

Child Protection & Safeguarding Policy & Procedure

OSCA believes that children have the right to be completely secure from both the fear and reality of abuse and radicalisation, and we are committed to protecting all the children in our care from harm.

OSCA will appoint a member of staff as a Designated Safeguarding Lead (DSL). This Officer will have suitable training and will be responsible for liaising with social services, Gloucestershire safeguarding children board and Ofsted in any child protection matter.

The Club will respond promptly and appropriately to all incidents or concerns regarding the safety of a child that may occur. OSCA's child protection procedures comply with all relevant legislation and with guidance issued by Gloucestershire Safeguarding Children Board (GSCB).

Gloucestershire SCB Procedures Manual can be found at www.proceduresonline.com/swcpp/gloucestershire/index.html

There will be a Designated Safeguarding Lead (DSL) available at all times while the Club is in session. The DSL coordinates child protection issues and liaises with external agencies (e.g. Social Care, GSCB and Ofsted).

OSCA's designated DSL is [Annette Hudson](#). The Deputy DSL is [Kate Lloyd](#).

OSCA's child protection & safeguarding procedures comply with all relevant legislation and other guidance or advice from the Gloucestershire Safeguarding Children Board. They can be contacted at the children and families help desk on 01452 426565.

The Club is committed to reviewing its Child Protection & Safeguarding policy and procedures at regular intervals. The policy and its procedures will be shared with parents/carers during their child's settling in period.

Recognising Child Abuse

Child abuse manifests itself in a variety of different ways, some overt and others much less so. All staff have child protection training and will be vigilant to signs and evidence of physical, sexual and emotional abuse or neglect.

Physical Abuse: This involves hitting, shaking, throwing, burning, suffocating or any other physical harm. Deliberately causing a child's ill health also constitutes physical abuse.

Sexual Abuse: This involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. Showing children pornographic materials, sexual activities, or encouraging children to behave in sexually inappropriate ways also constitutes sexual abuse.

Emotional abuse: Varying degrees of emotional abuse is present in virtually all child protection incidents, but can also constitute abuse in its own right. Emotional abuse involves persistent or severe emotional ill-treatment or torture causing, or likely to cause, severe adverse effects on the emotional stability of a child. Such behaviour may involve conveying to a child that they are worthless, unloved, or inadequate, or making them feel unnecessarily frightened or vulnerable.

Neglect: Neglect is the persistent failure to meet a child's basic physical, emotional or psychological needs, such as is likely to have a severe impact on their health, development or emotional stability. Neglect may involve failing to provide adequate food, shelter or clothing for a child, or failing to adequately protect them from physical harm or ill health. Neglect can also manifest itself in a failure to meet the basic emotional needs of child.

Signs of child abuse and neglect

Signs of possible abuse and neglect may include:

- significant changes in a child's behaviour
- deterioration in a child's general well-being
- unexplained bruising or marks
- comments made by a child which give cause for concern
- reasons to suspect neglect or abuse outside the setting, e.g. in the child's home, or that a girl may have been subject to (or is at risk of) female genital mutilation (FGM)
- Inappropriate behaviour displayed by a member of staff, or any other person. For example, inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their role, or inappropriate sharing of images.

Staff Support and Training

OSCA is committed to ensuring that it meets its responsibilities in respect of child protection & safeguarding through the provision of support and training to staff. Therefore, the Club will ensure that:

- All staff are carefully recruited, have verified references and have full and up to date DBS checks.
- All staff are given a copy of the Child Protection & Safeguarding policy during their induction, and have its implications explained to them.
- All staff receive regular training and supervision in child protection & safeguarding issues and are provided with any relevant information and guidance.
- All staff are provided with supervision and management support commensurate with their responsibilities in relation to child protection & safeguarding, and their requirement to maintain caring and safe relationships with children.
- All staff are aware of the main indicators of child abuse.
- All staff are aware of their statutory requirements in respect of the disclosure or discovery of child abuse and the procedure for doing so.
- The Club will take appropriate action in relation to the findings of any investigation into allegations of abuse, consistent with its duties to protect the safety of children and uphold fair processes for staff.
- Any member of staff, a student or volunteer under investigation for the alleged abuse of a child, will be subject to the provisions of the Staff Disciplinary Policy.

Safe Caring

All staff understand the club's child protection & safeguarding procedures and have had appropriate training and guidance in the principles of safe caring.

To this end:

- Every effort will be made to avoid or minimise time when members of staff, students or volunteers are left alone with a child. If staff are alone with a child, the door of the room should be

kept open and another member of staff should be informed.

- If a child makes inappropriate physical contact with a member of staff, this will be recorded fully.
- Staff will never carry out a personal task for children that they can do for themselves. Where this is essential, staff will help a child whilst being accompanied by a colleague. Unless a child has a particular need, staff should not accompany children into the toilet. Staff are aware that this and other similar activities could be misconstrued.
- Staff will be mindful of how and where they touch children, given their age and emotional understanding. Unnecessary or potentially inappropriate physical contact will be avoided at all times.
- All allegations made by a child against a member of staff will be fully recorded, including any actions taken. In the event of there being a witness to an incident, they should sign the records to confirm this.

Dealing With Allegations

OSCA is committed to ensuring that it meets its responsibilities in respect of safeguarding by treating any allegation seriously and sensitively. The Club will not carry out any investigation itself into a suspected child abuse incident. On discovering an allegation of abuse, the designated safeguarding lead will immediately refer the case to the Gloucestershire Safeguarding Children Board.

Further to this, the following principles will govern any suspected or reported case of abuse:

- Where actual or suspected abuse comes to the attention of staff, they will report this to the manager and the DSL at the earliest possible opportunity.
- Staff are encouraged and supported to trust their professional judgement and if they suspect abuse has, or is taking place, to report this.
- Full written records of all reported incidents will be produced and maintained. Information recorded will include full details of the alleged incident; details of all the parties involved; any evidence or explanations offered by interested parties; relevant dates, times and locations and any supporting information or evidence from members of staff. The Club will demonstrate great care in distinguishing between fact and opinion when recording suspected incidents of child abuse.
- The manager and the designated DSL will be responsible for ensuring that written records are dated, signed and kept confidentially.
- If an allegation of abuse is made against the manager or the DSL, the Registered Person will be informed as soon as possible. They will then assume responsibility for the situation or delegate this role to a senior member of staff.
- Staff will ensure that all concerns and allegations are treated with sensitivity and confidentiality.
- Any children involved in alleged incidents will be comforted and reassured.

In circumstances where a child makes an allegation or a disclosure, the member of staff concerned will:

- 1 Listen fully to all the child has to say reassure the child that they were not to blame and were right to speak out.
- 2 Make no observable judgement.
- 3 listen to the child but not question them.
- 4 Ensure the child is safe, comfortable and not left alone.
- 5 Make no promises that cannot be kept; such as promising not to tell anybody what they are being told.
- 6 give reassurance that the staff member will take action.
- 7 record the incident as soon as possible (see *Logging an incident* below).

If a member of staff witnesses or suspects abuse, they will record the matter straightaway using the **Logging a concern** form. If a third party expresses concern that a child is being abused, we will encourage them to contact Social Care directly. If they will not do so, we will explain that the Club is obliged to and the incident will be logged accordingly.

Specific Safeguarding Issues

Expert and professional organization are best placed to provide up- to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information on their website - www.nspcc.org.uk.

Information can also access broad government guidance on issues listed below via www.GOV.UK

Child Sexual Exploitation (CSE) – also see below
Bullying including cyber bullying
Domestic violence
Drugs
Fabricated or induced illness
Faith abuse
Female genital mutilation (FGM) – also see below
Forced marriage – also see below
Gangs and youth violence
Gender-based violence/violence against women and girls (VAWG)
Gender identity and sexuality
Mental health
Private fostering
Radicalisation and extremism – also see below
Sexting
Teenage relationship abuse
Trafficking

Child Sexual Exploitation (CSE)

Child sexual exploitation involves exploitive situations, contexts and relationships where young people receive something (e.g. food, accommodation, drugs, gifts, money and sometimes simply affection) as a result of engaging in sexual activities.

Sexual exploitation takes different forms from a seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs or groups.

Sexual exploitation involves varying degrees of coercion, intimidation, or enticement including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming.

Typical vulnerabilities in children prior to abuse

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only).
- Attending school with young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carer.

Signs and behaviour seen in children who are being sexually exploited.

- Missing from home or care.
- Physical injuries.
- Drug or alcohol misuse.
- Involvement in offending.
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Absent from school.
- Change in physical appearance.
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm.
- Thoughts of or attempts at suicide.

If CSE is suspected see GSCB CSE screening tool

<http://www.gscb.org.uk/CHttpHandler.ashx?id=55517&p=0>

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in the UK.

FGM is a collective term for all procedures which include the partial or total mutilation of the external female genital organs for cultural or other non-therapeutic reasons.

Legislation has been in place for many years. It is known that children are subject to this procedure both in the UK and overseas.

FGM is not an acceptable practice and is a form of child abuse under UK law.

Definition

FGM covers a range of mutilation from the partial to total removal of the external female genital organs.

The World Health Organisation has classified FGM as four different procedures:

FGM Type 1 – Sunna – removal of the hood of the clitoris.

FGM Type 2 – Excision – removal of the clitoris with partial or total excision of the labia minora.

FGM Type 3 – Infibulation – removal of the clitoris, labia minora with narrowing by stitching of the vaginal opening.

FGM Type 4 – Gishiri cuts – all other types including pricking, cutting and piercing, inserting substances with any of the above

Background

FGM is a tradition practiced in 28 African countries and parts of Asia and Latin American. The communities with the highest prevalence are generally from the Horn of Africa and include countries such as Somalia, Egypt, Mali, Guinea etc. (C Momoh (2005) Female Genital Mutilation, Radcliffe, Oxford).

FGM is increasingly found in Western Europe and developed countries. In the UK there are populations of people from countries who practice FGM, they maintain close cultural links to their country of origin. The women and girls in these families are at risk of FGM.

In the UK it has been estimated that up to 100,000 women and up to 10,000 children are at risk.

Justification for FGM

Reason given by communities for practicing FGM includes:

Custom and tradition;

Family honour;

Hygiene and cleanliness;

Preservation of virginity/chastity;

Social acceptance especially for marriage;

The mistaken belief that it is a religious requirement;

A sense of belonging to the group and conversely the fear of social exclusion

In the UK the complexities of the social interactions that surround this practice have led to collusion and secrecy within families when they are planning for FGM. This poses a huge challenge for staff who need to identify these risks and protect girls from FGM.

Short term health implications

Severe pain and shock

Infections

Urine retention

Injury to adjacent tissues

Fracture or dislocation as a result of restraint

Damage to other organs

Behavioural changes and emotional upset

Death

Long term health implications

Recurrent Urinary Tract Infections

Excessive damage to the reproductive system

Uterus, vaginal and pelvic infections

Difficulties in menstruation

Difficulties in passing urine

Increased risk of HIV transmission and Hepatitis B

Infertility

Cysts

Complications in pregnancy and childbirth

Psychological damage

Sexual dysfunction

Signs & indicators

Some indicators that FGM may be about to or has already taken place.

If a family originates from a country that is known to practice FGM and:

A conversation with a child may refer to FGM i.e. she may express anxiety about a 'special procedure', 'pricking', 'pinching my bottom' or an event or celebration that is to take place.

At school following a prolonged absence you may notice a change in the child's behaviour on their return, including a reluctance or inability to take part in physical activity.

A prolonged family trip to the country of origin or countries where FGM is practiced.

A child may spend long periods of time visiting the toilet during the day-perhaps indicating bladder or menstrual problems.

A midwife/obstetrician/gynaecologist/general practitioner/practice nurse may become aware that FGM has occurred when treating a female patient. This should trigger concern for other females in the household.

All agencies have a responsibility to recognise the signs and indicators and share and report information appropriately, but education and health need to be especially vigilant.

For more information see GSCB leaflet 'Female Genital Mutilation/Circumcision – What you need to know' <http://www.gscb.org.uk/CHttpHandler.ashx?id=59769&p=0>

Forced Marriage (FM)

This is separate issue from arranged marriage. It is a human rights abuse and falls within the Prosecution Service definition of domestic violence. It is a marriage in which one or both spouses do not consent to the marriage and duress is involved. Duress can be physical, psychological, financial, sexual and emotional pressure.

Honour Based Violence (HBV)

Is a collection of practices used to control behaviour within families to protect perceived cultural or religious beliefs and honour. Violence can occur when offenders perceive that a relative has shamed the family or community by breaking their 'code of honour'.

Honour based violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European. This is not an exhaustive list.

Radicalization and Extremism

All childcare settings have a legal duty to protect children from the risk of radicalisation and being drawn into extremism. There are many reasons why a child might be vulnerable to radicalisation, e.g.:

- feeling alienated or alone
- seeking a sense of identity or individuality
- suffering from mental health issues such as depression
- desire for adventure or wanting to be part of a larger cause
- associating with others who hold extremist beliefs

Signs of radicalisation

Signs that a child might be at risk of radicalisation include:

- changes in behaviour, for example becoming withdrawn or aggressive
- claiming that terrorist attacks and violence are justified
- viewing violent extremist material online
- possessing or sharing violent extremist material
- If a member of staff suspects that a child is at risk of becoming radicalised, they will record any relevant information or observations on a **Logging a concern** form, and refer the matter to the DSL.
- **Logging a concern**
- All information about the suspected abuse or disclosure, or concern about radicalisation, will be recorded on the **Logging a concern** form as soon as possible after the event. The record should include:
 - date of the disclosure, or the incident, or the observation causing concern
 - date and time at which the record was made
 - name and date of birth of the child involved
 - a factual report of what happened. If recording a disclosure, you must use the child's own words
 - name, signature and job title of the person making the record.

The record will be given to the Club's DSL who will decide on the appropriate course of action.

For concerns about **child abuse**, the DSL will contact Social Care. The DSL will follow up all referrals to Social Care in writing within 48 hours. If a member of staff thinks that the incident has not been dealt with properly, they may contact Social Care directly.

For minor concerns regarding **radicalisation**, the DSL will contact GSCB. For more serious concerns the DSL will contact the Police on the non-emergency number (101), or the anti-terrorist hotline on 0800 789 321. For urgent concerns the DSL will contact the Police using 999.

The Counter Terrorism and Security Act 2015 places a duty to have 'due regard to the need to prevent people from being drawn into terrorism.' THIS IS THE PREVENT DUTY.

The Prevent strategy was published by the government in 2011 and is part of the Governments overall counter-terrorism strategy known as 'CONTEST'. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism.

Prevent Duty

- ◆ The DSL will attend the workshop to raise awareness of PREVENT (WRAP) training where appropriate.
- ◆ All staff will complete an online general awareness training module on The Channel Programme.
- ◆ Staff will be aware of the risks that vulnerable children and parents may face from radicalisation.
- ◆ Staff will be able to identify children who are vulnerable and at risk from radicalisation.
- ◆ The club will endeavour to enable children to recognise and manage risk and make safer choices and recognise pressure from others which threatens their personal safety and well being.
- ◆ OSCA will provide a safe space for children, where they feel enabled to discuss,

understand and develop the knowledge to challenge extremist views and arguments.

- ◆ All staff will challenge extremist and radical views.
- ◆ OSCA will support and promote the spiritual, moral and cultural development of all children, across all religions and cultures, and within this, the Fundamental British Values of, Democracy, Rule of Law, Individual Liberty, and Mutual Respect and tolerance of those from different faiths and beliefs.
- ◆ Staff will report any concerns to the manager/ DSL and follow the normal safeguarding procedures.
- ◆ The manager/ DSL will log all concerns, follow the normal safeguarding procedure and make a referral to GSCB/ The Channel Programme where appropriate.

The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff to raise concerns relating to extremism directly. Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk.

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

If staff become aware that a child or young person is witnessing domestic abuse they should always follow the child protection process.

Private Fostering

A private fostering arrangement is essentially

- one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled)
- by someone other than a parent or close relative
- With the intention that it should last for 28 days or more.

Private fostering covers a diverse range of situations. Most educational settings will have children who are privately fostered, although the school/setting may not be aware that a child is privately fostered. Asking who has parental responsibility would give an indicator as to whether or not a child is privately fostered. Common private fostering situations include

- African, Asian and Afro Caribbean children with parents or families overseas
- Black and minority ethnic children with parents working or studying in the UK and living with a host family
- Asylum seeking and refugee children
- Trafficked children
- Local children living apart from their families, perhaps because the family has broken down.
- Adolescents estranged from their parents
- Children attending Language Schools
- Children attending independent schools who do not return home for holiday periods
- Children living with host families for a variety of reasons, possibly to learn English or to receive medical treatment in the UK.
- Back door adoptions

If you think a child is being privately fostered, the DSL should make a referral to the Children and Families Helpdesk – 01452 426565. Social care will undertake an assessment of the private fostering arrangement which will include safeguard checks on the carers and contacting the child's parents. A worker will be allocated until the child is 16 and the arrangement will be monitored and reviewed and the young person visited on a regular basis.

Parental Substance Misuse

Parental substance misuse is not always the only issue within a household- domestic violence and mental health problems often exist alongside substance misuse. Substance misuse may often be a coping strategy for experiences of domestic abuse.

Risks to children are significantly higher where there is substance misuse and domestic abuse or mental health issues.

Mental health problems are more likely to be exacerbated by substance misuse, either because they are triggered by drug or alcohol consumption or because substances are used in response to a psychiatric problem. Either way mental health problems alongside substance misuse are likely to adversely affect a parent's ability to care for their child.

The impact of substance misuse on children can be reduced when information is effectively shared across agencies. Collaboration between professionals is essential in safeguarding children and young people.

See GSCB Gloucestershire Countywide Protocol for Parental Substance Misuse

Sexting

OSCA takes the issue of "Sexting" very seriously. In the event that the club becomes aware that a child may have images on his/her phone (or other electronic device) of an inappropriate nature the club will:

- Take the phone from the child
- Contact the parents and ask them to collect the phone from club at a time convenient to them
- Ask the parents to not return the phone to the child until the parents are confident all images have been wiped and if necessary the phone returned to factory settings.
- We will always liaise closely with the police over issues of sexting

Mental Health

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)

In an average classroom, three children will be suffering from a diagnosable mental health issue. At OSCA, we aim to promote positive mental health for everyone.

Peer-on-peer abuse

Children are vulnerable to abuse by their peers. Peer-on-peer abuse is taken seriously by staff and will be subject to the same child protection procedures as other forms of abuse. Staff are aware of the potential uses of information technology for bullying and abusive behaviour between young people.

Staff will not dismiss abusive behaviour as normal between young people. The presence of one or more of the following in relationships between children should always trigger concern about the possibility of peer-on-peer abuse:

- Sexual activity (in primary school-aged children) of any kind, including sexting
- One of the children is significantly more dominant than the other (eg much older)
- One of the children is significantly more vulnerable than the other (e.g. in terms of disability, confidence, physical strength)
- There has been some use of threats, bribes or coercion to ensure compliance or secrecy.

If peer-on-peer abuse is suspected or disclosed

We will follow the same procedures as set out above for responding to child abuse.

Gender Identity and Sexual Orientation

Gender identity describes the psychological identification of oneself, usually as a boy/man or as a girl/woman. There is a presumption that this sense of identity will evolve along binary lines and be consistent with the sex appearance. However, not everyone will wish to be constrained by that binary form of categorisation. Some people experience a gender identity that is completely inconsistent with their sex appearance, or may be neutral, or may embrace aspects of both man and woman.

Sexual orientation is a separate issue from gender identity. Sexual orientation is associated with the sexual attraction between one person and another. This is quite different from the internal knowledge of one's own identity. Trans people may be gay, straight, bisexual or, occasionally, asexual. Their sexual relationships may remain the same through the transition process, or they may change.

OSCA is committed to valuing, respecting and understanding pupils differing gender identities and sexual orientation, as well as providing continuous support. Our Anti-bullying policy will be used to prevent and effectively deal with any homophobic, biphobic and transphobic bullying.

Hate

In extreme cases prejudice-motivated bullying and harassment can be considered a hate crime and is punishable by law.

Referring Allegations to Child Protection Agencies

If the manager or DSL has reasonable grounds for believing that a child has been – or is in grave danger of being – subject to abuse, the following procedure will be activated:

- Contact will be made, at the earliest possible opportunity, with the local social services department.
- The manager or DSL will communicate as much information about the allegation and related incidents as is consistent with advice given by social services and the police.
- At all times, the safety, protection and interests of children concerned will take precedence. The manager and staff will work with and support parents/carers as far as they are legally able.
- The Club will assist the social services and the police, as far as it is able, during any investigation of abuse or neglect. This will include disclosing written and verbal information and evidence.
- OFSTED will be informed of any allegations of abuse against a member of staff, or any abuse that is alleged to have taken place on the premises or during a visit or outing.

Allegations against staff

If anyone makes an allegation of child abuse against a member of staff:

- The allegation will be recorded on an **Incident record** form. Any witnesses to the incident should sign and date the entry to confirm it.
- The allegation must be reported to the Local Authority Designated Officer (LADO) and to Ofsted. The LADO will advise if other agencies (e.g. police) should be informed, and the Club will act upon their advice. Any telephone reports to the LADO will be followed up in writing within 48 hours.
- Following advice from the LADO, it may be necessary to suspend the member of staff pending full investigation of the allegation.

- If appropriate the Club will make a referral to the Disclosure and Barring Service.

Promoting awareness among staff

The Club promotes awareness of child abuse and the risk of radicalisation through its staff training. The Club ensures that:

- the designated DSL has relevant experience and receives appropriate training in safeguarding and the Prevent Duty, and is aware of the Channel Programme and how to access it
- designated person training is refreshed every year
- safe recruitment practices are followed for all new staff
- all staff have a copy of this **Child Protection & Safeguarding policy**, understand its contents and are vigilant to signs of abuse, neglect or radicalisation
- all staff are aware of their statutory duties with regard to the disclosure or discovery of child abuse, and concerns about radicalisation
- all staff receive basic safeguarding training, and safeguarding is a permanent agenda item at all staff meetings
- all staff receive basic training in the Prevent Duty
- staff are familiar with the Safeguarding File which is kept in the staff cupboard
- The Club's procedures are in line with the guidance in 'Working Together to Safeguard Children (2018)' and staff are familiar with the guidance in 'What To Do If You're Worried A Child Is Being Abused (2015)'.

Use of mobile phones and cameras

Photographs will only be taken of children with their parents' permission. Only the club camera will be used to take photographs of children at the Club, except with the express permission of the manager. Neither staff nor children may use their mobile phones to take photographs at the Club.

Contact numbers

GSCB (Gloucestershire Safeguarding Children Board): [01452 426565](tel:01452426565)

GSCB out of hours contact: [01452 614194](tel:01452614194)

LADO (Local Authority Designated Officer): [Jane Bee 01452 426994](tel:01452426994)

Police: 101 (non-emergency) or 999 (emergency)

Anti-terrorist hotline: 0800 789 321

NSPCC: 0808 800 500

Ofsted: 0300 123 1231

Child Protection Process



Professional has concerns

If a Professional has a concern about the well being of a child (or unborn baby), then follow the General Procedures provided.



Consultation with supervisor

Professional discusses concerns with supervisor or Designated Safeguarding Lead to decide next steps



Discussion with parents

Professional discusses concerns with parents/carers of the child and explains what steps they will take next (if this does not put the child at further risk or affect a police investigation)



The Front Door

Where there are urgent concerns, professional contacts Gloucestershire MASH on 01452 426565 (option 1)



Seeking advice from Children's Social Care

Professional can contact the Children's Practitioner Advice Line on 01452 426565 (option 3) to discuss their concerns with a qualified social worker and receive advice about whether a referral is appropriate or whether there are alternative ways of addressing their concerns.



Making a Request for Service to Children's Social Care

Unless there are urgent concerns, professional completes a Multi Agency Service Request Form. This is passed on to a social work team and the caller will be contacted by a social worker within 24 hours (unless there are immediate risks in which case the professional will put through to a social work team straight away). The social work team will discuss whether the referral is appropriate and what action can/will be taken. Please use the [Gloucestershire Childrens Services Portal](#) to submit a MARF.

Allegations Management



Concern about a member of staff or a volunteer working with children

If a professional receives an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to:

- a member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child, or
- possibly committed a criminal offence against or related to a child, or
- behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children.

Then that professional should:

Report their concerns

Report the concern to the most senior person not implicated in the allegation.

Completion of written record

Complete a written record of the nature and circumstances surrounding the concern, including any previous concerns help. Include where the concern came from and brief details only.

Seek advice before proceeding – Initial Discussion

Always contact the Local Authority Designated Officer (LADO) for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a Police or Social Care investigation.

Local Authority Designated Officer (LADO) – Tel: 01452 426994

The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues.

Allegations Management Process

If, after your Initial Discussion with the LADO, it is agreed that the allegation meets the criteria, a multi-agency meeting will be convened and you will be invited. This might result in a criminal investigation, a Social Care investigation and/or an investigation to inform whether disciplinary action is required.

If it is agreed that the allegation does not meet the criteria, the LADO will record the Initial Discussion and send it to you for your records. Any further action will be taken within your setting if necessary.

Further action

Further meetings might be required and these will be convened by the LADO, with your input at all times. Further information on the Allegations Management process can be found in the Government Document: Working Together to Safeguard Children 2018 and the South West Procedures.

http://www.proceduresonline.com/swcpp/gloucestershire/p_alleg_against_staff.html

Safe Recruitment Practices

12 steps to safer recruitment

Before you release your post . . .

Ensure that you have an up to date recruitment and selection policy that describes the process and roles before you begin

Ensure that your organisation has a safeguarding policy and that a statement about the organisation's commitment to safeguarding is included in all recruitment and selection materials

Ensure that you have an up to date job description and person specification for the role(s) you wish to recruit to, that have been agreed with the recruiting manager

Ensure that you have an appropriate advertisement prepared that contains all necessary information about the role, timetable for recruitment and your commitment to safeguarding

Ensure that you have compiled a suitable candidate information pack containing all the required information about the organisation, role, recruitment timetable, safeguarding policy/statement and application form

Before you interview...

Ensure that each application received is scrutinised in a systematic way by the shortlisting panel in order to agree your shortlist before sending invitations to interview

Ensure that all appropriate checks have been undertaken on your shortlisted candidates, including references and ISA checks from 2010

Ensure that all shortlisted candidates receive the same letter of invitation to interview, supplying them with all necessary information

Before you select your preferred candidate...

Ensure that a face-to-face interview is conducted for ALL shortlisted candidates based on an objective assessment of the candidate's ability to meet the person specification and job description

Ensure that all specific questions designed to gain required information about each candidate's suitability have been asked, including those needed to address any gaps in information supplied in the application form

Before you formally appoint ...

Ensure that you are able to make a confident selection of a preferred candidate based upon their demonstration of suitability for the role

Ensure that your preferred candidate is informed that the offer of employment (including volunteer positions) is conditional on receiving satisfactory information from all necessary checks including prohibition checks and self-declaration of criminal record and other relevant information (childcare disqualification requirements).

Child protection & safeguarding underpins our practice and OSCA's Child Protection & Safeguarding policy links to the following documents.

For **Health, Safety & Well-being** see **Health & Safety Policy, Equipment Policy, Fire Safety Policy, Hygiene Policy, Staffing Policy, Risk Assessment Policy & Infectious and Communicable diseases Policy.**

For **Use of Reasonable Force**, see **Encouraging Good Behaviour Policy.**

For **Meeting needs of Medical conditions & First Aid**, see **Accident, Illness & Emergency Policy.**

For **Emotional Well-being**, see **Anti-Bullying Policy, No Platform Policy, Equality & Diversity Policy.**

For **Online Safety**, see, **Online Application Policy, Internet Safety Policy & Mobile Phone Policy.**

For **Security**, see, **Site Security Policy.**

Date: 8 March 2017 Revised & Updated June 2019	
To be reviewed: Sep 2017 2018 2019 2020	Signed:

Written in accordance with the *Statutory Framework for the Early Years Foundation Stage (2018)*