

Safeguarding children, young people and their families

1. Purpose:

- 1.1. Ormiston Families identifies the most challenged children, young people and their families. Family members may be vulnerable because of physical or mental disability, mental illness, prejudice, isolation, experience of previous abuse, lack of education or experience, drug or alcohol misuse or by other life experiences. They may not know what their rights are, or they may not feel empowered to demand them.
- 1.2. The Safeguarding policy highlights the responsibility of all Ormiston staff members to safeguard and promote the welfare of its service users and protect them from significant abuse, harm or radicalisation.

2. Persons Affected:

- 2.1. The Safeguarding policy highlights the responsibility of all Ormiston staff and volunteers to safeguard and promote the welfare of children, young people and vulnerable adults - and in particular to protect them from significant abuse, harm or radicalisation.

3. Policy:

- 3.1. Ormiston will always act to protect children, young people and their families when there are concerns that they are being abused, harmed or radicalised.
- 3.2. Ormiston is committed to safeguarding all service users and will act on any disclosure of abuse, harm or radicalisation. We will record any concerns and share information with Social Care Services, the police or other relevant statutory services where this is appropriate.
 - 3.2.1. Ormiston acknowledges that witnessing the abuse of an adult may cause emotional and psychological harm to children and young people. We also recognise that children and young people may be at risk in families where domestic violence, or abuse of vulnerable adults, occurs. We will always act in the best interests of the child or young person even when the adult being abused does not consent to information being shared with other agencies.
 - 3.2.2. Ormiston recognises that children may sometimes be harmed by the behaviour of other children. We are committed to addressing inappropriate or challenging behaviour promptly and effectively.
 - 3.2.3. Ormiston Families has a duty of care to safeguard children and vulnerable adults using our services from extremism or radicalisation.
- 3.3. Ormiston recognise that interagency working is vital in responding to the abuse of service users. Our services will develop, promote and maintain good relationships with these agencies to ensure that vulnerable adults are safeguarded effectively.
- 3.4. Ormiston encourages employees to discuss with an appropriate manager any concerns that they have about the behaviour of any other employee or volunteer.

All allegations made against employees are taken very seriously in line with the Managing Allegations Procedure.

- 3.4.1. Where it is appropriate, the Charities Commission, Social Care Services and/or Ofsted will be informed about any allegations made about employees.
- 3.5. Safeguarding service users is a primary concern for managers. Service Directors, Programme and Service managers can refer specific cases to Ormiston's Safeguarding Advisory Group (SAG) convened and chaired by the Operations Director.

4. Definitions:

- 4.1. **Children** are defined by the Children Act 2004 as anyone who is under 18 years of age or those *"aged 18, 19 or 20 who (have) been looked after by a local authority at any time after attaining the age of 16; or (have) a learning disability."* This definition derives from Working Together to Safeguard Children (2013). The Children Act 2004 provides the legal underpinning to 'Every Child Matters: Change for Children' (2004).
- 4.2. **Adults** are defined as a person aged 18 years or over unless they are aged 18, 19 or 20 and have been looked after by a local authority at any time after attaining the age of 16; or have a learning disability.
- 4.3. **'Vulnerable adults'** are defined by the 1997 Consultation Paper Who decides? as those who are *"or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"*.
- 4.4. In particular, these may include those:
 - 4.4.1. who are older and frailer;
 - 4.4.2. with a physical disability;
 - 4.4.3. with a physical illness, including a terminal illness;
 - 4.4.4. with mental health needs, or dementia;
 - 4.4.5. with learning disabilities, additional or extra needs.
- 4.5. **Abuse** is defined as a violation of an individual's human and civil rights by any other person or persons.
 - 4.5.1. Abuse may consist of a single act or repeated acts. It can take place in any context and reflect very different dynamics.
 - 4.5.2. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.
 - 4.5.3. Abuse can take a variety of forms:
 - 4.5.3.1. **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
 - 4.5.3.2. **sexual abuse**, including rape and sexual assault or sexual acts to which the child, young person or vulnerable adult has not consented, or could not consent or was pressured into consenting;

- 4.5.3.3. **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- 4.5.3.4. **financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- 4.5.3.5. **neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;
- 4.5.3.6. **discriminatory abuse**, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- 4.6. **Harm** is defined by the Law Commission as not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also *'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'*.
- 4.7. **Child protection** is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
- 4.8. **The Local Safeguarding Children's Board (LSCB)** is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.
- 4.9. **The Safeguarding vulnerable Adults Board (SAB)** is a multi-agency partnership that promotes the development of adult safeguarding work.
- 4.10. **Disclosure** refers to information that is passed onto someone who would not have access to it. Within this context, disclosure may refer to the act of telling a staff member about the abuse a child or young person is experiencing, or it may refer to the notification by the Disclosure & Barring Service (that a prospective member of staff has been convicted of an offence).
- 4.11. **Extremism** is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. The definition of extremism also includes calls for the death of members of our armed forces, whether in this country or overseas.
- 4.12. **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

5. Responsibilities:

- 5.1. A named Trustee is responsible for ensuring that those benefiting from, or working with, Ormiston are not harmed in any way through contact with it. The Trustee will take all reasonable measures to ensure that the risk of harm to children, young people, vulnerable adults and their families are minimised.
- 5.2. The Chief Executive is responsible for safeguarding in Ormiston.
- 5.3. The Operations Director is the Designated Lead for safeguarding in Ormiston and is supported by the Service Directors as the named child protection representative for the services within their Programme area.
- 5.4. Service Directors will liaise with Local Authorities to identify changes in local policy or practice. They must ensure that Service Managers are informed of any changes to local policies or referral procedures and that referrals are made appropriately.
- 5.5. Service Directors will provide staff with:
 - 5.5.1. local authority multi-agency child protection procedures and guidelines;
 - 5.5.2. contact names and details for other relevant agencies and resources;
 - 5.5.3. Ormiston contacts and details of other internal resources;
 - 5.5.4. up-to-date copies of Ormiston's Management Support rota;
 - 5.5.5. access to initial and on-going training;
 - 5.5.6. support through high quality supervision;
 - 5.5.7. follow through support and guidance following any child protection or safeguarding vulnerable adults issues;
- 5.6. It is expected that Directors, Programme and Service Managers will treat all allegations made against employees seriously and follow the Management of Allegations Procedure.
 - 5.6.1. Directors, Programme and Service Managers must treat any failure to report abuse as a disciplinary matter.
- 5.7. Programme and Service Managers are responsible for receiving concerns about the safety and welfare of children, young people and their families, making decisions about what action needs to be taken, contacting and liaising internally and with other agencies involved in safeguarding children and their families, especially children's social care.
- 5.8. Programme and Service Managers must ensure that all employees and volunteers receive initial safeguarding training, including their duty to prevent people from being drawn into terrorism under the Government's 'Prevent' counter-terrorism strategy.
 - 5.8.1. Programme and Service Managers must ensure that subsequent opportunities are made available to participate in appropriate and relevant training within the context of each Local Authority so that employees are working within statutory safeguarding arrangements.
 - 5.8.2. Programme and Service Managers are responsible for ensuring that staff undertake safeguarding refresher training every 3-years.

- 5.9. Programme and Service Managers will ensure that all staff are introduced to, and confident in the implementation of the safeguarding policy as part of their induction process.
- 5.10. All staff and volunteers must treat children, young people and their families with respect and dignity at all times, taking all reasonable steps to ensure their safety and well-being.
- 5.10.1. With regards to vulnerable adults, all employees and volunteers are expected to work to the following principles:
- 5.10.1.1. actively promote the empowerment and well-being of vulnerable adults through the services we provide;
 - 5.10.1.2. act in a way which supports the rights of the individual to lead an individual life based on self-determination and personal choice;
 - 5.10.1.3. recognise people who are unable to make their own decisions and/or to protect themselves, their assets and bodily integrity;
 - 5.10.1.4. recognise that the right of self-determination can involve risk and ensure that such risk is recognised and understood by all concerned, and minimised whenever possible;
 - 5.10.1.5. ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate help, including advice, protection and support from relevant agencies;
 - 5.10.1.6. ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.
- 5.11. In the wider context of safeguarding, all employees are required to be familiar with risk assessment and risk management processes and to ensure that these are applied in everyday practice when planning support and activities for service users.
- 5.12. All staff must record any accidents or incidents involving children, young people and their families that occur while they are accessing an Ormiston service following the Procedure for Reporting Accidents and Incidents.
- 5.13. Staff should also record any significant visible injuries that occurred while the child or young person was not attending an Ormiston service. The Existing Injuries Form may be used for this purpose (see Appendix 1).
- 5.13.1. A staff member should sensitively ask parents or carers how these injuries occurred, and ask them to sign the record. If staff are unable to ask the parents or carers to sign the record for any reason, they are expected to record the reasons for this.
- 5.14. Staff must record their concerns in the service user's file in a clear, factual and objective way. They must record what action has been taken and the reasons for this course of action.
- 5.14.1. If the service user does not have a file, staff must record this information on a Safeguarding Concern Form and pass this to their Service Manager.

- 5.15. All staff are required to be fully familiar with, and work within Ormiston's requirements and guidance outlined in the Professional Boundaries Policy.
- 5.16. All staff must take disclosures made by service users seriously, discussing them with their line-manager and recording them appropriately.
- 5.17. All staff must be familiar with local authority procedures and protocols for safeguarding the welfare of children and young people. They have a duty to report child protection or welfare concerns to an appropriate manager and to report any concerns to Social Care Services.
- 5.18. If there is a safeguarding concern about a child who is accommodated by the local authority, the Service Manager will liaise with the appropriate Local Authority, following statutory procedures.
- 5.19. All employees have a duty to report safeguarding concerns about vulnerable adults. Reporting abuse, harm or radicalisation is essential, even when a colleague or an employee of another organisation may be involved.
- 5.20. Employees reporting concerns have the right to expect that allegations are treated seriously and are acted upon. If they feel that appropriate action has not been taken by the investigating manager, they have a duty to report to a more senior manager using the Management Support rota as appropriate.

6. Procedures:

6.1. Planning for Safeguarding concerns:

- 6.1.1. All staff must be familiar with Ormiston's safeguarding procedures and confident that they would know how to respond appropriately if they were faced with a safeguarding issue.
- 6.1.2. All staff and volunteers must complete online safeguarding and Prevent duty training within 1 month of starting employment.
- 6.1.3. All staff should undertake appropriate and relevant safeguarding training through their Local Safeguarding Children's Board.
- 6.1.4. Designated Safeguarding Leads will undertake refresher training every two years (Keeping Children Safe In Education 2015, paragraph 39).
- 6.1.5. All other staff and volunteers should undertake refresher training every three years (Working Together 2010).
- 6.1.6. Staff should ensure that they are aware of any changes in safeguarding practice in their area by regularly checking their Local Safeguarding Children Board and/or Vulnerable Adults websites.
- 6.1.7. Managers should also use team meetings and supervision to discuss any changes or guidance with their teams.
- 6.1.8. Service Managers must make staff aware of the up to date contact details for all relevant agencies, and store them in an easily accessible place. All staff should encourage good working relationships with other agencies.
- 6.1.9. Outreach workers or lone workers should ensure that they are carrying appropriate contact numbers, including a copy of the Management Support

rota, at all times. They should also be familiar with and adhere to Ormiston's Lone Working Policy and Procedures.

6.1.10. Risk and Needs Assessments must be completed by practitioners. Volunteers may help the practitioner to collect information, but may not complete the form. Service Managers must ensure that risk assessments are kept up to date and reflect any previous safeguarding concerns, especially if there are concerns that family members may behave unpredictably or violently (see Service Delivery Risk Assessment Policy).

6.1.11. Practitioners must find out as much as possible about the family's history and reflect upon any potential safeguarding issues with the Service Manager before work begins.

6.2. If a service user makes a disclosure:

6.2.1. Staff should stay calm, remembering that the service user may be distressed and anxious. Staff must concentrate on exactly what is being said, as they will have to record the conversation. It is important to reassure the service user and not to seem shocked or judgemental.

6.2.2. Staff must allow the service user to speak without being interrupted, remembering that they may be asked to recall the exact words the service user used.

6.2.3. Staff must not ask leading questions as this may prejudice evidence that may be used in court. A leading question is one which assumes a particular answer.

6.2.4. If the abuse is of a physical or sexual nature and has just occurred, the service user should be discouraged from washing, bathing, changing clothing or eating or drinking, until they have been examined by a doctor or police examiner. Staff must be aware that this might destroy evidence needed for a prosecution.

6.2.5. An allegation of abuse or neglect may lead to a criminal investigation. Staff must not interview the service user or attempt to investigate the allegations as this could jeopardise any criminal investigation.

6.2.6. Staff must reassure the service user that they have heard and understood what they are saying and that their allegations will be taken seriously.

6.2.7. The service user should be reminded that we cannot keep information confidential when we think that they may be at risk.

6.2.8. Staff should be as clear as possible with the service user about who their information will be passed to and what will happen next.

6.3. If a staff member considers a child, young person or adult to be in imminent danger:

6.3.1. If the service user is injured or very distressed, they must be moved to a place of safety.

- 6.3.2. Staff should never knowingly put themselves in danger for any reason. It is acknowledged that staff could find themselves in circumstances where there is need to take action to ensure the safety of a service user.
- 6.3.3. If there is imminent danger to a service user staff must call the police and ensure that the service user and others are as safe as possible by moving them to another room or area, if appropriate.
- 6.3.4. Staff must follow the advice of the police and other statutory agencies and stay with the service until they arrive.
- 6.3.5. At the first available opportunity, staff must contact their line-manager or use the Management Support rota to contact a member of the Senior Leadership Team.
- 6.3.6. In these circumstances where there is imminent danger and urgent action has to be taken (i.e. calling the police) an Incident Form should be completed in line with the Procedure for Reporting Accidents and Incidents.

6.4. Discussing concerns:

- 6.4.1. No member of staff should act alone on a safeguarding issue unless the situation is immediately life threatening.
- 6.4.2. All managers must ensure that adequate opportunity is made available to all staff to bring forward concerns about service users. Concerns about the well-being of individual service users relating, for example, to their health, development, behaviour or protection, will be discussed in supervision and in team meetings.
- 6.4.3. Concerns must be recorded in a clear, factual and objective manner in the service user's file. The staff member must sign and date the record, noting a date when the concern will be reviewed if this is appropriate.
- 6.4.4. Service Managers must review these records at least every three months, looking for trends and patterns and checking for signs of persistent abuse or neglect.
- 6.4.5. Concerns that a child may be at risk of abuse or neglect must be dealt with immediately.
- 6.4.6. Details of the concern must be recorded on the Running Record or Session Record in the service user's file.
- 6.4.7. Records must always be clear, factual and objective. Service users may ask to see the records we hold about them or we may have to produce records for court proceedings. If the service user is accessing a service which does not use individual records for each child or young person (e.g. a drop-in service) the Safeguarding Concern Form should be used and kept by the Service Manager.
- 6.4.8. A staff member who has an immediate concern that a service user may be at risk must contact their line-manager immediately. They should discuss the exact nature of their concern, the situation or conversation that triggered it and any supporting evidence. If their line-manager is unavailable, staff should

contact their Programme Manager or Service Director. If neither are available, staff must contact the Operations Director or another member of the Senior Leadership Team using the Management Support rota.

6.4.9. Practitioners must not attempt to investigate any allegations of abuse.

6.4.10. If the allegation relates to an Ormiston employee, a senior manager will alert Social Care Services and Ofsted, where this is appropriate. They will then investigate the allegation following the Management of Allegations Procedure.

6.5. Deciding when to refer:

6.5.1. If staff considers a service user to be in imminent danger they must contact the police immediately.

6.5.1.1. A service user may be in imminent danger if the alleged abuser is on the premises and is behaving in a way that indicates that he or she may present a risk of harm.

6.5.1.2. This is the only situation when no discussion or consultation with a manager is expected.

6.5.2. When practitioners have immediate concerns about a child, young person or adult or if they feel that allowing the service user to leave the premises would put them at significant risk of further abuse, they must contact their line-manager immediately. If they are unable to contact either the relevant line-manager, Programme Manager or Service Director they should use the Management Support rota.

6.5.3. In cases where abuse is disclosed or suspected, but the service user is not in immediate danger, staff must record details of the allegation, as outlined above, and contact their line- manager.

6.5.4. Staff must not involve other agencies before informing and agreeing a course of action with their manager.

6.5.5. The staff member and a manager must decide upon a plan of action which will ensure that the service user's welfare is safeguarded. The plan must be documented and kept on the service user's file.

6.5.6. Managers must be familiar with their local procedures and confident in referring cases. The decision to refer a case to another agency must be made with the service user, respecting their wishes wherever possible.

6.5.6.1. The responsibility to empower vulnerable adults to make their own decisions must be balanced against Ormiston's responsibility to safeguard children and young people who are affected by the abuse.

6.5.7. If the abuse is deemed to be severe, or if children or young people are thought to be at risk, a referral can be made even if the service user does not give their permission.

6.5.7.1. Service Managers must consider the persistence of the abuse, being aware that patterns of abuse can build up over a period of time.

- 6.5.8. If the Service Manager is unsure about referring a child or young person to Social Care Services, they may be able to request a consultation with a Social Worker. They should record details of this conversation on the child or young person's Running Record, stating who they spoke to, which information was shared, the advice given and reasons for this advice.
- 6.5.9. If the Social Worker advises that a formal referral is not appropriate, staff must continue to monitor the situation as a continuing concern (see below).
- 6.5.10. Staff must engage with service users and their families, involving them in decision making as much as possible. There is not any obligation to discuss a referral with the child or young person's parents or carers if this would put them at risk of harm.
- 6.5.11. Unless the service user is in imminent danger (See 6.5.1), referrals to Social Care Services or to involve the police must only be made with the agreement of the most senior Ormiston manager involved in the process.
 - 6.5.11.1. If there are disagreements within the team about the plan of action, these should be recorded.
- 6.5.12. If the Service Manager decides to make a referral, they must use the appropriate form issued by Social Care Services. Staff should make a photocopy of the completed form and retain one copy in the child or young person's file.
- 6.5.13. Staff must ensure that the referral has reached its destination, either by ensuring that the confirmation slip on the bottom of the form is returned (where this applies) or by telephoning Social Care Services.

6.6. Recording:

- 6.6.1. A record must be made of the referral on the service user's file. Reference should be made to the completed referral form and any other documents that have been submitted with the form.
- 6.6.2. If the service user does not have a file, for example, if they are using a drop-in service, the practitioner should complete a Safeguarding Concern form, ensuring that the service user's contact details are correct.
- 6.6.3. If a service user has made a disclosure the following information must be recorded:
 - 6.6.3.1. what happened to prompt the disclosure;
 - 6.6.3.2. what was said to prompt the disclosure;
 - 6.6.3.3. what was said in the disclosure;
 - 6.6.3.4. how it was said;
 - 6.6.3.5. who was mentioned;
 - 6.6.3.6. what you said or did during the discussion;
 - 6.6.3.7. where the disclosure took place;
 - 6.6.3.8. when the disclosure took place.

- 6.6.4. Practitioner's records must be clear, factual and concise. They should also be dated and signed.
- 6.6.5. After a referral has been made to Social Care, the Service Manager should work with staff to review the support offered to the child or young person to ensure that it continues to meet their support needs. They should identify any new, or changed, support needs and involve other agencies where appropriate.
- 6.6.6. Staff may also be required to contribute to initial or core assessments and to specialist assessments of the child or family members. They may be expected to provide support or specific services to the child or member of the family as part of an agreed plan, and contribute to any reviews of the child's developmental progress.
- 6.6.7. Some Ormiston services provide services specifically for women who are experiencing, or have experienced, domestic abuse. Service users may be referred onto these programmes by Social Workers because they are known to be experiencing abuse, so referrals do not need to be made to Social Care each time abuse is disclosed *unless* a child is at risk.
- 6.6.8. Practitioners must liaise closely with the referring Social Worker and be aware of the service user's history. If service users disclose abuse which is more severe than previously thought, or if the risk to children is greater than previously assessed, the practitioner must record this in the service user's file.
- 6.6.9. They must discuss their concerns with the Service Manager and decide on a plan of action. In most cases, changes in the nature or severity of the abuse will be discussed with the Social Worker. Practitioners must record this conversation in the file, following the Information Sharing Policy to ensure that information is shared in an appropriate way.

6.7. Continuing concerns:

- 6.7.1. A concern may continue if the reasons for it have not been, or cannot be, addressed or resolved.
- 6.7.2. This may be for a number of reasons:
 - 6.7.2.1. the root of the concern is not tangible enough at this point in time;
 - 6.7.2.2. the nature of the concern is not considered to be severe enough for the child to be at risk of significant harm and therefore a referral to a statutory agency is deemed unnecessary at this point in time;
 - 6.7.2.3. a formal referral made to a statutory agency was classified as requiring "no further action" and the child, young person or family continue to access the service.
- 6.7.3. Where there are continuing concerns about a child or young person's well-being, staff must agree an action plan with the Service Manager. The plan must involve regular reassessments of the child's situation and discussion with appropriate managers. It might also include specific observations, consultation with other agencies and discussion with the child's parents, carers and wider community (unless it would be in the child's best interests not to do so).

- 6.7.4. The agreed action plan must be documented and a written record of all necessary details made in the child or young person's file.
- 6.7.5. The action plan must be reviewed by the Service Manager at agreed, regular intervals to ensure that any concerns are appropriately referred appropriately and quickly to Social Care Services.
- 6.7.6. Sometimes a formal referral made to Social Care Services may be deemed to require 'no further action', but monitoring of the child or young person's situation may indicate that they are still at risk of harm.
- 6.7.7. Service Managers must discuss these cases with their Service Director. Service Directors should also consider referring these cases to Ormiston's Safeguarding Advisory Group.

6.8. Children who reside outside of the United Kingdom:

- 6.8.1. If concerns are raised about children whose normal residence is outside the UK, the Service Manager should contact Social Care Services for advice. Concerns must be documented and monitored in the usual way, and referrals made following the advice of Social Care Services.
- 6.8.2. Supervision and Support for Staff involved in Child Protection Decisions
- 6.8.3. After a staff member has been involved in a situation of imminent danger, or a child protection issue, the Service Manager will arrange for supervision or debriefing session as soon as possible after the event as well as any specialist follow up support as required.
- 6.8.4. Service Directors can also refer safeguarding cases to the Safeguarding Advisory Group chaired by the Operations Director. This group provides additional advice, support, guidance and instructions, where required, to those working with the most challenging safeguarding cases and ensures that the Operations Director is aware of safeguarding issues across the organisation.

7. Document Approval: Justin Claxton, Quality Development Manager

8. Revision History: December 2017

Appendix 1: Existing Injuries procedure

- A. If a child has an accident which results in an injury, bruise or mark whilst not at an Ormiston Service it is important that parents/carers or the person dropping off the child inform a staff member the next time the child is in the Centre.
- It is a requirement of all Early Years providers that all settings log and record any existing injuries for children for which they are providing care.
- B. The following procedure must be adhered to:
- An Existing Injury Form will be removed from the Existing Injuries file or downloaded and printed from the intranet;
 - The staff member will detail the circumstances, location of injury, bruise or mark on the Existing Injury Form:
 - This form should be completed whenever a child or young person who is using an Ormiston service has a significant visible injury;
 - It should only be used when the injury occurred outside of the Ormiston service;
 - Completed Existing Injuries forms must be submitted to the service manager and kept securely alongside Safeguarding Concern forms for the same child or young person;
 - A copy of the Safeguarding Concern / Existing injuries form should be passed by the SM to any key worker working with the child, as required, in a timely manner.
- C. If an injury/mark or bruise is noticed during the day and parents/carers have not made staff aware of it, a member of staff will ask the parent/carer to give details of the circumstances of when and how the child received the injury, prior to leaving an Ormiston Service and ask them to sign and date the information recorded.
- D. Accidents or incidents that occur while a child or young person is using an Ormiston service must be recorded following the Procedure for Reporting Accidents and Incidents.
- E. If for any reason a staff member is concerned about the explanation, injury, mark or bruise the 'Safeguarding children, young people and their families' will be followed and contact made with the Service Manager. The Local Safeguarding Children Board's Procedures will also be considered.
- F. If the Service Manager is unavailable staff should contact their Service Director.

Appendix 2: Ormiston Families' Safeguarding Procedure Summary 2017

All adults who come into contact with children, young people and their families have a duty of care to keep them safe.

It is essential that all possible steps are taken to safeguard children, young people and their families whilst ensuring that the adults working with them are safe to do so.

What should you do if a child or young person you are working with makes a safeguarding disclosure or alleges sexual abuse?

- **Listen** to the child / young person / adult and respect his/her point of view;
- **Do not show shock** at what you are hearing. Stay calm, reassure the child and offer support but be honest about your responsibilities;
- **Explain** your responsibilities about confidentiality, do not promise confidentiality;
- **Clarify** the information given without over questioning. **Do not investigate:**
 - ~ use the acronym 'TED' as a reminder that you can ask the child to 'Tell', 'Explain' and 'Describe' the concern.
 - ~ If it is necessary to seek further clarification, keep to open questions such as What? When? Who? How? Where?
 - ~ Avoid asking Why?
 - ~ **Remember:** only ask questions which will help to clarify whether the child is at risk of harm and once clarification is achieved, stop asking questions.

Once you have clarified the situation or - in a different scenario – if you have *observed* something that you believe is a safeguarding or child protection concern:

- **Consult**, wherever possible, with your line-manager or the nominated person within your workplace.
 - ~ make sure that your action is expedient and there are no delays in protecting the child / young person / adult;
 - ~ do not do anything that may aggravate the situation or cause further harm or distress to the child / young person / adult.
- **Inform** an appropriate person within your workplace according to Ormiston's procedures, and ensure that the procedures are followed.
- **Refer** to children's social care and/or the police if the child is in immediate danger or is at risk of harm.
- **Record**, sign and date the relevant information.
- **Ensure** that you have support for yourself in managing the information you have received.

Ormiston Families' Safeguarding Procedure Flow Chart 2017

LISTEN

Tell	Stay calm.
Explain	Explain your responsibilities.
Describe	Only ask questions which clarify whether the child is at risk of harm.

CONSULT

Director of Operations: 07816 145366 or 01473 724517

Service Directors: 07500 045170; 07825 738293

Finance & Resources Director: 07702 244965

CEO: 07786 136672

Central Office: 01473 724517

REFER

Bedford Safeguarding Children Board: 01234 718700 or 0300 300 8123*

Cambridgeshire & Peterborough Social Care: 0345 045 5203 or 01733 234724*

Central Bedfordshire Access and Referral Hub 0300 300 8585 or 0300 300 8123*

Essex Safeguarding Children Board: 0345 603 7627

Hertfordshire Safeguarding Child Board: 0300 123 4043

Lincs. Safeguarding Children Board: 01522 782111 or 01522 782333*

Luton Safeguarding Children Board: 01582 547653 or 0300 300 8123*

Norfolk Safeguarding Children Board: 0344 800 8020

Northants. Safeguarding Children Board: 0300 126 1000 or 01604 626938*

Southend Local Safeguarding Children Board: 01702 215007 or 0845 606 1212*

Suffolk Customer First: 0808 800 4005

Suffolk Safeguarding Children Board: 03456 066 167

Police: 999

* Emergency or Out of Hours service telephone numbers.

Please add these numbers to your mobile phone. If you can't reach any of the colleagues identified above, please refer to the Management Support Rota. 'Refer' contact details updated - 19/12/17.

Appendix 3: Existing Injuries form



Existing Injury Form

This Existing Injury Form must be completed on the day staff were made aware and passed to your line manager for secure retention at the service.

1. Key Details	
Date informed of existing injury: []	Time: []
Programme: []	Service: []
2. Person who the existing injury is about	
Child's Name: []	<input type="checkbox"/> Male <input type="checkbox"/> Female (please select)
Date of birth: []	Age (if under 16yrs): []
Address: []	
Postcode: []	
Parent/Carer's Name: []	
3. The Existing Injury	
Date (When?): []	Time (When?): []
Location (Where?): []	
Details (Explanation of the injury given by the parent/carer): []	
4. Medical Treatment	
Was immediate treatment given?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, state details below)
[]	
Who administered the treatment?	[]
Was further medical treatment advised/received?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, state details below)
[]	
5. Person completing this form	
<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please state): []
Name:	[]
Job Title:	[]
6. Declaration and Signatures	
I declare that the details contained here are correct according to my information and belief.	
Parent/Carer	Person in Section 5
Signature: []	Signature: []
Name: []	Name: []
Date: []	Date: []

Please ensure that you have completed the Body Map □

Body Map

Please mark on the appropriate image below where the existing injury is.

