CHILD SAFEGUARDING POLICY AND PROCEDURE

Appendix 1: Child Sexual Exploitation Referral Pathways & Multi -Agency Sexual Exploitation Panel

Designated Child Protection Officer – Jackie Rosenberg
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Approved by Board of Trustees on: October 2016

Lead Trustee: Smita Bora

Lead Staff Member: Jackie Rosenberg

Child Safeguarding Policy

This policy will be reviewed annually or in the light of any changes to the rules and regulations as and when they occur.

Background:

All organisations and professionals have a duty to safeguard and promote the welfare and safety of children and young people.

Safeguarding and the Local Safeguarding Children Board (LSCB)

The safeguarding of individual children, child protection and looked after children continues to be the responsibility of each borough and the child's case holding social work service is delivered through borough based teams. The safeguarding and reviewing units that review this work through case conferences, and at statutory reviews for looked after children, also remain borough based in local teams but are now under one Head of Combined Service to facilitate sharing of good practice (Westminster will retain a local manager for safeguarding). A Local Safeguarding Children Board will replace the three previous LSCBs. It ensures the coordination of safeguarding work by all agencies and monitors the effectiveness of child protection work across the three local authorities. The Board is overseen by a single Independent Chair and has representatives from the key agencies in the three local authorities on the main Board and on shared subgroups. An integrated LSCB team services the Board across the three boroughs. Each local authority retains a local multi-agency group to ensure the effective development of local partnership Tri-Borough Local Safeguarding Children Board is responsible for coordinating the work of these organisations, and monitoring whether they are carrying out these duties effectively.

The LSCB Team can be contacted on: 020 8753 3914 – The manager is Tim Deacon – tim.deacon@lbhf.gov.uk

The Children, Young People and Families Department works with children and families referred to them who are at risk of actual or potential harm.

Statement of Policy and Procedure

Paddington Development Trust (PDT) firmly believes that the safety and welfare of children and young people are our top priority.

PDT Staff, Trustees and volunteers must prevent the physical, sexual or emotional abuse of all children and young people with whom they come into contact, and must take appropriate action in relation to any such abuse which is discovered or disclosed during their involvement with Paddington Development Trust.

All existing and new staff, Trustees, volunteers and other users of PDT services and buildings (as appropriate) will be informed of this policy and procedure and receive regular and appropriate training on the issue.

STATEMENT OF BELIEFS

The needs of the child are paramount and should underpin all safeguarding and child protection work and resolve any conflict of interests.

All children deserve the opportunity to achieve their full potential.

All children have the right to be safeguarded from harm and exploitation whatever their:

Race, religion, first language or ethnicity
Gender or sexuality

Age
Health or disability
Location or placement
Criminal history or background
Political or immigration status

Responsibility for protection of children must be shared because children are safeguarded only when all relevant agencies and individuals accept responsibility and co-operate with one another.

Statements about or allegations of abuse or neglect made by children must always be taken seriously.

The wishes and feelings of children are vital elements in assessing risk and formulating protection plans, and must always be sought and given weight according to the level of understanding of the child.

During enquiries, the involvement and support of those who have parental responsibility for, or regular care of a child, should be encouraged and facilitated, unless doing so compromises that enquiry or the child's immediate or long term welfare.
The consent of a person under the age of eighteen is as significant as that of an adult where s/he is the subject of information, provided s/he has sufficient understanding to provide it. If a member of staff is in doubt about a child's competence s/he should seek legal advice.

Where a child does not have capacity to consent, it should be sought if it does not place her/him at additional risk, from a person with parental responsibility for that child.

DEFINITIONS:
'Child abuse and neglect' is a generic term encompassing all ill treatment of children including serious physical and sexual assaults, emotional abuse, as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family, an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children sets out definitions and examples of the four broad categories of abuse which are used for the determination of whether to make a child the subject of a Child Protection Plan (CPP).

Neglect
Physical abuse
Sexual abuse and
Emotional abuse

These categories can overlap and an abused child may frequently suffer more than one type of abuse.

Physical abuse
Physical abuse may take many forms e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

It may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child. This unusual and potentially dangerous form of abuse is now described as fabricated or induced illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:
Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
Imposing developmentally inappropriate expectations
Causing children to feel frightened or in danger - e.g. witnessing domestic violence
Exploitation or corruption of children
Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening and includes penetrative (i.e. vaginal or anal rape or buggery) and non-penetrative acts.
It may also include non-contact activities, such as involving children in looking at, or in the production of pornographic materials, 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 and development. This may involve failure to provide adequate food, shelter or clothing, failure to protect from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs.

THE USE OF IMAGES IN PUBLICATIONS, LEARNING MATERIALS AND ON THE WEBSITE

PDT will ensure that all the content of its publications or website fall within this Policy.

PDT will ensure that all staff working with young people are made fully aware of Internet safety issues.

PDT will ensure that permissions are obtained from parents or carers for the publication of images for print or web publication, whether those images are used as learning tools, for publicity or marketing purposes.

Whenever possible only group photos or backs of children's heads will be shown. Only with the permission from the parent or carer will images where a child can be recognised be published.

PDT will ensure that all staff are made aware of these following Key Concerns:

The key concerns regarding the use of images of children/young people relate to:

- The possible identification of children when a photograph is accompanied by personal information.
- The inappropriate use, adaptation or copying of images for use on child pornography or illegal websites.

Guidelines for Taking Photographic/Recorded Images

- Ensure parents/guardian/young person have granted their consent for the taking and publication of photographic images.
- All children featured in recordings must be appropriately dressed with outer clothing garments covering torso from at least the bottom of their neck to their thighs (i.e. a minimum of vest/shirt and shorts).
- The photograph or recording should focus on the activity rather than a particular young person and personal details which might make the young person vulnerable, such as their exact address should not be revealed.
- Staff, coaches and volunteers should be allowed to use video equipment as a legitimate youth work tool and means of recording special occasions however care should be taken in the dissemination and storage of the material.
- You should not use any images of a child or young persons who is the subject of any court order or who has denied you their consent.
- Parents and spectators taking photographs/recordings should be prepared to identify themselves if requested and state their purpose for photography/filming.
- Any instances of the use of inappropriate images should be reported to the Child Protection Team or the police.

Guidelines for Publishing Photographic/Recorded Images

If a photograph is used, avoid naming the child or use their first name or a pseudonym.
Personal details of children such as an email address, home address and telephone numbers should never be revealed on a website or in print.

Think about the level of consideration that you give to the use of images in all publications, for example the process used in choosing photographs for a publicity brochure for the club. Apply an increased level of consideration to the images of children used on websites.

CONFIDENTIALITY AND INFORMATION SHARING - RELEVANT LAW

There are a number of sources of relevant law with respect to information sharing and confidentiality in child protection:

Common Law of Confidence

The 'Common Law Duty of Confidence' arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential e.g. a contract or a patient-doctor relationship.

Working Together to Safeguard Children (paragraph 7.32 – 7.3.3*)* confirms that that personal information about children and families kept by professionals and agencies should not **generally** be disclosed without the consent of the subject.

The duty of confidence is **not** absolute and disclosure **can** be justified if:

- The information is not confidential in nature e.g. it is trivial or readily available elsewhere

- The person to whom the duty of confidence is owed has 'expressly' authorised disclosure (orally or in writing) or 'implicitly 'authorised it.
- The key factor in deciding whether or not to disclose confidential information is **proportionality** i.e. is the proposed disclosure a proportionate response to the need to protect the child's welfare
- The amount of confidential information disclosed and the number of people to whom it is disclosed should be no more than is necessary to meet the public interest in protecting the health and well-being of the child.
- The approach to confidential information should be the same whether any proposed disclosure is internally within an organisation or between agencies e.g. teacher to a social worker.

Data Protection

PDT's GDPR Policy states:

> Some PDT roles will bring the applicants into contact with children, including young people under the age of 19 and vulnerable adults. PDT has a duty under the Children's Act and other enactments to ensure that staff and volunteers are suitable for the job and have the relevant standard or enhanced DBS checks. PDT also has a duty of care to all staff, volunteers and clients and must therefore make sure that employees and volunteers do not pose a threat or danger to other users.
>
> PDT will also ask for information about particular health needs, such as allergies to particular forms of medication, or any conditions such as asthma or diabetes. PDT will only use the information in the protection of the health and safety of the individual, but will need consent to process in the event of a medical emergency.
>
> **PDT will divulge information on staff and clients without consent if required to do so by law.**
>
> **Processing Sensitive Information**
> Sometimes it is necessary to process information about a person's health, criminal convictions, race, sexual orientation, gender re-assignment, religion, marriage / civil partnership, pregnancy / maternity, gender, disability and family details. This may be to ensure that PDT is a safe place for everyone, or to operate other PDT policies such as the sick pay policy or equal opportunities policy.

Other laws referencing confidentiality include:-
The European Convention on Human Rights (via its introduction into English law in the Human Rights Act 1998)
The Crime and Disorder Act 1998
The Children's Act 1989
The Caldicott Standards

The NHS Code of Practise on Confidentiality – November 2003 states:- "Under common law, staff are permitted to disclose personal information in order to prevent and support detection, investigation and punishment of serious crime and/or to prevent abuse or serious harm to others where they judge, on a case by case basis, that the public good that would be achieved by the disclosure outweighs both the obligation of confidentiality to the individual patient concerned and the broader public interest in the provision of a confidential service".

RISK INDICATORS

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:-

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with Jackie Rosenberg – Designated Child Protection Officer or his deputy, the Deputy Chief Executive or in the absence of these individuals, an experienced colleague
- May require consultation with and/or referral to Children's Services.

RECOGNISING PHYSICAL ABUSE

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.: Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
Linear burns from hot metal rods or electrical fire elements
Burns of uniform depth over a large area.
Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.
Non- mobile children rarely sustain fractures.
There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

RECOGNISING EMOTIONAL ABUSE

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.
The indicators of emotional abuse are often also associated with other forms
The following may be indicators of emotional abuse:

- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scapegoated within the family
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others

RECOGNISING SEXUAL ABUSE

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.
Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.
Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

RECOGNISING NEGLECT

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care, shelter
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

WHAT STAFF, TRUSTEES OR VOLUNTEERS SHOULD DO IF ABUSE IS ALLEGED

LISTEN TO THE CHILD

The responsibility for investigating allegations of abuse lies with the Westminster Children, Young People and Families Services Duty and Assessment Team on **0207 641 4000** and the Safeguarding Board along with other relevant agencies.

Therefore, if abuse is alleged, your initial response should be limited to listening carefully to what the child says so as to:

- Clarify the concerns
- Offer re-assurance about how s/he will be kept safe and
- Explain what action will be taken

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice police investigations, especially in cases of sexual abuse. If the child can understand the significance and consequences of making a referral to the Duty and Assessment Team, s/he should be asked her/his view.

Whilst the child's view should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children.

PARENTAL CONSULTATION

Where practicable, concerns should be discussed with the family and agreement sought for a referral to the Duty and Assessment Team **unless** this may, either by delay or the behavioural response it prompts, place the child at risk of harm. A decision by any staff member, trustee or volunteer not to seek parental permission before making a referral to Duty and Assessment Team must be recorded and the reasons given. Where a parent has agreed to a referral, this must be recorded and confirmed in the referral to Duty and Assessment Team. Generally, referrals will not be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.

Where the parent refuses to give permission for the referral, further advice should, unless this would cause undue delay, be sought and the outcome fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded
- The Duty and Assessment Team should be told that the parent has withheld her/his permission
- The parent should be contacted to inform her/him that after considering their wishes a referral has been made

URGENT MEDICAL ATTENTION

If the child is suffering from a serious injury, medical attention must be sought immediately from A & E, and the Duty and Assessment team notified and the duty consultant paediatrician must be informed.
Except in cases where emergency treatment is needed, the Duty and Assessment Team and the police are responsible for ensuring that any medical examinations required as part of enquiries are initiated.

DUTY TO REFER

If a staff member, trustee or volunteer is concerned that a child or young person is being harmed through abuse or neglect they must in the first instance speak to the designated Child Protection Officer. In the event that they are not available, they should try to speak to the Chief Executive. If none of these are available they then must contact the Children, Young People and Families Duty and Assessment team or seek advice from Child Protection Advisors in the Safeguarding and Quality Service.

City of Westminster - Children, Young People and Families Services,
Duty and Assessment Team Tel: 0207 641 4000

PDT Staff, trustees and volunteers **must** make a referral to the Duty and Assessment Team if there are signs that a child under the age of eighteen years:-

- Is experiencing or may already have experienced abuse or neglect
- Is likely to suffer harm in the future

The timing of such referrals must reflect the level of perceived risk, but should usually be within 1 working day of the recognition of risk.
In urgent situations, out of office hours, the referral should be made to the Emergency Duty /Out of Hours Team Tel: 020 7641 6000

Initiating the Referral

Referrals should generally be made to the Duty and Assessment team office where the child:-
is living or is found (see end for local contact details).
If the child is known to have an allocated social worker, referrals should be made to her/him, or in her/his absence the manager or a duty officer. In other circumstances referrals should be made to the duty officer.
Where available, the following information should be provided with the referral (but absence of information must not delay referral):

- Full names, date of birth and gender of child/ren
- Family address
- Identity of those with parental responsibility
- Names and date of birth of all household members
- Ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of child/ren
- Any significant/important recent or historical events/incidents in child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Referrer's relationship and knowledge of child and parents/carers
- Known current or previous involvement of other agencies/professionals

- Information regarding parental knowledge of, and agreement to, the referral

The referrer should confirm verbal and telephone referrals in writing, within 48 hours, using a referral form. Social services should acknowledge referrals within one working day of receipt. If this does not occur within 3 working days, the referrer should contact social services again.

Ensuring Immediate Safety

The safety of children is paramount in all decisions relating to their welfare. Any action taken by PDT staff, trustees or volunteers should ensure that no child is left in immediate danger.
The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare.
A teacher, foster carer, childminder or any professional should for example, take all reasonable steps to offer a child immediate protection from an aggressive parent.
Where abuse is alleged, suspected or confirmed in children admitted to hospital, they must not be discharged until:-

- The Duty and Assessment team have been notified by phone that there are child protection concerns.
- Confirmation is provided within 24 hours on a completed interagency referral form
- A strategy discussion / meeting has been held including relevant hospital staff

Recording

The referrer should keep a written record of:

- Discussions with child
- Discussions with parent
- Discussions with managers
- Information provided to the Duty and Assessment Team
- Decisions taken (clearly timed, dated and signed)

The referrer should confirm verbal and telephone referrals in writing, within 48 hours, using an interagency referral form.

SELF-HARMING AND SUICIDAL BEHAVIOUR

Self harm, suicide threats and gestures by a child must always be taken seriously and may be indicative of a serious mental or emotional disturbance.
The possibility that self-harm including a serious eating disorder has been caused or triggered by any form of abuse or chronic neglect should not be overlooked.
The above possibility may justify a referral to the Duty and Assessment Team for an assessment as a child in need and/or in need of protection.
Older adolescents are especially vulnerable when their emotional difficulties are compounded with lack of provision such as adequate housing. There may be a gap in service provision due to transfer between child and adult services (both of mental health and the Duty and Assessment Team).
It is good practice, whenever a child or young person is known to have either made a suicide attempt or been involved in self harming behaviour, to undertake a multi-disciplinary risk assessment, along with an assessment of need.
Where a child has been admitted to hospital as a result of self-harming behaviour, any discharge should involve co-ordinated planning with community services, including the Duty and Assessment Team and child & adolescent mental health service (CAMHS).

REFERRAL CRITERIA

Professionals have a responsibility to refer a child to the Duty and Assessment Team when it is believed or suspected that the child:

- Has suffered significant harm
- Is likely to suffer significant harm or
- (With agreement of a person with parental responsibility) would be likely to benefit from family support services

Advice may be sought about the appropriateness of a referral from the designated Child Protection Officer, their deputy or the Deputy Chief Executive or you should contact the Duty and Assessment team direct to seek advice.

Where consultation is sought about a child and the Duty and Assessment Team concludes that a referral is required, the information provided must be regarded and responded to as such.

ALLEGATIONS AGAINST STAFF, TRUSTEES AND VOLUNTEERS

The following procedures apply to situations:

- Where there are suspicions or allegations of abuse by any person who works with children in either a paid or unpaid capacity i.e. any member of staff, trustee or volunteer.
- When it is discovered that an individual known to have been involved previously in child abuse, is or has been working with children, and
- When the allegation or suspicion arises in connection to the individual's work, her/his own children or in relation to other children

Compliance with the requirements detailed below should ensure that where allegations of abuse are made or where there is suspicion, organisational responses are prompt, thorough, independent and proportionate to the issue of concern.

THRESHOLD & RESPONSE

Volunteers who work with children are also expected to maintain standards of conduct comparable to those prescribed for colleagues in paid employment.

All allegations and suspicions should be considered in the first instance as requiring a child protection response. The concerns must be referred to the police as a potential criminal investigation.

It is not permissible for any member of staff to conduct an enquiry about suspicion or allegation of abuse with respect to:

- A relative
- A friend
- A colleague, supervisor / supervisee or someone who has worked with her/him previously in any of these capacities

Even when there is insufficient evidence to support a criminal prosecution, complaints, regulatory or disciplinary procedures may still be justified.

Subject to legal constraints, any evidence gathered in the course of an enquiry about allegations against staff / carers can be made available to the staff responsible for disciplinary, regulatory or complaint investigation.

If, following the conclusion of protection processes, further enquiries are pursued for the purpose of disciplinary, regulatory or complaint investigation, they should be arranged in a way that avoids the repeated interviewing of children or other vulnerable witnesses.

Enquiries must be conducted in the strictest confidence so that information can be given freely and without fear of victimisation and in a way that protects the rights of staff, employees, volunteers, trustees. If an allegation relating to a child is made about a person who undertakes paid or unpaid care of vulnerable adults, consideration must be given to the possible need to alert those who manage her/him in that role.

ALLEGATIONS AGAINST STAFF IN THEIR WORK - Local Authority Designated Officer (LADO)

If an allegation has been made against a member of staff or volunteer, the Local Authority Designated Officer (LADO) must be alerted within 24 hours via telephone or email regardless of the day of the week. The LADO must be contacted if you become aware of a person who works with children and has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The LADO will provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process;

In Westminster, the LADO is Jane Foster – Tel: 020 7341 6108
Email: jfoster1@westminster.gov.uk

An allegation may require consideration from any of the following four inter-related perspectives:

- Criminal investigation
- Social Services investigation
- Staff disciplinary
- Complaint procedures

These procedures deal with child protection enquiries and any associated criminal investigation as distinct from complaints of poor practice and disciplinary procedures, though exploration of the latter may reveal abuse and/or neglect.

This section applies to allegations of abuse or neglect by individuals in their working role.

The employing or responsible agency must ensure that allegations are investigated and that any justifiable action is taken to ensure that the service is safe for child users.
Information about an allegation must be restricted to those who have a need to know in order to:

- Protect children,

- Facilitate enquiries,
- Manage disciplinary/complaints aspects
- Protect any rights of the alleged perpetrator

INITIAL RESPONSE TO RECOGNITION OF CONCERN / ALLEGATION

Recognition of concern or an allegation may arise from a number of sources e.g. a report from a child or an adult within an establishment, a complaint or information arising from a disciplinary investigation.
When a member of staff is suspicious or has received allegations of abuse by a colleague, s/he must report this to her/his line manager.
If that person is implicated in the allegation, the concern must be reported to the Chief Executive and then to the Board of Trustees and in either case a record of the report which is timed, dated and includes a clear name or signature must be made.
The recipient of an allegation should not determine its validity and failure to report it in accordance with procedures should be a potential disciplinary matter.
It is not the role of any member of staff or volunteers to investigate
The Deputy Chief Executive will be responsible for seeking advice and the LADO in association with the police and children's Services will determine if the allegations constitute sufficient grounds for the initiation criminal or child protection procedures.

Any member of staff who believes that allegations or suspicions, which have been reported to the line manager, are not being investigated properly has a responsibility to report it to a higher level in their agency or the designated/named person for child protection or direct to the LADO

If, for any reason, there are difficulties with following the above procedure, a referral can be made directly to the Duty and Assessment Team 0207 641 4000. The need for consultation must not delay a referral, which should be in accordance with the procedures.

DISCIPLINARY PROCEDURES

Any disciplinary process must be clearly separated from child protection enquiries.
Child protection enquiries take priority over any disciplinary investigations, and will determine whether the investigations can be carried out concurrently.
The Chief Executive will be responsible for determining if a decision to suspend or temporarily re-deploy staff should be taken.

RECRUITMENT AND SELECTION

PDT recruitment and selection procedures will ensure that all staff are recruited using best practise and that as appropriate, Staff, Trustees and volunteers are subject to the requirement of the Disclosure and Barring Service (DBS).

All paid staff and volunteers who are entrusted with the care of children and young people will be subject to the full range of pre-employment checks under the DBS.
The process will include seeking information on past convictions, cautions, reprimands and final warnings as well as any pending cases. Applicants will also be asked to disclose if they have ever had any complaints of abuse against them.

All applicants will be interviewed.
All applicants will have their employment history fully investigated.

An applicant will have to provide two satisfactory references before confirmation of appointment.

SUPPORT AND SUPERVISION (see separate policy)

CHILD PROTECTION TRAINING

All staff working with children are required to have a general awareness of known indicators and pre-disposing factors of abuse as well as (role specific) detailed knowledge of agreed policies and procedures. To this end PDT will ensure that staff receive appropriate training.

INSURANCE

PDT recognises the need to have full and adequate insurances in place and to this end has the following insurances in place:

- Material damage "all risks"
- Business Interruption "all risks"
- Employers' liability
- Public and Products liability

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CHILD PROTECTION CONTACT LIST

PADDINGTON DEVELOPMENT TRUST
Designated Child Protection Officer
Jackie Rosenberg - 07949108112
Chief Executive
Neil Johnston - 07973817148

WESTMINSTER COUNCIL CONTACT DETAILS
City of Westminster Children's Services:
Duty and Assessment Team: 020 7641 4000
Emergency Duty Team (Outside office hours) - 020 7641 6000

Allegations against staff in their work - Local Authority Designated Officer (LADO)
Jane Foster – Tel: 020 7341 6108 Email: jfoster1@westminster.gov.uk

Children Services: Adoption and Fostering
These are services the team offers for children and young people who cannot be cared for by their own family. People interested in adopting or fostering a child can contact the Family Placements Service.
0800 781 2332 Monday - Friday 9.30am - 5pm (outside these hours we provide a next working day call back service) email: adoption@rbkc.gov.uk

Children Services: Children with Disabilities
The Children with Disabilities team offers a range of services that includes information, advice and counselling for children under 18 with disabilities, their families and carers.
The Medical Centre, 7e Woodfield Road, London, W9 3XZ, Tel: 020 7266 7112

Westminster Accommodation and Leaving Care (WALC)
The WALC Team provides help and advice for 16 – 21 year olds who are moving from being looked after to living independently.
6 Crompton Street, London, W2 1ND, Tel: 0207 641 4143

Children's Services: Youth Offending
The Youth Offending Team is based at 6a Crompton Street, W2 1ND, with representatives from police, probation, health, Education and Social Services. The team aims to reduce and prevent youth crime in Westminster.
6a Crompton Street, W2 1ND Tel: 020 7641 5307

Children's Services: Integrated Gangs Unit
integratedgangsunit@westminster.gov.uk

METROPOLITAN POLICE CHILD PROTECTION UNIT
Contact police via 999 for an emergency and 101 for local police

LONDON PROBATION SERVICE
London Community Rehabilitation Company

151 Buckingham Palace Road, 1st Floor, London, SW1W 9SZ, Tel: 03000 480000

NATIONAL HEALTH SERVICE – IMPERIAL HOSPITAL

To discuss safeguarding concerns about children and young people during office hours, please contact any of the named staff in the list below, or the on-call general paediatrician, via the St Mary's Hospital switchboard **on 020 3312 6666**. Alternatively, call the duty social worker for the borough of residence.

Named doctor and Trust clinical lead for safeguarding children and young people
Dr Andrea Goddard

Designated doctor for child death
Dr Nelly Ninis

Hammersmith Hospital clinical lead for safeguarding children and young people
Dr Nicky Coote

Acting named midwife for safeguarding
Sarah Green

Interim named nurse for safeguarding children and young people
Lavinia Armotrading

Liaison Health Visitor
St Mary's Hospital
TBC

Charring Cross and Hammersmith hospitals
Judith Davis

If calling out of hours, please contact the on-call general paediatrician via switchboard - 020 3312 6666.

MENTAL HEALTH

St Mary's Department of Child and Adolescent Psychiatry
17 Paddington Green, London, W2 1LQ, Tel: 020 7723 1081

Violet Melchett Clinic
Child & Family Consultation Service, 30 Flood Walk, London, SW3 5RR, Tel: 020 3315 2837

Marlborough Child and Family Centre
38 Marlborough Place, London, NW8 0PJ, Tel: 020 7624 8605

PADDINGTON DEVELOPMENT TRUST: CHILD PROTECTION DISCLOSURE FORM

Your Name and role:	**Your Signature:**
Young Person's Name:	
Young Person's Address and Contact Number:	
Young Person's Date of Birth:	
Parent/Carers Name and Address and Contact Number:	
Date and Time of any Incident:	
Your Observations:	
Record of conversation/Disclosure: Remember – do not lead the child. Record what you said and what the young person said: Continue on a separate sheet if necessary.	

Action taken so far:
Was the matter referred to an external agency ie. NSPCC? **Yes/No**
Name of agency, contact details and telephone number:
Details of any information or advice received:
Was the matter referred to the Police: **Yes/No**
Name of Police Officer and Contact Number and any reference number:
Details of any information or advice received:
Was the matter referred to the Duty and Assessment team or Locality Services? **Yes/No**
Name of Officer spoken to and contact number:
Details of any information or advice received:

Date:	**Signature:**