



**POLICIES & PROCEDURES**  
*E C Roberts Centre*

# SAFEGUARDING CHILDREN POLICY AND PROCEDURE

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## 1 GLOSSARY

<i>Acronym</i>	<i>Definition</i>
<b>CEO</b>	<b>Chief Executive Officer</b>
<b>FSM</b>	<b>Family Services Manager</b>
<b>DSL</b>	<b>Designated Safeguarding Lead</b>
<b>ECRC</b>	<b>The E C Roberts Centre</b>
<b>MASH</b>	<b>Multi Agency Safeguarding Hub</b>
<b>LADO</b>	<b>Local Authority Designated Officer</b>
<b>PSCP</b>	<b>Portsmouth Safeguarding Children Partnership</b>
<b>LSCB</b>	<b>Local Safeguarding Children Board</b>
<b>ESOL</b>	<b>English for Speakers of Other Languages</b>
<b>CSE</b>	<b>Child Sexual Exploitation</b>
<b>EHA</b>	<b>Early Help Assessment</b>
<b>CAF</b>	<b>Common Assessment Framework</b>
<b>OMG</b>	<b>One Minute Guide</b>
<b>OFSTED</b>	<b>Office for Standards in Education, Children's Services and Skills</b>
<b>CAFCASS</b>	<b>The Children and Family Court Advisory and Support Service</b>
<b>CEOP</b>	<b>The Child Exploitation and Online Protection Command</b>

## 2 PURPOSE

- 2.1 The Roberts Centre is committed to the protection of all children and young people who use its services. This policy and procedure is designed to ensure that trustees, staff and volunteers at The Roberts Centre understand their responsibilities to protect children from abuse and the steps they should take

if abuse of a child or young person occurs or is suspected. You must also read the **Online Safeguarding Policy & Procedure** with this document.

## **2 SCOPE**

- 2.1 This policy and procedure apply to all Trustees, staff, and volunteers of The Roberts Centre and to all its services. It aims to protect any children under the age of 18 years old who use the Centre and its services or whose parents or carers are service users. For young people aged 16-18 the Safeguarding Policy will need to be used in conjunction with The Roberts Centre Mental Capacity Policy and Procedure. The Mental Capacity Act 2005 applies to all clients aged 16, or over, who want to plan for the future, and covers decisions about finance, social care, medical treatment and research, as well as everyday living decisions. Furthermore, the Mental Capacity Act provides a legal framework for decision-making where the adult is deemed to lack capacity. There are some aspects of the Mental Capacity Act that only apply to people aged 18 or over.
- 2.2 This policy and procedure has been written and will be implemented in accordance with the requirements of Working Together 2018 (last updated 2022) The Children Act 1989 and 2004 and The Children and Families Act 2014 and with guidance from the 4 LSCB procedures of December 2018 (Local Safeguarding Children Partnership/Board for Portsmouth, Southampton, Isle of Wight and Hampshire). This includes guidance on children who are disabled, ESOL, missing, CSE, trafficked and those at risk of radicalisation. Accessed via both <https://www.hampshirescp.org.uk> and [www.portsmouthscp.org.uk](http://www.portsmouthscp.org.uk)

Please note for the purposes of this document the term Early Help Assessment (EHA) is also used to describe a CAF (Common Assessment Framework) when children are living outside of the Portsmouth area.

During any times of National Lockdown, (such as in 2020 due to a Covid-19 pandemic) staff will need to ensure that they continue to give children opportunities to share concerns about their safety. This might be via telephone conversations that allow children to give yes/no answers or by visiting the home via a doorstep visit. (Depending on Government guidance at the time) During these times individual guidance will be given to staff to aid this way of working. These should be followed in line with this policy.

## **3 RESPONSIBILITIES**

### **3.1 THE ROBERTS CENTRE CHIEF EXECUTIVE OFFICER**

The Roberts Centre Chief Executive Officer is responsible for ensuring that this policy and procedure is communicated to all managers of The Roberts Centre and that all managers carry out their responsibilities under this policy and procedure.

The Roberts Centre Chief Executive Officer will also ensure that all Roberts Centre staff and volunteers are subject to Disclosure and Barring Service (DBS) checks at an enhanced level and that this has not identified any offences against children.

### 3.2 SENIOR MANAGER RESPONSIBLE FOR SAFEGUARDING CHILDREN

The Roberts Centre's Family Services Manager is the Designated Safeguarding Lead and is responsible for ensuring an appropriate response to any suspicions or allegations of child abuse relating to The Roberts Centre and its work, in accordance with the requirements of this **Safeguarding Children Policy and Procedure**.

They will also ensure that all staff and volunteers receive appropriate training about their responsibilities for protecting children from abuse and the requirements of this policy and procedure annually.

The Family Services Manager will take on the responsibilities outlined above for The Roberts Centre Chief Executive Officer in their absence.

The named Trustee for Safeguarding may also be asked to support the FSM duties in the absence of the CEO.

In the absence of the Family Services Manager the Chief Executive Officer will carry out or delegate the responsibilities of the Designated Safeguarding Lead.

### 3.3 MANAGERS

Managers are responsible for ensuring that the **Safeguarding Children Policy and Procedure** is communicated to all staff within their teams and that all such staff are carrying out their responsibilities in accordance with this policy and procedure.

Staff are required to read and then sign to say they have read, the policy during their first four weeks of induction when basic training will also take place. Training must be logged on the monthly training log sheet and sent to HR. -

Annual training and review of the policy will take place each January at Staff Consultation. Staff will sign to say they attended this training.

Managers must ensure all staff receive this basic refresher each year.

### 3.4 THE ROBERTS CENTRE STAFF AND VOLUNTEERS

It is the responsibility of all staff and volunteers and Trustees to ensure that they are aware of and comply with the **Safeguarding Children Policy and**

**Procedure** and that any incidents of abuse or suspected abuse of children are dealt with in accordance with this policy and procedure.

## **4 CORE TRAINING**

### **4.1 ALL STAFF**

- Basic Safeguarding Children during induction with the Designated Safeguarding Lead (DSL), within the first month of employment.
- Annual Safeguarding Children Refresh Training – Delivered by the Designated Safeguarding Lead at Staff Consultation in January.

#### **In addition**

### **4.2 ALL MANAGERS**

- Masterclass for DSL & Managers; resources for effective Safeguarding Conversations.
- LADO – Local Authority Designated Officer via DSL or PSCP.
- Restorative Practice – An Introduction via PSCP

#### **In addition**

### **4.3 ALL KEY WORKERS / FRONT LINE STAFF / OPERATIONAL MANAGERS**

- Restorative Practice – An Introduction via PSCP
- Early Help Training via PSCP
- ACE's Training via PSCP
- Child Protection Training via PSCP
- Safeguarding Supervision Training (Operational Managers or those with safeguarding supervision responsibilities only)
- Operational Managers Internal Process Training via Designated Safeguarding Lead during induction.

All the additional training must be completed by the end of the probation period or at least be booked to take place within the first 12 months (if no dates are available in the probationary period). It is the responsibility of the line manager to monitor that these have taken place, reflect on learning and inform Human Resources of their completion via the HR Training Log Return, as well as record on the probationary review paperwork.

During staff inductions and staff's annual Performance Development Review, additional training relating to individuals job roles will also be identified. Training must be captured on the team training plan and reported against, once attended via the HR training return form.

## **5 DEFINITIONS**

- 5.1** There are four main types of child abuse.  
Physical abuse

Emotional abuse  
Sexual abuse  
Neglect

However, we should not forget other types of abuse that may fit under one of the above, but which have unique features. The NSPCC gives guidance to professional and parents on the following: -

Female genital mutilation  
Grooming  
Criminal exploitation & gags  
Child trafficking  
Child sexual exploitation  
Domestic abuse  
Online abuse  
Bullying & cyber bullying  
Non-recent abuse

Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Staff and volunteers should be aware of the different forms abuse can take so that they can recognise it and take appropriate action.

More information on all the above forms of abuse **must** be obtained via the NSPCC website.

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

Further definition and protocol advice **must** be gained via the One Minute Guides (OMG's) for Portsmouth found on the Portsmouth Safeguarding Children's Partnership (PSCP) website.

<https://www.portsmouthscp.org.uk/6-one-minute-guide-library/>

4LSCB Protocol for Parents with Learning Disabilities should be used to address the needs of safeguarding and protecting children where the parent(s) have a learning disability, to support the parents and make the work undertaken effective and clear. It has been written for use by all statutory Adult and Children's Services, non-statutory, private, and voluntary sector services.

The voice of the child should remain paramount. In situations where a child has special educational needs (whether or not they have a statutory Education, Health and Care Plan) or when English is not their first language, guidance **must** be sought from your line manager and/or the Safeguarding Lead to ensure they are still able to share their views.

## 5.2 PHYSICAL ABUSE

This may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or otherwise causing physical harm to a child. It may

also be caused when a parent or carer feigns the symptoms of an illness, or deliberately causes ill health to a child whom they are looking after.

### 5.3 EMOTIONAL ABUSE

This is the persistent emotional ill-treatment of a child such as to cause severe and continuous adverse effects on the child's emotional development. It may involve suggesting to children that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may involve age or developmentally inappropriate expectations being imposed on children e.g. requiring them to act beyond their years. It may also involve frequently causing children to feel frightened or in danger, or the exploitation or corruption of children.

### 5.4 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 contact or non-contact such as involving children in looking at or in the production of pornographic material, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### 5.5 NEGLECT

Neglect is the ongoing failure to meet a child's basic physical and/or psychological needs likely to result in serious damage to health and/or development. It may involve failing to provide adequate food, shelter or clothing, access to medical care or protection from harm. It may also involve neglect of a child's basic emotional needs or lack of stimulus. Neglect may also occur during pregnancy because of maternal substance abuse or failure to put the needs of their unborn child before their own needs. Childhood obesity may also be an indicator of neglect.

### 5.6 BULLYING

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name-calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group).

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm).

## **6 SIGNS AND SYMPTOMS OF ABUSE**

- 6.1 Child abuse may be perpetrated by a wide range of people, including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates and people who deliberately exploit children.
- 6.2 There is often particular concern when abuse is perpetrated by someone in a position of power or authority, who uses their position to the detriment of the health, safety, welfare and general well being of a child. An abused child will often remain silent due to fear of repercussions occurring if they report the abuse.
- 6.3 The signs and symptoms of abuse are not always obvious but possible signs might include the following:

Physical: Unexplained and hidden injuries or frequent injuries that are not fully explained by the history given; injuries at different stages of healing or lack of medical attention

Emotional: Reverting to younger behaviour, nervousness, sudden under-achievement, attention seeking, running away, stealing, lying

Sexual: Pre-occupation with sexual matters evident in words, play, drawings, being sexually provocative with adults, disturbed sleep, nightmares, bedwetting, secretive relationship with adults or children, tummy pains with no apparent cause

Neglect: Looking ill cared for and unhappy, regular hunger, being withdrawn or aggressive, having lingering injuries or health problems, obesity.

Bullying: Depression, low self-esteem, shyness, falling out with good friends, Poor academic achievement, displaying aggression, isolation, Threatened or attempted suicide

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring.

## **7 BACKGROUND INFORMATION ABOUT A CHILD**

- 7.1 When children begin to receive services from the Roberts Centre, for example, during the nursery induction process, if a parent or referral agency discloses that a child is on a Child Protection Plan or 'known' to Social Services then the child's file will be passed to the appropriate manager who will contact Children's Social Care to discuss the child's needs with their social worker.



Relevant background information will be shared by the manager and the social worker. This is very important, as it will inform the manager of any areas that may need to be monitored in order to meet the child's individual needs. This information will be kept confidential and shared with staff on a 'need to know' basis.

- 7.2 All referrals to the Roberts Centre services are checked to see if the child/ren have an Early Help Assessment (EHA). If there is an Early Help Assessment, then the worker responsible for that child/ren (i.e. keyworker) will ensure that the lead professional is informed of the Roberts Centre involvement and that the worker responsible is listed to receive details of any TAC (Team Around the Child) meetings and any other relevant documentation and meetings.

Within the resettlement services if there is no Early Help Assessment (EHA) in place then consideration as to whether one will be initiated by the worker responsible needs to be considered by the Service Manager. This does not necessarily mean that the worker that instigates the EHA will be the lead professional.

All EHA's will be sent to the Family Services Manager within 24 hours of initial completion and the keyworkers manager who will update The Roberts Centre Central Safeguarding Register, which is found on F drive / Manager's area / Safeguarding Central Register.

Practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

- 7.3 If the child is known to the Children's Social Care or has a Child Protection Plan, then Children's Social Care may be informed of the following:

- Attendance at the nursery or other services
- Existing injuries
- Appearance of child and parents

- Child and parent behaviour
- Developmental progress
- Interaction
- General wellbeing

If a parent does not disclose that their child is known to Children's Social Care and the Roberts Centre is informed by another agency, then Children's Social Care will be contacted for a background information check.

Parents / carers will be informed of any concerns regarding their child that are passed on to Children's Social Care, unless it is felt that the child will be put at further risk or The Roberts Centre is advised by Children's Social Care not to do so. The Roberts Centre is committed to taking a restorative approach when working with families. **(See flow Chart in Appendix C)**

A restorative child protection conference aims to bring together the people in the family affected by the harm that has been identified, together with the professionals who might assist them in making things better. It is important that the family are at the centre of the meeting, taking a leading role in the discussion and the planning.

The Local Authority Chair of the conference will need to facilitate the meeting carefully so as to manage the confrontation of harm, the emotional impact of this and the potential healing as a result of addressing it. The chair will aim to consider:

- ☐ What are the issues/ harm that the conference needs to address?
- ☐ How the family feel about what people are saying?
- ☐ What has been the impact on the children?
- ☐ How they feel about this
- ☐ What would better look like? What can they do about this?
- ☐ What support the family need from the people round the table

A restorative approach means avoiding blame and judgements whilst having high expectations of what can be achieved and people's contributions to making things better. This will mean understanding and appreciating the strengths in the system (in and around the family) whilst honestly and openly exploring the challenges to support each other to deliver change.

Restorative practice aims to work with families not to do things for them or to them. This is a support and challenge approach to working with families.

## 8 WHAT TO DO IF A CHILD DISCLOSES ABUSE

8.1 When listening to a child who is disclosing abuse the staff member or volunteer should:

- Stay calm

- Find an appropriate but early opportunity to explain that you will need to share the information with others - do not promise to keep secrets but do reassure them that you will only share with people who can help.
- Listen actively to what is being said and maintain eye contact where the child seeks it.
- Accept what the child says, tell them they are not to blame
- Be aware that the child may have been threatened not to tell anyone.
- Ask curious questions for clarification only, avoid questions that are leading or suggest a particular answer
- Let the child continue at their own pace
- Let them know what you are going to do next and who you are going to share the information with. NB this may depend on the age of the child disclosing and the circumstances of disclosure
- Finish on a positive note
- As soon as possible afterwards, make written notes on the Incident Record Form of exactly what the child said - using their own words as much as possible. Sign the form and ensure you have added the date and time
- Pass this to your manager or the senior staff member on duty **immediately**. They will then take over or guide you through what needs to happen next. They MUST also inform the DSL (or CEO in the DSL absence) **immediately**.

## 9 REPORTING CHILD PROTECTION CONCERNS

- 9.1 If in the course of carrying out their role a member of staff or a volunteer has concerns about a child protection issue, they **must immediately** raise the matter with their manager or the senior staff member on call to assess what action, if any, is required. Before any action is taken, if the young person is aged between 16-18 years of age, then the manager or senior staff member on call will need to consider whether they need to follow The Roberts Centre Mental Capacity Policy and Procedure, and undertake a mental capacity assessment, alongside the Safeguarding Procedure. The staff member or volunteer should remain calm and observe the child, recording their concerns on an Incident Record Form (**See Appendix A to this policy and procedure**). This should be kept confidential and discussed with their manager or the senior staff member on call.
- 9.2 The manager or senior staff member on call will make an assessment of the case and the risk to the child, in consultation with the Family Services Manager (responsible for Safeguarding) or the Chief Executive Officer. If it is believed that the child is at risk of harm, then a referral must be made to Children's Social Care via the Multi Agency Safeguarding Hub (MASH). This will normally be done by telephone by the staff member following the direction of their manager, with a record of the telephone conversation being kept on the original Incident Record Form.

- 9.3 If injuries to the child are apparent, which appear to be non-accidental, or sexual abuse may have taken place, the matter should also be reported to the **police**.
- 9.4 The manager will also inform the child's parent or carer that a referral is being made to Children's Social Care and/or the police, unless it is felt that this will place the child at greater risk. There may be occasions when the manager delegates this task to the staff member due to the professional relationship that exists between the worker and the family.
- 9.5 The telephone referral to Children's Social Care/MASH must be followed up in writing within **24 hours** using the interagency contact form. The written referral should include a copy of the Incident Record Form and be sent by secure encrypted email. Copies of the incident form are found as an appendix to this policy. All referrals should then be sent to the Family Services Manager within **24 hours** and the keyworkers manager who will update the EC Roberts Centre Central Safeguarding Register, which is found on F drive/Management area/ ECRC Safeguarding Central Register.

You can contact the MASH during office hours on either 02392 688793 or 0845 671 0271 or email: [MASH@secure.portsmouthcc.gov.uk](mailto:MASH@secure.portsmouthcc.gov.uk)  
If it is during out of Office hours (5pm -8am weekdays, weekends and bank holidays) the number is: 03005 551373.  
If a child is at immediate risk of harm, call the Police on 999.

This contact should be followed up with a written inter-agency contact form within 48 hours. For a copy of the form and guidance on completing the form please visit the Portsmouth Safeguarding Children Partnership page for professionals. <https://www.portsmouthscp.org.uk>

- 9.6 If the risk assessment by the manager identifies that the child is not at risk of significant harm but there remain concerns for the child's welfare or that additional support may be needed for the family, they should verify whether an Early Help Assessment has been initiated already. If there is not one already in place, then one should be initiated with the parent or carers consent. This will usually be completed by the member of staff who raised the original concern. The assessment will then be discussed with their manager to agree what action should be taken. All information should be sent to the Family Services Manager within **24 hours** and the manager will update the EC Roberts Centre Central Safeguarding Register.

#### 9.7 WHAT TO INCLUDE ON AN INCIDENT REPORT FORM

- Full name of the child
- Age and Date of Birth of the child
- Names of parents/carers
- Time and date of observation/incident
- What has been observed – remaining factual and impartial in descriptions.

- Record exact words spoken by child/parent/staff/volunteer
- Date, name and signature of person writing the incident record
- Note of the subsequent actions taken by the manager or senior staff member on duty and the reasons for their decision
- Record of any referrals to Children's Social Care/MASH and/or the police
- Record of any subsequent conversations with the parent or carer or the managers advice and guidance.
- Remember to record the names and titles of professionals involved and date and time all entries.
- Signature of the manager or senior staff member on duty.

## 9.8 REPORTING SUSPECTED CHILD ABUSE BY A MEMBER OF STAFF OR VOLUNTEER

When a complaint or allegation of child abuse has been made against a member of staff, they should be made aware of their rights under the **Disciplinary Procedure**. The employee should be suspended from duty immediately pending the outcome of the investigation. This should be led by The Roberts Centre Chief Executive Officer in consultation with the Human Resources Manager and the staff member's manager.

Should the allegation of abuse involve a line manager, the allegation should be reported directly to The Roberts Centre Chief Executive Officer. If the allegation involves The Roberts Centre Chief Executive Officer, the allegation should be reported directly to the Chair of the Board of Trustees. For further advice, please refer to the **Whistleblowing Policy**. This policy includes assurances that staff who raise serious concerns about another member of staff will not be victimised or treated adversely as a result of raising their concerns.

If a complaint or allegation of abuse has been made against a member of staff employed via an agency, The Chief Executive Officer will report the matter to the agency concerned. Immediate suspension of employment will take place until the matter had been thoroughly investigated under the **Disciplinary Procedure**.

If a complaint or allegation of abuse has been made against a volunteer the Roberts Centre Chief Executive Officer will initiate an investigation following the broad principles of the **Disciplinary Procedure**. Use of the volunteer's services will be suspended immediately until the investigation is completed.

In all cases involving allegations against a member of staff, agency staff or volunteers, referral to the police should be considered. If injuries to the child are apparent, which appear to be non-accidental, or sexual abuse may have taken place, the matter should always be reported to the police by the Roberts Centre Chief Executive Officer, as well as the appropriate regulatory body for the service concerned e.g. OFSTED, CAFCASS or Social Services.

In all cases involving allegations against any professional or volunteer the LADO (Local Designated Officer) MUST be informed. This is normally carried out by the Designated Safeguarding Lead or Chief Executive Officer.

## **10 THE TAKING AND STORING OF CHILDREN'S PICTURES/VIDEOS**

10.1 Parents and children should be advised that mobile phones may not be used while in the centre or while on outings or trips except in emergency situations. Photographs may not be taken by parents without prior permission from the service manager and even then, these can only be of their own children. Pictures and videos taken of outings will be taken by staff or volunteers and shared with the child/children's parents if requested (This may be at a small cost).

10.2 Images or video recordings of children must be kept securely. Hard copies of images should be kept in a designated locked drawer and electronic images should be in a protected folder with restricted access.

Images should not be stored on unencrypted portable equipment such as laptops, memory sticks and mobile phones.

Avoid using any personal equipment to take photos and recordings of children and use only cameras or devices belonging to the organisation unless prior permission has been gained from The Family Services Manager or The Roberts Centre Chief Executive Officer.

10.3 Children should always be consulted about the use of their photograph. This ensures they're aware that the image is taking place and understand what the picture is going to be used for. This could be recorded on a child's permission to share form.

For children under 16, parental consent must be obtained to use an image for promotional purposes. Ask parents to sign a consent form for use of their child's images and keep a record.

10.4 Ways to minimise the risk to children when using their photographs.

- Do not use children's names in photograph captions. If a child is named, avoid using the photograph.
- Use a parental permission form to obtain consent for a child to be photographed or videoed
- Obtain the child's permission to use their image, even with young children.
- Only use images of children in suitable clothing to reduce the risk of inappropriate use. Some activities, for example swimming and drama, present a much greater risk of potential misuse.
- Images of children on an organisation's website can be misused. Images accompanied by personal information, such as the name of a

child and their hobby, could be used to learn more about a child prior to grooming them for abuse.

- When using professional photographers or if a press picture is to be taken, ensure you do not allow photographers unsupervised access to children.
- Do not approve photography sessions outside the event or at a child's home without The Family Services Manager or Chief Executive Officers approval.

Some of the potential risks of photography and filming at events include:

- Children may be identifiable when a photograph is shared with personal information.
- Direct and indirect risks to children and young people when photographs are shared on websites and in publications with personal information.
- Inappropriate photographs or recorded images of children.
- Inappropriate use, adaptation or copying of images.

Staff should take every effort to provide parents with support and guidance around the safe use of smart phones, cameras, and the internet (see parental guidance sheet in appendix C).

## 11 INFORMATION SHARING AND JOINT WORKING

Research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information e.g. about a parent's inability to care for a child or about those who may pose a risk of harm to a child. Often only when information is pooled, does it become clear that a child is suffering, or at risk of suffering, harm.

11.1 Although The Roberts Centre may sometimes be primarily providing a support service to the parent e.g. through one of its resettlement services, when there are concerns that a child is being abused or at risk of significant harm, the needs of the child must come first. Further guidance on information sharing is contained within the **Confidentiality Policy** and the **Data Protection Policy**. The PSCP (Portsmouth Safeguarding Children Partnership) website also contains guidance for practitioners.

11.2 All staff at The Roberts Centre will liaise with other agencies involved in supporting a child and its family to ensure effective joint working in the best interests of the child. This will include active participation in Child Protection Conferences, Team Around the Child meetings, other case conferences and joint working, with the aim of contributing to the achievement of the best possible outcomes for the child.

## **12 INVESTIGATION RECORDING REQUIREMENTS**

- 12.1 A full record of every investigation into alleged child abuse must be retained on the service user's file.
- 12.2 All records should be legible, signed and dated.
- 12.3 The record must be accurate, concise, relevant, factual, and ethical.
- 12.4 The record needs to be objective without any personal views or opinions.
- 12.5 Any client file that has a child on a child protection plan or has notes of a child protection referral within it, must be identified on the outside by having a yellow sticker on the front. This applies to all services across the ECRC.

## **13 LINKS WITH OTHER POLICIES AND PROCEDURES**

- 13.1 This policy should be read in conjunction with the following policies:
  - Safeguarding Adults Policy and Procedure
  - Disciplinary Procedures
  - Whistleblowing Policy
  - Confidentiality Policy
  - Data Protection Policy
  - Mental Capacity Policy and Procedure
  - Disclosure and Barring Service Checks Procedure
  - Information Technology Policy
  - Online safeguarding policy and procedure
  - Data in Transit
  - Transporting Children
  - Children Home Alone

## **14 MONITOR AND REVIEW PROCESS**

- 14.1 This policy must be reviewed by the Family Services Manager responsible for Safeguarding, overseen by the Chief Executive Officer at least annually. The next review is due by January 2024, unless an earlier review is required by external factors.

## **15 COMMUNICATION**

- 15.1 It is the responsibility of all managers to ensure that their staff receive a copy of this policy, together with any necessary training and that they understand their responsibilities to protect children from abuse.



## 16 RECORDS

Quality Record	Location	Retention Period
Written report by staff member who reported abuse.	Human Resources Personal File	21 years
Reports/notes collated by manager	Appropriate Responsible Manager	21 years
Referral record to Children's Social Care /Police	Appropriate Responsible Manager	21 years
Electronic Files including on mobiles phones and apps.	Appropriate Responsible Manager	<b>10 working days from case closure (ensure hard copy of the information is first placed in the case file)</b>

APPENDIX A



**Incident Record Form**

**Date..... Time.....**

**Child's Name.....**

**Age and Date of Birth.....**

**Name of parents/carers.....**

**Record of Incident:**

**Page 1 of 2**

**Staff Signature.....Date.....**

**Follow up action taken by Manager:**

**Signature of Manager.....Date.....**

**Guidance or advice given by Family Services Manager**

**Signature of Family Services Manager .....**

**Date .....**

## **APPENDIX B**

### **Advice for Parents**

#### **Mobile Telephones**

Modern mobiles or 'smart phones' are in essence small personal computers and as such can now provide great opportunities for being more connected in the digital world but can also therefore pose a risk for users to be identified or located, and send or receive images they may feel uncomfortable with.

**Access the internet** - this is no different to accessing the internet through a computer. Young people can go on any site that you can find online, including sites like Facebook, Tik-Tok, YouTube and also potentially age inappropriate sites.

**Take and share photos and videos** - most telephones have a fully functioning camera. Young people can take images and videos and these can be shared quickly, easily and for free through text messages, email or uploading to the internet.

**Chat with instant messaging, video and text** - young people can take part in private chats with people through their mobile telephone.

**Share your location** - through GPS, many telephones can now identify their user's location in real time. This can then be shared on social networking sites and through other sites and applications.

**Play games** - young people can use their mobile to play games and download new ones, sometimes these can come at a cost.

**Add and buy 'apps'** - apps are programmes that you can add to your mobile that enable you to do a wide range of things, from playing simple games to finding up-to-date train times. Some of these apps have a cost. With all of these functions available talking to people is now only a small part of what mobile telephones are used for. It can be difficult to keep tabs of what your child is up to and when they are using their mobile.

#### **How can I help my child use their mobile phone safely?**

**Parental settings** - some mobile telephone service providers allow you to set certain controls over your child's phone. This can include blocking access to certain sites and monitoring your child's activities.

**Loopholes** - even if you have set controls, your child may be accessing the internet through other sources. Many mobiles can access the internet through WiFi, which could be available on your street and picked up for free. Accessing someone else's WiFi may mean that your safety settings no longer apply.

**Understand what your child's telephone can do** - all mobiles are different and you need to know what they are capable of so you can manage the risks.

**Set a pin code on your child's telephone** - Setting a pin code is like a password.

Without a password, others may use your child's mobile. This could enable them to access personal information, online accounts or run up expensive bills.

**Set boundaries and monitor usage** - this doesn't mean spying on your child. You can set rules with them about where it is used and how long for.

**Discuss what they can share** - teach your child to think before they share online and the consequence of doing this over the mobile telephone, such as sharing their location. Remind them of future consequences of pictures, video clips or text messages that can be widely distributed without permission or knowledge only to re-surface embarrassingly at a later date.

**Discuss and monitor costs** - mobiles can be expensive. As well as bills, costs can run up through downloading apps, music or leaving data-roaming on abroad. Your child should be made aware of the financial responsibilities that comes with owning a phone.

**Keep their mobile number private** - young people need to understand that their telephone number should only be given to people they know and trust, make sure that if they are concerned, they ask you first.

**Street safety** - it is important to be extra careful when walking, running, crossing roads or riding a bike whilst using music players on mobile telephones, browsing the internet, chatting or texting.

**Storing documents** - many new 'smart phones' can also be used to store documents using apps turning their mobile into a 'drive'. Remind your child they should not be storing documents on their telephone that contain personal details as they would not be secure if the telephone were hacked, lost or stolen.

**Keep lines of communication open with your child** - ensure that they are not afraid to tell you if they have received an image, unwanted contact or are being pressurised to send inappropriate photos of themselves. Remind them to report any images they receive to yourself or an adult they can trust.

## **Cyberbullying**

Being targeted by Cyberbullying, which is the use of mobile telephones or technology deliberately to upset someone, can be very distressing. The audience can be very large and reached rapidly. The difficulty in controlling electronically circulated messages means the scale and the scope of Cyberbullying can be greater than other forms of bullying behaviours.

Cyberbullying may also involve recording/videoing events without permission and uploading them to the internet, videoing events on mobile telephones. This may also be a good discussion point with your child. By using their mobile responsibly this also helps to contribute towards being a good role model for siblings or others in online communities. If your child received abusive calls or messages, it is important that they do not respond. They should report this to you as their parent or carer or trusted

adult/teacher. It is advised they do not delete or tamper with the message or evidence so that vital evidence can be kept.

### **Where can I find further help or advice?**

The Child Exploitation and Online Protection Centre (CEOP) has a section with advice for parents about online safety including computers, games consoles and mobile telephones,  
[www.ceop.police.uk](http://www.ceop.police.uk)

The CEOP Report Abuse Button is a way of children finding out about how to report concerns too. It can be found at [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk) and on many social networking sites.

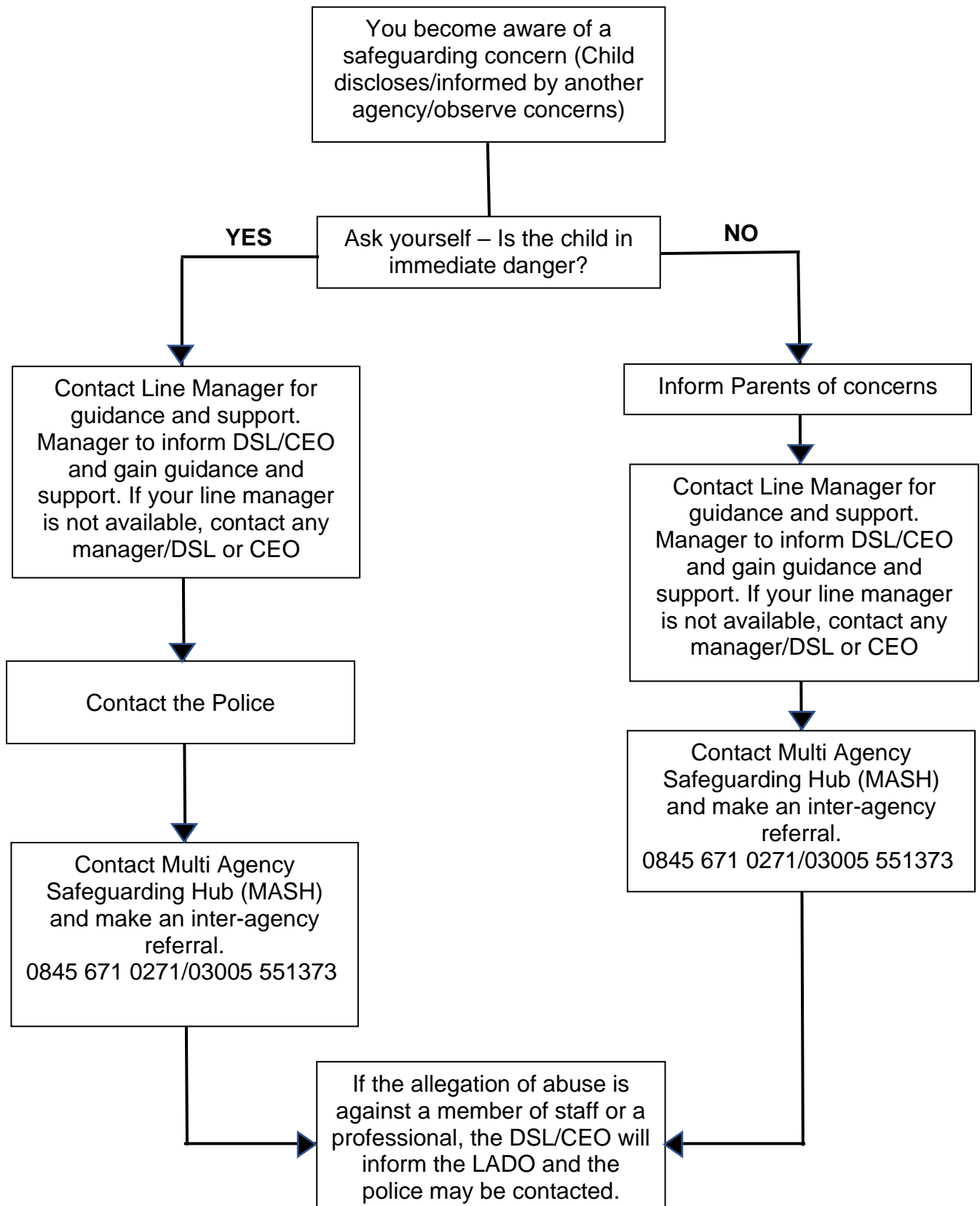
General mobile telephone advice and safety [www.mobilephonesandsafety.co.uk](http://www.mobilephonesandsafety.co.uk)  
Child International [www.childnet.com](http://www.childnet.com) has advice and guidance for parents and carers

Visit [www.ofcom.org.uk](http://www.ofcom.org.uk) for information about mobile phones, including a specific section for parents

**[A Parents' Guide to Technology](#)** is an online resource from the UK Safer Internet Centre providing advice for parents about the benefits, capabilities and potential risks of smartphones, gaming devices, tablets and internet-enabled media players. It introduces some of the most popular devices, such as the iPhone, iPod Touch and 3DS, highlighting safety tools that are available, as well as setting out top tips to help parents encourage their children to stay safe when using these technologies.

## APPENDIX C

# Reporting Flow Chart



## Links to documents used in the completion of this policy

<http://www.workingtogetheronline.co.uk/index.html/>

<http://www.4lscb.org.uk/>

<https://www.portsmouthscp.org.uk/>

<https://www.nspcc.org.uk/keeping-children-safe/>