

# Safeguarding Children and Vulnerable Adults Policy

## Introduction

Gorse Hill Studios aims to provide a child/young person-centred service where the best interests of a young person are paramount. It is the purpose of this document to provide guidelines which address the needs of young people and delivers an appropriate and accessible service whilst at the same time operating within the current legal framework and guidelines of good practice.

It aims to always act in the best interests of the young person. A child protection issue by its nature is disempowering for the young person. Gorse Hill Studios Creative Community recognises this and will seek to redress any imbalance of power where possible by continuing to work with and support that young person.

This document has been prepared in accordance with “the United Nations Convention on the Rights of the Child 1989. Reference is also made to the Children Act 1989 & 2004 and reflects Gorse Hill Studios Creative Community Child Protection Procedures.

In line with the Children Act 1989, Gorse Hill Studios Creative Community will always address issues of child protection, where it is felt **any** child is at risk of harm either from themselves or others. (The child at risk may not be the child you are with, but another that is referred to in your discussions)

This policy needs to be read in conjunction with Working Together to safeguard Children 2018 (A guide to inter-agency working to safeguard and promote the welfare of Children) electronic copy held in safeguarding folder, Teams, online. This highlights updated guidance and best practice.

The Children Act 1989, Section 47 states that a local authority must investigate where there is reasonable cause to suspect that a young person is suffering or likely to suffer from significant harm and that enquiries should be made by said authority to safeguard and promote the welfare of the young person.

Within the policies set out by Gorse Hill Studios, if there are any serious concerns over a child’s physical or mental safety, consultation must be made with the relevant Social Services department.

Providing that there is no reasonable cause to suspect that a young person is suffering or is likely to suffer significant harm, the staff member/volunteer may maintain confidentiality, and is not obliged to inform parents, schools, social services, medical personnel, or the police. However, **any** issue of a child protection, child in need or private fostering nature should be discussed with the Internal Gorse Hill Studios Safeguarding Officer before making a decision on maintaining confidentiality. All staff/volunteers are encouraged to share information appropriately with informed consent and in the best interest of the child.

There are two routes an assessment can result in. Child Protection (Section 47) is the more serious route and would be where there was a serious risk to the child. Child in need (Section 17) is the less serious and may be resolved by referral and support and may not result in any emergency action.

## Private Fostering

Where a child is subject to Private Fostering arrangements a referral must be made to First Response.

Private Fostering occurs when a child or young person is being looked after by an adult for 28 days or more as part of an arrangement between a parent and a carer. It only applies where the child or young person is under 16 years old (or under 18 years if they have a disability).

If the adult is appointed by the local authority or is a close relative (i.e., step- parent, grandparent, aunt, or uncle) the arrangement is NOT private fostering.

Young people subject to Private Fostering Arrangements have been identified as a group who are more likely to be at greater risk of harm than children who are not subject to these arrangements.

It is a Legal requirement (Children Act 1989, 2004 & Private Fostering Regulations 2005) to make the local authority aware of any PF arrangements. Staff/volunteers should do this via referral to First Response. In line with Gorse Hill Studios Child Protection procedure PF arrangements should be notified via the designated safeguarding lead.

If it is unclear whether a child is in a Private Fostering Arrangement staff should seek clarification from internal Safeguarding Officers or the Private Fostering Champion.

### What do we mean by a child?

For the purpose of this policy, a child is legally deemed to be any child up to the age of eighteen. This policy also refers to young adults beyond the age of eighteen who are deemed to be vulnerable or have a learning difficulty or disability.

### What do we mean by abuse?

#### Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. It also includes making up the symptoms of an illness or causing a child to become unwell.

#### Emotional abuse

Emotional abuse is the persistent emotional ill-treatment 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 so far as they meet the needs of another person.

#### 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. The activities may involve physical contact, including penetrative (e.g. rape) or non-penetrative acts.

#### Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment.

### Signs and Symptoms of Abuse

Please see appendix 1

### Drug use and being at risk

If a young person is using drugs, it does not automatically follow that they are at risk of significant harm. If a young person's drug use, or any behaviour associated with that drug use, gives rise for concern, they may be at risk. Examples of this may be, unsafe injecting, sex working, sexual exploitation or being in debt to dealers.

## GUIDELINES ON MAKING A REFERRAL

If a worker/volunteer has serious concerns for the physical or mental safety of a young person, in other words considers them to be at risk of significant harm the procedures contained within this document must be followed. The Line manager must be informed immediately and if they are absent contact the next relevant Manager. (Safeguarding Lead information also available daily on reception wall.)

### Young person and/or Parental Consent

If a young person is deemed to be at serious risk, and child protection procedures are deemed necessary to be put into action, the young person will always be encouraged to take an active part in the disclosure of any information relating to them. If however the young person feels unable, or is unwilling, then the worker/volunteer, in conjunction with the Senior Manager will take any decision to disclose confidential information, **without** the young person's consent, but the young person will be informed of any course of action. The only exception to this is where, following advice from investigating agencies (Police or Social Services) we are requested not to inform the young person in question.

If possible and appropriate to involve the parents/carers of young people, this should be encouraged. This will assist the Social Worker when working with young people and their families. If parents are involved their consent can be gained and recorded on the referral form.

The member of staff/volunteer making the referral should **not** inform parents about a referral if any of these situations apply:

Where: -

- Sexual Abuse is suspected
- Organised or multiple abuse is suspected
- Munchausen Syndrome by proxy (also known as Fictitious illness by proxy) is suspected
- Contacting the parents would place the child, yourself, or others at risk

(Police/Social Services will then make the decision regarding whether or not to inform the Parents)

If parents are involved, it is important to be as open and honest as possible with them about concerns and the possible need for a referral. However, an inability to inform parents should not prevent a referral being made.

## CONFIDENTIALITY

Staff will adhere to confidentiality protocols in every aspect of their work with young people except when a child protection issue is disclosed.

### Circumstances in which Confidentiality may be breached:

Where the young person (themselves or other children) is at risk of suffering significant harm.

***Any person who has knowledge of, or a suspicion that a child is suffering significant harm, or is at risk of significant harm, has a duty to refer their concern to the Social Services Department or the Police, who have statutory duties and powers to investigate and take action in respect of any child found in their area.***

The young person is the primary client and the necessity to ensure the safety and welfare of the young person takes precedence over issues of confidentiality.

There are some situations where confidentiality may have to be breached. For example, where a serious criminal offence takes place, which may include the involvement of the police or notification to other agencies.

Initial advice can and may be sought on a matter without breaching confidentiality, although at any stage the management are within their rights to advise that the matter is serious enough for a breach of confidentiality.

Staff/volunteers should immediately speak to the Gorse Hill Studios SAFEGUARDING Lead following a disclosure. Further advice may be sought by GHS SAFEGUARDING Lead from the Board of Directors, GHS, Safeguarding Lead.

### Things to consider-Seven golden rules for information sharing with partners, schools, agencies, commissioners:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared on Views, with whom and for what purpose.

The senior management team are responsible for sharing information about safeguarding with GHS, e.g serious case reviews, new legislation, promoting best practice etc.

### Where there is partial disclosure

A young person may make a partial CP disclosure where there is a suspicion that there is a safeguarding issue involved but they leave or are unwilling to complete the disclosure. Where this is the case, please take the following steps:

1. Document what has been said within Views on the client file. Discuss with Safeguarding Lead.
2. There may be a possibility that the young person never returns to the service. This can create high anxiety levels for staff/volunteers if they feel that a young person is in serious danger. In this case the information should be discussed with a senior manager, and if it is felt that the suspicion is serious, the safeguarding procedure should be followed. It should be the case that a young person has been informed of the service confidentiality policy and the safeguarding policy, so they will be aware of the service's responsibility in the event of a disclosure of such information.

The young person should be informed, however, that the confidential relationship exists between the young person and Gorse Hill Studios, not the individual worker/volunteer. This means that information concerning the young person will be shared on a 'need to know' basis between the young person's worker/volunteer and his or her line manager, and/or colleagues.

Although there is no general duty in law to disclose information that criminal offences have been committed, you should be careful to avoid doing anything which could constitute aiding and abetting the commission of an offence. For example, if a young person tells us that drugs are being sold on the premises of which we have care and control of, and we take no

action, this could amount to aiding and abetting under the Misuse of Drugs Act which makes it illegal to allow premises to be used for such purposes.

### Safeguarding Procedures in Schools and Colleges

Staff working in schools and colleges should make themselves aware of the Safeguarding Procedures in that institution. Where Safeguarding Procedures are considered necessary and the young person attends a school or college, the first action should be to inform the Safeguarding Officer in that institution, agree and document the way forward.

- In most cases it is envisaged that the school/college would take on the formal safeguarding procedures.
- Staff should not be hampered in their discussions with the Safeguarding Officer believing there to be a breach of confidentiality.
- If the school/college safeguarding officer/procedures are not accessible to the member of staff, immediate guidance should be sought from their manager or other Senior Manager.
- **If the School Safeguarding Officer does not feel that CP procedures should be invoked, contrary to the views of the Gorse Hill Studios member of staff, advice should be sought from Gorse Hill Studios Safeguarding lead or Managers.**

It is good practice for School safeguarding Leads to keep the referring member of staff informed of developments and outcomes and involve staff in supporting young people and their families as and when appropriate.

### Making a referral to Social Services

1. All referrals are made by the relevant member of staff in receipt of disclosure.
2. The Gorse Hill Studios Safeguarding Lead should be informed of any referrals made by the end of the working day.
3. Telephone No. Enquiries Gorse Hill Studios– 0161 866 8356
4. Telephone No. Safeguarding Referrals Trafford - 0161 912 5125 8.30am-4.30pm
5. Emergency Duty Team- Trafford- 0161 912 2020
6. Telephone No. Child Protection Referrals Salford – 0161 603 4500 from 8.30am-4.30pm
7. Emergency Duty Team – Salford- 0161 788 8888
8. Social Services will make in initial judgement regarding immediate action
9. Telephone referrals need to be followed up in writing within 1 working day, where required by using a Multi-Agency Referral form
10. First Response are required to feedback to referral agencies and attendees at case conference

### Interviewing Techniques

1. Listen carefully to what they say and how they say it.
2. Give them time and attention.
3. Allow the child/young person to give a spontaneous account.
4. Do not offer false confidentiality.
5. Empathise with their situation.

Reassure the child/young person:

- that you are glad they have told you
- that they have done nothing wrong
- tell them what you are going to do next

### Recording

Factually record:

- what you observed
- what was said
- who was present
- Specific details of time, place and others present.
- Where possible record the information with the young person's permission and in a format that would be acceptable to them if they requested to see their records. In certain cases, you may wish to keep confidential written notes stored in secure cabinet (However young people are still entitled to view these in the same way they can look at computer records) This will allow other staff to easily access important information.
- Safeguarding case notes will be managed in a secure folder and stored in a lockable cabinet.
- Inform the duty Manager/ Senior about your records.

### Staff Training

All Gorse Hill Studios staff that work directly with young people or manage such staff must:

- undergo safeguarding training/update training at least once every 3 years (records held on training)
- training provided by TSGB, SSCB
- undergo safeguarding awareness training, or supply evidence that they have recently undertaken such training if newly employed.
- CP Officers will undertake Level 2 CP training as a minimum requirement.
- Safeguarding leads should also attend Salford LA Safeguarding training courses

For current updates regarding safeguarding priorities please refer to:

<http://www.partnersinsalford.org/sscb/news.htm>

### Information Sharing

All information regarding Safeguarding concerns or issues will be communicated across the organisation. This will be done via one-to-one meetings, supervision, team meetings and emails. Best practice and learning from concerns/issues is shared between the staff team and identified gaps in training are actioned.

**Safeguarding Flow Chart**

YP discloses information which you believe indicates they or another child are at risk. (Section 47 or Section 17.)

<b>Physical Abuse</b> Hitting, Shaking, throwing, poisoning etc	<b>Emotional Abuse</b> Persistent ill treatment effecting emotional development
<b>Sexual Abuse</b> Forcing or enticing a child to take part in sexual activities	<b>Neglect</b> Persistent failure to meet a child's physical and/or psychological needs

As soon as the discussion begins to cover safeguarding issues, inform the YP that the information they are disclosing cannot be kept confidential, and that you will need to inform your manager, and if appropriate other staff in school/college/GHS/social worker

Tell the YP that they will be informed of any course of action, unless where Social Services prevent this.

Complete Cause for concern form (GHS) / referral and make a written record of your observations and actions - record as a safeguarding issue, Discuss with Manager before emailing Senior management Team and project manager.

Is disclosure made in School/College?

<p><b>Yes</b></p> <p>Inform the school/college designated SO and follow school/college procedures.</p> <p>Inform and give a copy of referral to GHS Line Manager or Duty Manager and note on the records that it is a safeguarding issue.</p> <p>Worker seeks to continue to support the YP through continuing work where possible.</p>	<p><b>No</b></p> <p>I.e., Gorse Hill Studios, Home visits, in the community etc.</p> <p>Contact senior manager who will advise regarding next steps i.e., referral to services. Obtain Ref. Number, contact name &amp; log time of call-email for follow up, save in Views.</p>
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If Police assistance is needed, phone immediately and obtain a ref number.

SMT will review within 1 working day of referral and check progress each week at SMT meeting.

Worker seeks to continue to support the YP through continuing work where possible.

Manager will keep worker informed of decisions made by relevant services and record on Views. Manager will escalate where appropriate. Board will be reported to bi-monthly.

## Contacts

Title	Name	Telephone
Chief Officer / DDSL	<i>Caroline Gleaves</i>	<i>T: 0161 866 8356 M: 07979 020218</i>
Operations Manager/ DDSL	<i>Louise Russell</i>	<i>T: 0161 866 8356 M: 07501276571</i>
Gorse Hill Studios Board of Directors Safeguarding Lead	<i>Simone Spray</i>	<i>T: 0161 228 7321 M: 07969907905</i>
<p><b>Please contact the safeguarding lead (details on the board in reception) in the first instance or any other Manager if they are unavailable.</b></p> <p><b>*Policy to be reviewed and updated annually, before December, by the above SMT</b></p>		
Social Services Contact Numbers		
Trafford MBC Enquiries and referral line		0161 912 5125
Trafford MBC Out of hours contact number		0161 912 2020
Trafford LADO		0161 912 5125
Salford CC Enquiries and referral Line		0161 603 4500
Salford CC Out of hours contact number		0161 794 8888
Salford LADO		0161 603 4350
Manchester Enquiries		0161 234 5001
LADO		0161 234 1214
Uniformed Police (24hours)		999

When working in different authorities a useful tool is:  
<https://www.gov.uk/report-child-abuse-to-local-council>



## Appendix 1 Signs and Symptoms of Abuse

### 1) Physical Abuse

#### A Definition:

Children are physically hurt, injured or in extreme cases killed. This can involve hitting, shaking, squeezing, burning and biting. It also includes giving children poisonous substances, inappropriate drugs and alcohol, and attempted suffocation or drowning.

#### Potential Indicators of Child Physical Abuse

1. Fractures and bruises in non-walking children
  2. Recurrent unexplained injuries or burns
  3. Pinch bruises, bite bruises
  4. Bruises around the ears and mouth, black eyes
  5. Explanation inconsistent with injury
  6. Untreated injuries
  7. Refusal to discuss injuries
  8. Admission of excessive punishment
  9. Running away
  10. Aggression
  11. Self – destructive tendencies
  12. Fear of going home
  13. Withdrawal from physical contact
  14. Frozen watchfulness
  15. Fear of medical help
  16. Bald patches on scalp
- Most of these indicators can also be caused by factors other than abuse
  - They should raise your level of concern and lead you to ask more questions.

### 2) Sexual abuse

#### A Definition:

Children are abused by adults who use them to meet their own sexual needs. This may extend to sexual intercourse but more often involves fondling, masturbation, and oral sex. Children are sometimes exposed to anal intercourse. They are also sometimes exposed to or used in the production of Pornographic material including videos.

#### Possible indicators of Child Sexual Abuse:

1. Overly compliant behaviour
2. Acting-out, aggressive behaviour
3. Hints about sexual activity
4. Pseudo mature behaviour
5. Persistent and inappropriate sexual play with peers or toys or with themselves
6. Detailed and age-inappropriate understanding of sexual behaviour (especially by young children).
7. Soiling in older child
8. Poor peer relationships or inability to make friends
9. Lack of trust, particularly with significant others
10. Inability to concentrate at school
11. Sudden drop in school performance
12. Extraordinary fears of males (in cases of male perpetrator and female victim)
13. Seduction behaviour with male (in cases of male perpetrator and female victim)
14. Running away from home
15. Regressive Behaviour
16. Withdrawal
17. Clinical depression
18. Suicidal feelings
19. Pregnancy
20. Venereal discharges and bleeding
21. Soreness and injury of the genital and/or anal areas
22. Recurrent urinary tract infections
23. Excessive masturbation

- Most of these indicators can also be caused by factors other than abuse
- They should raise your level of concern and lead you to ask more questions

### 3) Emotional Abuse

#### A Definition:

Children are made to feel unwanted, ugly, worthless, guilty, or unloved. This can occur when a constant lack of love and affection, or threats, verbal attacks, taunting, and shouting can lead to a child's loss of confidence and self-esteem.

#### Possible Indicators of Child Emotional Abuse

1. Speech delay, poor verbal ability, lack of communication skill
2. Impaired capacity to enjoy life
3. Low self esteem
4. Learning problems, lack of concentration
5. Withdrawal from relationships with other children, isolation, and depression
6. Opposition, defiance
7. Very passive behaviour
8. Self-mutilation
9. Compulsive behaviour. Carries out certain rituals and activities

10. Pseudo mature behaviour
11. Running away
12. Alcohol, drug, solvent abuse
13. Stress symptoms e.g., bed wetting, soiling, stomach-ache (without physical causes)
14. Over – reaction to mistakes
15. Fear of new situations
16. Inappropriate emotional responses to painful situations
17. Compulsive stealing, scavenging

- Most of these indicators can also be caused by factors other than abuse
- They should raise your level of concern and lead you to ask more questions

#### 4) Neglect

##### A Definition:

Children are not provided with the basic things needed to survive. This can include not providing appropriate food, clothes, warmth and medical care or leaving them alone unsupervised.

##### Possible Indicators of Child Neglect and Non – Organise Failure to Thrive

It depends on the age of the child, some signs are: -

1. Running away
2. Hunger due to lack of appropriate food
3. Constant tiredness
4. Frequent lateness, or non-attendance at school
5. Children who don't value themselves
6. Untreated medical problems, skin, or hair in poor condition
7. No social relationships
8. Compulsive stealing or scavenging
9. Poor personal hygiene
10. Weight loss that can't be explained by other conditions
11. Lack of supervision around the house
12. Serious lack of clothing, bedding, and heating
13. Delays in physical and emotional development e.g., growth, that can't be explained by other conditions.

The above need to be persistent, not just temporary, except that for very young children even temporary lack of food/warmth is life threatening.

- Most of these indicators can also be caused by factors other than abuse
- They should raise your level of concern and lead you to ask more questions.

## **APPENDIX 2**

### **SUPPLEMENTARY INTERIM SAFEGUARDING PROCEDURES**

## **MANAGING INDIVIDUAL CASES**

### **1. Being alert to children's welfare**

All staff members/volunteers who have or become aware of concerns about the welfare or safety of a child or children should discuss these with a manager or named designated health professional or a designated member of staff depending on the organisational setting. Concerns can also be discussed, without necessarily identifying the child in question, with senior colleagues in another agency in order to develop an understanding of the child's needs and circumstances. If, after discussion, these concerns remain and it seems that the child and family would benefit from other services, including those from within another part of the same agency, decisions should be made about whom to make a referral to. If the child is considered to be or may be a child in need under the Children Act 1989, the child should be referred to children's social care, through First Response (Trafford) The Bridge (Salford). This includes a child who is believed to be or may be at risk of suffering significant harm. If these concerns arise about a child who is already known to children's social care (CYPS), the allocated worker should be informed of these concerns.

There should always be the opportunity to discuss child welfare concerns with, and seek advice from, colleagues, managers, a designated or named professional, or other agencies, but:

- never delay emergency action to protect a child from harm
- always record in writing concerns about a child's welfare, including whether or not further action is taken, and
- always record in writing discussions about a child's welfare. At the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken

### **2. Responding to child welfare concerns where there is or may be an alleged crime**

Whenever other agencies, or Trafford Local Authority in its other roles, encounter concerns about a child's welfare which constitute, or may constitute, a criminal offence against a child, they must always consider sharing that information with the local authority children's social care or the police in order to protect the child or other children from the risk of significant harm. If a decision is taken not to share information, the reasons must be recorded.

Professionals, when deciding whether there is a need to share information, must consider their legal obligation, including whether they have a duty of confidentiality to the child, the professional may lawfully share the information if the child consents or if there is a public interest of sufficient force, this will be a professional judgment, but where there is a clear risk of significant harm to a child or serious harm to an adult, the public interest test will almost certainly be satisfied.

However, there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action - the information shared should be proportionate.

### **3. Response of Local Authority Children's Social Care to a referral**

Referrals to Trafford First Response should be confirmed in writing- referral form online.

### Trafford Children's First Response

Concerns: **0161 912 5125 Mon- Fri 8.30-4.30pm or  
0161 912 2020 out of hours**

Trafford LADO –Anita, referrals to the LADO go through first response, but you can contact Anita to have a chat about concerns:

Anita Hopkins

Local Authority Designated Officer **0161 912 5125** or online LADO referral form  
[Allegation of professional abuse \(egovhub.net\)](https://www.egovhub.net)

### Trafford Adult social care Front Door

Initial Assessment Team **0161 912 2820 Mon-Fri 8.30-4.30pm or  
0161 912 2020 out of hours**

### THE BRIDGE (Salford)

Referrals to Salford the Bridge should be confirmed in writing within 48 hours.

Salford CC Enquiries and referral Line **0161 603 4500 Mon- Fri 8.30-4.30pm  
0161 794 8888 out of hours**

Salford LADO **0161 603 4350**

### Manchester contact centre

Concerns **0161 234 5001**

Manchester LADO (MCC Designated Officer) **0161 234 1214**

Completed referrals should be sent to- [quality.assurance@manchester.gcsx.gov.uk](mailto:quality.assurance@manchester.gcsx.gov.uk)

At the end of the dialogue/discussion about the child, the referrer and the First Response professional should be clear about proposed action timescales, who will be taking it or that no further action will be taken. The decision should be recorded by the professional and by the referrer (if a professional in another agency). TMBC and Salford CC should acknowledge a written referral **within 1 working day** of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact the LA.

When First Response/The Bridge decide to take no further action at this stage, feedback should be provided to the referrer, who should be told of this decision and reasons for making it. In the case of public referrals this should be done in a manner consistent with respecting confidentiality. Sometimes it may be apparent that emergency action should be taken to safeguard and promote the welfare of a child. Such action should normally be preceded by a strategy discussion with appropriate agencies, including the Police.

Please refer to Manchester City Council's website for up-to-date information about referrals or concerns; <https://www.manchestersafeguardingboards.co.uk/>

If a child case is open to children's social care and there are concerns that the child is or may be suffering harm, this information should be communicated to the allocated Social Worker or Team Manager immediately by telephone and confirmed in writing - this could be an email.

On receipt of such information, the Social Worker in consultation with the Team Manager should make a decision about whether to initiate a strategy discussion/meeting. In those circumstances, it may be necessary to undertake an initial assessment or a safeguarding enquiry/core assessment to decide how to proceed. It may, however, be appropriate to update an existing core assessment in order to understand the child's needs and circumstances and inform future decision.

#### **4. Strategy discussion/meeting**

A strategy discussion may take place following a referral or at any time if concerns about significant harm emerge about a child receiving support under S.17. More than one strategy discussion/meeting may be necessary if the child's circumstances are very complex and a number of discussions are required to consider whether and, if so, when to initiate a safeguarding enquiry. Any information shared, all decisions reached and the basis for those decisions should be clearly recorded by the chair of the strategy discussion and circulated **within 1 working day** to all parties to be discussed.

#### **5. Outcome of S.47 Enquiry**

Children's social care should decide how to proceed following an emergency protection order after discussion between all those who have conducted or been significantly involved in the enquiry. This may be relevant professionals, agencies, foster carers, child, and parents. All those involved in a child protection enquiry will receive a record of agreed outcomes of the enquiry in advance of a child protection conference or a multi-agency child in need meeting. Particular attention will be paid to how the information is conveyed to parents/carers/children. It must be sensitive to the particular needs of a family, i.e., language, age and level of understanding of children.

#### **6. Child Protection Case Conference Report**

Where decisions are being made about more than one child in the family there should be a report prepared on each child.

Contributions, i.e., partner agencies and professionals should, whenever possible, provide in advance a written report to the conference that should be made available to those attending.

#### **7. Decision of Conference**

The decision of the conference, details of the category of abuse, the name of the key worker, the lead professional and the core group membership should be circulated to all those invited to the conference **within 1 working day**.

#### **8. Agreeing the plan with the child**

The child protection plan will be explained to and agreed with the child in a manner which is appropriate to their age and understanding (an interpreter will be used if the child's level of English is not sufficient to be able to fully participate) the child should be given a copy of the plan written at a level appropriate to his or her age and understanding and in his or her preferred language.

**If an allegation is made against a staff member/volunteer or senior management team**

Any concerns involving the inappropriate behaviour of a staff member, volunteer or Senior Leadership Team towards a young person will be taken seriously and investigated. The LADO (in the appropriate Local Authority- page 14) will be informed where the incident has occurred. The situation will be explained to the staff member/volunteer/SMT (if deemed appropriate) who is at the centre of the allegation. They may be asked to cease working on a temporary basis until the matter is formally resolved, and after investigation this could lead to dismissal and further action being taken against them. This will be reviewed on a case-by-case basis. Support will be provided for the person who the allegation has been made against.

If employees/volunteers are dissatisfied with the outcome of any investigation, employees have the right to raise the disclosure to the relevant external body. (Page 14)

**If an allegation is made about the Designated Safeguarding Lead**

Any concerns involving the DSL directly should be reported to another member of the Senior Leadership team or passed to the LA designated Officer (LADO) details page 14.