

**Safeguarding Children Policy**

**1. Background**

Although The SUN Network does not work with children or young people it is necessary for the organisation to consider children in relation to their responsibilities to keep them safe from harm.

The SUN Network is committed to the protection and welfare of children. Where there is a concern that a child is at risk because of a disclosure by any SUN Network member, action will be taken. This policy aims to set out the circumstances and procedures staff should use when faced with a Child Protection issue.

**2. Implementation of this Policy**

This Policy deals with The SUN Network’s response to Child Welfare.

a. The SUN Network will provide Safeguarding Children Training for staff. This will be more intense at the start of the implementation of this policy and will be followed by refreshers where appropriate.

b. The SUN Network will ensure all staff and volunteers are DBS checked on a three-year cycle .

c. This policy will be reviewed on a three yearly cycle unless there is any significant change in legislation which means a speedier review process.

**3. 6 key points of information sharing**

a. When dealing with families, staff should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime (see glossary for definition) including where seeking consent might lead to interference with any potential investigation.

b. Staff must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child’s safety and welfare must be the overriding consideration.

c. Staff should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgement on the facts of the case there is sufficient need to override that lack of consent.

d. Staff should seek advice where in doubt, especially where the doubt relates to a concern about possible significant harm to a child or serious harm to others.

e. Staff should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.

f. Staff should always record the reasons for their decision – whether it is to share information or not.

**4. What constitutes a child safeguarding concern**

Within the context of The SUN Network services it is unlikely that staff would receive a direct disclosure from a child or young person. However, it is more likely that disclosures will come from adult service users who are either parents or in contact with children. This policy will guide staff in when and how they deal with serious issues related to children within this context.

Many of the people we come into contact with are parents and it is assumed that they will use The SUN Network as a result of their own mental health or drug and alcohol issues. It is understood within The SUN Network that being responsible for children and having a mental health problem or drug and alcohol problem can bring both positive and negative issues to the fore. We do not assume however that simply having these problems makes you a bad parent or guardian.

However, should staff feel that a child is at risk in the way described below, action must be taken.

“Seriously harmed” includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

* a potentially life-threatening injury;
* serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

The 2015 guidance makes it clear that this definition is not exhaustive, and that serious harm can still have occurred if a child recovers from the incident.

**5. What action should be taken**

Within any context should a member of staff hear anything that constitutes significant harm they must follow the following procedures:

a. Clarify with the source what you heard where possible. If this is in a group context staff must try and talk to the individual away from the group.

b. The member of staff should make an immediate assessment regarding the seriousness of what has been heard.

c. Once the member of staff has decided that the concern must be investigated he/she must complete Part 1 of the Report & Action form attached (Appendix 1).

d. This must immediately be discussed with the individual’s manager.

e. The manager will decide with the reporting staff member whether there is sufficient cause to make a referral to statutory services. This may be informed by an anonymous “what if” conversation with the contact centre. The content of this discussion should be recorded in part 2.

f. If the manager and staff member agree that perhaps there is not sufficient concern to pursue the matter, then this must be justified on the form in Part 2. This form will still be kept on file for 3 years.

g. The staff member and manager must also consider the level of communication that will be had with the person who raised or disclosed the concern, and with the child and family in question. Statutory advice should be sought when making this decision. There needs to be a balance with a person’s right to know about information being shared about them, and the risk to a child or to a future legal procedure.

h. Written consent should be sought if appropriate but where a verbal consent is received this must be recorded on the Report and Action form. If consent is not given, then this must also be recorded on the Report and Action form in Part 3.

i. If the manager and reporting staff member have decided that the risk is significant and that it stands up to the tests allowing for information to be shared, then the local Child Protection Team or mental health key worker will be informed immediately.

j. All action will be recorded in Part 4 of the Report and Action form.

k. All conversations and actions to be recorded on the contact sheet in Part 5

These report forms will be kept in a locked filing cabinet in a file named ‘CHILD PROTECTION REPORTS’ with restricted access.

In all cases the Chair of Directors must be informed. If there is any confusion or anxiety at any point throughout the process the Chair of Directors must be consulted.

 All staff must ensure that this information is shared with the manager immediately. If you are off site, then you are permitted to use your mobile phone to make contact with your manager.

The timescale of this procedure will be determined by the individual nature of the incident.

This policy will be reviewed within three years or sooner if legislation changes.

Signed: Signed:

 

Jonathan Wells Chair Lois Sidney Executive Director

Dated: 01/08/2019 Dated: 01/08/2019

**Appendix 1**

**Children’s Safeguarding Report & Action form**

Date;

Person completing;

Person’s line manager at the SUN network;

PART 1: Write as clearly and in as much detail as possible what you have seen and heard. Attribute all statements or views to the correct person: E.g. “A told me that she had seen B hit her child”. Include details of the venue, and all other people present.

PART 2: With your line manager, answer these questions:

What, if anything, is the immediate risk to the child? How likely is it, and what would the impact on the child be?

Is there indication from a “what if” conversation with statutory services that a referral should be made?

If you are not making a referral, explain why:

PART 3: Communication

Please list below all the people involved in this incident/disclosure, and explain what information about the disclosure and actions is being shared with them. Explain your decision, based on their right to information and/or consent, the paramount right of the child to safety, and the guidance you have received from statutory services.

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| --- | --- |
| Person | Information to be shared and why |
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PART 4: Action Plan

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| --- | --- | --- | --- |
| Action | Lead person at SUN network | To be done by | Tick when complete |
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PART 5: Record of events

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| --- | --- | --- | --- |
| Date | Event | Other people involved | SUN staff member |
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