

PART A – Safeguarding Children and Young People

Safeguarding Policy and Procedures
2023-2024

DRAFT

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1. Introduction

“Children who need help and protection deserve high quality and effective support as soon as a need is identified ... Everyone who comes into contact with children and families has a role to play”

Working Together (2018)

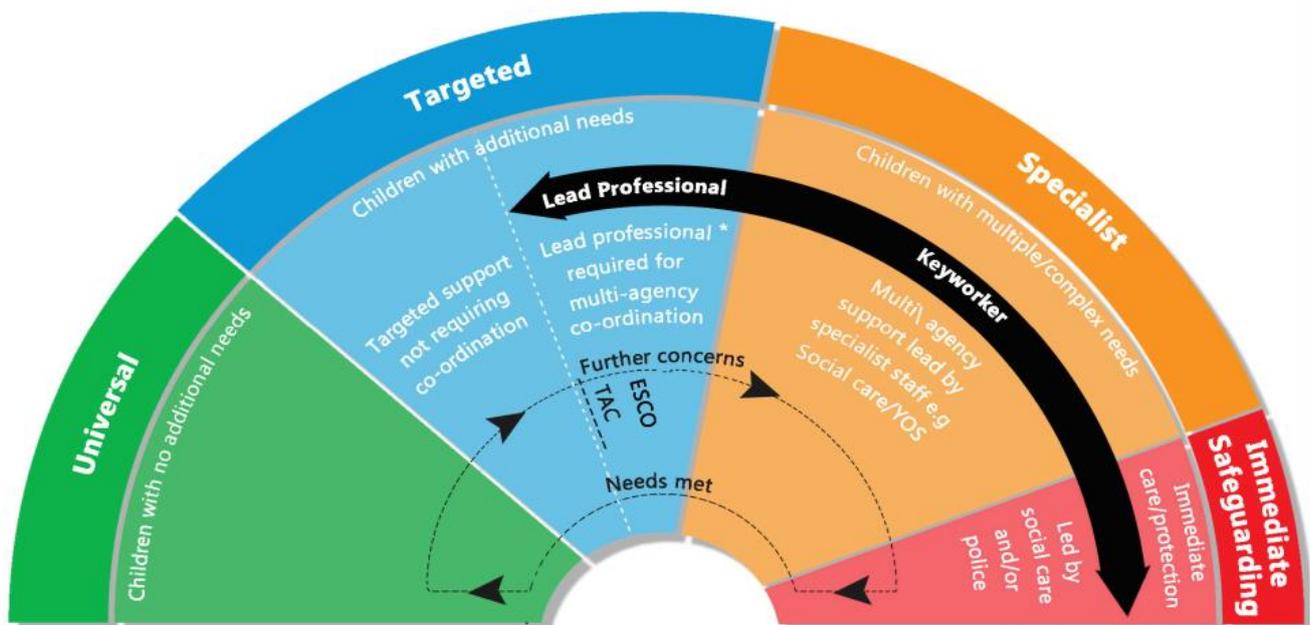
- 1.1 This section applies to all situations within the council’s operation, which could potentially involve children or young people. This ranges from children in council office receptions, attending our venues or projects to home visits where children or young people are present.
- 1.2 Although your work may not directly impact on or relate to children or young people, you have a duty to recognise and respond to child protection situations and concerns appropriately and you must be aware of this policy and its procedures.
- 1.3 Young people (under 18) may also be working within the Council’s buildings or services; either as members of staff, or as part of apprenticeships or work experience schemes. All staff must remember that these individuals are children and, as such, are protected by this policy and associated procedures.
- 1.4 The Children Act (2004) places a duty on key statutory agencies to safeguard and promote the welfare of children. The Act embodies five principles that are key to wellbeing in children and young people:
 - Being healthy;
 - Staying safe;
 - Enjoying and achieving;
 - Making a positive contribution;
 - Achieving economic wellbeing.
- 1.5 To assist us all in our duty of care of children and young people, this policy and its associated procedures reflect the principles and practices promoted in the most recent Government ‘Working Together’ guidance, which sets out key principles of safeguarding and promoting the welfare of children as:
 - Protecting children from maltreatment;
 - Preventing impairment of children’s health or development;
 - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
 - Taking action to enable all children to have the best outcomes.
- 1.6 **You should always exercise professional curiosity and respectful uncertainty, looking beneath the surface, testing the facts and also use your ‘gut feelings’ rather than accepting explanations, however plausible.**

2. Understanding Safeguarding Thresholds

“No single practitioner 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”

Working Together (2018)

2.1 Children and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, from universal, targeted and specialist support services. It is important that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child. It is also critical that all professionals remain aware of their responsibilities in relation to safeguarding and protecting children. The support and services available to children, young people and families are defined according to their needs at any given time and are set out in the diagram below:



Threshold	Overview	Details
Universal services	For children with no additional needs.	Available to all children, young people, and families, working with families to promote positive outcomes for everyone, by providing access to education, health services and other positive activities. It is important that all practitioners can identify where children and families would benefit from extra help at an early stage.
Targeted services	For children with additional needs.	Children, young people, and families who may need support either through a single service or through an integrated multi-agency response.

		There may be signs that without support a child may not achieve good outcomes and fulfil their potential. Targeted services can prevent escalation into specialist services and can assist with continuing lower level support once a higher-level intervention has been completed.
Specialist services	For children with multiple / complex needs	Families with individual or multiple complex needs or where a specific disability or condition is diagnosed.
Immediate Safeguarding	For immediate care/protection	To protect children and young people at immediate risk. Professionals have a duty to recognise and report safeguarding concerns.

3. Early Intervention – Early Help

“Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years”

Working Together (2018)

- 3.1 Lincolnshire’s Early Help Offer can be simply described as early intervention to ensure that children and families get the support they need before a problem escalates.
- 3.2 Early Help aims to identify the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help Offer is available at any point throughout childhood and adolescence. Early Help builds on what is working well and involves action planning for what needs to change and who will take what action, enabling everyone involved to own the solutions.
- 3.3 Other than when there is an immediate risk of serious harm, an Early Help assessment should be completed whenever there is a concern about a child by the person who has contact with them and their family, to identify specific actions with those involved and to determine whether the issue needs further escalation and referral to social care. Where possible, the assessment should be undertaken with the agreement of the child and their parents/carers. It should involve the child and family as well as all the professionals who are working with them. Full details of Lincolnshire’s Early Help Offer can be found on Lincolnshire County Council’s website. If you are unsure about making an Early Help Assessment, please speak to the Designated Safeguarding Officer or a Deputy Safeguarding Officer.

www.lincolnshire.gov.uk/keeping-children-safe/team-around-child

- 3.4 **Early Help Assessments are not an alternative to formal safeguarding referrals.**

4. Recognising Abuse and Neglect

- 4.1 There are many ways in which children and young people can be harmed. A person may abuse or neglect a child or young person by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family, or in an institutional or community setting. Children and young people may be abused by someone known to them or, more rarely, by a stranger. Children and young people can be subjected to more than one form of abuse at any one time. Children and young people may also be perpetrators of abuse against other children or against adults. In such cases, they may still also require safeguarding themselves.
- 4.2 Sometimes a child 'fails to thrive' and they do not achieve the expected growth and development for their age. Although there may be a medical cause, most children who fail to thrive have no organic disorders. Failure to thrive often occurs on the overall context of emotional deprivation and neglect; the child not only fails to grow but fails to develop intellectually and emotionally.
- 4.3 Types of Abuse:

Types of Abuse

Physical Abuse: This can include, hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or otherwise causing physical harm. Physical abuse, as well as being a result of a deliberate act, can also be caused through omission or failure to act to protect. Physical harm may also be caused when a parent or carer fabricates symptoms or deliberately causes ill health to a child, young person, or vulnerable adult.

Emotional Abuse: This is the persistent emotional maltreatment of a child, young person, or vulnerable adult such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to them that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

Emotional abuse may feature age or developmentally inappropriate expectations being imposed on children or young people. It may also involve causing children or young people to frequently feel frightened or in danger, or the exploitation or corruption of a child or young person. It can include the seeing or hearing of ill-treatment of others, for example through domestic abuse. It may also include the over-protection and limitation of exploration and learning or preventing the child from participating in normal social interaction.

Sexual Abuse: This involves forcing or enticing a child, young person, or vulnerable adult to take part in sexual activities, whether they are aware of or consent to what is happening. The activities may involve physical contact, including penetrative acts such as prostitution, rape, buggery or oral sex or non-penetrative acts such as fondling.

Sexual abuse may also include non-contact activities, such as involvement in looking at, or in the production of, indecent material or watching sexual activities or encouraging them to act in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and/or by other young people.

Child Sexual Exploitation (CSE) is a form of sexual abuse that is based on an ongoing exploitative relationship between perpetrator(s) and child/children.

Neglect: Neglect is the persistent failure to meet a child or young person's basic physical and/or psychological need, likely to result in the serious impairment of health or development. It may also include neglect of, or unresponsiveness to, a child or young person's basic emotional needs. Neglect may:

- Involve a parent or carer failing to provide adequate food, clothing or shelter including exclusion from home or abandonment;
- Involve failing to protect from physical and emotional harm or danger;
- Occur during pregnancy as a result of maternal substance abuse or self-harm (please refer to the Lincolnshire Safeguarding Children Board pre-birth protocol for more information).

- 4.4 Recognising child abuse is not easy. It is not your responsibility to decide whether child abuse has taken place or if a child or young person is at significant risk. You do however have a responsibility to act if you have concerns and to pass on information. Many safeguarding concerns arise on a day to day basis, and often they will not develop into abuse or neglect. If you have any concerns or questions, please speak to the Designated Safeguarding Officer or Deputy Safeguarding Officer as soon as possible. The role of staff, elected members, volunteers and others working for or on behalf of the Council is to help identify concerns and pass them on to the relevant agency. It is the role of Children's Services, Adult Services and/or the Police to investigate allegations or concerns.
- 4.5 Every child and young person is unique and it is difficult to predict how their behaviour will change as a result of their experience of abuse. The table below outlines some physical signs and behavioural indicators that may be associated with a risk of abuse. It is important to remember that many children and young people will exhibit some of these signs and indicators at some time, but the presence of one or more should not be taken as proof that abuse is occurring. There may be other reasons for changes in behaviour, for example: bereavement, the birth of a new baby in the family, relationship problems between parents/carers.

4.6 Indicators of Abuse:

Type of abuse	Physical Indicator	Behavioural Indicator
Physical	<ul style="list-style-type: none"> • Frequent or unexplained bruising, marks, or injury • Bruises which reflect hand marks or shapes of articles e.g. belts • Cigarette burns • Bite marks • Unexplained broken or fractured bones • Scalds • Female Genital Mutilation 	<ul style="list-style-type: none"> • Fear of parent being contacted • Behavioural extremes – aggressive / angry outbursts or withdrawn • Fear of going home • Flinching when approached/touched • Depression • Keeping arms/legs covered • Reluctance to change clothes • Panics in response to pain • Reports injury caused by parents
Emotional	<ul style="list-style-type: none"> • Delays in physical development or progress • Sudden speech disorders • Failure to thrive • Bedwetting and/or diarrhoea • Frequent psychosomatic complaints, headaches, nausea, abdominal pains 	<ul style="list-style-type: none"> • Mental or emotional development lags • Behaviours inappropriate for age • Fear of failure, overly high standards, reluctance to play • Fears consequences of actions, often leading to lying • Extreme withdrawal or aggressiveness, mood swings • Overly compliant, too well-mannered • Excessive neatness and cleanliness • Extreme attention-seeking behaviours • Poor peer relationships • Severe depression, may be suicidal • Runaway attempts • Violence is a subject for art/writing • Complains of social isolation • Forbidden contact with other children
Sexual	<ul style="list-style-type: none"> • Pain/itching in the genital area • Bruising/bleeding near genital area • Sexually transmitted disease 	<ul style="list-style-type: none"> • Inappropriate sexual behaviour or knowledge for the child's age • Promiscuity • Sudden changes in behaviour • Running away from home

	<ul style="list-style-type: none"> • Vaginal discharge/infection • Frequent unexplained abdominal pains • Discomfort when walking/sitting • Bed wetting • Excessive crying 	<ul style="list-style-type: none"> • Emotional withdrawal through lack of trust in adults • Unexplained money or 'gifts' • Inappropriate sexually explicit drawings or stories • Bedwetting or soiling • Overeating or anorexia • Sleep disturbances • Secrets which cannot be told • Substance/drug misuse • Reports of assault
Neglect	<ul style="list-style-type: none"> • Constant hunger • Poor hygiene • Weight loss/underweight • Inappropriate dress • Consistent lack of supervision/abandonment • Unattended physical problems or medical needs 	<ul style="list-style-type: none"> • Begging/stealing food • Truancy/late for school • Constantly tired/listless • Regularly alone/unsupervised • Poor relationship with care giver

4.7 All children, regardless of background, should be given the same level of support and protection. It is important to have an understanding and awareness that some children and young people are potentially more vulnerable and may have additional care needs. This could include children young people and vulnerable adults from families affected by domestic abuse, substance misuse and mental illness as well as those from ethnic minority backgrounds, migrant and travelling communities, those with a disability or learning difficulty, those living away from home, unaccompanied asylum-seeking children (UASC), children or young people in care or other temporary accommodation, as well as those who are in custody or have run away from home. Regard should always be given to a young person's religion or belief.

4.8 Additional guidance is available in the Policy and Procedures Manual of the Lincolnshire Safeguarding Children Partnership.

<https://lincolnshirescb.proceduresonline.com/>

5. Child Sexual Exploitation

5.1 The sexual exploitation of children and young people is both a child protection issue and a complex crime. Child Sexual Exploitation is based on an ongoing exploitative relationship between perpetrator(s) and child/children. A child or young person under the age of 18 is sexually exploited when they have received 'something' (e.g. food, accommodation, drugs, alcohol, gifts, money) in exchange for sex.

5.2 Sexually exploitative relationships are characterised by an imbalance of power and the use of controlling behaviours to keep the victim in a dependent position. A child or young person may not recognise the level of risk or harm that they are exposed to. It

is particularly important that professionals exercise judgment when assessing a child or young person's circumstances.

5.3 You should be aware of the following when considering the risks of a young person experiencing or being at risk of Child Sexual Exploitation:

- Boys and girls are equally vulnerable to being victims of child sexual exploitation;
- Coercers and perpetrators are usually adults, of either gender, in a position of power, but can be other children and young people;
- Young people may exchange or sell sex as a result of constrained choices such as poverty, isolation, and historic abuse;
- Parents/carers may be involved in the sexual exploitation of their children, or fail to prevent/protect them from it;
- Groups of children and young people and multiple perpetrators may be involved;
- No child under 13 years or with a learning disability will be assessed as Low Risk if their behaviours indicate involvement in CSE;
- Children and young people with additional needs up to and including those aged 24 years require special consideration;
- Disclosure of information may take time and evident risks may only emerge during on-going assessment, support, and interventions with the young person and/or their family.

5.4 **Grooming:** Child sexual exploitation usually involves a 'grooming' stage. Grooming describes the variety of methods that are used to manipulate and control victims including:

- The giving of gifts or presents;
- The giving of rewards – like mobile phone top-ups or games credits;
- False promises of love and/or affection;
- The supply of alcohol and/or drugs

5.5 It is very common for the grooming of children and young people to take place online. Children and young people can make themselves vulnerable though their online activities and abusers are quick to exploit this. Victims may have been persuaded or coerced into posting indecent images or performing sexual acts on webcam. Online grooming can also progress to meeting face to face.

5.6 The early stages of the grooming process can be an exciting time for a child or young person, particularly if they are given high status gifts or are taken to parties, pubs, or clubs that they would not normally get into.

5.7 Grooming is a way of developing an exclusive bond with the victim. Adolescents are particularly vulnerable to grooming where the abuser deceptively constructs a connection between sought after love or affection. As a result, the child or young person will believe that this person is actually their boyfriend or girlfriend – having no prior experience of sex or love against which to measure the relationship.

5.8 **Gang Activity:** Children and young people associating with or targeted by gang members are at particular risk of being sexually exploited and abused. All agencies

working with young people need to ensure that they work together to prevent young people being drawn into gangs, to support those who have been drawn into the margins of gangs and to protect those who are at immediate risk of harm from gangs.

- 5.9 **Impact of Sexual Exploitation on Children & Families:** As a result of the grooming process, children and young people will rarely recognise the coercive and abusive nature of the relationship they are involved in and will often prioritise their attachment or loyalty to the offender over their own safety.
- 5.10 Perpetrators of sexual exploitation are very skilled at driving a wedge between a child and their family and will also isolate them from their usual friends and support networks. Sexually exploited children also suffer physical, psychological, behavioural, and attitudinal changes, all of which present severe challenges to their parents and carers.
- 5.11 While there is some evidence that an unstable home life can increase the vulnerability of child sexual exploitation, the grooming process can bring chaos to a formerly 'stable' household. Further information about child sexual exploitation can be found online:

<https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

6. Child Criminal Exploitation

- 6.1 While there is no legal definition of Child Criminal Exploitation (CCE), it is increasingly being recognised as a major factor behind crime in communities across the UK, while also simultaneously victimising vulnerable young people and leaving them at risk of harm.
- 6.2 CCE often occurs without the victim being aware that they are being exploited and involves young people being encouraged, cajoled, or threatened to carry out crime for the benefit of others. In return they are offered friendship or peer acceptance, but also cigarettes, drugs (especially cannabis), alcohol or even food and accommodation.
- 6.3 Children as young as 10 or 11 are being groomed to enter gangs and commit crime on behalf of older criminals. These young people are being exploited and, by being persuaded or lured into carrying out illegal activities, often with the promise of something they desire as a reward, they become incredibly vulnerable.
- 6.4 Victims of CCE are often fearful of getting into trouble themselves – for the very actions they have been exploited into carrying out – so it can also be difficult to get these young people to come forward and speak out about their situation.
- 6.5 Lincolnshire has Multi Agency Child Exploitation (MACE) arrangements which contribute to the delivery of the child exploitation strategic priority and outcome. Further information can be found online:

<https://www.lincolnshire.gov.uk/safeguarding/lscp/8>

- 6.6 More information on one of the main types of criminal exploitation can be found in PART G – County Lines and Cuckooing.

7. Contextual Safeguarding

- 7.1 Contextual Safeguarding is a new approach to safeguarding children and young people, which aims to understand and respond to young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.
- 7.2 Contextual Safeguarding aims to ensure that children's social care practitioners engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognises that assessment of, and intervention with, these spaces is a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

8. Impact of Sustained Abuse and Neglect

- 8.1 The sustained abuse or neglect of children physically, emotionally, or sexually can have long-term effects on the child's health, development, and well-being. It can impact significantly on their self-esteem, self-image and on their perception of self and of others. The effects can also extend into adult life and lead to difficulties in forming and sustaining positive and close relationships. In some situations, it can affect parenting ability and can lead to the perpetration of abuse on others.
- 8.2 The context in which the abuse takes place may also be significant. The interaction between a number of different factors can serve to minimise or increase the likelihood or level of significant harm. Relevant factors will include the individual child's coping and adapting strategies, support from family or social network, the impact and quality of professional interventions and subsequent life events.
- 8.3 **Physical Abuse:** can lead directly to neurological damage, as well as physical injuries, disability or at the extreme, death. Harm may be caused to children, both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems, and educational difficulties.
- 8.4 **Severe Neglect:** associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationship, and educational progress. Neglect can also result in extreme cases in death.
- 8.5 **Sexual Abuse:** can lead to disturbed behaviour including self-harm, inappropriate sexualised behaviour and adverse effects which may last into adulthood. The severity

of impact is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child. A number of features of sexual abuse have also been linked with the severity of impact, including the extent of premeditation, the degree of threat and coercion, sadism and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult or carer who believes the child, helps the child to understand the abuse and is able to offer help and protection.

- 8.6 **Emotional Abuse:** There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour, and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

9. Significant Harm

- 9.1 The Children Act 1989 introduced significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the child. It gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the wellbeing of a child who is suffering, or likely to suffer significant harm.
- 9.2 There are no absolute criteria to rely on when judging what constitutes significant harm, but considerations should include:
- the severity of ill-treatment;
 - the degree and the extent of physical harm;
 - the duration and frequency of abuse and neglect;
 - the extent of premeditation;
 - the degree of threat, coercion, sadism.
- 9.3 Each of these is associated with more severe effects on the child and/or relatively greater difficulty in being able to overcome their impact. Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation, or poisoning. More often, suffering significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.
- 9.4 Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical, or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the families' strengths and supports.

- 9.5 The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and given due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding.
- 9.6 The following considerations may indicate that further enquiry is needed and should be considered when assessing risks to a child. Some of these have arisen from learning from serious case reviews following incidents of significant harm:
- An unexplained delay in seeking treatment that is obviously needed;
 - An unawareness or denial of any injury, pain, or loss of function;
 - Incompatible explanations offered or several different explanations given for a child's illness or injury;
 - A child reacting in a way that is inappropriate to his/her age or development;
 - Reluctance to give information or failure to mention previous known injuries;
 - Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments;
 - Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
 - Unrealistic expectations/constant complaints about the child;
 - Alcohol and/or drug misuse or other substance misuse;
 - A parent's request to remove a child from home or indication of difficulties in coping with the child;
 - Domestic abuse;
 - Parental mental ill health;
 - The age of the child and the pressures of caring for a number of children in one household;
 - Parental conflict about separation and contact with serious threats to harm the children.

10. Responding to Disclosures, Concerns or Allegations

10.1 These procedures are intended as a guide to help you understand what action should be taken if you have concerns about or encounter a case of alleged or suspected child abuse.

10.2 Responding to a child or young person making an allegation of abuse

Abused children and young people will only tell people they trust and with whom they feel safe. By listening and taking seriously what the child or young person is saying, you are already helping the situation. The following points are a guide to help you respond appropriately:

- Stay calm;
- Listen carefully to what is said;
- Find an appropriate early opportunity to explain that the information may need to be shared with others – do not promise to keep secrets;
- Allow the child or young person to continue at their own pace;

- Ask questions for clarification only, and avoid asking questions that suggest a particular answer;
- Reassure them that they have done the right thing in telling you;
- Tell them what you will do next and with whom the information will be shared;
- Record in writing all the details that you are aware of and what was said using the child or young person's own words, as soon as possible. In your record you should include:
 - The date and time;
 - The child or young person's name, address, and date of birth;
 - The nature of the allegation or incident;
 - A concise, factual description of any visible injuries, including a diagram if possible;
 - Your observations e.g. a description of the child or young person's behaviour and physical and emotional state;
 - Exactly what the child or young person said and what you said. Record the child or young person's account of what has happened as closely as possible;
 - Any action you took as a result of your concerns e.g. who you spoke to and resulting actions. Include names, addresses and telephone numbers;
 - Sign and date your record (signature not required with electronic form);
 - Store the information in accordance with relevant procedures, e.g. GDPR.
- Follow the Council's reporting procedures or speak to the Designated Safeguarding Officer for advice.

10.3 In all cases, the incident should be reported to the Designated Safeguarding Officer so that this can be logged.

10.4 The Council's Designated Safeguarding Officer or Deputy Safeguarding Officer should, where there is felt to be no immediate risk to the child, be consulted prior to the referral being made. Where it is not possible to do this the same working day, then an appropriate referral should be made by the individual with the concern, supported by their line manager. Safeguarding referrals do not need consent from the child or their family, but it is best practice to seek this wherever possible.

10.5 When a safeguarding referral is made, the referral will be screened in order to decide on the best course of action. LCC has one working day to decide on the response needed. If a referral meets the threshold for a social work assessment under the Children Act (1989), the referrer will be informed by letter and Social Care colleagues will take the case forward. If the referral does not meet the threshold, the referrer should also be informed of this by letter. At this point, individuals may be advised to consider Early Help support and/or to set up a Team around the Child (TAC) case. In such cases, individuals should discuss this with a Safeguarding Officer or seek advice from the Early Help Advisors regarding their next steps.

10.6 Officers should be aware that in the case of professional referrals relating to child protection, the assumption of the Lincolnshire Safeguarding Children Partnership (LSCP) is that the family may be told where the referral has come from by Children's Services officers. Any referral made by an officer of the Council is regarded as a professional referral but can be made in the name of the Designated Safeguarding Officer.

- 10.7 You must be aware that if there is a need by Children's Social Care or the Lincolnshire Safeguarding Children Partnership to open a Child Protection Plan or Serious Case Review, you may be called to give evidence. In these instances, you will be supported by the Designated Safeguarding Officer or Deputy Safeguarding Officer.
- 10.8 It is possible that the Council will have allegations referred to them by third parties. For example, neighbours may contact staff to advise they suspect the welfare of a child or young person is suffering. Under these circumstances staff should be encouraged to ring the customer services centre themselves directly (members of the public can report anonymously).
- 10.9 **Responding to allegations or concerns against a member of staff, elected member, volunteer or any other person:**
- Take the allegation or concern seriously;
 - Consider any allegation or concern to be potentially dangerous to the child or young person;
 - Record in writing all the details that you are aware of as soon as possible.
- 10.10 If an allegation of abuse is made against a member of staff, elected member or volunteer, the Designated Safeguarding Lead must be informed immediately.
- 10.11 The Designated Safeguarding Officer will inform the Chief Executive (providing that the allegation is not against them) and Local Authority Designated Officer for Allegations (LADO) and consideration will be given to suspending the member of staff from work or moving them to alternative duties not involving contact with children, young people, or adults at risk – in accordance with the Council's Disciplinary Procedure. If the Designated Safeguarding Officer is the subject of the suspicion/allegation, the report must be made directly to the Chief Executive.
- 10.12 If it is necessary to investigate events surrounding the complaint, this will be done in accordance with advice from the Local Authority Designated Officer (LADO), and through the Council's Disciplinary Policy and Procedure, and will include any further procedures as set out by the Lincolnshire Safeguarding Children Board.
- 10.13 If the complaint is against someone other than a member of staff, elected member, volunteer, contractor or consultant i.e. parent, carer, other service user, etc., then Designated Safeguarding Officer must be informed in line with the Council's reporting procedures.
- 10.14 It is important to remember that the language used in recording safeguarding concerns should remain objective and those making records should not use negative or inflammatory language to describe children and young people.

11. Good Practice Guidance

11.1 It is possible to limit the situations where the abuse of children, young people or adults may occur. These guidelines aim to promote positive practice and are examples to help safeguard children, young people, and vulnerable adults. They will also protect staff, elected members, volunteers and anyone working for or on behalf of the Council.

11.2 Staff, elected members, volunteers and contractors should always remember:

- Avoid situations where they and an individual child or young person are alone and unobserved;
- Ensure that children or young people are not left unattended. For example, it is the parents/carers responsibility to supervise any children in their care whilst visiting Council offices, or when an employee, elected member, volunteer or contractor is carrying out a home visit;
- Respect the individual and provide a safe and positive environment;
- If any form of physical contact is required it should be provided openly and according to appropriate guidelines, i.e. National Governing Body of Sport Guidelines;
- If supervision in changing rooms or similar environments is required, ensure you work in pairs and never enter opposite sex changing rooms;
- With mixed groups, supervision should be by a male and female member of staff where possible;
- Staff, elected members, volunteers and contractors must respect the rights, dignity and worth of every person and treat everyone equally within the context of the activity;
- Every assessment should reflect the unique characteristics of the child within their family and community context. The Children Act (1989) promotes the view that a; children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins, and other characteristics should be respected;
- Where appropriate, use a simple Equality Monitoring form for Children and Young People to help you assess how accessible our services are to children and young people;
- Staff, elected members, volunteers and contractors must place the well-being and safety of the child or young person above the development of performance;
- If a child or young person is: accidentally injured as the result of a staff member, elected member, volunteer or contractor action; seems distressed in any way; appears to be sexually aroused by your actions; misunderstands or misinterprets something you have done; always report such incidents as soon as possible to a Safeguarding Officer and make a written report;
- If a child or young person arrives at the activity or service showing any signs or symptoms that give you cause for concern, you must act appropriately and follow the safeguarding reporting procedures;
- Staff must avoid being left alone with a child. This may happen if the adult present is distracted by, for example, a telephone call in another room. Under such circumstances, the member of staff must mention the situation to the adult concerned and if the adult is intent on leaving the member of staff alone with a child, the member of staff must leave the property.

11.3 It is **not** good practice for staff, elected members, volunteers or contractors to:

- Spend unreasonable amounts of time alone with children or young people away from others;
- Take children or young people alone on a car journey, however short;
- Take children or young people to your home where they will be alone with you;
- Arrange to meet children or young people outside an organized activity or service;
- Agree to 'look after' or be left in sole charge of children, even for short periods of time during the course of your duties;
- Knowingly visit or enter a property unless in the company of an adult who resides at the property. No member of staff should enter a property where only a child is present. If a child left alone is suspected of being below an age when an adult should supervise them, a Safeguarding Officer should be contacted;
- Ask children to leave a message for their guardian (direct contact must be made with the guardian before it can be assumed that a message has been received). Similarly, children should not be asked to interpret for their guardian.

11.4 If these situations are unavoidable, they should **ONLY** occur with the full prior knowledge and consent of your line manager and the child or young person's parent/carer.

11.5 Staff, elected members, volunteers and contractors should never:

- Engage in rough physical games including horseplay;
- Engage in sexually provocative games;
- Allow or engage in inappropriate touching of any form;
- Allow anyone to use inappropriate language unchallenged, or use it yourself;
- Make sexually suggestive comments about or to a child or adult, even in fun;
- Let any allegation a child or adult makes be ignored or go unrecorded;
- Do things of a personal nature for children or adults that they can do for themselves, e.g. assist with changing;
- Enter areas designated only for the opposite sex without appropriate warning (e.g. cleaning staff for toilets etc.);
- Share a room with a child or young person (e.g. overnight accommodation);
- Take a child to the toilet, unless this is an emergency and a second, same-sex member of staff is present;
- Use a mobile phone, camera or other recording device in any changing area or other single sex location such as toilets. Exceptions to this may arise, for example where a photographic record of vandalism to a changing room is required. In such circumstance's customers should be temporarily excluded from the location.

12. Photography and Pornography

12.1 There is increasing evidence that some people have used children's and young persons' activities and events as an opportunity to take inappropriate photographs or video footage of children and young people. Staff, elected members, volunteers and contractors should be vigilant at all times, and any person using cameras or videos within the Council services and events or activities that involve children and young

people should be approached and asked to complete a consent form for the use of cameras and other image recorders.

12.2 When commissioning professional photographers or inviting the press to cover Council services, events, or activities you must ensure that you make your expectations clear in relation to child protection. Remember:

- Check credentials of any photographers and organisations used;
- Ensure identification is worn at all times. If they do not have their own, provide it;
- Do not allow unsupervised access to children or young people or one-to-one photographic sessions;
- Do not allow photographic sessions outside of the activities or services, or at a child or young person's home;
- Parents must be informed that photographs of their child or young person may be taken during Council services, activities or events and parental consent forms need to be signed agreeing to this. This must include information about how and where these photographs will be used;
- It is recommended that the names of children or young people should not be used in photographs or video footage.

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