

---

# Safeguarding Children Policy



---

<b>Policy Title:</b>	<b>Safeguarding Children</b>
<b>Policy Number:</b>	B114
<b>Version Number:</b>	1
<b>Ratified By:</b>	B3, Board Of Trustees
<b>Date Of Issue:</b>	March 2014
<b>Date Of Review:</b>	June 2017
<b>Cross References:</b>	Safeguarding Adults Policy Complaints & Feedback Policy Service User Rights Policy Confidentiality Policy
<b>Additions/Amendments:</b>	

Safeguarding Children Policy	1
1. Introduction	2
2. Purposes	3
3. Responsibilities	4
4. Procedure	5
5. Monitoring Of Implementation	5
6. Definitions (Appendix A)	5
7. Safeguarding Children Procedures (Appendix B)	6
8. Child Safeguarding Process Diagram (Appendix C)	15
9. Safeguarding Children Checklist (Appendix D)	16

---

# Safeguarding Children Policy

## 1. Introduction

- 1.1. All children deserve the opportunity to achieve their full potential.
- 1.2. B3 recognises that everyone who comes into contact with children and families has a role to play in safeguarding and promoting the wellbeing of children.
- 1.3. Working Together to Safeguard Children (HM Government March 2013) defines this as:
  - 1.3.1. Protecting children from maltreatment;
  - 1.3.2. Preventing impairment of children's health or development;
  - 1.3.3. Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
  - 1.3.4. Taking action to enable all children to have the best outcomes.
- 1.4. In this document a child is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.
- 1.5. B3 has a strong commitment to providing family focussed support that assists our service users in safely meeting their responsibilities to the children who are part of their family. Although there are some parents who are able to care for and safeguard their children despite their substance misuse, parental substance misuse can cause significant harm (see Appendix A for definitions) to children at every stage from conception to adulthood.
- 1.6. Parental substance misuse in itself is not a reason for considering a child to be suffering or at risk of significant harm. However, where a parent has enduring and/or severe substance misuse problems, children in the household may be at risk of or experiencing significant harm through emotional abuse and neglect, physical abuse and neglect, and economic deprivation.
- 1.7. The identification of significant harm is not always straightforward. Therefore it is the responsibility of B3 to ensure that all staff and volunteers, whether working directly or indirectly with children, are adequately trained, resourced, and supported to identify potential harm and respond appropriately.
- 1.8. B3 recognises that actions taken by professionals to meet the needs of children as early as possible can be critical to their future. It is therefore the responsibility and legal duty of all B3 staff and volunteers to take immediate action, ensuring information is shared with relevant agencies, where there is suspicion of harm
- 1.9. B3 recognises and accepts that, 'No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role

---

that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies.’ (Working Together to Safeguard Children, HM Government March 2013)

- 1.10. Compromised Care: Sometimes children need to be safeguarded due to the impact of factors which reduce their parent or carer’s ability to care for them. This can have severe consequences for the child if it is not identified or no action is taken. These risks are often referred to as situations of “compromised care”.
- 1.11. Compromised care may arise due to:
  - 1.11.1. Domestic abuse
  - 1.11.2. Mental illness of a parent or carer
  - 1.11.3. Drug or alcohol misuse of a parent or carer
  - 1.11.4. Learning disability of a parent or carer
  - 1.11.5. Nature of the offending behaviour of a parent or carer e.g. gun crime
- 1.12. These circumstances may not exist in isolation of one another. Biennial research in to Serious Case Reviews has found the co-existence of domestic abuse, mental health issues and substance misuse in a third of all cases, and two of these three factors present in another third of all cases. (Analysing child deaths and serious injury through abuse and neglect: what can we learn, DCSF 2008.)
- 1.13. Hidden Adults: Media attention regarding cases such as the death of Peter Connelly (“Baby P”) has focussed attention on so-called “Hidden Males”. These are men who have significant contact with a child, including periods where they are left to care for the child, but may not be included in an assessment of the level of need for the child. This may be because services working with the family fail to engage these men in their work. However, it may be because the man is known to agencies, especially those providing services directly to adults, such as Substance Misuse or Probation, but has not been identified as being significant in terms of the risk they may pose to a child. Such people may be in a relationship with someone who has children, or they may be a member of the extended family or a family friend or neighbour
- 1.14. Staff should therefore be aware that assessment of anyone accessing B3’s services is a dynamic process which changes over time. Staff should be aware of the fact that a service user may begin to have significant contact with children and be able to seek guidance on whether this may put those children at risk of significant harm. Staff should also share information with other agencies if they are concerned that a child is suffering, or is at risk of suffering, significant harm.

## **2. Purposes**

- 2.1. B3 strives to adhere to the UK Government’s Safeguarding Adults Principles:
- 2.2. This document is intended to ensure that all B3’s staff and volunteers understand the responsibilities they have for safeguarding children and know what to do if

---

they believe children are at risk. This policy also covers the management of allegations against B3 staff and volunteers. For guidelines for safer working practice, please see Appendix B.

### **3. Responsibilities**

- 3.1. Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of all children in the authority's area, which includes protection from harm and neglect. Working Together to Safeguard Children (HM Government 2013) sets out the specific responsibilities of all statutory, criminal justice and voluntary sector agencies and how they should work together.
- 3.2. B3 substance misuse services have a responsibility to safeguard children. This includes acting to protect children at risk from harm.
- 3.3. B3's Service Manager should have some level of membership on the Local Safeguarding Children Board (LSCB). This may be a permanent membership, membership via a DAT/DAAT or children's services representative or involvement on an as needed basis. This membership should be facilitated through the DAT/DAAT or children's services. Representation on these boards will ensure that B3 are able to:
  - 3.3.1. Inform and advise on the development of local policies and procedures;
  - 3.3.2. Be more aware of the needs and resources locally;
  - 3.3.3. Better understand the profile of child abuse/neglect;
  - 3.3.4. Share knowledge of substance misuse and effective interventions;
  - 3.3.5. Share lessons from incidents/inquiries.
- 3.4. It is mandatory that all B3 staff and volunteers receive training on safeguarding/child protection and promoting welfare of children.
- 3.5. It is mandatory that all B3 staff and volunteers read their local safeguarding children/child protection policies and procedures. Staff and volunteers should also be familiar with the relevant national guidance, including frameworks for dealing with allegations of abuse against a person who works with children. These issues are fully detailed in Appendix B.
- 3.6. Close collaboration and appropriate information sharing between B3 services, Children's Services and the Local Safeguarding Children Boards is also essential. The Service Manager should ensure that information agreements are drawn up between all relevant parties and locally agreed information protocols are agreed and used.

- 
- 3.7. The Board of Trustees leads on Safeguarding and is supported by Service Manager (Appendix E) who will disseminate guidance, frameworks and lessons from inquiries and share this information with the teams. The local Safeguarding Lead will normally be the Service Manager although in some services this may be delegated to another appropriately experienced worker, in all cases the designated local Safeguarding Lead must be explicitly named in their local policy.
- 3.8. B3 also has a Safeguarding Lead on its Board of Trustees
- 3.9. The following B3 policies and guidance documents are also relevant and should be considered when child safety issues are of concern:
- 3.9.1. Complaints & Feedback Policy
  - 3.9.2. Service User Rights Policy
  - 3.9.3. Confidentiality Policy

#### **4. Procedure**

- 4.1. Internal procedures have been developed so that staff and volunteers are sure of what they should do in difficult situations. Our internal procedures are supplementary and should not be viewed as an alternative to local policies and procedures. See Appendix B for detailed internal procedures.

#### **5. Monitoring Of Implementation**

- 5.1. B3 will provide support to all services to ensure they are adhering to this policy through the service audit process, monitoring of incident reporting and investigations.
- 5.2. B3 will provide support to all staff and volunteers to ensure they are adhering to this policy through annual individual performance plans, supervision and training.
- 5.3. B3 will review safeguarding themes and issues at local management meetings and at the local Governance group.

#### **6. Definitions (Appendix A)**

- 6.1. Children
- 6.1.1. Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
- 6.2. Safeguarding and promoting the welfare of children (for the purposes of this guidance) as:
- 6.2.1. Protecting children from maltreatment;

- 
- 6.2.2. Preventing impairment of children's health or development;
  - 6.2.3. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
  - 6.2.4. Taking action to enable all children to have the best life chances.

### 6.3. Children Protection

- 6.3.1. Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

### 6.4. Abuse

- 6.4.1. A form of maltreatment of a child is somebody 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

### 6.5. Physical Abuse

- 6.5.1. A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or 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.

### 6.6. Emotional Abuse

- 6.6.1. 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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

## 7. Safeguarding Children Procedures (Appendix B)

### 7.1. Recognition and Responsibilities

- 
- 7.1.1. Local procedures and training programmes give clear directions on recognising and responding to child abuse and neglect. These directions are to be adhered to by all B3 staff and volunteers. This procedure is supplementary to local systems. See Appendix C and Appendix D for further details
- 7.1.2. The safety and welfare of children is the statutory responsibility of the local authority. However safeguarding children is everyone's responsibility. B3 will work with other agencies to ensure that children are safeguarded; this includes active participation in the child protection process through sharing information, making referrals and attendance and submission of reports to meetings such as Child Protection Conferences and Core Groups. The level and type of likely intervention will be dictated by the level of concerns
- 7.1.2.1. Where a Child/Young Person is in need of immediate protection, the responsibility for coordinating the continuing provision of services will be with Children's Services/Police.
- 7.1.2.2. B3 staff should, in particular, be alert to the potential need for early help for a child who:
- Is disabled and has specific additional needs;
  - Has special educational needs;
  - Is a young carer;
  - Is showing signs of engaging in anti-social or criminal behaviour;
  - Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence.
  - Is showing early signs of abuse and/or neglect.
- 7.1.3. If any staff or volunteers have doubts about whether or not a child is at risk, B3 expects them to discuss this with their line manager in the first instance to seek advice. Following this discussion a decision will be made if further advice will need to be gained from the local B3 Safeguarding Lead and where risk is identified the Children's Social Care Duty Team. In the unlikely event that a line manager is not available staff and volunteers are expected to contact the local safeguarding children/child protection service for advice. Recording is crucial in such circumstances. All conversations and events should be recorded including dates, times, names and addresses, as well as details of any other agencies known to be involved. This information should be recorded in supervision notes and B3's incident reporting form should be used to record any concern about child abuse or neglect.
- 7.1.4. B3 expects that all risk assessments should include consideration of risk to children. This includes circumstances in which service users who do not have children may pose a risk to those who do. This includes service users who may have contact with children, including unsupervised contact with children but are not necessarily parents or carers themselves.

---

#### 7.1.5. All staff and Volunteers' responsibilities

7.1.5.1. In order to safeguard children of service users, practitioners should ensure that information about the service user's family is gathered during the assessment phase and updated regularly in order to ensure that information related to a change of circumstance can be gathered promptly and without delay. This should include the number of children the service user has or has a role in caring for (including sharing a home), their ages and any current or previous involvement with Children's Services (including mental health services, youth offending, substance misuse). The National Treatment Agency joint local protocol discusses the following specific information as being obtained and as such any assessment should reflect this.

- What drugs/alcohol are being used including secondary usage
- Frequency, quantity and patterns of use
- Drug history including age of first use
- Route of administration (smoking/IV)
- Concurrent problems such as physical health, mental health, legal issues etc

7.1.6. If a worker has concerns for the safety of a child or considers them to be at risk of harm the following steps should be taken:

7.1.6.1. The Service Safeguarding Lead must be informed immediately.

7.1.6.2. If she/he is absent, the Service Manager, or in their absence, the Board of Trustees must be informed.

7.1.6.3. The worker, with the support of the B3 management, should contact Children's Services to discuss the case with the duty social worker and decide an appropriate course of action. The worker should however be aware that the worker is within their rights to advise that the matter is serious enough for an immediate safeguarding referral.

7.1.6.4. After consultation, if a child is still suspected to be at risk of significant harm, a referral to Children's Social Care will be made. The parent/carer will be fully informed of the decision unless to do so would place the child at increased risk of harm.

7.1.6.5. If necessary, B3 will take the decision to disclose confidential information without the parent/carer or young person's knowledge or consent in order to safeguard a child at risk.

7.1.6.6. Following organisational procedures for disclosing information, the worker will inform the parent/carer or young person about this course of action. The only exception is the rare instance where investigating agencies (police, Children's Services) advise that the parent/carer or young person should not be informed of the referral.



---

7.1.6.7. The worker will ensure that referrals to Children's Services are made in writing within 48 hours for Child Protection referrals. All Child Welfare referrals must be made in writing directly to Children's Social Care and all actions are recorded in case notes and/or Incident Reporting forms within 24 hours.

#### 7.1.7. Manager responsibilities

7.1.7.1. It is the responsibility of the Service Manager to ensure that staff have access to, and attend safeguarding training annually and to undertake regular audits of training completed. They must also ensure that guidance is provided to all staff on how to identify and report suspected abuse and/or neglect. All allegations, suspicions or reports of child abuse and/or neglect must be treated seriously and appropriate action must be taken immediately. He/she must ensure that guidance is provided to each service user on how to make a complaint and how to report a crime or other abuse. See Complaints Policy. The Service Manager will almost always be the designated local safeguarding lead.

7.1.7.2. If the Service Manager has serious concerns for the safety of a child or considers them to be at risk of harm the following steps should be taken:

- Determine the relevance of the information gathered and whether there is a need to contact Children's services.
- Ensure that where there are child protection concerns Children's Social Care are informed immediately and a note of the name of Duty Social Worker receiving the referral is retained.
- Consult with the Board of Trustees and ensure they are kept informed at all times during the process.
- Ensure that the information shared is appropriate and factual.
- Ensure that all steps are documented i.e. a written record is kept of events and decisions made.
- Ensure that complaints made by services users in relation to staff intervention to safeguard a child are dealt with in line with the Feedback and Complaints Procedure.
- In line with clinical governance procedures ensure that all incidents have are reported to the Clinical Incident Review Group.

#### 7.1.8. Trustee Safeguarding Lead responsibilities:

- Take leadership responsibility for the organisations's safeguarding arrangements and offer a conscience to the organisation in regard to safeguarding.

- 
- Ensure B3's organisational Senior Safeguarding Lead and the Senior Leadership Team are held to account in the provision of effective safeguarding procedures and management of safeguarding issues.
  - Support the board and understand the organisational safeguarding position in conjunction with the Senior Safeguarding Lead and Governance Team.

## 7.2. Children's services response to a referral

### 7.2.1. The following steps will be taken upon receipt of a referral to Children's services:

- 7.2.1.1. Referring professionals should confirm their referral to Children's Services in writing within 48 hours on Multi-Agency Referral Form.
- 7.2.1.2. Once the referral has been accepted by local authority children's social care the lead professional role falls to a social worker.
- 7.2.1.3. The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.
- 7.2.1.4. Within one working day of a referral being received a local authority social worker should make a decision about the type of response that is required. This will include determining whether the child requires immediate protection and urgent action is required.

## 7.3. Information sharing and confidentiality

### 7.3.1. B3 has developed a Confidentiality policy in line with Information sharing: Guidance for Practitioners and Managers (DCSF 2008) however the main points relating to this policy are:

- 7.3.1.1. Child protection concerns will always override any confidentiality concerns and information will be shared with the appropriate agencies in order to protect a child.
- 7.3.1.2. Information to be shared about individuals will normally be discussed with the individuals concerned unless by doing so a child would be at increased risk of harm.
- 7.3.1.3. All information shared should be in the best interests of the child and recorded in full.

## 7.4. Safer Recruitment

### 7.4.1. B3 will adhere to the safer recruitment practices listed below

- 7.4.1.1. Each frontline workers Job Description clearly states the responsibility of the post holder to safeguard children
- 7.4.1.2. Each frontline workers Person Specification contains clear statements about Safeguarding children that the applicant will need to demonstrate

- 
- 7.4.1.3. References are requested and will include a request to the referee to provide information on the candidate's suitability to work with children
  - 7.4.1.4. All candidates must supply full employment histories; where candidates invited to interview have not provided full employment histories questions must be asked at interview to establish what they were doing during all gaps
  - 7.4.1.5. Candidates must not begin working with children until all DBS checks have been completed. Their duties will at all times be supervised until a satisfactory disclosure report has been received.
  - 7.4.2. In addition B3 members are committed to help prevent any individual who may pose a risk to children from being able to work with children and as such will report any worker found to meet this criteria to the Independent Safeguarding Authority.
  - 7.4.3. The ISA will receive referrals when:
    - 7.4.3.1. There is harm or risk of harm to children or vulnerable adults, relevant conduct has occurred or
    - 7.4.3.2. An individual has received a caution or conviction for a relevant offence.
  - 7.5. Managing allegations against people who work with children and young people
    - 7.5.1. This section sets out the specific requirements that apply to managing allegations against staff in relation to working with children and is designed to support and complement B3's Complaints and Grievance policies and procedures and not to be seen as a replacement for these.
    - 7.5.2. The range of allegations which are covered under this section of the policy are not limited to those in which there is reasonable cause to believe a child is suffering, or is likely to suffer, significant harm. Allegations may also indicate that the staff member is unsuitable to continue to work with children in his or her present position, or in any capacity. Procedures should be instigated in all cases where it is alleged that a member of B3 staff has:
      - 7.5.2.1. Behaved in a way that has harmed, or may have harmed a child;
      - 7.5.2.2. Possibly committed a criminal offence against, or related to, a child;
      - 7.5.2.3. Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.
    - 7.5.3. It may be deemed appropriate to suspend the person from duty pending further investigations.
    - 7.5.4. Any investigation may consider the following three elements:
      - 7.5.4.1. A child protection investigation via a notification to Children's Services locally;

- 
- 7.5.4.2. Circumstances which may require a police investigation;
  - 7.5.4.3. Disciplinary procedures.
- 7.6. All B3 services must ensure that the local safeguarding lead, normally the Service Manager, has close links with and where possible sits on the LSCB and takes responsibility for:
- 7.6.1. Ensuring that the organisation operates procedures for dealing with allegations
  - 7.6.2. Resolving any interagency issues; and
  - 7.6.3. Liaising with the LSCB on the subject.
- 7.7. Within each local authority there will also be a Local Authority Designated Officer (LADO) who has responsibility for providing advice and liaison and monitoring the progress of cases, to ensure that cases are dealt with as quickly as possible, consistent with a fair and thorough process. The LADO should also be informed within one working day of all allegations that come to the organisation's attention or that are made directly to the police; and
- 7.7.1. If the organisation removes an individual (paid worker or unpaid volunteer) from working with children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.
- 7.8. Initial considerations
- 7.8.1. If an allegation is made it should be reported to the Service Manager within the B3 service immediately. If the allegation concerns this individual or if they are unavailable then the matter should be reported to the Service Manager and/or Board of Trustees as appropriate.
  - 7.8.2. If the allegation meets any of the criteria laid out in paragraph 5.2 of this policy and the LADO is informed, the Service Manager must ensure that the Board of Trustees is aware of this course of action.
  - 7.8.3. The LADO will discuss the matter with B3's Service Manager and, where necessary, obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.
  - 7.8.4. If the allegation is not patently false and there is cause to suspect that a child is suffering, or is likely to suffer, significant harm and therefore there are child protection concerns, the LADO will immediately refer to Children's Services and ask for a strategy discussion to be convened straightaway. In those circumstances, the LADO will convene the strategy discussion which will include the LADO, the police, a representative of the employer and any other relevant agencies.

- 
- 7.8.5. If there is no cause to suspect that, 'significant harm' is an issue, but a criminal offence might have been committed, the LADO will immediately inform the police and convene a strategic discussion inviting the police to decide whether a police investigation is needed. B3 should be involved in this process.

7.9. Actions following consideration

- 7.9.1. Where the initial evaluation decides that the allegation does not involve a possible criminal offence, it can be dealt with by B3 internally however the LADO should still be informed as depending on the allegation they may still wish to call a strategy discussion. At this point the relevant employer's internal disciplinary procedures, including the whistle-blowing, complaints and grievance procedures should be followed. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.
- 7.9.2. Where further investigation is required to inform consideration of disciplinary action, the Service Manager/Board of Trustees should discuss who will undertake that with the LADO. The investigating officer should aim to provide a report to B3 representative within 10 working days.
- 7.9.3. On receipt of the report of the disciplinary investigation, the employer should decide whether a disciplinary hearing is needed within two working days, and if a hearing is needed it should be held within 15 working days.
- 7.9.4. In any case in which Children's Services has undertaken enquiries to determine whether the child or children are in need of protection, B3's representative should take account of any relevant information obtained in the course of those enquiries when considering disciplinary action.
- 7.9.5. The LADO should be available to continue to provide advice/support when required or requested

7.10. In the event of Police investigations

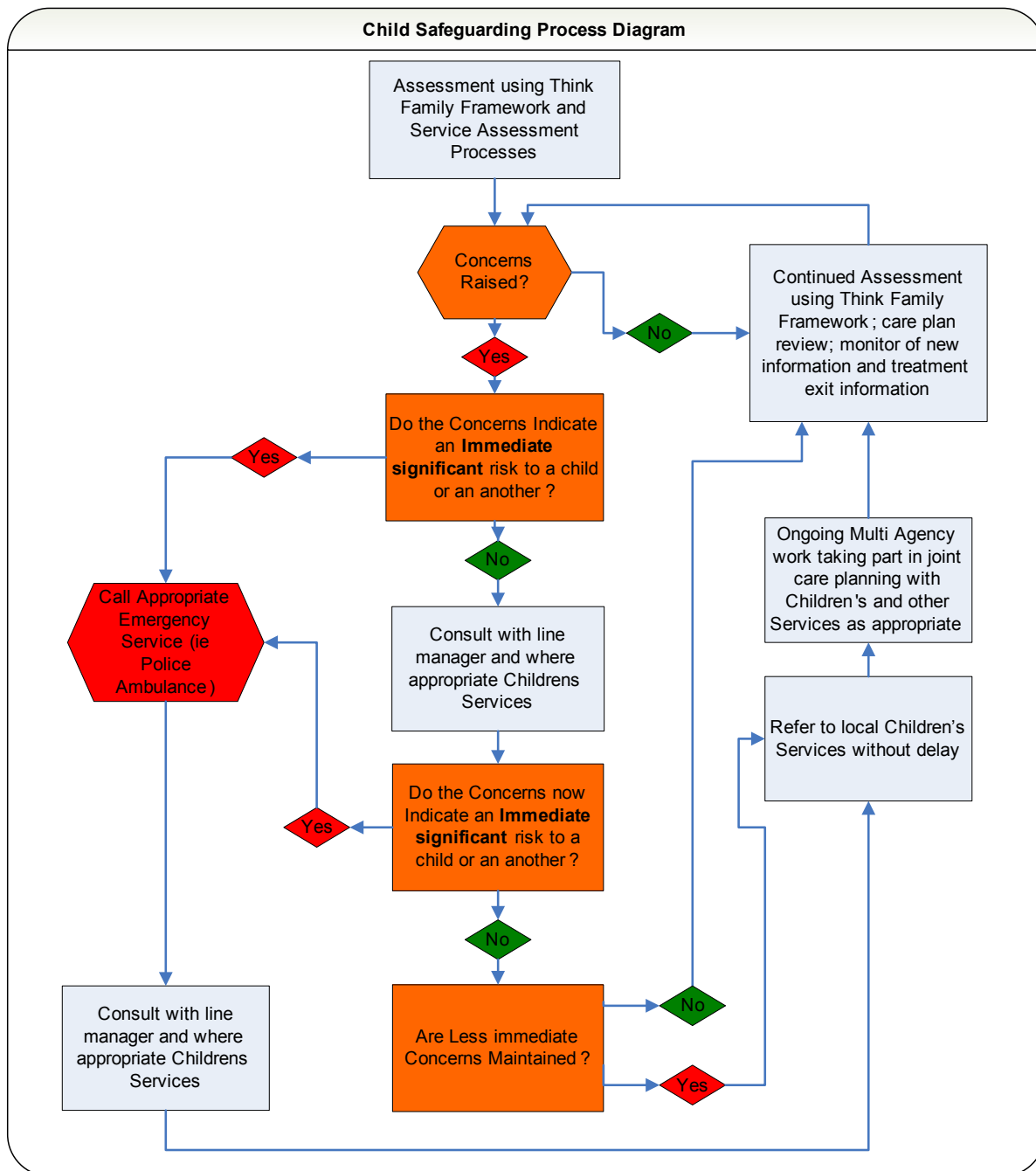
- 7.10.1. If a criminal investigation is required, the police will aim to complete their enquiries as quickly as possible, consistent with a fair and thorough investigation, and will keep the progress of the case under review. They should, at the outset, set a target date for reviewing progress of the investigation and consulting the CPS about whether to proceed with the investigation, charge the individual with an offence, or close the case.
- 7.10.2. Wherever possible the police review should take place no later than four weeks after the initial evaluation, and if the decision is to

---

continue to investigate the allegation, dates for subsequent reviews should be set at that point. (It is open to the police to consult the CPS about the evidence that will need to be obtained in order to charge a person with an offence at any stage.)

- 7.10.3. If the police and/or CPS decide not to charge the individual with an offence, or decide to administer a caution, or the person is acquitted by a court, the police should pass all information they have which may be relevant to a disciplinary case to the employer without delay.
- 7.10.4. If the person is convicted of an offence, the police should also inform the employer straightaway so that appropriate action can be taken.
- 7.10.5. B3 will not wait for any criminal proceedings to finish before starting its own investigation and as such B3 will appoint its own investigating officer to conduct an investigation in line with that policy.

## 8. Child Safeguarding Process Diagram (Appendix C)



## 9. Safeguarding Children Checklist (Appendix D)

Responsibilities	Volunteer	Team Leader	Service Mgr
Be aware of that the protection of theChild from harm, abuse or exploitation is the paramount concern.	✓	✓	✓
Rrefer any suspicion you have to line manager or the Service Manager.	✓	✓	✓
Consult Children's Services helpdesk for further advice and guidance.	✓	✓	✓
Ensure awareness of the importance of safeguarding children, good practice guidelines and their role in operational procedures on safeguarding children.	✓	✓	✓
Ensure implementation of Safeguarding Children Policy.	✓	✓	✓
Undertake appropriate training.	✓	✓	✓
Look out for signs that children may be at risk of harm.	✓	✓	✓
Seek advice from line manager or senior colleague if you have any concerns that an adult may be at risk of harm, keep records of your concerns and discussions with your manager, consult with duty social worker.	✓	✓	✓
Monitor the situation and take part in reviews.	✓	✓	✓
Keep records of all contacts, dates and who said what to whom, in a vulnerable adult protection incident, including completion of health and safety incident form.	✓	✓	✓
Work constructively with other agencies.	✓	✓	✓
Discuss Safeguarding Children Policy with all service users.	✓	✓	✓
Maintain the service users support plan.	✓	✓	✓
Advise the parent/carer or young person of actions unless this puts the child at greater risk.	✓	✓	✓
Offer support to the service user.	✓	✓	✓
If necessary, follow guidelines for breaching confidentiality and document actions.	✓	✓	✓
Ensure that the information shared is appropriate.	✓	✓	✓
Understand the roles and responsibilities of different agencies and work constructively with them.	✓	✓	✓
Provide advice, guidance and support for staff in child protection incidents.		✓	✓



Build learning for staff through supervision, team meetings and training.		✓	✓
Arrange specialist training where appropriate.		✓	✓
Establish membership to LSCB/CPC, what are these? whether permanent or as needed.		✓	✓
Assess the need for more information or discussion.		✓	✓
Discuss with the Regional Manager/Director of Community Services.			
Ensure the Service Manager/Board of Trustees is informed of concerns, whether or not referral has been made, and plans for further support.			✓
Ensure the availability of accessible information about service user's rights, including making a complaint about a member of staff.	✓	✓	✓