



Spectrum Connection CIC

Safeguarding & Child Protection Policy

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This policy represents the agreed principles for Safeguarding & Child Protection throughout Spectrum Connection CIC services.

1. Introduction

As an organisation providing services for children, we aim to keep children safe by adopting the highest possible standards and taking all reasonable steps to protect children from harm. The children supported by our services are aged 0-5.

Safeguarding is about more than child protection. Safeguarding is about embedding practices throughout the organisation to ensure the protection of children and or vulnerable adults wherever possible. In contrast, child and adult protection is about responding to circumstances that arise.

The purpose of this Safeguarding & Child Protection Policy is to set a clear protocol of action and a framework for our responsibilities and legal duties in relation to each child's welfare. The hope is to ensure a reliable and effective response in the event of any concern for a child's welfare and to support each child and family.

We aim to put children's needs first at all times. We aim to develop a trusting and respectful relationship with the children and adults who use our services, so that they know they will be listened to and believed.

This Child Protection Policy adheres to the following concepts from the UN Convention on The Rights of the Child:

- Non-discrimination - All the rights apply to all children equally regardless of their race, sex, religion, language, disability, opinion or family background. (Article 2)
- Best interests of child - When adults or organisations make decisions, which affect children, they must always think first about what is best for the child. (Article 3)
- The child's view - Children have the right to say what they think about anything which affects them. When courts or official organisations make decisions, which affect children, they must listen to what children want and feel. (Article 12)

In this document, whenever we refer to staff we include all staff, unless otherwise indicated. The term 'setting(s)' used throughout this document refers to our registered office, or any setting we deliver services from.

We recognise the responsibilities of all employees and partners to safeguard children and young people. We are a small team of one therapist and two directors. All staff have a responsibility to safeguard and promote the welfare of children and young people and must be aware of and fully conversant with the procedures and guidance in this policy, this includes: any future Partners, Directors or organisations. Spectrum Connection CIC would expect any future Partners such as other organisations or freelance workers to adhere to and adopt similar policies. All staff must follow the procedures and guidance set out in this policy at all times.

The aims of this policy are to:

- raise the awareness of all staff of the need to safeguard children and of their responsibilities in identifying child protection concerns and reporting them as a matter of priority;
- provide a framework to support staff in identifying concerns that a child/young person may be suffering harm or abuse, enabling them to report those concerns without delay;
- enable the setting to maintain an environment where children and young people feel secure and are listened to;
- ensure that the settings have procedures in place where a designated member of staff is contactable at all times during the setting's opening hours;
- ensure that all staff are aware of the name and contact details of the designated member of staff and in their absence, other designated managers for child protection;
- enable and support good levels of communication between staff;
- ensure that all designated members of staff for child protection have undertaken suitable and appropriate training which is updated every two years;
- ensure that all staff who come into contact with children in the course of their work receive child protection training every three years;
- develop and promote effective working relationships with partner agencies;
- provide a systematic means of monitoring children who are thought to be

at risk of harm or who are subject to child protection plans;

- provide structured procedures within each setting, which will be followed by all staff when there are concerns about a child;
- prevent concerns from escalating by linking children and families into early help services as soon as it is identified they would be likely to benefit from support;
- ensure that all adults working with children in the setting or community have undergone appropriate checks on their suitability to work with children in line with government guidance;

ensure that procedures are followed where an allegation is made against a member of staff or volunteer in accordance with the guidance contained in 'Working Together to Safeguard Children' 2018 <https://www.virtual-college.co.uk/resources/what-is-the-children-act> and with the involvement of the Local Authority Designated Officer (LADO), who is the Local Authority manager with responsibility for safeguarding. The LADO's contact numbers are included in Appendix 3.

2. Definition, Signs and Symptoms of Abuse

2.1 Definition of Abuse

'Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child either directly by inflicting harm or, indirectly, by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them; or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.'¹

Spectrum Connection CIC staff who work with children should have a sense of which behaviours are age appropriate and 'normal' and which behaviours are concerning.

¹ NSPCC 2010 *Child Protection Fact Sheet*

Four types of child abuse

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

2.2 Signs and Symptoms of Abuse

Lists of signs and symptoms are not fail-safe mechanisms but they can be helpful indicators in certain combinations.

Below are lists of some of the signs and behaviours which may indicate that a child is being abused. In themselves they are not evidence of abuse, but they may suggest abuse if a child exhibits several of them or if a pattern emerges.

Remember that there can be other explanations for a child showing such signs or behaving in such ways. There is considerable overlap between signs and symptoms of different kinds of abuse, particularly between emotional abuse and other forms of abuse.

Possible signs of physical abuse

- Unexplained injuries, marks or burns, particularly if they are recurrent.
- Any injury to a pre-mobile baby.
- Refusal to discuss injuries or evading talking about them.
- Improbable explanations for injuries from parent or child or both.
- Different explanations given by a child for the same injury.
- Untreated injuries or illness not attended to.
- Admission of punishment which seems excessive or inappropriate.
- Child shrinking from physical contact or flinching.
- Fear of going home or of a parent/carer being contacted.
- Fear of undressing or changing or being changed.
- Fear of medical help.

- Aggression/bullying.
- Over-compliant behaviour or a 'watchful attitude'.
- Running away.
- Significant changes in behaviour with no explanation.
- Deterioration in play and learning.
- Unexplained patterns of attendance and/or lateness.
- Covering up i.e. wearing seasonally inappropriate clothing.
- Signs of physical discomfort without explanation.
- Parent/carer fabricating or inducing symptoms of illness (feign illness).
- Female genital mutilation- partial or total removal of the external female genitalia or injury to the female genital organs.
- Attaching inappropriately to strangers or people they do not know well.

Possible signs of neglect

- Constant or frequent hunger.
- Loss of weight, small stature or growth or, in babies or young children, not meeting milestones with no medical explanation.
- Poor personal hygiene – in babies or young children this might present as always having nappy rash or regularly being left in dirty, soiled clothes/underwear.
- Frequently being sent to school or nursery when ill.
- Inappropriate clothing (too large, too small, clothes for the opposite gender).
- Frequent lateness or non-attendance.
- Medical needs not met or treatment not sought.
- Low self-esteem, sense of unworthiness.
- Poor social and peer relationships.

- Constant tiredness or hunger.
- Compulsive stealing or scrounging.
- Constant lack of response or interest from parent/carer.
- Under-achieving at school or nursery.
- High and unusual levels of anxiety or being preoccupied.

Possible signs of sexual abuse

- Bruises, bites or marks on the body.
- Scratches, abrasions or persistent infections in anal or genital regions.
- Age-inappropriate sexual awareness, may be evident in play, drawings, vocabulary, writing or behaviour towards children or adults.
- Frequent or obsessive masturbation.
- Attempts to teach other children about sexual activity.
- Attempts to coerce other children into sexualised games or behaviours.
- Refusal to stay with certain people or to go to certain places.
- Aggression, anger, anxiety, tearfulness.
- Withdrawing from friends.
- Complaining of frequent non-specific illness.
- Pain when sitting down.
- Vaginal discharge or infection.

Regarding role-play there will be times when adults are clear that a child is acting out things which they should not have knowledge of, or have a degree of understanding of sexual matters which is age-inappropriate.

Possible signs of emotional abuse

- Continual self-deprecation, low self-esteem.

- Fear of new situations, beyond what would be appropriate.
- Inappropriate emotional responses to new, difficult or painful situations.
- Self-harm (this can present in young children as well as older ones).
- Compulsive stealing, scrounging.
- Obsessive behaviours such as rocking or excessive thumb-sucking.
- Detachment – 'Don't care' attitude.
- Social isolation – does not join in and does not have friends.
- Attention-seeking behaviour beyond what would be age appropriate.
- Eating problems including lack of appetite or over-eating.
- Depression, withdrawal.
- Inability to concentrate.
- Obsessive masturbation in public.
- Acting out aggression between parents or talking about domestic violence.

2.3 Domestic Violence

Domestic violence is defined as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is

clear that victims are not confined to one gender or ethnic group.

2.4 Honour Based Violence

The definition of so-called honour-based violence is: 'a crime or incident, which has or may be committed to protect or defend the honour of the family and /or community'. Honour based violence cuts across all cultures and communities.

The perceived immoral behaviour which could precipitate a murder include: inappropriate make-up or dress; the existence of a boyfriend; kissing or intimacy in a public place; rejecting a forced marriage; pregnancy outside of marriage; being a victim of rape; interfaith relationships; leaving a spouse or seeking divorce.

A child who is at risk of honour-based violence is at significant risk of harm (including being murdered) and /or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or member of the family.

2.5 Abuse Linked to a Belief

Abuse linked to a belief (Adapted from Abuse linked to a Belief; A guide for Police Officers and Staff 12/2011)

To be read in conjunction with current *London Child Protection Procedures and Safeguarding from Abuse Linked to Belief in Spirit Possession* (HM Government 2007)

Definitions

The term 'belief in spirit possession' (for the purpose of this document) is defined as the belief that an evil force has entered a person and is controlling him/her.

Sometimes the term 'witch' is used and defined as the belief that a person is able to use an evil force to harm others.

Other terms you may hear:

Kindokil; ndoki; sorcerers; the spirit world; the evil eye; djinns; black magic; voodoo; obeah; demons.

The 'rituals' used to neutralise the 'witch' or rid the victim of the 'demon' are commonly known as deliverance and exorcism; and less commonly, healing

or 'praying for the children'.

Other terms used are:

'Beating the devil out' (refers to beating)

'Burning the evil out' (refers to burning/scalding)

'Create a way out for the devil' (cutting/stabbing)

'Squeeze the life out of the devil' (strangulation/ semi strangulation)

'Weaken the evil spirit' (starvation/fasting)

'Stop the evil from spreading to other people' (isolation)

Background information

Always be mindful that a belief in spirit possession and witchcraft may not necessarily lead to harmful practices.

Belief in spirit possession and witchcraft are not confined to particular countries, cultures or religions, nor is it confined to recent migrants.

Abuse motivated by beliefs can lead to significant physical, sexual, emotional harm or neglect and is likely to include a combination of the four.

Abusers may be family members, family friends, carers, guardians, faith leaders or other figures in the community.

Spirit /demon possession- the victims themselves are believed to be harmed by the spirit/demon

Families/carers (and often the victims) genuinely believe the victim has been completely taken over by the 'devil'. Often in perpetrators minds, any abuse is not going to affect the victim because he/she is effectively not there anymore. Violence is directed at the devil.

Witchcraft- the victims are believed to inflict harm on others

There is a belief that the main power of the victim is the ability to inflict harm (e.g. transmitting an illness to a relative who must be 'sacrificed', accusations of causing diarrhoea, malaria, TB HIV/AIDS- general misfortune, poverty, unemployment and failure).

When a family hold a belief about a victim, they may be terrified of him/her. They may feel that everything (including their lives) is under threat.

Parents/carers may believe that the victim is so evil that their own life may be in danger. **Holding such a belief is no defence or mitigation should a victim be abused.**

There are a number of risk factors that put a victim at risk of harm. It may be that the family is experiencing difficulties and this is rationalised by the belief that they are cursed and the victim has become possessed by evil spirits. A victim may be perceived as 'different' due to changes in their family structure or dynamics or because of his/her physical, emotional, mental or behavioural problems. It may be that the carer suffers with mental health difficulties.

Studies and previous cases indicate that the abuse takes the form of beatings, scalding, burning, cutting, and stabbing of the body, semi strangulation, applying pressure and smothering. Small incisions are known to have been made in the victim's abdomen to cut out a small piece of their intestine. Chili may be rubbed into a victim's eyes or genitals.

There are reports of victims ingesting poison potions by mouth or administered via eyes/ears, sometimes to induce vomiting and/or defecation. This includes injection of petrol into the eyes/ears or the pouring of tree sap into the eyes.

Those accused of witchcraft /spirit possession may be neglected and isolated from human contact. Often the parent/carer wants the victim removed and makes threats of abandonment. Siblings may not be allowed to talk to the victim. They may be isolated to stop the 'evil from spreading' to other people. Family members may only touch the victim with a stick, may not allow him/her to eat with the family and may not allow him/her to share a room or have physical contact with anyone.

There are also circumstances where parents/carers believe a victim has passed evil spirits to an unborn child, which may lead to abandonment or even destruction of the infant.

The family /carers of a victim believed to be possessed or to be a witch may turn to their place of worship, faith leaders or traditional healers for help and guidance. Victims may be subject to 'deliverance' or 'exorcism' rituals organised by and/or carried out by the faith leaders and other members of the community.

3. Roles and Responsibilities of Staff

3.1 Designated Members of Staff for Safeguarding and Child Protection

Spectrum Connection CIC will have one designated director for child

protection. This will be director who has appropriate training, knowledge and expertise in recognising and acting upon safeguarding and child protection concerns. The designated Director will act as a source of expertise and advice to staff, and is responsible for co-ordinating action over individual cases within the settings or organisation and for liaising with other agencies.

The designated directors must receive appropriate and on-going safeguarding and child protection training. This training is available via the Salford Safeguarding Children Partnership. The level of training would be in line with the recommendations of the SSCP training brochure for role held.

3.2 The Role of the Designated Member of Staff for Safeguarding and Child Protection

It is the role of the designated member of staff for safeguarding Director to act as a source of support and guidance on all matters of safeguarding and child protection within Spectrum Connection CIC as an organisation. On a day-to-day basis the PACT therapist would report any concerns and will act in accordance with this policy and the Salford Safeguarding Children Partnership (SSCP) Online

<https://safeguardingchildren.salford.gov.uk/professionals/policies-and-procedures/>) or the relevant safeguarding team from the area where the child lives and will report back to the designated member of staff for safeguarding Director.

The PACT therapist is responsible for:

- liaising with the Designated Director and Targeted and Specialist Children and Families Service as appropriate;
- ensuring their enhanced Disclosure and Barring Service (DBS - previously CRB) certificate is up-to-date;
- contributing to the maintenance and updating of Spectrum Connection CIC's safeguarding and child protection policy and procedures, while ensuring that they are disseminated and adhered to by all staff in the settings;
- ensuring that parents and carers are given a summary of Spectrum Connection CIC's safeguarding and child protection policy. This will make them aware of the statutory duty to refer child protection concerns and who the designated member of staff is for any particular site, which is referenced in the setting's information for parents and carers;

- managing safeguarding and child protection concerns and making referrals promptly to Targeted and Specialist Children and Families Service for the borough in which the child is resident when it is appropriate to do so, using the agreed formats and seeking advice and guidance on these matters when appropriate;
- ensuring that there is a robust system in place for monitoring and recording concerns about children at an early stage, which is implemented across the setting and adhered to by all staff;
- ensuring that relevant information about children is shared with staff on a 'need-to-know basis';
- ensuring that accurate and up-to-date records are being maintained and stored securely, including when a child leaves;
- ensuring that child protection referrals made to Targeted and Specialist Children and Families Service and Children's Social Care are kept confidentially by the setting;
- ensuring that the setting's registration policies and procedures are robust enough to enable staff to identify a child who may be privately fostered or trafficked;
- ensuring that all staff are aware of safe professional practice when working with children and are adhering to the setting's codes of professional conduct.

3.3 Allegations Against a Member of Staff

Where concerns are raised regarding a member of staff's conduct or attitude in relation to safeguarding the designated Director will seek advice from the LADO.

The Local Authority Designated Officer (LADO) is responsible for leading on allegations against any member of staff or volunteer working with children and young people in Salford (details in Appendix 3)

4. Procedures and Guidance

These procedures must be given to all new staff members when they receive their initial child protection induction.

Spectrum Connection CIC's induction checklist can be used to support induction of new staff and the designated Director for safeguarding can ensure all new staff have sufficient understanding of safeguarding procedures by ensuring any new member of staff/volunteer completes Appendix 8, Level 1 Safeguarding Training and Questionnaire during the induction period.

Spectrum Connection CIC's procedures are in line with the online SSCP Child Protection Procedures

<https://safeguardingchildren.salford.gov.uk/professionals/policies-and-procedures/>

The PACT therapist must attend regular supervision, which should include discussion about safeguarding and child protection issues. The purpose of supervision is to enable staff to reflect on their practice and effectiveness to ensure good outcomes for children.

5. Safer Recruitment

Safer recruitment and selection practice are vital in safeguarding and protecting children. The safety and well-being of children will be kept in mind at all times throughout the recruitment and selection processes of Spectrum Connection CIC and any information regarding recruitment or safeguarding training for our staff will be stored on file at our head office.

Spectrum Connection CIC ensures that the therapist delivering the intervention services has an enhanced Disclosure and Barring Service (DBS) check that is registered with the update service. As we are a small team and the other directors do not work with the families, the directors are not eligible to undergo the DBS checks. Spectrum Connection CIC directors will be undergoing the relevant safeguarding training and it will be updated when required.

5.2 Disclosure to parents

Parents have a right under the Data Protection Act 2018 to access information about their child that Spectrum Connection CIC holds, unless a relevant professional concludes after careful consideration that disclosure of certain information about a child to the parent/carer could cause harm to the child or any other individual. Therefore, it is essential for the setting to

seek advice from Targeted and Specialist Children and Families Service. For more information see Spectrum Connection CIC's Data Protection Policy.

6. Recording and Reporting

Recording is a tool of professional accountability and is central to safeguarding and protecting children.

It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, it is vital that concerns are recorded accurately so that they can be monitored and emerging patterns noticed.

Spectrum Connection CIC will use a tracking concerns form to record concerns overtime in a way that enables patterns or pictures to emerge.

Concerns about children should be recorded on the setting's tracking concerns form which will detail the concerns about a child, discussion with the PACT therapist or designated Director and parents or carers and any agreed actions and outcomes. The Tracking Concerns form will be held confidentially, securely and separated from a child's main records. Records will be signed and dated and kept in chronological order.

The PACT therapist is responsible for ensuring that recording systems in their setting are robust and fit for purpose and that records are audited regularly.

Child protection referrals will be made to the Targeted and Specialist Children and Families Service in the child's home borough. Referrals will be made by telephone in the first instance and the appropriate referral form completed and sent to Targeted and Specialist Children and Families Service within 24 hours. A copy of the referral will be kept confidentially and securely by the setting.

Keeping children's records

This is a reminder of what settings must keep:

- **For one year** - observations including narratives and developmental records
- **For three years** - annual report and notes from conversations with parents, unless there has been any safeguarding issues or concerns relating to special educational needs or disabilities, or if they are a child in need, in which case **for five years**

- **Five years** - registers

7. Boundaries and Good Practice

Through effective induction and training Spectrum Connection CIC will enable all staff to have a clear understanding of good professional practice and boundaries in order to safeguard children and themselves.

We are a small team and each of us would be expected to have a clear understanding of safeguarding and to undergo appropriate safeguarding training relevant to their roles and responsibilities. Our therapist has an advanced understanding of safeguarding and has undertaken level 2 safeguarding.

Everyone should feel able to raise concerns with the PACT therapist or designated Director about poor or unsafe practice in relation to children, with the knowledge that such concerns will be dealt with sensitively and effectively.

Staff should ensure that information about children that attend the setting is not shared outside of the setting and their relationships with parents and service-users should be strictly professional.

Staff working for Spectrum Connection CIC should not baby-sit for parents in a private capacity, as doing so could result in a conflict of interest.

7.1 Confidentiality

Confidentiality is an issue, which needs to be fully understood by all those working with children, particularly in the context of safeguarding and child protection.

We respect the right of families to have information about them dealt with sensitively and confidentially, in line with Data Protection legislation and guidance. Child protection information regarding children in the setting will be shared with staff on a strictly need-to-know basis. A member of staff will 'need to know' information when it is demonstrably of benefit to the child. All staff members are expected to conform to Spectrum Connection CIC's standards of good professional practice, and maintain confidentiality appropriately at all times.

Nevertheless, Spectrum Connection CIC cannot always guarantee

confidentiality to a parent/carer, and must make it clear that information will be shared if there are concerns about the welfare of a child. Although it is important to work openly and in partnership with parents and carers, there may be times when a PACT therapist makes a referral to the Targeted and Specialist Children and Families Service without first consulting the parent or carer. This would be the case if the PACT therapist believes that informing the parent or carer would place the child at further risk of significant harm. For example, if the child has made a disclosure of sexual abuse. The PACT therapist will always record their reason for not speaking to the parent or carer.

No staff member may guarantee to a child that they will keep a secret. The member of staff must make it clear to a child, in language that is appropriate to the child's age and understanding, that any information which leads an adult to be concerned that a child's welfare will be shared with the PACT therapist, in order to take measures to safeguard the child.

All staff must be aware of their responsibility to share information with the nominated Director and with other agencies in order to protect and safeguard children. This must be done in accordance with the Salford Safeguarding Children Partnership Child Protection Procedures.

Advice should be sought on this issue where necessary from the Targeted and Specialist Children and Families Service Contact Team.

7.2 Children with special educational needs or disabilities

Research indicates that children with special educational needs or disabilities are more vulnerable to abuse. The risks to disabled children may be increased by:

- their need for practical assistance and physical dependency, including intimate care, which may be delivered by a number of different carers;
- possible communication difficulties;
- lack of access to strategies to keep themselves safe;
- greater risk that adults could claim that injuries inflicted by them are in fact an aspect of a child's physical disability;
- the increased risk that they may be socially isolated.

Staff members who work with children in any capacity must be particularly

aware of and sensitive to how the effects of abuse or harm may present and be able to pick up on any changes in behaviour or presentation (appearance) that might indicate a concern. Concerns should be shared immediately with the designated Director or Targeted and Specialist Children and Families Service for advice.

Staff should have important information about individual children's presentation, their levels of understanding and how best to communicate with them.

7.3 Online Safety

Spectrum Connection CIC works directly with parents and supports them to develop ways of communicating effectively with their children (aged 0-5). Whilst we do not provide advice and guidance directly to children or Young People, we recognise the importance and value of referring to online safety.

Our therapist practices safe online working with the context of the work by only using Zoom via a business account where there are no personal contacts. We understand that children and young people can face all sorts of risks when accessing online platforms though this is not usually relevant to children aged 0-5.

7.3 Bullying

Spectrum Connection CIC will not tolerate bullying in any form. Spectrum Connection CIC will take decisive action against bullying and record and report on it to the relevant authorities. "Bullying is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm. It can involve an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening.

Bullying can happen in person or online, via various digital platforms and devices and it can be obvious (overt) or hidden (covert). Bullying behaviour is repeated, or has the potential to be repeated, over time (for example, through sharing of digital records).

Bullying of any form or for any reason can have immediate, medium

and long-term effects on those involved, including bystanders.”

<https://www.ncab.org.au/bullying-advice/bullying-for-parents/definition-of-bullying/>

7.4 Comments, Compliments & Complaints

Spectrum Connection CIC has a process for requesting and recording comments, compliments and complaints for the people who use our service. Parents receiving the therapy intervention from our therapist are asked for feedback in the form of pre and post therapy questionnaires. There is a facility to record reviews on the social media Facebook page for Spectrum Connection CIC and we endeavour to show how we are developing in line with needs of the community we support and to reflect how important it is that we are listening to those we support. Spectrum Connection CIC actively encourages feedback from parents and partners and is willing to consider shaping the service based on these responses.

8. Working in Partnership with Parents and Carers

Spectrum Connection CIC's staff are committed to creating and maintaining a culture of openness and honesty and strive at all times to work in partnership with parents and carers. We believe that this is in the best interest of children and their families. Only by developing co-operative working relationships within which parents and carers feel respected will we be able to work holistically with children.

8.1 Early help

Where a child and family would benefit from coordinated support from more than one agency there will be an inter-agency assessment. Use of an Electronic Common Assessment Framework assessment (e-CAF) can be accessed via the following web link:

<https://www.salford.gov.uk/children-and-families/safeguarding-children/advice-for-professionals/early-help-assessment-and-taf/early-help-forms-and-upload/>

will identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment.

A lead professional will be identified from within the agencies engaged in

coordinated support for the child and family. This could be a family support worker, Families First worker, key person, health professional, teacher or other professional.

A range of tools can be used to help identify whether the threshold for intervention has been reached including: **The Salford Thriving Families and Neglect Assessment Tool 2019** - for assisting in the identification of child neglect is available at:

<https://safeguardingchildren.salford.gov.uk/media/1382/thriving-families-and-neglect-tool-final-v12-september-2020-website.pdf>

8.2 Consult about a concern

Children will not always disclose information to you. If you are concerned about a child due to what you have observed or something that another individual has disclosed, you must share your concerns.

AS our PACT therapist deals directly with the families, it would be her who would have to approach another Director to share concerns. Initially, the PACT therapist should talk to the DDS or one of the people designated as responsible for child protection at Spectrum Connection CIC.

It will usually be the designated person who will then get in touch with the Bridge Partnership (Salford Safeguarding Referral Team) if necessary:

If you are worried about a child and cannot contact a designated person speak to another manager or go direct to the Bridge Partnership

The Bridge Partnership can be contacted directly by telephone on 0161 603 4500.

Designated Directors for Safeguarding at Spectrum Connection CIC are:

Jen Wright and Julie Smith.

Spectrum Connection CIC's staff who are making referrals are expected to gain parental consent to share information prior to making a referral through The Bridge, unless to do so would place the child at risk of further harm. Concerns about child protection should be made through direct telephone contact with The Bridge.

Wherever possible, staff should aim to discuss concerns about children with their parents or carers and inform them if a referral to Children's Social Care is to be made.

There may be rare instances however, when it is judged inappropriate to speak to a parent or carer before contacting the Targeted and Specialist Children and Families Service. This would happen when the PACT therapist (or the Director) judges that a child's well-being may be jeopardised if the parent or carer is aware that a referral to Children's Social Care is to be made. If the concern is about the sexual abuse of a child, advice and guidance will be sought from the Children's Service's Contact Team before a parent is spoken to.

For parents whose home language is not English, or with literacy or other additional needs, the setting should aim to make appropriate support available to assist with communication with parents.

8.3 Make a Referral

A referral involves giving the Bridge Partnership the Police, or the Local Authority Designated Officer (LADO) at the Safeguarding Children Unit information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

All reports or enquiries concerning the welfare or safety of a child must go straight to the **Bridge Partnership**

Tel: **0161 603 4500**

Or email: worriedaboutachild@salford.gov.uk

The Bridge Partnership is available **Monday to Friday from 8:30am - 4:30pm.**

Referrals to the Bridge Partnership

There have been improvements to the referral process to The Bridge Partnership - it's now easier and quicker for you to report concerns about the welfare or safety of a child or young person.

You can now simply **fill out an online form** at www.salford.gov.uk/bridgereferal

If you need to speak to someone outside of these times, please contact the **Emergency Duty Team (EDT) on 0161 794 8888.**

If a child is in **immediate danger** of being harmed or is home alone, call the police on **999.**

8.4 Parents/carers should be informed if a referral is being made except in the circumstances outlined in Section 3.3.

8.5 However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with the Bridge Partnership about how and when the parents should be approached and by whom.

8.6 If your concern is about harm or risk of harm from a family member or someone known to the children, you should make a referral to the Bridge Partnership.

8.7 If your concern is about harm or risk of harm from someone not known to the child or child's family, you should make a telephone referral directly to the Police and consult with the parents.

8.8 If your concern is about harm or risk of harm from an adult in a position of trust (see Section 3.8: Allegations against Adults Who Work with Children).

Information required when making a referral

8.9 Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the name of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs of the child/young person
- Names, dates of birth and relationship of household members and

any significant others.

- The names of professionals known to be involved with the child/family e.g.: GP, Health Visitor, School.
- The nature of the concern; and foundation for the concern.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with Parental Responsibility has been given to the referral being made.

Action to be taken following the referral

8.10 You must take the following action after making a referral:

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Or if you contacted The Bridge Partnership via phone, fill out an online form at www.salford.gov.uk/bridgereferral.
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

3.8 Allegations against Adults who work with Children

8.11 If you have information which suggests an adult who works with children (in a paid or unpaid capacity) has:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against children, or related to a child; or
- Behaved towards a child or children in a way that indicates s/he may pose a risk to children. (Working Together 2018).

The PACT therapist must speak immediately with the designated officer who has responsibility for managing allegations. The senior manager will consult with/make a referral to the LADO (Local Authority Designated Officer) at the Safeguarding Children Unit

8.12 If one of those people is implicated in the concerns you should discuss your concerns directly with the LADO on 0161 603 4350

8.13 False Allegations against a member of staff

If an allegation is determined to be false the PACT therapist, where the allegation was made by an adult, the designated Director may consider asking the Police to take action against the person who made it and/or taking disciplinary action in the case of a member of staff.

8.14 Record Keeping & Confidentiality

Not all safeguarding concerns raised will result in a referral to the Bridge Partnership. However, ALL safeguarding concerns raised by a member of staff at Spectrum Connection CIC – whether referred to the Bridge Partnership or not - should be documented on the safeguarding concern form.



Safeguarding Concern Form

Use this form to record any safeguarding concern, however trivial. Forward it **immediately** to Designated Director for Safeguarding (DDS) or The Bridge. Answer every question; continue on a blank sheet if necessary.

Report ref no.

(DDS to complete)

Details of person at risk

Name of person

DOB:

Service (or home address)

About You (the person filling in this form)

Your name

Job title

Service

Date

About the safeguarding concern

If this incident/concern has also been reported on an Incident/Accident Report, attach the Report or give the full(ACCB) AssessNET number

Are you reporting your own concern or one raised by someone else?

If you are raising a concern made by someone else, please provide their full name, status and contact details

<p>Please provide details of the concern you have including dates, times, descriptions of events, full names and whether the information is first hand or the accounts of others</p> <p>Note: If you have already reported this information on an Incident/Accident Report, simply write 'See attached Inc/Acc Report' or 'See AssessNET Report'</p>	
<p>The person at risk's account (if applicable). Include what they want the outcome to be</p>	
<p>Provide details of the person causing harm (if known)</p>	
<p>Provide details of any witnesses to the concern</p>	
<p>Provide details of any previous incidents or concerns relating to this person (if known)</p>	
<p>Actions: Please state the immediate actions you took in response to the concern:</p>	
<p>Note: If you have already reported this information on an Incident/Accident Report, simply write 'See Inc/Acc Report' or 'See AssessNET Report'</p>	

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People contacted

You must pass this form **immediately** to your Spectrum Connection CIC DDS or directly to The Bridge. The DDS will then inform external people as necessary. You should only contact people outside Spectrum Connection CIC to deal with an immediate emergency (for example, police or ambulance service).
Give details below of any people outside Spectrum Connection CIC that you have communicated this concern to – give name, position, contact details, and the date and time that you contacted them:

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Declaration: I have completed all sections of this form to the best of my knowledge

Signature	
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Whenever there is a safeguarding concern raised by a member of staff, most likely our PACT therapist, at Spectrum Connection CIC a written record should be compiled. This must include details of the person involved, the nature of the concern and the actions taken.

The recordings must be signed and dated. All records must be securely and confidentially filed

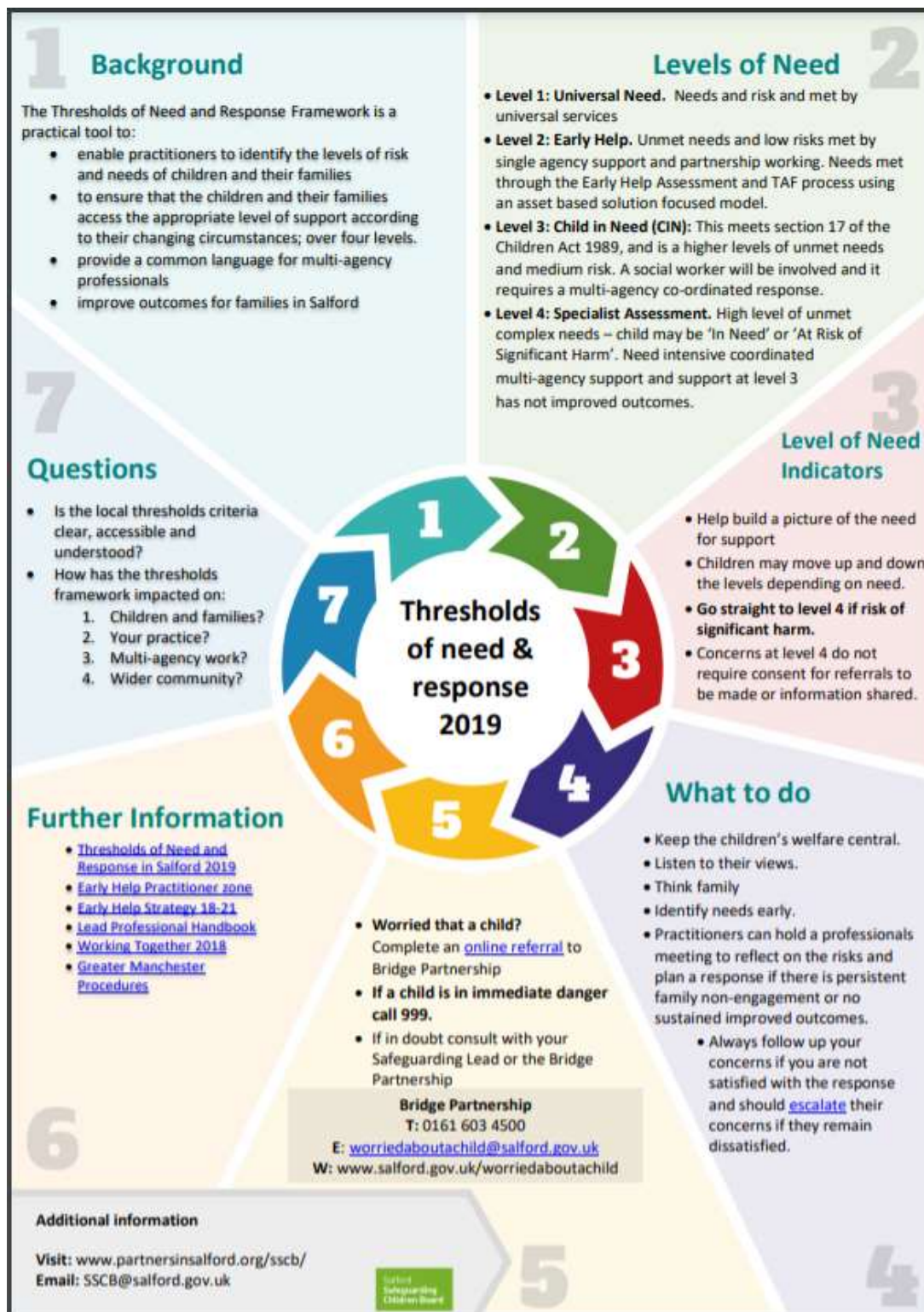
Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection. The PACT therapist must discuss her concerns with the Designated Director for Safeguarding (DDS) then a decision will be made whether to involve The Bridge or SSPS.

8.16 Who to contact with a concern

Spectrum Connection CIC works primarily to support the parents of children aged 0-5 and as such these Early Years children would be referred to Salford's Early Help Assessment.

The Thresholds of need in Salford (see below) explains who is involved at different levels of need.

https://safeguardingchildren.salford.gov.uk/media/1134/thresholds_7mb_v2_912019.pdf



8.17 Allegations against Adults who work with Children

The LADO is the Local Authority Designated Officer who deals with any allegations that are made about a member of staff.

9. Useful numbers

The Bridge Partnership can be contacted by telephone on 0161 603 4500.

Emergency Duty Team (EDT) on 0161 794 8888.

Police Public Protection Investigation Unit

- Child Protection: 0161 856 5125 / 5126
- Domestic Violence: 0161 856 5171

10. Review of Policy

This policy represents the agreed principles for Safeguarding and Child Protection across Spectrum Connection CIC services. All staff and the Board of Directors have agreed this policy.

Staff and the Board of Directors will review this policy annually.

Policy Date	September 2021
Policy Author	Jen Wright
Policy review date	September 2022
Policy Author	
Policy review date	

Appendix 1

Glossary of Terms

CAF	Common Assessment Framework
DBS	Disclosure Barring and Service
CSC	Children's Social Care
Ddms	Deputy Designated Member of Staff
DfE	Department for Education
DMS	Designated Member of Staff
ICT	Information Communication Technology
SSCP	Salford Safeguarding Children Partnership
LADO	Local Authority Designated Officer
NSPCC	National Society for the Prevention of Cruelty to Children