

SAFEGUARDING POLICY FOR CHILDREN, YOUNG PEOPLE & VULNERABLE ADULTS

Revised: June 2010

Next Review Date: July 2011

CONTENTS

Page Number

1. Introduction & background	3 - 6
2. Legislative Frameworks	7
3. Definitions	8- 10
4. Roles & Responsibilities	11- 12
5. What to do in cases of child protection	13- 14
6. Making a referral: child/young person	15
7. After a Referral is Made	16- 17
8. Making a referral: vulnerable adult	18
9. Out of hours referrals	19- 20
10. Confidentiality	20- 21
11. Part 8/Serious Cases Reviews	22
12. Ensuring Safe Practice Within One25	23- 24
13. Historical Abuse	25
14. Duty of Care to Staff & Volunteers	26

APPENDICES:

1. Recording	27-28
2. Legislation and Frameworks	29-33
3. Definitions	34- 35
4. Glossary of Child Protection Terms	36-39
5. Flow Charts of action	40-44
6. Flow Chart of the process of raising concerns	45
7. Confidentiality with Vulnerable Adults	46-47

Note for Readers:

- If you are reading this as a Word Document, there are hyperlinks to the Web and also to the shared drive in One25 for some sections.
- If you are reading this as a PDF document the links to documents on the Web will only work if you copy and paste them into your web browser.

Child Protection Policy Statement

One25 is fully committed to safeguarding and promoting the welfare of all children and young people. It recognizes its responsibility to take all reasonable steps to promote safe practice and to protect children from harm, abuse and exploitation. One25 acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

Paid staff and volunteers will endeavor to work together to encourage the development of an ethos which embraces difference and diversity and respects the rights of children, young people and adults

In implementing this child protection policy One25 will:

- Ensure that all workers understand their legal and moral responsibility to protect children and young people from harm, abuse and exploitation;
- Ensure that all workers understand their responsibility to work to the standards that are detailed in the organization's *Child Protection Procedures* and work at all times towards maintaining high standards of practice;
- Ensure that all workers are aware of the One25 safeguarding procedures and are confident in how to work within these guidelines.
- Ensure that all workers understand their duty to report concerns that arise about a child or young person, or a worker's conduct towards a child/young person, to the organization's named person for child protection;
- Ensure that the named person understands his/her responsibility to refer any child protection concerns to the statutory child protection agencies (i.e. Police and/or Children and Young People's Social Care, formerly Department of Social Services);
- Ensure that any procedures relating to the conduct of workers are implemented in a consistent and equitable manner;
- Provide opportunities for all workers to develop their skills and knowledge, particularly in relation to the welfare and protection of children and young people;
- Support Mothers and carer's in their parenting role and responsibilities including the safeguarding of their children whilst sex-working and drug using

- Insure that parents/carers are fully aware of the organization's child protection policies and procedures and can request a copy at any time.
- Endeavour to keep up-to-date with national developments relating to the welfare and protection of children and young people

1. INTRODUCTION AND BACKGROUND

This policy has been designed to ensure the welfare and protection of any child and/or young person, as well as any vulnerable adult, who has contact with the services provided by One25 Ltd.

One25 Ltd is committed to the belief that safeguarding and promoting the welfare of children, young people and vulnerable adults is **everybody's** responsibility and that these guidelines will enable all workers and volunteers to act appropriately to any concerns that arise in respect of a child/young person or vulnerable adult.

- Keeping children and young people safe from harm is fundamental to our work and overrides all other considerations, including confidentiality
- All staff and volunteers must understand their role in safeguarding children and young people from abuse and harm
- Concerns expressed by children and young people about their safety and wellbeing must be listened to and taken seriously by all staff and volunteers. Such concerns must be discussed with and passed on to line managers
- All staff and volunteers must be aware that it is not their role or responsibility to investigate allegations of child abuse or neglect
- All concerns about the possible abuse, neglect or care of children and young people should be reported to the Children's Services/Social Care department or in situations of emergency to the police.
- All staff and volunteers must understand that the keeping of children and young people safe from harm requires professionals and others to share information and concerns [as set out in '*Working Together* See Appendix 2']
- Any concerns about a child or young person must be fully recorded in writing, in a separate 'closed/confidential' section on the service user's case file. The importance of contemporaneous, clear and detailed recording cannot be over emphasised. [See Appendix 1 for guidelines on recording]

One25 Ltd recognises that child protection can be an emotive subject and understand that some staff and volunteers may find it a challenging area. However, it is important that staff and volunteers respond appropriately to a child protection or vulnerable adult concern and are aware of their responsibilities.

It is impossible within the confines of one policy to offer advice on specific issues of practice as they arise, what needs to be stressed however, is:

- **The protection and safeguarding of children/young people and vulnerable adults is paramount in all the work we undertake, whatever the context.**

- There will be dilemmas and tensions, but these need to be worked through by using appropriate advice offered by line managers in the first instance and in some instances the Safeguarding Subgroup.
- **Ask for advice.** Do not hesitate to consult with Casework Manager or Naomi House Manager, both in and out of normal working hours. Be prepared, if needs be, to seek advice from sources outside of One25 Ltd, for example the local Children's Services or the NSPCC. The importance of all agencies working together to safeguard children and vulnerable adults cannot be overemphasised and is ingrained in the recommendations of every child death and serious case enquiry.
- The need for ongoing, up to date and specialist child protection training is of paramount importance and is recognised by One25 Ltd. These issues will be followed through in the line management of staff, the supervision of volunteers and through regular training updates.
- One25 Ltd seeks to enable its staff and volunteers to act to safeguard children and young people in a way that demonstrates openness, honesty, compassion and understanding whilst not colluding with poor or neglectful parenting.
- This policy is not and cannot be definitive, as it is very much a 'working document'. Thus, changes and updates will occur as and when necessary.

Whilst One25 Ltd is not a statutory child care organisation (the police, social services and the NSPCC are the only agencies with statutory powers), **all staff and volunteers have an obligation and responsibility to be aware of and report concerns related to the protection, safeguarding and promotion of the welfare of the children/young people with whom One25 Ltd works. This includes acting to promote the protection and wellbeing of the unborn child.**

The UN Convention on the Rights of the Child, Article 19 states that every child should be protected from abuse. As a social justice organisation we endeavour to ensure that all our work aims to create and influence best practice in this regard and to this end One25 Ltd works in partnership with other statutory and non-statutory agencies to pursue these aims.

Protecting children, however, is not just about policing or investigating the possibility of harm. It is also about preventing harm and minimising the circumstances in which it might occur, as well as actively promoting the wellbeing of the child/young person we come into contact with.

We know that abuse takes place in situations where adults are able to misuse the positions of trust and power they have over children. Therefore, it is important to consider the individual needs of children and young people. There are children whose circumstances may lead to them being particularly vulnerable to abuse, for example, those living with parental substance misuse and sex working parents, those from different countries, communities, religions, cultures, whose first language is not English or those with disabilities.

In our context particular thought needs to be given to the special needs of those children and young people living with parents who have an active addiction or who are in recovery from active addiction, and those whose parents are engaged in sex work. One25 Ltd is committed to implementing practice through which we can minimise harm and work towards ensuring that they are suitably protected.

One25 Ltd does come into contact with young people under 18 years of age who are being exploited through the commercial sex industry. We are committed in these circumstances to working in multi-agency partnerships to ensure harm minimisation and the protection of these young people.

The implementation by the Home Office of the Protection of Vulnerable Adults scheme (POVA) in 2004 means that for the first time there is a section in this Policy dedicated to Vulnerable Adults. N.B. Vulnerable Adults are now covered by the Safeguarding Vulnerable Groups Act (2006).

This policy, procedures and accompanying appendices, are designed to inform and offer guidance on safeguarding and protection issues to all staff and volunteers.

2. LEGISLATION & FRAMEWORKS UNDERLYING OUR WORK WITH CHILDREN, YOUNG PEOPLE & VULNERABLE ADULTS

There are key pieces of legislation which set out the framework for all agencies working with children, young people and vulnerable adults.

These are:

2.1 The Children Act (1989)

2.2 The Children Act (2004):

2.3 The Sexual Offences Act (2003):

2.4 Working Together DATE

2.5 The Framework for the Assessment of Children in Need and their Families (2000)

2.6 Every Child Matters: Change for Children (2004)

2.7 The Safeguarding Vulnerable Groups Act (2006) & the Independent Safeguarding Authority (ISA)

2.8 Bristol CC & South Glos CC Procedures for working with Substance Misusing Parents

(See Appendix 2 for further information and links to the legislation/policy)

3. DEFINITIONS

(See Appendix 3 for full definitions)

3.1 What is Child Abuse?

3.1.1 It is not possible to give absolute definitions as to what constitutes child abuse. The following categories are taken from the Department of Health publication 'Working Together to Safeguard Children (2006):

- **Physical Abuse or Harm**
- **Emotional Abuse**
- **Sexual Abuse**
- **Neglect**

3.1.2 In addition there is **Organised or Multiple Abuse, Historical Abuse and abuse due to Domestic Violence**. (It should be noted that where the police are called to a scene of domestic violence, and a child is present, a child protection referral will be made to Children's Services automatically.)

3.2 Vulnerable adults

3.2.1 **Definition:** For the purposes of this Policy the following definition applies:

"A Vulnerable Adult is a person aged 18 years or over who is or may be in need of services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation." [Ref 'Who Decides' Lord Chancellors Department (1997)]

3.2.2 Thus a vulnerable adult with whom we may be working may:

- Misuse substances
- Be homeless
- Have mental health issues
- Have acute or chronic physical health issues
- Have a physical or sensory disability
- Have a learning disability.

3.2.3 However, the following, taken from the definition of what can constitute a 'Vulnerable Adult', (from the CRB website) would indicate that all of the women we work with can be considered vulnerable:

"A vulnerable adult is a person aged 18 or over who receives social care services, who has a reduction in physical or mental capacity and an impairment in a person's ability to protect him or herself from assault, abuse or neglect."

3.2.4 It should be remembered that having a disability does not mean that a person qualifies as a vulnerable adult, equally a 'vulnerable adult' will not necessarily have a disability. A woman aged 18 and over may qualify to be considered a 'vulnerable adult' if they are open to significant harm and exploitation and are unable to protect themselves.

3.3 Abuse and Abusers:

The same definitions are in the main applicable for a vulnerable adult as for a child or young person however there are differentiations, which need consideration.

3.4 Who may be the abuser?

People who abuse vulnerable adults are often well known to the person and may be in a position of power and authority. An abuser may be:

- A parent
- A partner, relative or friend
- A fellow working woman
- A paid carer or volunteer
- A health, social care or other worker
- A visitor or other contact
- Another vulnerable adult.

3.5 What Constitutes Abuse?

3.5.1 The term abuse can be subject to wide interpretation. For the purpose of this section of the policy the following definition is used:

"Abuse is a violation of an individual's human and civil rights by any other person or persons" ('No Secrets' DoH March 2000).

3.5.2 Our obligation however, and the consistent framework of this Policy, is to act where we see significant harm.

Abuse may:

- Consist of a single act or repeated acts
- Be physical, psychological or emotional
- Be an act of neglect or an omission to act
- Occur when a vulnerable adult is persuaded to enter into a financial arrangement or sexual relationship to which they have not, or could not have consented.

3.5.3 Any or all of these categories of abuse may be perpetrated as a result of deliberate intent, negligence or ignorance.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

3.5.4 It can sometimes be difficult to decide whether a particular act or omission is abusive. In particular it can be difficult deciding between what could be described as

neglect and poor professional practice and adult abuse. (In such situations advice should be sought from the Casework Manager or in her absence a member of the Safeguarding Subgroup).

3.6 The Concept of Significant Harm and Vulnerable Adults

3.6.1 As all of the women we work with are deemed to be vulnerable adults often throughout our interventions with them, it can be difficult to decide when to act under the Vulnerable Adults legislation and take our concerns outside of the organisation. In determining what degree of seriousness or extent of abuse justifies intervention, a useful starting point is consideration of the concept of 'significant harm'.

3.6.2 In this context the following definition is useful:

"not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development." [ref: 'Who Decides' the Lord Chancellor's Department (1997)]

3.6.3 This definition is useful when considering whether or not to make a vulnerable adult report on outreach or from the casework service. The question we need to answer is, has there been an avoidable deterioration in physical or mental health etc as above?

4. ROLES & RESPONSIBILITIES

4.1 The Casework Manager has overall responsibility for overseeing all matters concerning the safeguarding of children, young people and vulnerable adults.

In turn, each manager and staff member is accountable and responsible for all matters concerning Safeguarding, which may arise within their sphere of work and influence. Volunteers also have a responsibility to report any concerns they may encounter during their work for One25 Ltd.

4.2 It is the responsibility of all line managers within One25 Ltd to be conversant with this policy and its implications and to ensure all staff and volunteers, for whom they are responsible, understand the policy and are aware of their responsibilities within it.

A decision about whether to make a Safeguarding referral should not be made by one person in isolation. Discussion with the Casework Manager is a prerequisite.

4.3 In the Casework Team and Drop In it is expected that all potential referrals will be preceded by a discussion between the member of staff/volunteer who receives the initial information and the Casework Manager, in order to decide whether a referral is appropriate. See Appendix 6 for flow chart of process.

4.4 Staff/volunteers at Naomi House should never take a decision in isolation about what to do if a safeguarding/child protection concern is received. In the first instance it should be discussed with the line manager or, if outside of working hours, the on-call member of staff should be consulted. The Naomi House Manager can be called upon for guidance on any issue related to Safeguarding and will, if necessary, make a referral to a local authority on behalf of staff/volunteers at Naomi House. Staff/volunteers should **never** feel that they cannot approach a manager within or outside of their immediate line management structure for advice, as the protection and safety of the children and young people with whom we work is of paramount importance.

4.5 In supporting the Casework Manager, the Safeguarding Subgroup is responsible for maintaining a strategic overview of Child Protection and Safeguarding within One25 Ltd/Naomi House. To this end the Casework Manager will give a bi-monthly report to the subgroup including information summarising any Safeguarding referrals in relation to adults or children.

4.6 For guidance as to action to take when on Outreach or in Drop In where concerns for children or young people are raised see the Flow Charts in Appendix 5

4.6 Where there are allegations that staff or volunteers may have abused children and young people or vulnerable adults the Casework Manager must, along with appropriate others, be informed.

4.7 Procedures for managing allegations against people who work with children, as set down in *Working Together To Safeguard Children 2006*, need to be adhered to. Similarly where disciplinary procedures have been invoked against staff working directly with children and young people the Casework Manager must be informed. The reasons for this are:

- a. To ensure that there is a strategic overview concerning such allegations
- b. To ensure that the organisation co-ordinates such information and learns lessons for future practice.

5. WHAT TO DO IF YOU RECEIVE A CHILD PROTECTION/CHILD IN NEED DISCLOSURE OR INFORMATION PERTAINING TO SUCH MATTERS:

5.1. A potential referral is usually identified through conversations with a service user at the Drop In, observations of parent/child interactions, one to one appointments or a report from Outreach. Occasionally a child/young person may disclose directly to a member of staff or to a volunteer in the organisation. Information can also be received from known or anonymous third parties, which may lead to the need to refer on to statutory services.

5.1.1. The importance of contemporaneous, clear, accurate and detailed case notes is of vital importance when seeking to safeguard children/young people/vulnerable adults from abuse and harm.

5.1.2. A guide to recording information concerning safeguarding can be found in Appendix 1. All staff should refer to this guidance when detailing information on case records concerning the protection and safeguarding of children/young people and vulnerable adults.

5.1.3 The key principles are that information is separated into fact and opinion and clearly identified as such.

5.2. As stated in para 4.2. decisions about whether to refer or not should never be made by one person in isolation. It is the responsibility of Casework Manager to be available for staff and volunteers to access advice, where child protection and safeguarding concerns arise. All referrals and potential referrals are to be discussed with, made by or delegated appropriately by, the Casework Manager.

5.3 Staff and volunteers should never feel inhibited to seek advice and guidance about concerns for a child/young person's safety and wellbeing. It is their duty to do so.

5.4 It is the responsibility of staff and volunteers to bring such concerns to the notice of the Casework Manager, just as it is the Casework Manager's responsibility to offer advice and guidance as to what action to take in response to such concerns.

5.5 It is important, no matter how distressing, that staff and volunteers do not collude where situations in the community may be deteriorating. It is important to be open and honest with the service user about the concerns. Where staff and volunteers do not feel able to share these concerns personally, the Casework Manager will facilitate this process as One25 Ltd will work as openly and transparently with their service users as possible whilst recognising that the safety of the child remains paramount at all times.

5.6 The Manager of Naomi House is also available for consultation on matters of complexity if the Casework Manager is not accessible.

5.7 In Naomi House such concerns are likely to be raised firstly through one to one sessions with the mother and where concerns persist the matter will be raised with the Naomi House Manager. A telephone conversation will be had with the social worker for the child by the manager or delegated worker.

The information will be logged in writing in the case notes and day book and will be supplied in writing to the social worker in the form of a letter, email or report as agreed with the worker.

6. MAKING A REFERRAL: Children / young person

N.B. There are now 2 types of referral forms: one for a Child in Need of Protection and another for a Child in Need under sections 17 or 20 of the Children Act 1989 – the procedure set out below applies to both types of referral.

6.1 A telephone call to the Children's Services/Social Care Department is usually the first action when initiating a child in need/child in need of protection referral. It is appropriate and at times necessary to not only share information, but also to seek advice. A written record of who was spoken to, the content of the conversation, time and outcome of the conversation should be logged on the case file. This should be signed and dated by the member of staff. Any such call should be made by a member of the casework team or the Casework Manager.

6.2 A written referral needs to be completed by the referring worker immediately following the verbal referral. It should be:

- **Typed** (only in exceptional circumstances where access to a PC is not available should the forms be hand-written). It is an external document and typed information is easier to read and less open to interpretation.
- **Clear** in its recording of information, including differentiating between fact, opinion, third party information and allegation.
- **Focussed** on the needs of the child/young person.
- **Countersigned and dated** by the Casework Manager.
- **Emailed or faxed** to Children's Services/Social Care immediately.
- **Sent** by first class post (original signed copy) on the same day. If this is not possible, then within 48 hours.

6.3 Should there be an unsatisfactory response from Children's Services/Social Care, the Casework Manager will report concerns to a Children's Services/Social Care senior manager, verbally and then in writing. Copies of any such correspondence will be brought to the attention of the Safeguarding Subgroup at the next meeting.

6.4 Informing Internal Colleagues:

Please Note: Information should be shared on a 'need to know' basis and will be done verbally in team meetings or on an individual basis as appropriate.

6.5 Informing Colleagues in Other Agencies:

Please Note: Information should be shared on a 'need to know' basis only and will be the responsibility of the Casework Manager or Naomi House Manager as appropriate.

6.6 What happens next?

Once the referral has been made it is the responsibility of the Caseworker or in the case of Naomi House the Key Worker to pursue feedback from Children's Services/Social Care concerning its outcome.

7. AFTER REFERRAL:

What happens after an initial referral has been made?

7.1. Once a Children's Services/Social Care Department has received the referral, there may be a number of outcomes:

- No further action
- The provision of services
- Re-direction to another agency,
- Fuller assessment of needs and circumstances of the child, which may be followed by Section 17 or Section 47 inquiries.

7.2. Care should be taken to ensure that all involvement, actions and outcomes concerning the protection and safeguarding of a child/young person is fully recorded, signed and dated on the case file.

This is especially important, not least because a court can order that any of One25 Ltd's records be presented in court if, for example, care or criminal proceedings are commenced. (See Appendix 1 for information regarding recording)

7.3 Participation in meetings, as representatives of One25 Ltd, could involve the following:

- Attending informal meetings and discussions to plan how best to meet a child or young person's needs.
- Attendance at Strategy Meetings and/or Child Protection Conferences will usually be by the Caseworker or Naomi House Key Worker. It should be noted that the full significance of particular knowledge will only become apparent through the process of sharing information at the Conference, so any information relating to the child's development, family functioning or wider environment should be shared.
- Written reports for the Strategy Meeting/Conference should be prepared and sent to the Children's Services/Social Care Child Protection Conference Chairperson in advance. These should contain **relevant** known information about the child and family. The report should be shared with the service user before the meeting (unless to do so would put the young person at further risk of harm or jeopardise any investigation, and it may in exceptional circumstances be appropriate to check with the Chair of the Child Protection Conference meeting).
- If the child/young person or another family member disagrees with something in the report, and a difference of opinion remains after further discussion, this should be brought to the attention of the Conference, either verbally or through a written note to the Chair.
- Remember that the child/young person could be present for all or part of the Conference, as could their parent(s) or guardian(s). Reports should thus be clear as to the evidence on which details and opinion is based. This should not

however detract staff or volunteers from giving a full and accurate account to the Conference.

- Where it is not possible for a representative to attend a Conference, a written report will be sent.
- Where the Therapeutic Caseworker is involved with the mother or child, another member of the Casework Team or Naomi House Key Worker will write the report for the Conference and attend the meeting so as not to compromise the therapeutic relationship. General information regarding the therapeutic process underway will be supplied to the meeting. Where specific information shared may affect the planning for the protection of the child(ren) this will be discussed with the parent/child in question by the therapeutic practitioner prior to the meeting.

8. MAKING A REFERRAL: vulnerable adult

8.1 Concerns from Drop In or Casework Team

8.1.1 Where concerns over particular vulnerabilities are raised, a discussion with the Casework Manager will take place and a decision will be taken about what action to take. In the first instance the Caseworker will try to formulate a plan with the service user to reduce the factors leading to excessive vulnerability.

8.1.2 Where this does not succeed the Caseworker or Casework Manager will convene a meeting of all the professionals who are working with the service user in order to highlight the concerns, get a Care Coordinator appointed if one does not already exist and draw up a plan to address the concerns.

8.1.3 Where a statutory referral is felt to be necessary this will be done by the Caseworker or Casework Manager via Bristol Specialist Drugs and Alcohol Service or the statutory mental health team at Brookland Hall.

8.2 Concerns on Outreach

8.2.1 Staff and volunteers are kept informed of concerns regarding vulnerable women via the information sheet in the van file. This is updated on a weekly basis.

8.2.2 If staff or volunteers become aware of a service user during an outreach shift that they deem to be particularly vulnerable, they should complete a Vulnerable Adults Form located in the van file. This form will be handed in with the van sheets at the end of the shift and brought to the Casework Manager's attention the next morning.

8.2.3 If it is felt that there needs to be an urgent response to the concerns the van team leader should make a call either to the police or the Emergency Duty Team and report the concerns to them.

8.2.4 Where appropriate, with the agreement of the service user, they could be taken to the Accident and Emergency Department of the local hospital by the van team.

8.3 Concerns at Naomi House

8.3.1 The service users at Naomi House are closely monitored through the group work programme and one to one sessions, therefore any particular vulnerability is likely to be being monitored and worked with on an ongoing basis.

8.3.2 Where specific concerns arise the Naomi House Manager will be informed in the first instance and a plan will be drawn up to address the specific factors causing concern.

8.3.3 Where the concerns persist or are felt to be significant enough to be impacting on the mother's ability to parent safely and adequately the child's social worker will be informed immediately in order that necessary plans and decisions can be implemented.

9. OUT OF HOURS CONCERNS ON OUTREACH OR AT NAOMI HOUSE:

9.1 Where concerns about a child/young person's or vulnerable adult's safety arise outside of normal working hours advice should be sought either:

- by those on-call for Naomi House
- or the Casework Manager if the van or foot outreach team leader requires urgent support and advice.

9.2. However, staff or volunteers should never delay in taking emergency action (including seeking medical advice) because of the unavailability of a line manager. The van or foot outreach team leader should refer to the Children's Services/Social Care departments immediately either via the emergency duty team or the police. In the case of Naomi House the most senior member of staff in the absence of the manager will contact the on-call staff and decide on a course of action together. If necessary the emergency medical services or police will be called prior to calling the on-call staff.

9.3 If it is believed emergency action is necessary in order to protect a child/young person, that action must be taken. In most instances this would be to contact the police and/or Children's Services/Social Care departments. Any such action should be recorded in writing and reported to the Casework Manager on the next working day or as soon as is practical.

9.4 The parent(s) or legal guardian(s) should be notified by the Caseworker or Casework Manager, where possible, before making a referral about them or their child/young person to another agency, **unless** to do so might contribute to placing that child/young person at risk of significant harm, or jeopardise any subsequent police/social services investigation. (see 6.2 above)

9.5 It is good practice to inform a child, young person or vulnerable adult that a safeguarding referral concerning them is being made. Whether it is appropriate to do so in every case is however dependent on:

- The age and understanding of the child/vulnerable adult and
- If, in doing so, such notification might contribute to placing that child/young person/vulnerable adult at risk of significant harm, or jeopardise any subsequent police/children's services/social care investigation.

9.6 Under the Data Protection Act disclosure of information concerning child protection is exempt.

10. Confidentiality:

10.1 It is important to recognise that it is not easy for a child/young person or vulnerable adult to make a disclosure of abuse, ill treatment or neglect. The consequences of such disclosure are likely to have profound effects on the child/young person or vulnerable adult and other family members. Thus, it may be difficult for their consent to be given for a referral to be made to statutory services. This should not prevent a referral being made.

10.2. All children, young people and vulnerable adults involved with One25 Ltd must be made aware, from the outset, and helped to understand that complete confidentiality is not possible in instances of risk of significant harm to the child concerned or any other child, young person or vulnerable adult.

10.3 If a child/young person/vulnerable adult has not consented to the referral, the reasons for the referral need to be clearly explained to them, so that any ongoing/future supportive relationship can be maintained as far as is possible.

10.4 Any decision to breach or not to breach confidentiality, together with reasons for doing so, must be recorded on the file and the record must be reported to the Casework Manager as soon as is practical and at the latest by the next working day.

10.5 If One25 staff are contacted by a Children's Services/Social Care department requesting information about a child or family who is known to them, in connection with an assessment of the need for protection under Section 47 of the Children Act (1989), they must comply with that request for information.

10.6 Any decision not to pass on such information relating to a child to the police or social services, requested under Section 47 or Section 17 of the Children Act 1989, is a serious matter. (Where One25 Ltd is part of the child protection plan there is no choice but to pass on such information.)

This course of action can only be taken if sanctioned by the Casework Manager, in consultation with the Safeguarding Subgroup, and would be in exceptional circumstances. The decision and supporting reasons must be recorded on the service users file and an ongoing risk assessment will be required in such circumstances.

10.7 In certain circumstances, when a young person continues to be at risk of serious harm, and the "working together" arrangements are not safeguarding that child, One25 casework staff may request a Child Protection Conference (as set down in 'Working Together'). This judgement, if made in conflict with Children's Services/ Social Care Department, must be sanctioned by the Casework Manager with notification to the Safeguarding Subgroup.

10.8 The question of confidentiality and information sharing concerning vulnerable adults does however raise dilemmas for those working with this group of service

users. The same principles do generally apply however further specific underlying principles and considerations can be found in Appendix 7.

11. 'PART 8' SERIOUS CASES REVIEWS:

11.1. The vast majority of children and young people with whom we and other agencies work do not suffer significant harm. There are however exceptions and children/young people do suffer serious injury and in some instances death, which is preventable. In these circumstances the local authority is obligated (*under Part 8 of Working Together to Safeguard Children*) to conduct a Serious Cases Review – also known as a Part 8 Review.

11.2. The request will come from the Chair of the LSCB. Any requests for One25 Ltd to produce such a report should be addressed to the Casework Manager.

11.3. Should such a request be made, the Casework Manager will immediately inform the Safeguarding Subgroup members and Chair of Trustees.

11.4. Under no circumstances should a Caseworker or Naomi House Key Worker begin the process of preparing a report or attend any meetings convened by the LSCB without the prior knowledge of the Naomi House Manager and Casework Manager.

11.5. Where One25 Ltd is involved in a Serious Cases Review or Child Death Review, **the case records pertaining to the child/young person will be secured by the Casework Manager** and an internal strategy meeting/discussion (involving the Casework Manager, Naomi House Manager, relevant staff and the Safeguarding Subgroup) will be called in order that:

- Information of our involvement with the family can be shared with the Board of Trustees
- An assessment can be made of our practice and involvement with the child/young person/family
- A risk assessment can be conducted as to any impact on the credibility of One25 Ltd, such a review may have
- A decision is made as to who should write the report
- A review of practice and any future learning which may be gained, once the Review Report has been published.

12. ENSURING SAFE PRACTICE WITHIN One25 Ltd:

The attention of staff and volunteers is drawn to:

'Guidance for Safe Working Practices for adults who work with children and young people' published by the DCSF.

12.1. Through our Recruitment and Selection Policy and Procedures, One25 Ltd endeavours to ensure that people unsuitable to work with children, young people and vulnerable adults are not employed.

12.2 Criminal Records Bureau (CRB) Checks - All Staff working for One25 Ltd require an enhanced CRB check to be completed by the agency. The only exception to this will be certain student placements where comprehensive checks have been carried out by the placing University or agency.

12.3. Staff and volunteers in every work setting in One25 Ltd should take all steps necessary to promote safe environments for children, young people and vulnerable adults. Workers must feel able to raise concerns with their managers. If a line manager fails to respond to staff or volunteer concerns regarding any safeguarding matter, the employee or volunteer must feel free to contact the Safeguarding Subgroup without prejudice. Children and young people should feel safe enough to share their fears and problems with staff.

12.4. Staff should not normally be on their own with children, young people and vulnerable adults. Where lone working is unavoidable, staff should adhere to existing working protocols and risk assessments will be developed to maximise safe practice. Children remain the primary responsibility of their mother during any contact with One25 Ltd including Naomi House.

12.5 Contact with children and young people

12.5.1 Staff and volunteers should be aware that contact outside of normal working hours between staff/volunteers and children/young people is considered inappropriate.

12.5.2 It should only take place if it is part of a piece of planned and agreed work with children/young people and their parent or guardian and with the prior agreement of the appropriate line manager. In addition written parental consent (where applicable) of the child/young person concerned will be required.

12.5.3 Overnight stays are never appropriate unless part of an agreed piece of planned work with parental and CYPS consent. In such circumstances CYPS will have agreed the placement to be appropriate. An example of when this might arise is when a service user goes into labour and the plan for her other children is for them to stay with a designated and approved member of staff or volunteer.

12.6 Allegations that a member of staff or a volunteer has caused harm to a child or young person:

12.6.1 Reporting Requirements:

Allegations must be reported to the line manager. The manager must make a referral to the Children's Services Department and notify the Safeguarding Subgroup and Chair of Trustees. This should then be confirmed in writing.

12.6.2 There will then be a strategy meeting/discussion to decide any necessary action. Any action must not interfere with investigations being made by the Children's Services/Social Care Department or the police.

12.6.3 The meeting will involve appropriate managers, and at least one representative of the Safeguarding Subgroup.

They will consider:

- Support to the child or young person, the person making the allegation and the member of staff/volunteer involved.
- Come to a decision about suspension without prejudice of the member of staff/volunteer involved. If the member of staff/volunteer has contact with children as part of their work with One25 Ltd all contact should stop at once and their suspension should be considered immediately. Suspension should be seen as a neutral act which is designed both to protect children and /or the staff member/volunteer concerned.

12.6.4 Allegations against employees or volunteers may also be raised through the grievance and complaints procedure. If this is the case, the Safeguarding procedures must take precedence over any other procedures, which will be suspended during the child protection investigation.

13. HISTORICAL ABUSE:

13.1. If an allegation of historical abuse is made against a member of staff or volunteer working for One25 Ltd, it will be treated very seriously. We define historical abuse as follows:

‘actual or likely abuse reported by an adult, that s/he or another young person was abused as a child or young person while receiving a service from One25 Ltd.’

- An adult is defined as anyone over the age of 18
- Abuse comprises emotional abuse, neglect, physical injury or sexual abuse
- Abuse does not include care of a standard that was accepted at the time, but would not be accepted now

13.2. All allegations of historical abuse and matters concerning allegations of historical abuse will be channelled through the Casework Manager to the Safeguarding Subgroup who will ensure that they are dealt with quickly and efficiently.

13.3 The Casework team at the Grosvenor Centre and staff at Naomi House recognise that on occasions they may be party to information from a service user about their experience of childhood abuse. In such cases staff must treat this seriously and advise the service user of their rights and where they can take this information.

13.4 They may decide to report it to the police or to enter into a counselling relationship to address the issues. In such circumstances the caseworker will support the woman through these processes.

14. DUTY OF CARE TO STAFF AND VOLUNTEERS

14.1 One25 Ltd recognises that dealing with issues concerning the safeguarding of children and vulnerable adults can be difficult and distressing and to this end all paid employees have access to a range of support as defined in the staff handbook.

14.2 Volunteers are offered peer led group supervision sessions. They can request one to one supervision with the Casework Manager and, where requested and deemed appropriate, can access external counselling support.

APPENDIX 1 Recording Policy:

CASE WORK RECORDING

These notes are for assisting with clarity and uniform practice for all One25 staff and casework support team volunteers.

1. Why have case work files?

- To keep accurate information and enable retrieval of information.
- Follow up work can be undertaken by another worker.
- The woman has a record of her progress should she require it.
- One25 can monitor the case work service for future development of services.
- One25 can give accurate reports to specific funders and other partner agencies.
- Remember any file could be accessed by a Court of Law in care or criminal proceedings and staff maybe called upon to give evidence; therefore the importance of accurate, clear and necessarily detailed notes needs to be understood.

2. What needs to be recorded and how?

- Notes of service user contacts and whether in person, by phone or letter.
- Any concerns about safeguarding matters either pertaining to the woman or any children in her care.
- Notes of meetings attended about service user or phone conversations or letters received/written about her.
- Range of issues covered and brief details of each.
- Dates of above contacts etc. (and times where relevant).
- Legibly written.
- Factual and stating source of the information (except where stating opinion and then make the fact that it is an opinion clear).
- Place of contact/meeting.
- Any action agreed or taken, by whom, and what issues remain for further discussion/action.

3. Confidentiality, permission and access

- Notes must be made of contact details on front of file and it must be clearly recorded if the address is *not for* letter contact and if it is *not OK to leave messages* on the phone number provided.

- All case work files require a completed consent to store and release personal information form before any work is undertaken.
- This form will need to be regularly reviewed and updated as to the list of agencies the service user is happy for One25 to share information with.
- Files must be kept in locked cabinet when not in use.
- Attention is drawn to One25's confidentiality policy.

APPENDIX 2 – LEGISLATION AND FRAMEWORKS

2.1 The Children Act (1989)

This Act is the foundation on which the protection of children is based. Of paramount importance throughout is the 'welfare of the child'. In essence this means that the need to protect children comes before everything else and this principle needs to be at the forefront of all of our work. This may at times, cause problems and raise questions for staff and volunteers, however, the principal remains that the protection of children from abuse overrides all other considerations (including confidentiality).

The salient points of the Act, which staff and volunteers need to be familiar with are:

Section 17 states:

(1) It shall be the general duty of every local authority:

- a. *to safeguard and promote the welfare of children within their area who are in need; and*
- b. *so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.*

Section 20:

(1) Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of –

- a. *there being no person who has parental responsibility for him;*
- b. *his being lost or having been abandoned; or*
- c. *the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.*

(The Children Act 1989 can be viewed in full [here](http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm)).

http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm

2.2 The Children Act (2004):

This Act was a direct result of the findings by Lord Laming into the death of Victoria Climbié. The salient points of the Act, which staff and volunteers need to know are:

- The appointment of a **Children's Commissioner for England**, whose main function is to promote awareness of the views and interests of children.
- The need for co-operation between local authorities and **all** agencies working with children to improve their well-being.
- The duty of local authorities to take account of the views, wishes and feelings of children and young people involved in child protection investigations and when providing services to children in need.
- The appointment of Directors of Children's Services, to replace Directors of Social Services.

- The establishment of information databases relating to children.
- The establishment of Local Safeguarding Children's Boards (LSCB's) replacing Area Child Protection Committee's.

(The Children Act 2004 can be viewed [here](#)-

)http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

2.3 The Sexual Offences Act (2003):

The Sexual Offences Act came into force on 1 May 2004. The Act is split into two parts the first devoted to sexual offences, creating new offences and widening the scope of existing ones, and the second covering offenders with an emphasis on the protection of **vulnerable individuals**.

The Act makes changes to the following:

- Rape and Consent
- Child Sex Abuse
- Prosecutions of persons under 18
- How the law affects those who advise children
- Abusive parents and carers
- Sexual Offences involving the Internet and 'grooming'
- Monitoring convicted sex offenders

There are a series of new offences under the Act, which include sections on:

Trafficking persons for the purposes of sexual exploitation; the prevention of children of being abused through prostitution and pornography; the protection of vulnerable adults with a mental disorder from sexual abuse and a new offence of voyeurism.

(For detailed guidance click to link to [Sexual Offences Act Guidance](#))

http://www.teachernet.gov.uk/_doc/6674/care-workers.pdf

2.4 Working Together To Safeguard Children and Local Safeguarding Children Boards Regulations' (2006)

Of utmost importance in ensuring the safety and well being of children and young people is the need for consistent, ongoing and at times immediate communication between practitioners and managers. Further, the passing on and sharing of information between agencies is absolutely crucial to the safety and well being of children. Failures to do so are embodied in every official inquiry into the deaths of children, from the first in 1946, into the death of Dennis O'Neil at the hands of his foster carers, to that of Lord Laming into the death of Baby Peter in 2007.

Procedural advice and guidance contained in '**Working Together To Safeguard Children and Local Safeguarding Children Boards Regulations' (2006)** sets out

the expectations of those working with children to ensure their safety. It should be seen as a day-to-day working procedural document for managers and practitioners within One25Ltd.

Click here for link to [DCSF website](#)

<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether/workingtogethertosafeguardchildren/>

2.5 The Framework for the Assessment of Children in Need and their Families (2000)

A document used by agencies working with children, to assess their needs. Staff working with children and young people, will find it useful to familiarise themselves with the Assessment Framework, depending on the nature of their work with children and young people, in order to have a clear understanding of the framework for adequate parenting promoted by the government.

(Click on link [DoH website](#) for document)

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008144&chk=CwTP%2Bc

2.6 Every Child Matters: Change for Children (2005)

Sets out the Government's approach to the well being of children and young people from birth to age 19. Its aim is for every child, whatever their background or their circumstances, to have the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve through learning
- Make a positive contribution to society
- Achieve economic well being

With a concentration on improving outcomes for children and young people, and an emphasis on multi-agency working, our practice, particularly within the Casework Team, the group work programme and Naomi House, will inevitably be influenced by the Every Child Matters agenda. This policy seeks to reinforce the safeguards necessary to ensure that we, as an agency, comply with such initiatives and legal requirements, as embodied in the above legislation.

2.6 Common Assessment Framework (CAF)

All local authority areas were expected to implement the Common Assessment Framework (CAF) by the end of 2008.

Under the Every Child Matters initiative, the introduction of a Common Assessment Framework for children and young people presents a key part of the strategy to shift the focus from dealing with the consequences of difficulties in children's lives to preventing them from happening. The DCSF website states:

"The CAF has been developed for use by practitioners in all agencies so that they can communicate and work more effectively together. Information will follow the child and build up a picture over time. The CAF will encourage greater sharing of information between practitioners, where consent is given."

(For 'A Quick Guide to CAF' click for link to [DCFS website](#))

<http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/?asset=document&bid=19748>

2.7 The Safeguarding Vulnerable Groups Act 2006 and the Independent Safeguarding Authority

The Bichard Inquiry into the deaths of two ten year old girls in Soham, Cambridgeshire, recommended that "new arrangements should be introduced requiring those who wish to work with children or vulnerable adults, to be registered. The register would confirm that there is no known reason why an individual should not work with these clients" (Rec 19).

The Safeguarding Vulnerable Groups Act (2006) lays the foundation for a vetting and barring scheme, which aims to do this by preventing those who are deemed unsuitable to work with children and vulnerable adults from gaining access to them. The aim of the scheme will be to provide employers with a more effective and streamlined vetting service for potential employees and barring unsuitable individuals from working or seeking to work with children and vulnerable adults.

The responsibility for making such decisions will be undertaken by the Independent Safeguarding Authority, a non departmental public body. This new scheme is now being phased in.

Click here for a link to the [Independent Safeguarding Authority website \(ISA\)](#) <http://www.isa.gov.org.uk/>

Bristol City Council's procedures for working with parents who are substance misusing is a key document and can be read on this link: <http://www.bristol.gov.uk/ccm/content/Health-Social-Care/safeguarding-children/for-professionals/multi-agency-protocols/about-the-family/parental-drug-use.en>

Voluntary Agencies in the South Gloucestershire Council area use procedures for working with parents who are substance misusing which can be read on this link:
<http://www.swcpp.org.uk/WebHelp/kidcare3.htm>

Click on the Left hand side button  further guidance on child protection

and then the button ?

Substance misuse

APPENDIX 3 - DEFINITIONS

Abusers

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. It is important to remember that children can be sexually abused by both men and women perpetrators.

Physical Abuse or Harm

- May involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child .
- Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child whom they are looking after.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating on normal social interaction.
- It may also 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.
- Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves:

- Forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.
- The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts.
- They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect involves:

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

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

Organised or Multiple Abuse

Organised or multiple abuse involves:

- Abuse involving one or more abuser and a number of related or un-related abused children and young people.
- In some cases the abusers concerned acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.
- Organised and multiple abuse occur both as part of a network of abuse across family or community, and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the children who become involved. Its investigation is time- consuming and demanding work requiring specialist skills from both police and social work staff.

[All the above definitions are based on definitions from 'Working Together to Safeguard Children (2006)']

Domestic Violence

Domestic Violence involves:

- Harm done to a person by another with whom that person has been, or still is, in a close relationship.
- The use of behaviour designed to misuse power and exercise control. Domestic Violence can lead to physical, sexual, financial, psychological, verbal and emotional abuse within the living environment.

APPENDIX 4 - GLOSSARY OF CHILD PROTECTION TERMS

Area Child Protection Committee (ACPC) has been replaced by Local Safeguarding Children Boards (LSCBs)

The statutory body in each **local authority** responsible for bringing key agency representatives together for the planning, monitoring and implementing of safeguarding procedures in their area.

In April 2006 Area Child Protection Committees were replaced by Local Safeguarding Children Boards (Children Act 2004, Section 13)

The aims, objectives and functions of LSCBs are similar to those of ACPCs, but with the following important proviso:

- The authority establishing the Board must co-operate with each of their board partners; and
- Each Board partner must co-operate with the authority.

LSCBs are statutory bodies, which require co-operation, **by law**, in the safeguarding of children/young people by Board partners. Agencies, such as One25 Ltd/Naomi House are considered to be relevant 'persons and bodies' who can be represented on the LSCB and thus will be required to share information concerning the risk of abuse to children/young people with whom we work.

Child in Need

A child shall be taken to be in need of protection if:

- She/he is suffering or likely to suffer from significant harm.
- Concerns about maltreatment may be the reason for referral to the Children's Services Department or concern may arise during the course of providing services to a family. In such circumstances, the Children's Services Department is obliged to consider initiating enquiries to find out what is happening to a child and whether action is taken to protect a child. This obligation is set out in Part V s47 of the Children Act (1989) (Protection of Children).
- A child defined by S17 (10) of the Children Act (1989) is entitled to the provision of services to promote their **health** and **development** and is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for her/him of services by a local authority Children's Services Department.
- Her/his health or development is likely to be significantly impaired without the provision for her/him of such services.
- She/he is disabled.

Child Protection Case Conference

An interagency forum for gathering information about a child, making an assessment of current risk and planning what action is required to ensure their continued protection, including the possibility of admission to the **Child Protection Register**. A child protection conference should be convened (if the strategy discussion recommends such a course of action) within 15 days of the strategy discussion.

Child Protection Plan

The agreed plan of action arising from a **Child Protection Case Conference** and carried out by the **named key worker** and the **core group**.

Child Protection Register

A central record held on computer, of all those children in the area of an **Local Safeguarding Children's Board** who have been defined as at risk of **abuse**.

NB Please note there has been a phasing out of the child protection register it has been replaced with child protection plans or children in need plans. However the terminology 'on the register' is still widely used.

Core Group

A small interagency group responsible to the **Child Protection Case Conference** for carrying out in practice the agreed **Child Protection Plan**. It will always involve the **named key worker**.

Development

A child's development is defined by S17 Children Act (1989) as including their physical, intellectual, emotional, social and behavioural development. This is intended to promote a holistic view of children and is relevant to whether the child is a **child in need**.

Health

A child's health is defined by S17 Children Act (1989) as including their physical and mental health. It is intended to cover a wide definition and is relevant to deciding whether the child is a **child in need**.

MAPPA

Stands for: Multi Agency Public Protection Arrangements and provide a national framework in England and Wales for the assessment and management of risk posed by serious and violent offenders. This includes individuals who are considered to

pose a risk, or potential risk of harm to children. The arrangements impose statutory requirements on the police and probation services to make these arrangements under the Criminal Justice and Court Services Act (2000), the Criminal Justice Act (2003).

Paramountcy Principle

The principle inherent in the Children Act (1989) that the child's welfare is the 'paramount consideration' in any court proceedings relating to the child.

Parent

Includes those with **parental responsibility** and any other adult with whom the child is living. Though the term is sometimes used to refer only to 'birth' parents, in law it has a much more general meaning. The key issue arising from the Children Act is that not all 'parents' carry the same degree of legal responsibility and authority.

Risk Assessment/Analysis

A formalised process for determining whether or not a particular child is at risk of **significant harm**. There are various models in use which measure both current and likely future risk as being a key issue .

Schedule 1 Offender (this term is no longer used and has been replaced by the term: 'Risk to Children')

A person convicted of an offence against a child under Schedule 1 Children and Young Persons Act (1933). This includes murder, manslaughter, infanticide, incest, **assault**, sexual assault, neglect and cruelty.

Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm.

Under s31(10) of the Act it states that "whether harm is significant depends on how the child's health and development compares with that which could reasonably be expected of a 'similar child'."

This is intended to convey a sense of realism and to avoid comparison only with 'perfect' situations which could not realistically be compared with this particular child's circumstances.

Strategy Discussion

If there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, Children's Services should convene a strategy discussion. Depending on the nature of the child's needs and the urgency of the situation, this might take the form of an actual meeting, or be a series of telephone conversations. The purpose of the strategy discussion is to agree whether to initiate s47 enquiries and as a consequence to commence or complete a core assessment. It is also to identify the relevant tasks and timescales for each involved professional and agency and agree what further help or support may be necessary.

CHILDREN AT RISK WITH SEX-WORKING WOMEN

	<p>Is there an IMMEDIATE THREAT OR DANGER to a child?</p> <p>eg</p> <ul style="list-style-type: none"> • being abducted • caught in a fight 	<p>Is there URGENT CONCERN for a child's safety?</p> <p>eg</p> <ul style="list-style-type: none"> • with a woman who is out working • child has injuries 	<p>Are there OTHER CONCERNS about a child</p> <p>eg</p> <ul style="list-style-type: none"> • appears neglected • a pregnant woman
1.	<p>Phone 999</p> <p>give as much information as possible e.g. descriptions of people (and car)</p>	<p>VAN</p> <p>before 10 pm</p> <p>phone police Child Protection Team: 0117 945 4321</p> <p>after 10 pm</p> <p>phone Children's Services emergency duty desk: 01454 615 165</p> <p>give as much information as possible</p> <p>DROP-IN</p> <p>consult Management if possible then phone Children's Services 0117 903 6500</p>	<p>VAN</p> <p>Complete form giving as much information as possible</p> <p>DROP-IN</p> <p>Consult Manager if possible then phone Children's Services 0117 903 6500</p>
2.	<p>Complete child protection record sheet and hand in a.s.a.p</p>	<p>Complete child protection record sheet and hand in a.s.a.p</p>	<p>Complete child protection record sheet as fully as possible</p>
3.	<p>VAN</p> <p>leave message on office answerphone</p> <p>DROP-IN</p> <p>report to Manager a.s.a.p</p>	<p>VAN</p> <p>leave message on office answerphone</p> <p>DROP-IN</p> <p>report to Manager a.s.a.p</p>	<p>VAN</p> <p>send in next day by hand or first class post</p> <p>DROP-IN</p> <p>Report to Manager a.s.a.p</p>

Please inform the woman with the child that you have concerns and therefore a duty to report them to Children's Services. This is BEST PRACTICE and COURTEOUS to the women. Our policy is to be open and honest with the women about our work.

This policy does not refer to other children in the community. If you have a general concern about a child whom you see while on outreach, please act as a concerned member of the public and not as a One25 volunteer, therefore do not record this on One25 record sheets.

UNDER 18s AT RISK THROUGH SEX WORK OR SEXUAL EXPLOITATION

What to do if you see a young woman under 18 years, who is at risk of harm

	<p align="center">Is there IMMEDIATE THREAT OR DANGER to a young person?</p>	<p align="center">Is there URGENT CONCERN for the safety of a young person?</p>	<p align="center">Are there OTHER CONCERNS about a young person?</p>
<p>4.</p>	<p>Phone 999 give as much information as possible eg descriptions of people (and car)</p> <p><i>and</i></p> <p>VAN phone Social Services duty desk 01454 615165</p>	<p>VAN Phone Children’s Services duty desk 01454 615165 with as much description of people (and car) as possible</p> <p>DROP-IN consult Casework Manager - phone Children’s Services duty Desk on 0117 9036774 - & phone Police Child Protection team on: 0117 945 4329 give as much info as pos</p>	<p>Complete pink 'Concerns' form as fully as possible</p>
<p>5.</p>	<p>Complete pink 'Concerns about young women U18 years' form and hand in to office a.s.a.p</p>	<p>Complete pink 'Concerns about young women U18 years' form and hand in to office a.s.a.p</p>	<p>VAN send in next day by hand (or first class post) DROP-IN hand it to office a.s.a.p</p>
<p>6.</p>	<p>VAN leave message on office</p>	<p>VAN leave message on office</p>	<p>VAN <i>If you posted form – phone the office</i></p>

	<p>answerphone</p> <p>DROP-IN report to office a.s.a.p</p>	<p>answerphone</p> <p>DROP-IN Debrief with a staff member</p>	<p><i>a.s.a.p and give info. verbally</i></p>
--	---	--	---

Please inform the woman that you have concerns and therefore a duty to report them to Children's Services. This is BEST PRACTICE and COURTEOUS to the women. Our policy is to be open and honest with the women about our work.

VULNERABLE ADULTS

What to do

A vulnerable adult is someone with **temporary or permanent** physical or mental disability or learning difficulties who is unable to protect herself from abuse and/or unable to communicate adequately with others.

Is there an IMMEDIATE THREAT OR DANGER	Are there OTHER CONCERNS
eg <ul style="list-style-type: none"> ● Being forced to go with someone against her will ● risk of evidence being lost 	eg <ul style="list-style-type: none"> ● Reports of control and manipulation ● physical injuries/bruises
Phone 999 give as much information as possible e.g. descriptions of people (and car)	Listen and reassure but explain that it cannot be kept between the two of you
Complete vulnerable adults concern form and hand in a.s.a.p to Casework Manager	Complete vulnerable adult concern form as fully as possible
VAN leave message on office answer phone DROP-IN report to a staff member a.s.a.p.	VAN send in next day by hand or first class post DROP-IN hand it to a staff member a.s.a.p

Please inform the woman that you have concerns and therefore a duty to report them to Social Services. This is **BEST PRACTICE** and **COURTEOUS** to the women. Our policy is to be open and honest with the women about our work.

Appendix 6

Flow Chart of Process of raising concerns

Click on this link to a One25 document on our shared drive

[appendix 6 flowchart.pdf](#)

(If you are reading this document as a PDF or as a paper copy, Appendix 6 will be found after page 48)

APPENDIX 7- Confidentiality and Information Sharing Concerning Vulnerable Adults

The question of confidentiality and information sharing concerning vulnerable adults does however raise dilemmas for those working with this group of service users. The following principles may prove helpful:

- Staff and volunteers owe a duty of confidentiality to vulnerable adults. A vulnerable adult has a right to expect that information held on them in whatever form, will be treated with due regard to the principle of confidentiality.
- Staff and volunteers have a clear duty to report any concerns they have relating to the abuse, or suspected abuse of a vulnerable adult to the Casework Manager or Naomi House Manager at the earliest opportunity .
- The duty of confidentiality owed to individuals is not affected by their vulnerability, but by their level of capacity and their wishes should be respected. BUT in certain circumstances their wishes can be overridden – see below .
- Informed consent should be obtained before the sharing of information about a vulnerable adult.
- Where the vulnerable adult does not have the mental capacity to give informed consent, a decision to share information should be made, after discussion with the Casework Manager or Naomi House Manager if concerning a resident, on the basis of their best interests and a record made of that decision.
- A referral will be made by the Casework Manager or delegated to an appropriate member of staff. This will be done by contacting Care Direct who handle adult referrals in Bristol currently. In situations of emergency, as with allegations of significant harm against a child or young person, a referral should be made directly to the police.
- The following are examples of exceptional circumstances in which confidential information can be justifiably shared without consent:
 - a. Immediate risk of, or actual occurrence of significant harm to, or exploitation of the service user or another person.
 - b. A statutory responsibility e.g. under the Mental Health Act (1983), the Children Act (1989).
 - c. Another organisation requires the information in order for them to discharge their statutory functions e.g. the police require information for prevention or detection of a crime. The judgement would be whether the duty of confidentiality is outweighed by the public duty to prevent a crime.

d. There is a duty to report in order to protect others, **even if the vulnerable adult does not wish it**, in circumstances of mal-practice, abuse or poor professional practice by:

- A member of One25's staff/volunteer
- A local authority or a health professional
- A paid carer
- An employee of a private care agency, or
- An employee of another organisation providing care to the vulnerable adult.

In this situation the vulnerable adult should be informed of our duty to pass on information, to whom the information is to be passed and the reason for doing so.

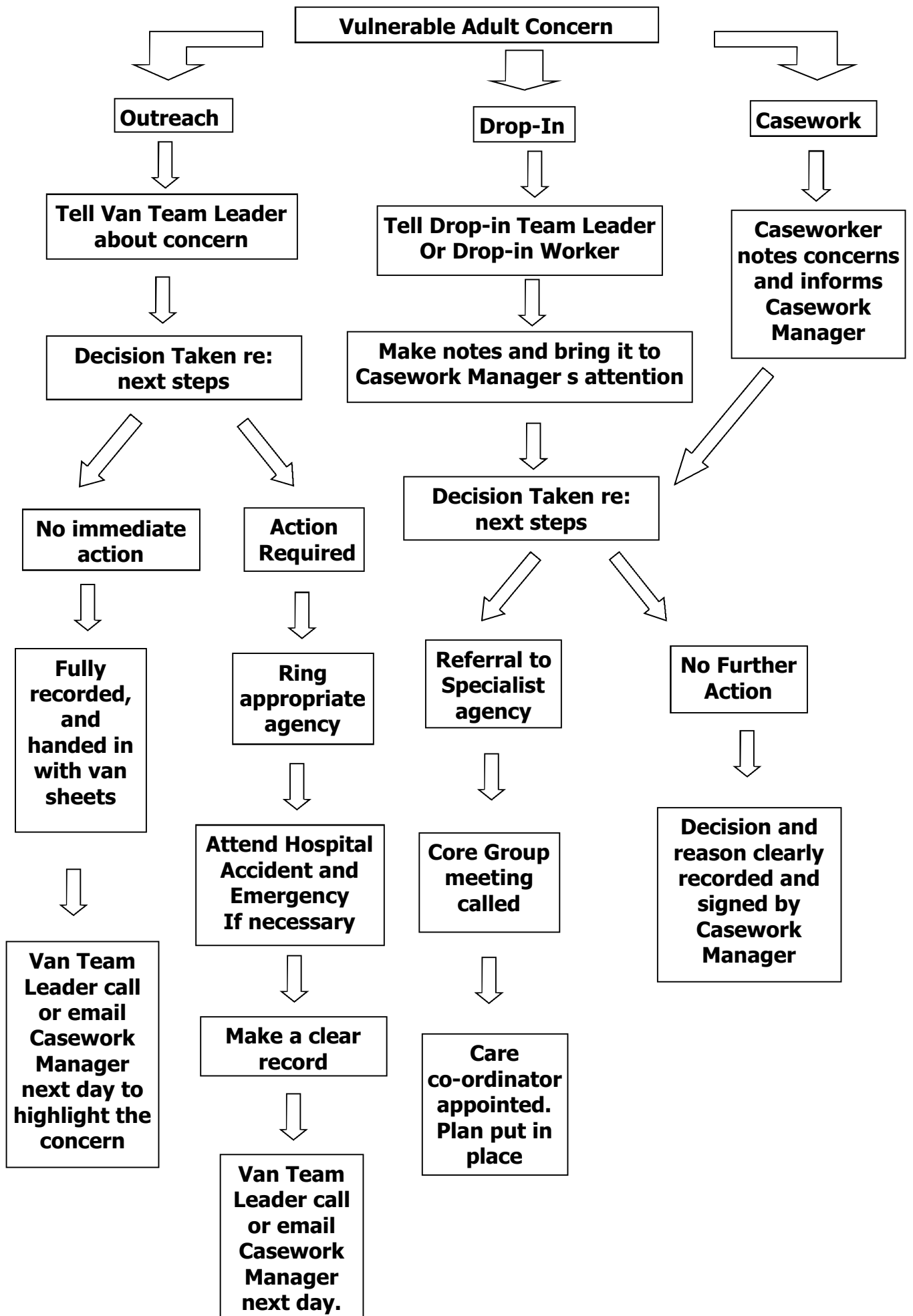
(Extracts above have been adapted from the Royal Borough of Kensington & Chelsea's Policy & Procedures for Vulnerable Adults, as they offer clear, appropriate and useful guidance.)

REFERENCES

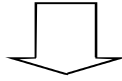
This policy was written with support from The Children's Society and information from the Leeds Safeguarding Board.

- Thomas, M and Pierson, J (eds) (1995) *Dictionary of Social Work*, Collins Educational, London
- Department of Health, (1999) *Working Together to Safeguard Children*, The Stationery Office
- Department of Health, (2000) *Framework for the Assessment of Children in Need and their Families*, The Stationery Office
- DfES: Working Together to Safeguard Children Consultation Document 2005 (Chapter 11)
- No secrets
http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationsPolicyAndGuidance/DH_4008486
- 'Who Decides' the Lord Chancellor's Department (1997)]
- 'Guidance for Safe Working Practices for adults who work with children and young people' published by the DCSF

Appendix 6 Flow chart of Process for Raising Concerns



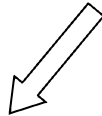
**Allegation or disclosure of abuse
Concern about Child Protection Raised**



**Staff /Volunteer discusses with
Casework Manager or Naomi
House Manager in first instance**



**Decision Taken re:
next steps**



**Referral made to CYPS (Children s
Services) by Manager or Caseworker**



**No Referral
made**



**Telephone call
information sharing/advice**



**Initial concerns
Recorded on file
by worker**



Follow up in writing



**Decision for no further action
recorded, explained and signed
by
Casework/NH Manager**



**Note made in file by worker
and manager re: initial
concern and action taken**



**Decision taken by manager as to
whether information should be shared
with our partners**



**Await follow-up. Manager or allocated
caseworker chase up if none forthcoming**