exploitation | 15-17 |
| 7. | TRAINING | 17 |
| 8. | MONITORING AND REVIEW | 17 |
| 9. | REFERENCES | 17 - 18 |
| 10. | SUPPORTING GUIDANCE | 18 |
| Appendix 1: | Scope Child/Young Person Safeguarding Referral Form | 19 |
| Appendix 2: | Scope Child/Young Person Safeguarding Outcome Form | 25 |
| Appendix 3: | Responding to a Child or Young Person who is making a disclosure | 27 |
| Appendix 4: | Types of Harm, Indicators and Examples | 28 |
| Appendix 5: | What is Information Gathering? | 32 |
| Appendix 6: | The Role of the Safeguarding Service | 33 |
| Appendix 7: | Roles and Responsibilities of Designated Safeguarding Adviser | 34 |
| Appendix 8: | Guidance on the Assessment of the Need for Suspension | 35 |
| Appendix 9: | Scope Internal Safeguarding Investigation | 36 |
| Appendix 10: | Preserving or Protective Evidence | 38 |
| Appendix 11: | Case Conferences and Child subject to a Child Protection Plan | 39 |
| Appendix 12: | Missing Child Risk Assessment Record | 40 |
| Appendix 13: | Information Sharing Form | 43 |
| Appendix 14: | Risk Assessment Framework for children abused through sexual exploitation | 45 |
| | DOCUMENT CONTROL | 47 |

1. PURPOSE OF THE PROCEDURE

The purpose of this procedure is to provide all staff, volunteers and approved foster carers in Scope with a framework to prevent and minimise the risk of harm to children and young people who use Scope's Services. All staff and volunteers share the responsibility to prevent and minimise the risk of harm and must use this procedure when dealing with concerns of harm or neglect. This procedure details the steps that individuals are expected to take.

Scope has a strategic level Safeguarding Management Board (SMB) which includes senior representation from all areas of responsibility. The aims of the board are:

- To minimise the risk of harm to children and young people and to protect effectively where harm has, or may have occurred.
- To fulfil Scope's Corporate Governance in respect of safeguarding and protection
- To have a strategic overview of all matters relating to safeguarding work across the Scope.

2. LEGAL REQUIREMENTS AND ADDITIONAL FACTORS IN RELATION TO SAFEGUARDING DISABLED CHILDREN

The key legislation and regulatory requirements are detailed within the policy and include:

- [The Children Act 1989](#)
- [The Children Act 2004](#)
- [The Sexual Offences Act 2003](#)
- [Working Together to Safeguard Children 2013](#)

As a Pan Disability Organisation Scope recognises the increased vulnerability of disabled children. The [Safeguarding Disabled Children Practice Guidance](#) (DSCF 2009) suggests that disabled children are at an increased risk of abuse and the presence of multiple disability increases the risk of both abuse and neglect. A disabled child may be more vulnerable due to:

- The need for practical assistance in daily living, including intimate care from what may be a number of carers;
- An inability to communicate concerns;
- Carers working with a disabled child in isolation or the child is socially isolated;

- Professionals identifying with parents/carers and losing focus on the impact of familial stresses on the child;
- Bullying and intimidation due to disability;
- Low self-esteem/negative views of themselves;
- Lack of access to “Keep Safe materials”;
- Targeting by some sex offenders in the belief that they are less likely to be detected.

ESSENTIAL SAFEGUARDS FOR DISABLED CHILDREN

Safeguards for disabled children are essentially the same as for non-disabled children and should include enabling them to:

- Make their wishes and feelings known;
- Receive appropriate personal, social and health education;
- Raise concerns;
- Have a means of communication and range of adults with whom they can communicate;

All Scope Services for children must have:

- An understanding that the welfare of a child is paramount.
- An explicit commitment to understand disabled childrens’ safety and a culture of openness;
- An absolute focus upon the child and the child’s need for protection from harm, whilst being committed to working in partnership with parents/carers;
- Policies, procedures, local protocols and training for staff on good practice in intimate care, working with children of the opposite sex, handling difficult or challenging behaviour, anti-bullying strategies and sexual behaviour among young people, especially those living away from home.

OLDER CHILDREN AND CAPACITY TO MAKE DECISIONS

Whilst the law states that a child is such until they reach 18 years of age it is widely recognised that as a child gets older they do attain some rights over making decisions. 'Gillick competency' and 'Fraser guidelines' are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

In the high court Mr Justice Woolf ruled

"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."

Lord Scarman's comments in his judgement of this case in the House of Lords (1985) are often referred to as the test of "Gillick competency":

"...it is not enough that she should understand the nature of the advice which is being given: she must also have a sufficient maturity to understand what is involved."

He also commented more generally on parents' versus children's rights:

"Parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

Service Managers must seek appropriate advice if there is any doubt in these matters.

RESTRAINT

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical harm. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. An assessment as to whether a child or young person is being deprived of their liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Appropriate use of restraint can be justified to prevent harm to an individual or another person as long as it is a proportionate response to the likelihood and seriousness of the harm.

3. AREAS OF RESPONSIBILITY

Safeguarding is everyone's responsibility and all staff who, during the course of their employment have direct or indirect contact with children and young people, or who have access to information about them, have a responsibility to safeguard and promote their welfare. This Procedure applies to all Scope staff, foster carers and volunteers, including temporary, part-time and agency/bank staff.

| Role | Safeguarding Responsibility |
|---|---|
| Trustees | Ensure that effective safeguarding policies and practices are approved, implemented and monitored throughout Scope. Take steps to ensure that any safeguarding risks arising from Scope's activities and operations involving children and adults at risk are assessed and measures are put in place to reduce these risks to acceptable levels. |
| Chief Executive Officer (CEO) | <p>Ensure that Scope has appropriate and effective safeguarding policies and procedures in place and that the Executive Leadership Team is able to implement fully the Corporate Safeguarding Policy across all areas of Scope's work.</p> <p>Ensure that the Board of Trustees are immediately advised of any major causes of safeguarding concern.</p> <p>Ensure that the Executive Leadership Team routinely evaluates the quality and impact of Scope's safeguarding activities, ensuring transparency and a learning culture across the organisation in securing any improvements to safeguarding policies, procedures and practices.</p> <p>Support and challenge the Executive Director of Services in the development and delivery of Scope's safeguarding practice.</p> |
| Executive Director of Service | <p>Development and effective implementation of Scope's Corporate Safeguarding Policy based on national guidance and recognised best practice.</p> <p>Ensure that the Chief Executive/Board of Trustees are immediately advised of any major causes of safeguarding concern.</p> <p>Delivery of effective corporate governance arrangements for safeguarding, primarily in the form of regular, relevant and rigorous reports about the quality, consistency and effectiveness of safeguarding practice across all of Scope's operations.</p> <p>Chair the corporate Safeguarding Management Board</p> <p>Appropriate resourcing of safeguarding support and training throughout Scope</p> <p>Establish appropriate risk management strategies in relation to children and adults at risk throughout Scope's Services.</p> |
| Executive Leadership Team, Directors, Heads of Department, Area Managers and Retail Managers | Oversee effective delivery, management and monitoring of safeguarding within their area of responsibility and promote best practice throughout Scope. |
| Head of Quality, Risk and Compliance | <p>Ensure Scope's corporate safeguarding practices, training and procedures comply with national legislation and guidance.</p> <p>Develop and deliver appropriate safeguarding training across all of Scope's areas of work.</p> <p>Ensure that the Executive Director of Services/Chief Executive is immediately advised of any major causes of safeguarding concern.</p> <p>Develop, collate and report on safeguarding metrics across the organization and to lead the annual programme of safeguarding audits.</p> |

| | |
|---|---|
| Nominated Individuals (currently Director of Services, Wales & Head of Quality, Risk and Compliance in England) | Ensure all staff are compliant with procedures and follow the advice and guidance of the Safeguarding Service. Provide the Head of Quality, Risk and Compliance with safeguarding performance information as is required for the Safeguarding Management Board, ELT, Development & Audit Committees and the Board of Trustees. |
| Safeguarding Team | Ensure all appropriate steps are taken in cases that have been referred to the Safeguarding Service. Ensure the Safeguarding procedures are followed. Ensure advice, guidance and training is provided consistently and supports the full implementation of the policy and associated procedures. |
| School & College Governors | Establish safeguarding as a standing item at each Governor's meeting and ensure that the Head Teacher/Principal provides routine reports on any reported Safeguarding issues. Ensure that the requirements of the Corporate Safeguarding Policy and Procedures are being met. Ensure that any safeguarding action plans arising from Ofsted/CSIW/CQC inspections findings and recommendations are discussed in advance of approval with the Head of Quality, Risk and Compliance and thereafter submitted to the Executive Director of Services. |
| Service Managers, Shop Managers, Employment Operations Managers & Designated Safeguarding Advisers (DSAs) | Ensure all staff, approved carers and volunteers within their Service are aware of how to identify and respond to concerns and/or allegations of harm and neglect. Ensure that staff and volunteers in their Service receive annual safeguarding training. Ensure the Local Authority Safeguarding Adults procedure and Scope's Adult at Risk Safeguarding procedure are accessible to all staff members and volunteers. Ensure their Local Authority Safeguarding Adults out of hours contact details and the Scope on-call managers contact details are available to staff and volunteers within the Service. Ensure their Local Authority Safeguarding Children procedure and Scope's Safeguarding Children procedures are accessible to all staff members and volunteers. Responsible for ensuring their Local Authority Safeguarding Children out of hours contact details and the Scope on-call managers contact details are available to staff and volunteers within the Service. |
| Staff and Volunteers | Identify and take steps to safeguard and protect children and adults at risk when concerns arise. |

4. DEFINITIONS

Child Protection - is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of, suffering significant harm.

Children - as in the Children Acts 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. 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, in prison or in a Young Offenders' Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Safeguarding - is defined for the purposes of this procedure as: Protecting children and young people from all types of abuse and neglect including developmental impairment, ensuring that children and young people are living in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children and young people to have optimum life chances and to enter each life stage successfully.

Significant harm - refers to 'ill-treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of or an avoidable deterioration in physical or mental health; and the impairment of physical, emotional, social or behavioural development' ("Who Decides?" Law Commission, 1997)

5. PRINCIPLES TO BE OBSERVED

All staff must follow these principles when dealing with children who may have been harmed (Appendix 3 – Responding to a Child or Young Person who is making a disclosure).

The prime concern at all stages will be the interests and safety of the child.

- The aim will be to give a professional service to support and minimise distress to any child;
- It is not Scope's responsibility to make decision about whether a child has been harmed or abused. If there are signs and indicators of abuse or neglect or allegations have been made, Scope has a responsibility to ensure that the appropriate agencies are informed;
- If a child is believed to be at immediate risk of harm e.g. a carer is making threats that they intend to physically harm a child and it is believed that they would act on that threat, then the Police must be contacted without delay as they are the only agency that can intervene immediately;
- Where a child or young person makes an allegation of historical abuse, it should be treated in the same way as a current allegation and these procedures must be followed;
- The importance of professionals working in partnership with other agencies and the family is essential.

6. WHAT TO DO WHEN HARM IS SUSPECTED

The six key stages of the safeguarding children process for staff, foster carers and volunteers are as follows and detailed below:

- **Stage One:** Raising an alert/concern;

- **Stage Two:** Response to an alert/concern;
- **Stage Three:** Strategy discussion or meeting;
- **Stage Four:** Investigation;
- **Stage Five:** Case conference and safeguarding plan;
- **Stage Six:** Review and closure

During these six stages, key considerations are:

- Taking action to protect and support the child;
- Assessing and addressing risk (Appendix 4 Types of Harm, Indicators and Examples);
- Supporting and enabling the child to achieve the outcomes they want wherever possible;
- Taking appropriate action for the person causing the alleged harm. Where this person is an employee within Scope, the disciplinary process should be used from the beginning of the process;
- Identifying any lessons to be learnt for the future, including recommendations for any changes to the organisation and service delivery;
- Reporting concerns to the relevant agency/agencies as soon as possible.

Table 6.1 The Safeguarding Children process

| Stage | Activity | Responsibility | Timescale |
|--|--|--|---|
| <p>Stage 1:</p> <p>Raising a concern/alert</p> | <ul style="list-style-type: none"> • Act to protect child; • Deal with immediate needs; • Preserve any evidence of alleged harm (Appendix 10 – Preserving or Protecting Evidence) • Report to line manager/DSA or on-call manager immediately; • Seek medical advice if appropriate; • Record facts and ensure they are signed and dated; • Do not question the victim; • Contact Scope Safeguarding Service for advice as to whether harm has occurred and the next steps to take. • Report to the Police if a crime is suspected; | <p>All staff, volunteers and foster carers to act to protect, report and record.</p> <p>All activities listed are the responsibility of the Area Manager, Service Manager, On-Call Manager and/or DSA.</p> | <p>All activities listed to take place immediately if an emergency or within the same working day</p> |

| Stage | Activity | Responsibility | Timescale |
|-----------------------------------|--|--|---|
| <p>Stage 1 - Decision:</p> | <ul style="list-style-type: none"> • Take any immediate action to identify and address the risk; • Information gathering/fact finding (Appendix 5 – Information Gathering) • Decide whether harm has occurred, if not this will be recorded as a case consultation; • Decide whether harm has occurred and if so to raise the concern/alert with the host Local Authority Safeguarding Children’s team and/or Ofsted; If this action is taken, the funding Local Authority should also be contacted; • If referring to the Local Authority Safeguarding Children’s team, Scope’s Safeguarding Referral Form (Appendix 1 – Referral Form) to be completed and returned to Scope Safeguarding Officer. • If a Scope staff member or volunteer is thought to have harmed a child, then consideration should be given to whether suspension is needed (Appendix 8 – Guidance on the Assessment of the need for Suspension) • The staff member or volunteer must not be made aware of the allegation until there is agreement at the safeguarding strategy meeting or by the lead agency • If an agency member of staff is alleged to have harmed a child whilst working in a Scope setting, an alert will be made as above but the employing agency will also be informed. | <p>All activities listed are the responsibility of the Area Manager, Service Manager, On-Call Manager and/or DSA.</p> <p>After consultation with HR, only the Regional Director or their Senior Manager can make the Decision to suspend a staff member.</p> | <p>All activities listed to take place immediately if an emergency or within the same working day</p> |

| Stage | Activity | Responsibility | Timescale |
|---|--|--|--|
| <p>Stage 2:</p> <p>Response to a concern/alert</p> <p><i>This is the responsibility of the Host Local Authority (the Authority in which the harm has taken place)</i></p> | <ul style="list-style-type: none"> • Gather information and clarify facts (see Appendix 5 – What is Information Gathering); • Determine whether any other appropriate actions are necessary in response to the allegation, such as changes to risk assessments; • Determine whether the host authority has accepted the alert/concern as a referral; • Communicate with any other funding Local Authorities to agree any actions required; | <p>All activities listed are the responsibility of the Service Manager and/or DSA in conjunction with the Area Manager</p> | <p>All activities listed to take place within 24 hours of making the alert</p> |
| <p>Stage 2 - Decision</p> | <ul style="list-style-type: none"> • Evaluate risk; • Decide whether Child Protection/Child in Need procedure apply and criteria met for a referral; • Agree an interim safeguarding plan; • Await a decision as to whether a strategy meeting or discussion is needed. | <p>All Host Local Authority</p> <p>All Service Manager and/or DSA</p> | <p>All activities listed to take place within 72 hours of making the alert</p> |

| Stage | Activity | Responsibility | Timescale |
|--|---|--|---|
| <p>Stage 3</p> <p>Strategy discussion or multi-agency meeting (Appendix 11 – Case Conferences and Children subject to a Child Protection Plan)</p> | <ul style="list-style-type: none"> • Attend meeting • Evaluate risk; • Agree further actions and activities in relation to the referral; • Agree agencies responsible and timescales. • Update Scope Safeguarding Service. | <p>Area Manager and Service Manager</p> <p>All</p> <p>All agencies involved in meeting</p> <p>All</p> <p>Service Manager/DSA</p> | <p>7 days</p> <p>7 days</p> <p>7 days</p> <p>24 hours</p> |
| <p>Stage 3 - Decision</p> | <ul style="list-style-type: none"> • Decide whether investigation needed; • Agree investigation plan and whether Scope will undertake the Safeguarding investigation if the concern is in relation to a Scope employee; • If not child protection, agree appropriate action and consider changes to care and support plan and the Local Authority will close the process at this stage; • Decide who will advise the referrer and consult the child and the family if appropriate; • Receive written confirmation for an internal investigation. | <p>All activities listed will be undertaken by those attending the meeting.</p> | |

| Stage | Activity | Responsibility | Timescale |
|-------------------------------------|--|--|---|
| <p>Stage 4 Investigation</p> | <ul style="list-style-type: none"> • If Scope are to undertake an internal investigation, ensure terms of reference are written and agreed by Area Manager, Service Manager, HR and Safeguarding Service. • Conduct investigation; • Re-evaluate risk; • Produce and distribute report. • An internal teleconference will be convened to discuss the report and its recommendations prior to sharing with the Local Authority | <p>Area Manager, Service Manager, Safeguarding Officer, HR Adviser</p> <p>Allocated investigator</p> <p>Service Manager and allocated investigator</p> <p>Allocated investigator</p> <p>Safeguarding Officer</p> | <p>Within 5 working days of written confirmation from the Host LA.</p> <p>Within 14 days of agreed terms of reference</p> <p>Ongoing throughout investigation</p> <p>Within 14 days of investigation</p> <p>Within 7 days of report</p> |
| <p>Stage 4 - Decision</p> | <ul style="list-style-type: none"> • Formulation of an action plan; • Further disciplinary processes needed; • Independent Safeguarding Authority referral; • Staff member’s professional association to be informed if appropriate; • Practice or system changes. | <p>All activities listed will be discussed by the Area Manager, Service Manager, HR and the Safeguarding Service</p> | <p>All activities listed within 7 days of the teleconference.</p> |

| Stage | Activity | Responsibility | Timescale |
|---|---|---|---|
| <p>Stage 5</p> <p>Case Conference and Safeguarding Plan</p> | <ul style="list-style-type: none"> Attend a Local Authority case conference if one is convened (Appendix 11 – Case Conferences and Children subject to a Child Protection Plan); Share the report and investigation evidence with the Host Authority and other agencies as appropriate; Consult and feedback outcome to the child and/or their family/carer; Seek written confirmation that the Local Authority have decided to close the Safeguarding process; Update Scope Safeguarding Officer of outcome of meeting. | <p>All activities listed are the responsibility of the Area Manager, Service Manager and/or DSA</p> | <p>To be determined by the Local Authority.</p> <p>Within 24 hours of the meeting.</p> |
| <p>Stage 5 - Decision</p> | <ul style="list-style-type: none"> Agree outcome and if necessary a review date and attend core group meetings if applicable. | <p>Service Manager and Area Manager if Scope staff are involved</p> | <p>At the meeting</p> |
| <p>Stage 6</p> <p>Review and Closure</p> | <ul style="list-style-type: none"> Await minutes of case conference from Host Authority and/or written confirmation that the Safeguarding process is now closed; The above written confirmation and Outcome Form (Appendix 2 – Outcome Form) to be completed and returned to Safeguarding Officer. Safeguarding process, documentation and outcomes to be reviewed and signed off by Scope Safeguarding Service. | <p>Service Manager</p> <p>Service Manager/DSA</p> <p>Safeguarding Officer/ Manager</p> | <p>Within 10 working days of case conference meeting</p> <p>Within 5 working days of receipt of written confirmation.</p> <p>Within 5 working days.</p> |

6.2 Missing Children and Sexual Exploitation

This procedure aims to provide guidance for assessing both the risk of the child going missing and the risk to the child when they are missing. The Procedure describes appropriate staff actions to locate the child, to effect their return and to identify the issues which caused, and may continue to cause, the child to go missing. It is recognised that vulnerable children are also at greater risk of sexual exploitation and this guidance sets out what actions should be taken when there are concerns that a child is being sexually exploited. This procedure should be used in conjunction with the child protection procedures of the host Local Authority and with Scope's Safeguarding Children Policy and Procedure

6.2.1 Principles

- The safety and welfare of the child is paramount
- Locating and returning the child to a safe environment is the main objective
- Notification to the Police will be necessary
- Every '**missing**' child who returns will be interviewed by someone other than the direct carer.
- Sexual exploitation incorporates sexual, physical and emotional abuse, as well as, in some cases, neglect;
- Children do not make informed choices to enter or remain in sexual exploitation, they do so from coercion, enticement, manipulation or desperation;
- Children under 16 years old cannot consent to sexual activities or sexual relationships by law. Sexual activity with children under the age of 13 is statutory rape and ages 13-16 is classed as sexual abuse or sexual assault.
- Sexually exploited children should be treated as victims of abuse, not as offenders;

6.2.2 Definitions

Missing: The Association of Chief Police Officers definition of a missing person is used for the purpose of this procedure and therefore a child (i.e. a young person under the age of 18 years) is to be considered '**missing**' if their whereabouts are unknown, whatever the circumstances of their disappearance. They will be considered missing until they are located and their well-being or otherwise is established.

Children who go missing frequently place themselves at risk and the child's safety must be prioritised over any requests to keep information confidential.

6.2.3 Procedure

Information Sharing Form and Risk Assessment

Where the Risk Assessment indicates that there is a high risk of a child going missing, it is good practice for residential unit Staff/Foster Carers to prepare and refer to the Information Sharing Form and Risk Assessment Record containing the information the police and other agencies will need to locate the child if they do go missing (See *Appendices 12 and 13*). These forms should always be provided to the Police at the time of reporting a child missing. All staff, volunteers and foster carers should be alert to the possibility that a child they are in contact with may be being sexually exploited. They may already have concerns about the child

e.g. that s/he is missing school, frequently missing from home, misusing substances, is depressed or self-harming etc. Appendix 14 provides a framework for risk assessment where a child is at risk of sexual exploitation.

In all cases where there are indicators that suggest the child is a risk of immediate or significant harm the Police and Local Authority must be contacted without delay. Scope Safeguarding Service should also be contacted for further support and guidance.

Clear, detailed records should be made of contact with the child, their concerns, all information shared and discussed (and with whom), decisions made and actions taken.

Responding to an Incident

Summary of response steps:

- Decide whether the child is at risk of significant or immediate harm;
- Complete the Risk Assessment Record
- Notify the Police and Local Authority as soon as possible;
- Notify line management and Safeguarding Service;
- Ensure clear records are kept of all actions taken.

Working with external agencies

Police are the lead agency for the investigation of missing children. If the child is a Looked After Child then Children's Social Services are responsible for children in their care at all times. Local Authority Child Protection Teams are the lead agency for concerns around sexual exploitation although the police will investigate criminal activities.

Scope must provide sufficient information to the Police and Local Authorities to enable all the risk factors to be considered.

Until such time as a child is no longer missing or no longer at risk of sexual exploitation, regular liaison and communication should take place between the Police, Local Authority and referring/involved agencies, including the Social Worker and management of the placing Authority, for a Looked After Child.

Information to be made available

When reporting a missing child to Police (or other agencies, as appropriate), the person making the referral should complete and provide to the Police the Information Sharing Form in *Appendix 13*, and as much of the Form as possible for any other child. The minimum information should be:

- A description of the child (name, date of birth, physical appearance). Recent photograph, if possible;
- When the child was last seen and with whom;
- Family addresses;
- Known acquaintances;
- The name and address of the child's GP and Dentist.

Recording

If a child's absence continues beyond a few hours and falls within this Procedure, all staff and foster carers should note their discussions, decisions, actions taken and messages received/given. Advice should be sought from Scope's Safeguarding Service and consideration be given to whether a communications plan should be made in case of media interest.

7. TRAINING

The Safeguarding Service will produce an annual training plan following an audit and analysis of training needs. All new staff, volunteers and foster carers within Services will receive induction training in safeguarding which will run alongside refresher in-house training.

Every Scope Service will have at least one Designated Safeguarding Adviser (DSA) who will undertake a two day initial training course that covers all that is required to fulfill the role appropriately. This training will be delivered by the Safeguarding Service. Every Service that works with children will have at least one DSA who has received training on 'Recognising and Responding to concerns around Fabricated or Induced Illness'. DSAs need to ensure that they keep their training skills and knowledge up to date by attending Safeguarding Forums and training as appropriate.

Service Managers and DSAs will be expected to provide annual Safeguarding Refresher training to all their staff and volunteers. The Safeguarding Service will offer refresher modules and other resources to be used for this purpose if necessary.

Services must review what their Local Authority offers in respect of safeguarding training and whether or not the Service is required to attend this.

8. MONITORING AND REVIEW

An annual audit of Safeguarding within Scope will be undertaken by the Safeguarding Manager and reported to the Safeguarding Management Board. The report from this will be based on the requirements of the Section 11 Audit Children Act 2004.

This Procedure will be reviewed every 2 years by the Safeguarding Management Board.

9. REFERENCES

This procedure is linked with Scope's Safeguarding Policy.

This procedure must be read in conjunction with the following Scope policies and procedures, although this is not an exhaustive list:

- Adult at Risk Safeguarding Procedure
- [Behaviour Support and Physical Intervention Policy and Procedures](#)
- [Complaints Resolution Policy and Procedures](#)
- [Death of a Service User](#)
- [Disciplinary Policy and Procedures](#)
- [Health and Safety Policy and Procedures.](#)
- [Medication Policy in Services](#)
- [Missing Person Policy](#)
- [Recruitment and Selection Policy and Procedures.](#)

- [Record Keeping Policy](#)
- [Service User Finance Policies](#)
- [Speak Up on Bad Practice Policy and Procedures](#) (Whistle Blowing)
- [Supervision Policy and Procedure](#)
- [Suspension Policy and Procedure](#)

10. SUPPORTING GUIDANCE

Attached to this procedure, as appendices, are guidance documents on the following topics:

- Appendix 1: Referral Form
- Appendix 2: Outcome Form
- Appendix 3: Responding to a child or young person who is making a disclosure;
- Appendix 4: Types of Harm, Indicators and Examples
- Appendix 5: What is information gathering?
- Appendix 6: The role of the Safeguarding Service
- Appendix 7: The role and responsibilities of the DSA
- Appendix 8: Guidance on the assessment of the need for suspension
- Appendix 9: Scope Internal Safeguarding Investigation
- Appendix10: Preserving or Protecting Evidence
- Appendix 11: Case Conferences and children subject to a Child Protection Plan

Appendix 1**SCOPE CHILD/YOUNG PERSON SAFEGUARDING REFERRAL FORM**

This form should be completed and sent within 24 hours of contacting Scope's safeguarding team. Please fill in as much detail as possible as this helps ensure that the advice and guidance provided to you by the safeguarding team is accurate and lawful.

The form should be e-mailed to the safeguarding officer with whom the initial contact was made/or to whom the case has been allocated. You will be advised of this upon initial contact. This form should be completed by the Service Manager or DSA who made the initial contact with the safeguarding team. This form can also be completed by any other senior person in the service who is involved in the case but it should always be signed by the Service Manager.

PART 1- Details regarding the person making the referral

| | |
|---|--|
| Form completed by- <i>Please state your name and your role within the service</i> | |
| Name of Service and address | |
| E-mail | |
| Telephone | |

PART 2- Details regarding the child/young person

| | |
|--|--|
| Name | |
| Address | |
| DOB | |
| Gender | |
| Preferred language or communication method | |
| Ethnic origin | |
| Does the child/young person have a disability? If so please give a brief description of any support needs they may have | |
| Child/Young person's legal status | |

Child/Young person’s main carers-

E.g.: birth parents, long term foster parents, adoptive parents and other family members

| Name | DOB | Relationship to child/young person | Parental Responsibility (Yes/No) | Does the child/young person live with this person? |
|------|-----|------------------------------------|----------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other significant people/services involved in caring for the child/young person –

E.g.: short break service, shared care with family or fostering and residential School

| Name | Relationship/Role to the child young person | Address (if known) |
|------|---|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

PART 3- Details of the alleged harm/incident

Category of alleged harm/incident - Please tick all boxes that apply

| | | | |
|------------------|--|-----------------|--|
| Emotional | | Sexual | |
| Neglect | | Physical | |

Location of alleged harm/incident

| | |
|--------------------|--|
| Date(s) | |
| Time(s) | |
| Location(s) | |

Description of harm/incident - Please provide as much detail as possible

Please provide a description of any injuries and/or any emotional impact observed with the child/young person.

If the observations were reported to you, please give details of who made the initial observations and the circumstances surrounding this. You should ensure that the person reporting the observations to you has made a written record of this which is signed and dated.

Details of any conversations/discussions with the child/young person-

Please state what was said and by whom. Remember to make a written record of any conversations as soon as possible to ensure accurate records for your service.

PART 4- Details of the person alleged to have caused harm

| | |
|--|--|
| Name | |
| Address <i>(If a professional state name and address of service)</i> | |
| Role/Relationship to child/young person | |
| Is this person aware of the referral? | |

PART 5- Actions taken

| | |
|---|--|
| Referral/Alert to the Local Authority <i>(Please give details of who made the referral/alert, date and time)</i> | |
| Notification to Sponsoring Authority (if different) <i>(Please give details of who notified them, who was spoken with and date and time)</i> | |
| Immediate actions taken- <i>(Please state if any immediate actions have been taken to protect the child/young person and others. E.g.: changes to care plan/assessments, suspension of staff member, change to local procedure etc)</i> | |
| Notification to Ofsted (or CQC where applicable) <i>(Please give details of who made the notification, date and time).</i> | |
| Who else has been informed- <i>(Please provide details of who has been informed and when. This section should provide a running record of how the alert has been communicated to others both internally and externally)</i> | |

Making parents/carers aware of the referral to the Local Authority.

It is good practice to ensure that parent/carers are made aware of any referral to the Local Authority. However there will be situations where Scope may need to refer without informing parents or carers. If you are unsure about whether parents/carers should be informed, you can discuss this with Scope safeguarding team or seek guidance from the Local Authority).

| | |
|---|--|
| <p>Please give details of who informed the parents/carers and when this took place</p> | |
| <p>If parents/carers have not been informed please give details of the reasons for this. <i>E.g.; increase of risk to child/young person or unable to contact them</i></p> | |

| | |
|--|--|
| <p>It is important that the child/young person should remain central to the safeguarding process. Please describe the steps taken to help the child and young person understand what is happening. This might include things such as the use of easy read child safeguarding procedures, consideration of the use of an advocate etc.</p> <p>Please state any barriers you may have encountered with this e.g. too young, non-communicative.</p> | |
|--|--|

Any other information

| |
|--|
| |
|--|

| | |
|----------------------|--|
| <p>Signed</p> | |
| <p>Role</p> | |
| <p>Date</p> | |

| | |
|----------------------|-------------------------------|
| <p>Signed</p> | |
| <p>Role</p> | <p>Service Manager</p> |
| <p>Date</p> | |

Please ensure you attach any relevant documents to the referral
i.e. referral form to the Local Authority and notification form.

Appendix 2

SCOPE CHILD/ YOUNG PERSON SAFEGUARDING OUTCOME FORM

For completion by the manager of the service or the DSA.

This form should be completed with as much detail as possible to ensure that Scope is able to demonstrate the safe closure of all safeguarding referrals. Please ensure that all documentation in relation to this referral has been forwarded to the safeguarding officer who holds this case.

| | |
|---------------------------------------|--|
| Name of Child or Young Person: | |
| Scope Service: | |

Actions Taken:

| | |
|--|--|
| Please give details of all actions taken to safeguard child or young person : <i>(This might include things such as referral to the Local Authority or Police and/or changes to support plans or local policies)</i> | |
| Please describe the steps taken to keep the child or young person central to the safeguarding process and informed throughout. | |
| Was there an investigation? | Yes/No <i>(delete as appropriate)</i> |
| If “yes” please provide details of who carried this out <i>E.g.: Local Authority, Police, Internal Investigation.</i> | |
| Were the initial concerns or allegations substantiated? | Yes/No <i>(please give details)</i> |

Outcome of Process

| | |
|--|---|
| <p>Have you received written notification that this case has been formally closed to the Local Authority <i>(This must be received by the safeguarding officer to formally close the case)</i></p> | <p>Yes/No <i>(delete as appropriate)</i></p> |
| <p>Is the child or young person satisfied with the outcome of this alert?</p> | <p>Yes/No <i>(delete as appropriate)</i></p> |
| <p>Is the child or young person’s parents or carers satisfied with the outcome of this alert?</p> | <p>Yes/No <i>(delete as appropriate)</i></p> |
| <p>If “no”, please explain why and any other actions that may be needed.</p> | |
| <p>Date of Case Conference/Strategy Meeting: <i>(please remember to forward the minutes to the safeguarding officer, as the alert cannot be closed safely without them)</i></p> | |
| <p>Please provide details of any protection plan that is in place:</p> | |
| <p>Has a staff member been dismissed as a result of this alert?</p> | <p>Yes/No <i>(delete as appropriate)</i></p> |
| <p>If “yes” has an ISA referral and if applicable a referral to the relevant professional body been made?</p> | <p>Yes/No <i>(delete as appropriate)</i></p> |
| <p>If “yes” please give details, such as dates etc</p> | |

Signed: Date:

Print Name:.....

Signed: Date:
Service Manager

Print Name:.....

Attachment included: Yes/No (please delete as appropriate)

Appendix 3

Responding to an Child or Young Person who is making a disclosure

- Listen carefully to what they are saying, stay calm, get as clear a picture possible but avoid asking questions at this stage. It could compromise any future investigation;
- Remember that the child may not have the necessary vocabulary for describing what has happened to them, you should avoid interpreting what is being said by the child;
- Do not give promises of complete confidentiality;
- Explain there is a duty to tell the manager or other designated person and that their concerns may be shared with others who could have a part to play in protecting them;
- Explain that everything possible will be done to protect them from further harm and neglect;
- If they have specific communication needs, provide support and information in a way that is most appropriate to them;
- Do not be judgmental or jump to conclusions;
- Do not discuss the allegation/incident with the person alleged to have caused harm;
- Do not discuss the disclosure with other staff;
- Preserve important forensic evidence when the disclosure/concern is about physical or sexual harm;
- Make a written record immediately after the disclosure or what you have seen. Include as much descriptive detail as you can recall and make clear what is fact and what is opinion. Use the same words that the child used;
- Do not go and seek another person to hear a disclosure being made by a child. This may stop them from sharing certain information and recalling significant events;
- Consult with Managers and Scope Safeguarding as soon as possible, as per these Procedures. If the allegation is about your Line Manager then you should contact the next level of management responsibility for your area. This is likely to be the Area Manager.

APPENDIX 4**TYPES OF HARM, INDICATORS AND EXAMPLES****(This table should be used in conjunction with paragraph 6 - What to do when Harm is Suspected)**

| TYPE OF HARM | DEFINITION | EXAMPLES (not exhaustive) | WHAT ARE THE SIGNS OF HARM (not exclusive) |
|---------------------|--|---|---|
| Physical | <p>Non-accidental harm to the body. Can range from careless rough handling to direct physical violence.</p> <p>Unexplained or serious injury which is inconsistent with explanation given.</p> <p>Physical harm may be also be caused when a parent/carer fabricates the symptoms, or deliberately induces illness in a child.</p> | <p>Hitting, slapping, pinching, shaking, pushing, scalding, burning, dragging, kicking, physical restraint, locking an individual in a room or car, harassment, inappropriate use of medication, inappropriate sanctions.</p> | <ul style="list-style-type: none"> • History of unexplained falls or minor injuries; • Bruising which is characteristic of non-accidental injury – hand slap marks, pinch marks, grip marks; • Black eyes/injuries to the face; • Bruising to the buttocks, lower abdomen, thighs; • Bite marks; • Burns/scalds; • Individual flinches at physical contact; • Injuries inconsistent with the explanation given by the parent/carer; • Families using different Doctors, Hospitals and other direct access health provisions. |

| TYPE OF HARM | DEFINITION | EXAMPLES (not exhaustive) | WHAT ARE THE SIGNS OF HARM (not exclusive) |
|---------------|---|---|---|
| Sexual | <p>Direct or indirect involvement in sexual activity.</p> <p>A child under 16 cannot given consent to sexual activities.</p> <p>The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child.</p> <p>A child's ability to cope with the experience of sexual abuse, once recognized or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse and is able to offer help and protection (<i>Child Sexual Abuse Informing Practice from Research 1999</i>)</p> | <p>Child exploitation may occur with direct contact with adults or groups of adults and/or by non-contact such as through the internet.</p> <p>Non-Contact</p> <p>Pornography, photography, indecent exposure, harassment, sexual teasing or innuendo, coercion to watch sexual activity.</p> <p>Contact</p> <p>Coercion to touch e.g.: of breasts, genitals, anus, mouth, masturbation of self or others, penetration or attempted penetration vagina, anus, mouth with or by penis, fingers and/or other objects.</p> | <p>Physical signs may apply to boys and girls of all ages and include:</p> <ul style="list-style-type: none"> • Urinary tract infections, vaginal, penile or anal infection, sexually transmitted disease; • Pregnancy in girls; • Difficulty in walking or sitting with no apparent explanation; • Torn, stained or bloody underclothes or bedding; • Bleeding, bruising, torn tissue or injury to the rectal, anal and/or vaginal area; • Bruising to thighs and/or upper arms <p>Behaviour changes:</p> <ul style="list-style-type: none"> • Sexually explicit behaviour, play or conversation inappropriate to the child's age; • Promiscuity; • Self-harm; • Obsession with washing; • Fear of pregnancy may be exaggerated; <p>Remember children may partially disclose using repeating phrases like "it's a secret" or "shut up" or "I'll hurt you"</p> |

| TYPE OF HARM | DEFINITION | EXAMPLES (not exhaustive) | WHAT ARE THE SIGNS OF HARM (not exclusive) |
|------------------|--|--|--|
| Emotional | <p>Behaviour which has a harmful effect on a child's emotional well-being, causing mental distress, undermining their self-esteem and affecting their quality of life.</p> <p>Willful infliction of mental suffering by a person in a position of trust and power.</p> <p>It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.</p> <p>Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</p> | <p>Shouting, controlling, coercion, bullying, blaming, swearing, insulting, ignoring, threats of harm or abandonment, intimidation, harassment, humiliation, deprivation of contact, undermining self-esteem, isolation and over dependence.</p> | <p>Indicators may include one or more of the following:</p> <ul style="list-style-type: none"> • Abnormal attachment between child and parent/carer e.g.: anxious, indiscriminate or no attachment; • Conveying to a child that they are worthless or unloved; • Developing inappropriate or inconsistent expectations, e.g.: over protection and prevention of normal social interaction; • Children being frightened and witnessing domestic abuse; • Appear to be frightened, fearful or avoiding eye contact; • Irritable, aggressive or challenging behaviour, unexplained sleep disturbance; |

| TYPE OF HARM | DEFINITION | EXAMPLES (not exhaustive) | WHAT ARE THE SIGNS OF HARM (not exclusive) |
|----------------|--|---|--|
| Neglect | Neglect is the persistent failure to meet a child's basic, physical and/or emotional needs, likely to result in the serious impairment of the child's health or development. | Failure to provide: <ul style="list-style-type: none"> • Appropriate and adequate food and drink; • Shelter; • Heating; • Clothing; • Medical care; • Educational services; • Hygiene; • Personal care; • Inappropriate use or withholding of medication/over medication; • Repeated deprivation of medical or physical or social care; • Failure to intervene in behaviour which is dangerous/failure to report harm; • Not meeting basic standards of care. | Indicators may include one or more of the following: <ul style="list-style-type: none"> • Failing to provide adequate food, clothing and shelter; • Failure to ensure access to health or social care; • Medication not given as prescribed; • Failure to protect the child from physical and emotional harm or danger; • Failure to provide adequate supervision of the child; |

Appendix 5

What is Information Gathering?

Information gathering is different from investigating. Its purpose is to establish the initial facts surrounding an allegation of harm. It is also known as fact finding.

It is essential that we do not take on an investigative role, for example, interviewing staff or the child prior to agreement from a Local Authority; this is usually given after a strategy meeting (see stage three – What to do when harm is suspected).

The following checklist may be helpful when gathering information:

- Information gathering should take place as soon as possible, as some information may be lost, for example bruises may fade etc;
- Do other procedures need to be used to ensure the immediate safety of the child? e.g. staff suspension or re-allocation of duties;
- Check written records such as duty rota, care plan etc. for clarification and cross reference these against the written account of the concern, e.g. if a particular staff member is alleged to have caused harm, clarify they were on duty;
- If insufficient information has been received regarding the incident during disclosure, you should consult with the Safeguarding Service before asking questions to the child or young person.
- The information gathering should take place as soon as possible;
- You should not be taking statements from staff, this is part of the investigative process. However, it is appropriate to make notes of what they say to aid recollection later.
- In some circumstances it may be necessary to ask members of staff for information but confidentiality should be maintained at all times;
- Do not ask the person who the concerns are against for any details regarding the allegation;
- Discuss with the Service Manager/on-call manager the details of the concern, e.g.: what was said, seen, responded to and how was the information recorded.

Appendix 6

The Role of the Safeguarding Service

The Scope Safeguarding Service is responsible for giving lawfully correct safeguarding advice and guidance in response to the information provided by the Service Manager or DSA. The Service is responsible to the Head of Quality, Risk and Compliance. The Safeguarding Manager has day to day responsibility of the Safeguarding Service. All Safeguarding Service staff and managers have social work qualifications. All issues that are of a safeguarding nature should result in a discussion between the Service Manager/DSA and the Safeguarding Service.

When initial contact is made with the Safeguarding Service, information will be collated and a decision made as to whether the matter needs to be referred to the Local Authority because (for example) harm has occurred or whether it will be recorded as a case consultation with practice recommendations because direct harm has not occurred.

Case Consultations

When the reported incident results in a case consultation, this will be recorded in an email and sent to the Service Manager, Area Manager, Safeguarding Manager and Head of Quality, Risk and Compliance. This email will explain the rationale behind the decision and will be sent within 24 hours of the initial contact call. The Safeguarding Officer will then ensure that a record of this consultation is entered on the Safeguarding database.

The advice given is based on legislation and good practice guidance and must be followed. If the Service Manager or Area Manager is unhappy with the advice given, they have the opportunity to discuss this with the Safeguarding Manager or the Head of Quality, Risk and Compliance.

Safeguarding Referral

Following the initial call to discuss the concern, the Safeguarding Officer will summarise the concerns, agreed actions and rationale behind the decision making process in the form of an email.

The advice given is based upon legislation and good practice guidance and must be followed. However, if the Service Manager or Area Manager is unhappy with the advice given, they should discuss this further with the Safeguarding Manager or the Head of Quality, Risk and Compliance.

The Safeguarding Officer will ensure that the service has a Scope Safeguarding Referral Form which needs to be completed by the Service Manager or DSA and returned to the Safeguarding Officer within 24 hours

The Safeguarding Officer will then provide ongoing advice, support and guidance until the safe closure of the alert. This may include attending strategy meetings and case conferences with the Service Manager, compiling the terms of reference for an investigation, supporting or undertaking an investigation (See Appendix 9 – Scope Internal Safeguarding Investigation).

The Service Manager/DSA is responsible for ensuring that the Safeguarding Officer is updated of any significant events and has copies of all relevant documentation. When the Safeguarding process is complete, the Safeguarding Officer will send an Outcome Form to the Service Manager/DSA and will then ensure the Safeguarding Database has all the necessary information. The Safeguarding Manager will then review the case and formally close it with the Safeguarding Service, the Service Manager and Area Manager will receive written confirmation when a case has closed.

Appendix 7

Roles and Responsibilities of Designated Safeguarding Adviser (DSA)

Role Purpose

Every Scope Service will have at least one Designated Safeguarding Adviser (DSA) who is specifically responsible for supporting managers, staff, volunteers and customers through the Safeguarding process. DSAs also have a responsibility to ensure appropriate safeguarding training is provided within their Service in order to promote best practice.

Duties

A DSA should have supervisory duties within a service, e.g. Service Manager or Team Coordinator or equivalent and have attended the Initial Designated Safeguarding Adviser training course.

The responsibilities of the DSA are:

- To ensure, in line with their management structure, that the welfare of customers is paramount in all actions of staff, volunteers and managers, especially when there is a concern or incident of harm;
- To keep their skills and training up to date by attending Safeguarding Forums, Conferences and other relevant training provided by the Safeguarding Service and to feedback to others within their service the learning points from these events;
- Maintain an up-to-date working knowledge of the Safeguarding Policies and Procedures and other associated procedures and ensure the service in which they work has a copy of or access to their Local Authority Safeguarding Policy and Procedure;
- That all new staff and long term volunteers are supported to complete the National Induction Standard in Safeguarding before the end of their probationary period;
- Provide or access appropriate refresher training to staff within their service annually;
- To work with Service Managers to ensure effective liaison between customers, their family, staff and external agencies when safeguarding concerns arise;
- To assist the manager and act as a point of advice within their service in relation to Safeguarding procedures and promote best practice by ensuring that safeguarding issues are discussed in team meetings, team discussions and in-house presentations;
- To assist in safeguarding investigations external to their own service, if training has been received.

Appendix 8

Guidance on the Assessment of the Need for Suspension

Procedures for suspending a member of staff are detailed within the [Staff Suspension Procedures](#) and consultation with Regional Directors and Human Resources (HR) must take place on every occasion when suspension is considered. However in conjunction with the procedure this guidance advises the following considerations:

Suspension of a staff member or volunteer should take place without delay if it is indicated that:

- They have behaved in a way that may have or has harmed a child;
- An offence against a child has possibly been committed

In cases where none of the above applies, then additional questions that should be considered include:

- Has the staff member or volunteer behaved towards a child in a way which indicates he/she is now unsuitable to work in the service?
- Are the police or the Local Authority advising suspension?
- Could the allegation/concern be considered to be gross misconduct if proven?
- Would the continued presence of the staff member or volunteer compromise subsequent external or internal investigations or cause distress to a customer?
- Have there been other concerns about the staff member or volunteer?
- Have their initial responses to the concern or allegation left questions about their attitude and ability to carry out duties as expected of them in their day to day work.

Supporting staff

- Scope has important responsibilities towards any member of staff or volunteer who is facing allegations that they may have harmed or neglected a child. The impact and effect on those who are facing such concerns and their wider family can be devastating. It is imperative that at each stage advice and support should be sort through Human Resources.

Resignations

If a person tenders his or her resignation this does NOT prevent an allegation being followed up in accordance with these procedures. It is important that every effort is made to reach a conclusion in all Safeguarding allegations, including any in which the person concerned refuses to co-operate with the process. A staff member or volunteer who leaves Scope because of concerns that they have harmed, or may harm, a child cannot provide services or volunteer within Scope in any capacity.

Scope has a statutory duty to make a referral to the Independent Safeguarding Authority whenever a worker, carer or volunteer is reasonably considered to be guilty of misconduct that has harmed a child. This duty still applies where people resign.

Appendix 9

Scope Internal Safeguarding Investigation

Only when confirmation in writing has been received from the Local Authority that they wish Scope to carry out its own investigations can an investigation proceed.

This section covers:

- Roles and Responsibilities;
- Terms of reference;
- Undertaking the investigation;
- The Investigator's report

Roles and Responsibilities

Scope's Safeguarding Service will lead an investigation if:

- There are signs and indicators relating to institutional or corporate harm;
- There are complex circumstances;
- The Service Manager is, appears to be or is alleged to be directly implicated.

The terms of reference will be jointly written and agreed with Senior Operational Managers and Human Resources. Another Service Manager/DSA will be identified as a co-worker ensuring that the investigation team has the specialist skills and knowledge.

In cases when the Safeguarding Service are not leading on an investigation they will still provide direct advice and oversee the investigation process. The Safeguarding Service will assist the investigating officer in making practice recommendations as a result of their findings.

Terms of Reference

The terms of reference provide the boundaries to the investigation and should include the following headings:

- Introduction;
- Profile of the Service;
- Background to the concerns;
- Boundaries of investigation;
- Specific issues to be addressed;
- How these issues will be investigated;
- Reporting;
- Outcomes and recommendations;
- Timing of the process;
- Learning from mistakes and experience.

Undertaking the Investigation

The Investigators will:

- Establish the facts and contributing factors leading to the referral;
- Identify and manage risk to ensure the safety of the individual and others;
- Determine who was responsible and/or culpable and what action should be recommended in relation to them;
- Check all necessary documentation;
- Interview people, taking into account any need for an independent advocate and/or any language or communication issues;
- Take statements and collate the evidence.

The Investigators Report

The report must cover the areas identified in the terms of reference, a template document is available from the Safeguarding Service.

Appendix 10

Preserving or Protecting Evidence

Your first responsibility is the safety and welfare of the harmed person, but immediate action may be necessary to preserve or protect evidence.

Your action may be vital in any future proceedings and the success or failure of any investigation may depend upon what you do or not do in the time whilst you are waiting for the Police to arrive.

Methods of Preservation

- Following allegations of physical and/or sexual harm it is likely that the Police will want the child to undergo a medical examination.
- If medical treatment or assessment is needed this must take place without delay.
- If the child has a physical injury and it is appropriate for you to examine, always obtain their consent first if possible. If the child is too young or otherwise unable to consent, seek advice
- Only touch what you have to. Wherever possible, leave things as they are.
- Preserve anything that is used to comfort the child, for example, a blanket.
- Do not clean up, do not wash anything or in any way remove fibres, blood etc.
- Try not to touch items/weapons. If you must, as before keep handling to a minimum. Put them in a clean dry place until the Police collect them.
- The room should be secured and no-one allowed to enter unless necessary to support you, the child who has been harmed and/or the alleged perpetrator, until the Police arrive.
- If the alleged perpetrator is also a customer, a separate member of staff needs to be assigned to them.

Incidents of Sudden or Unexpected Death or Serious Injury of a Child

Secure all records and documents relating to the child in an envelope which is to be kept in a locked drawer by the Service Manager. This should be given to the Area Manager at the earliest opportunity.

In all cases do not handle items unless it is necessary to move them for safety or to preserve them as evidence.

Appendix 11

Case Conferences and Children subject to a Child Protection Plan

Scope's Services should be aware of all children using their Service who are subject to a Child Protection Plan or where there is a Child Protection Conference taking place. The Service Manager/DSA should contact Scope Safeguarding Service in relation to each one of these children. The context, level of contact and other information provided during the initial consultation with the Safeguarding Service will determine whether this will become an internal referral.

Where a new service is being provided to a child, the assessment process should determine whether there are Local Authority Child Protection proceedings in place and consent gained from the parent/carers for the Service Manager/DSA to contact the Social Worker for the family.

If a strategy meeting or case conference is called due to the actions of Scope staff, Volunteers or Foster Carers the Area Manager would normally be expected to attend this meeting.

Attendance at Case Conferences or Strategy Meetings

A section 47 Strategy Meeting takes place when there are concerns that a child is suffering or is likely to suffer significant harm. This meeting is attended by professionals only and does not involve the family. The purpose of the meeting is to determine whether a section 47 Child Protection Investigation needs to take place and the boundaries/responsibilities around that.

An Initial Case Conference may follow a strategy meeting and this would involve all agencies involved with the child and the parents/carers. The Safeguarding Service will provide assistance and review any report a Scope service provides to this meeting. The purpose of the meeting is to determine whether the child is suffering or likely to suffer significant harm and to formulate a plan to minimise risk. The only key decision the case conference can make is whether or not a child needs a Child Protection Plan.

A Child Protection Plan outlines the key concerns in relation to the child and family/carers and key agencies support to minimise risks. It is vital that Scope staff understand any responsibilities they may have if a child is subject to a Child Protection Plan. The plan should detail all agencies roles in monitoring, assessing or reporting. The Child Protection Plan will detail how frequent Core Group meetings will be.

A Core Group meeting takes place to review the progress of the Plan and look at any issues that have arisen since the last meeting. Any assessments that are completed while the child has a Plan should be discussed at Core Group meetings. If Scope services are invited to a Core Group meeting, they should request and have a copy of the Child Protection Plan.

Where Scope services are involved in the Child Protection Case Conference and/or ongoing Core Group meetings this will become an open case to the Safeguarding Service and the Service Manager/DSA should provide regular updates and report any additional concerns.

**Appendix 12
Missing Child Risk Assessment Record**

Name of Child Missing _____ Date _____

Address from which missing _____

| Factor | Details and Explanation |
|--|--------------------------------|
| 10 years old or under | |
| 11 to 14 years of age | |
| 15 up to 18 years of age | |
| Has a Child Protection Plan | |
| Needs essential medication or treatment not readily available to them e.g. asthma inhaler, insulin | |
| May not have the physical ability to interact safely with others or in an unknown environment, e.g. visually impaired, history of abuse or inappropriate adult/stranger relationships, Downs Syndrome etc. | |
| Lacks reasonable awareness of the risks associated with running away, incl. learning disabled | |
| Known to associate with adults or children who present a risk of harm e.g. Sexual Offenders, Offenders against children | |
| Mental illness or psychological disorder that may increase risk of harm to themselves or others | |
| Drugs and/or alcohol dependency | |

| | |
|---|--|
| Suspicion of abduction | |
| Suspected suicide or self harm | |
| Involved in violent and/or racial incident or confrontation immediately prior to disappearance | |
| Concerns about state of mind e.g. unusual behaviour prior to disappearance or disappeared with no prior indication, or seemed troubled etc. | |
| Inclement weather conditions where exposure would seriously increase risk to health | |
| Family/relationship problems or recent history of family conflict/abuse | |
| Employment problems | |
| Financial problems | |
| School or college problems | |
| Ongoing victim of bullying, harassment, or exploitation e.g. racial, sexual etc. | |
| Previously disappeared and suffered or was exposed to harm whilst missing | |
| Victim or potential victim, of forced marriage, fgm or trafficking, incl. for sexual exploitation. | |

Summary of Risk

(Summarise the risks in a couple of sentences)

Summary of Actions Taken

Include attempts to talk to child on mobile phone and attempts to contact friends & family

Review Date for Actions Decided

Completed by, full name

Signature

This Risk Assessment is an aid to action and for information sharing and recording.

Aid to action: As an action tool the purpose of the Risk Assessment is to inform single and multi-agency decision-making and planning to locate a **'missing'** child. The Risk Assessment provides an indication of:

- The urgency of inquiries
- Areas of inquiry e.g. where drugs are available or that certain adults frequent, country of origin or country children are trafficked on to etc
- Type of specialist knowledge that might be needed
- The supervision that may be required
- Agencies who may be first alerted e.g. local Accident & Emergency services

Aid for information sharing and recording: At the time that a child goes **'missing'** the completed Risk Assessment should be shared with all agencies working with the child and kept on the child's file in each agency. In cases where new information becomes available and/or the child remains absent for a protracted period, the risks should be re-assessed, shared with the agencies and kept on the child's file in each agency.. The most recently completed Risk Assessment should remain on the child's file in all agencies working with the child.

Appendix 13

Information Sharing Form

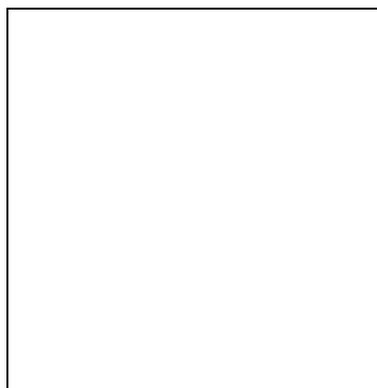
Please use this form to update information on children in your care, or for whom you are responsible

| Contact Details for the Child | | | |
|--|--|---|--|
| Address where child currently resides (family home, Residential Unit, Foster Carer): | | | |
| Residential Unit/Foster Carer contact tel. nos: | | Contact name: | |
| Child's full name: | | Next of Kin relationship, name & address: | |
| Placing Authority: (if appropriate) | | Social Worker & contact number: | |
| Doctor: | | Child's mobile no: | |
| Dentist: | | Child's N.I.Number: | |
| Occupation /School/ College: | | Occupation /School/ College contact no: | |

| Information about friends and relatives etc, visited: | | | |
|---|------|-------------------------------|---------------------|
| Date | Time | Name / Phone number & address | Result of enquiries |
| | | | |
| | | | |

| Details of going Missing | |
|---|--|
| Time child was last seen: | |
| With whom: | |
| The basis for the Risk Assessment classification: | |
| | |

A recent photograph:



Appendix 14

Risk Assessment Framework for children abused through sexual exploitation

| Education | Running away / Going missing | Sexualised Risk taking | Rewards | Contact with abusive adults and/or risky environments | Coercion /Control | Sexual Health | Substance Use | Emotional Health |
|---|--|--|---|--|--|---|---|---|
| Truancing from school | Regularly coming home late Absent without permission and returning late | Overt sexualised dress/attire Getting into men's cars Meeting adults through the internet | Unaccounted for monies and/or goods | Associating with unknown adults and/or other sexually exploited children | Reduced contact with family / friends | Sexually transmitted diseases (STIs) | Experimenting with alcohol / drugs | Poor self image Expressions of despair Internal (self-harm): <ul style="list-style-type: none"> • Cutting • Overdosing • Eating disorder • Sexualised risk taking |
| Non school attender / excluded Regular breakdown of school placements due to behavioural problems. | Frequently staying out overnight without explanation Episodes of running away / going missing Persistently running away / going missing from placement Looking well cared for despite having no known base Regular breakdown of placements due to behavioural problems | Getting into men's cars Meeting adults through the Internet Clipping (offering to have sex and then running upon payment) Older boyfriend (5 + years) | Unaccounted for monies and/or goods, especially jewellery and mobile phones | Associating with unknown adults and/or other sexually exploited children / young people Extensive use of phone, particularly late at night Having access to premises not known to parent / carer. Reports from reliable sources, suggesting involvement in sexual exploitation Seen in known red light districts | Limited contact with family / friends Disclosure of physical / sexual assault followed by withdrawal of allegation Physical injuries – external / internal | Multiple STIs Miscarriages Terminations | Regular use of substances Concerns for drug dependency | Chronic low self-esteem Expressions of despair Internal (self-harm): <ul style="list-style-type: none"> • Cutting • Overdosing • Eating disorder • Sexualised risk taking External (intensive acting out) : <ul style="list-style-type: none"> • Bullying / threatening behaviour • Violent outbursts • Offending behaviour |

| | | | | | | | | | |
|-----------------|---|---|--|---|---|---|---|--|--|
| <p>3</p> | <p>Non school attender / excluded</p> <p>Regular breakdown of school placements due to behavioural problems</p> | <p>Persistently running away / going missing from placement</p> <p>Pattern of street homelessness</p> | <p>Older boyfriend (5+ years)</p> <p>Clipping (offering to have sex and then running upon payment)</p> | <p>Unaccounted for monies and/or goods especially jewellery and mobile phones</p> | <p>Picked up in red light district</p> <p>Having access to premises not known to parent/carer</p> | <p>Disclosure of physical / sexual assault followed by withdrawal of allegation</p> <p>Abduction and forced imprisonment (described by young people as 'locked in')</p> <p>No contact with family / friends</p> <p>Disappear from system (no contact with support systems)</p> <p>Physical injuries – external / internal</p> | <p>Multiple STI's</p> <p>Miscarriages</p> <p>Terminations</p> | <p>Chronic drug dependency (particularly crack / heroin)</p> | <p>Chronic self es</p> <p>Express</p> <p>despar</p> <p>Internat</p> <p>harm):</p> <ul style="list-style-type: none"> • Cut • Ov • Eat <p>disord</p> <ul style="list-style-type: none"> • Sex sed taki <p>Extern</p> <p>(intens</p> <p>acting</p> <p>:</p> <ul style="list-style-type: none"> • Bul thre beh • Vio outbur • Off behavi |
|-----------------|---|---|--|---|---|---|---|--|--|

DOCUMENT CONTROL

| | |
|---|--|
| What date was this procedure last approved? | October 2008 |
| Who was the approving body/postholder? | Board of Trustees |
| When was this procedure issued? | January 2013 |
| What is the version number? | 4 |
| What version or procedure does this one supersede? | Child Safeguarding and Protection Procedures |
| What consultation was undertaken when writing this procedure? (key names and departments) | NSPCC Ann Craft Trust Scope Senior Management Scope Designated Safeguarding Advisers |
| What is the supporting policy or policies? | Corporate Safeguarding Policy Adult at Risk Safeguarding Procedures |
| What is the date of the next review? (Maximum of 2 years from last approval date) | January 2015 |
| Which department does this procedure originate from? | Safeguarding |
| Who is the lead manager? | Head of Quality, Risk and Compliance |
| Who is the author/contact person (if different from above)? | Safeguarding Manager |
| Where else is this procedure available? | Policies and Procedures page on Insite Safeguarding pages on Insite Scope Safeguarding Service |
| What are the key changes to this procedure? (in brief) | Complete re-write |