



SAFEGUARDING AND CHILD PROTECTION POLICY

Keeping children safe is everyone's responsibility

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INTRODUCTION

Abuse can occur within many situations including the home, school and all forms of clubs and societies. It is known that some individuals will actively seek employment or voluntary work with children in order to harm them. Safeguarding children – the action we take to promote the welfare of children and protect them from harm – is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.

All Rugby Borough Council (RBC) staff, and particularly those who come into contact with children and young people during the normal course of their duties, should be able to identify the signs and symptoms of abuse and neglect, know how to share that information and work together to provide children and young people with the help they need. In addition to this, RBC recognises that it has both a moral and legal obligation to ensure that when staff are given responsibility for children they should provide them with the highest possible standard of care. This Policy has been developed on the basis of guidelines set out by Warwickshire Safeguarding Children’s Board (WSCB).

1.1 Policy Statement:

“Rugby Borough Council will ensure that it, and the individuals within the organisation, takes all reasonable steps to protect all children from harm, discrimination or degrading treatment and respect their rights, wishes and feelings”

This means:

- ❖ Promoting an understanding that safeguarding is everyone’s responsibility; for services to be effective every member of staff has to play their full part.
- ❖ RBC is committed to safeguarding children and protecting them from abuse when they are engaged in services organised and provided by, or on behalf of, the council.
- ❖ RBC will take seriously any concern made by a councillor, employee, member of the public, volunteer or contracted service provider, child or vulnerable adult and treat it sensitively.
- ❖ Referrals made by a councillor, employee, member of the public, volunteer or contracted service provider cannot be anonymous. These should be made in the knowledge that individuals may be required to be a prosecution witness. This will be made clear to the individual who made the referral
- ❖ Those making a referral should be reminded to then keep details of their referral confidential and to deal with the data they know or suspect without breaching any Data Protection protocols.
- ❖ RBC will not tolerate harassment of any councillor, employee, member of the public, volunteer, contractor, child or vulnerable adult who raise concerns of abuse.

- ❖ RBC will work in co-operation with Warwickshire County Council. It will comply with the WSCB Inter-agency Safeguarding Procedures and will respond positively to any recommendations regarding the improvement of its safeguarding and child protection policy and procedures.

1.2 Named Senior Officers

RBC is a member of the WSCB and as such has a named Officer who has overall responsibility for:

- ❖ ensuring that the organisation operates procedures for dealing with allegations in accordance with the guidance in Sections 3 and 6 of WSCB Inter-agency Safeguarding Procedures;
- ❖ resolving any inter-agency issues; and,
- ❖ liaison with the WSCB on the subject.

Named Officers – Officer Lead for Child Protection and Allegations:

Lead: On Track Coordinator

Deputy: Corporate Equality & Diversity Officer

In recognising the importance of protecting children and young people, RBC has a nominated Children and Young People's Champion

1.3 Safeguarding Contacts - Nominated Officers:

All Heads of Service and Service Representatives on the Corporate Safeguarding Group.

2 RECOGNISING ABUSE

2.1 Being alert to children's welfare

Safeguarding and promoting the welfare of children for the purposes of this guidance is defined as:

- ❖ protecting children from maltreatment,
- ❖ preventing impairment of children's health or development,
- ❖ ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- ❖ taking action to enable all children to have the best life chances.

This guidance applies to all children who have not yet reached their eighteenth birthday. The fact that a child has reached sixteen years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his or her status or entitlement to services or protection.

Child protection is part of safeguarding and promoting welfare. It refers to the legal activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

2.2 Assessing children in need

The Department of Health Framework for the Assessment of Children in Need and their families provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child.

The framework is to be used for the assessment of all children in need including those where there are concerns that a child may be suffering significant harm. The definition for children in need used in Warwickshire identifies a range of circumstances in which children may be deemed in need if their health or development would be impaired without provision of service.

2.3 Background factors influencing the vulnerability of children

Many families under great stress nonetheless manage to bring up their children in a warm, loving and supportive environment in which the children's needs are met and they are safe from harm. Sources of stress within families may, however, have a negative impact on a child's health, development and well-being, either directly, or because they affect the capacity of parents to respond to their child's needs. Research tells us that such sources of stress may include the following:

Social exclusion

Many of the families who seek help for their children, or about whom others raise concerns about a child's welfare, have multiple disadvantages. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems, be vulnerable to accidents, and lack ready access to good educational and leisure opportunities. Racism and racial harassment are additional sources of stress for some families and children, as are other forms of harassment such as homophobia, religious hatred, harassment due to a disability, or gender re-assignment.

Domestic abuse

Everyone working with women and children should be alert to the frequent inter-relationship between domestic abuse and the neglect of children. Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic abuse has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury both to mother and foetus. Older children may also suffer blows during episodes of abuse.

Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. Both the physical assaults and psychological abuse suffered by adult victims who

experience domestic abuse can have a negative impact on their ability to look after their children. The negative impact of domestic abuse is exacerbated when the abuse is combined with drink or drug misuse, children witness the abuse, children are drawn into the abuse or are pressurised into concealing the assaults. Children's exposure to parental conflict, even where abuse is not present, can lead to serious anxiety and distress.

Children who are experiencing domestic abuse and/or conflict may benefit from a range of support and services, and some may need safeguarding from harm. Domestic abuse and/or conflict is not in itself a definition of child abuse but, as outlined above, children living in circumstances where this is a feature may be at risk and in need of child protection services.

It is important to note that as more than 25% of all domestic abuse incidents are against men, where men are the victim, it may not always be the female in the relationship who is being abused or victimised.

Mental Health

Mental illness in a parent or carer does not necessarily have an adverse impact on a child, but it is essential always to assess its implications for any children in the family. Parental illness may markedly restrict children's social and recreational activities. Where a parent is suffering from a mental or physical illness, children may have caring responsibilities placed upon them inappropriate to their years. If they are depressed, parents may neglect their own and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parent's emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Children most at risk of significant harm are those involved in parental delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of the parent's illness. In addition, post-natal depression can also be linked to both behavioural and psychological problems in the infants of such mothers.

Drug and Alcohol Misuse

As with mental ill health, it is important not to generalise, or make assumptions about the impact on a child of parental drug and alcohol misuse. It is, however, important that the implications for the child are properly assessed. Maternal substance misuse in pregnancy may impair the development of an unborn child. Some substance misuse may give rise to behaviour that puts children at risk of injury, psychological distress or neglect. Children are particularly vulnerable when parents/carers are withdrawing from drugs. The risk is also greater where there is a dual diagnosis of mental health problems and substance misuse. Children may be at risk of physical harm if drugs and equipment are not kept safely out of reach.

Parental Learning Disability

Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity. They may need support to develop the understanding, resources, skills and experience to meet the needs of their children,

particularly if they experience additional stressors such as having a disabled child, domestic abuse, poor physical and mental health, substance misuse, social isolation, poor housing, poverty or a history of growing up in care.

It is these additional stressors when combined with a learning disability that are most likely to lead to concerns about the care a child may receive.

Unless parents with learning disabilities are comprehensively supported by a capable relative such as their parent or partner, their children's health and development is likely to be impaired. A further risk of harm to children arises because mothers with learning disabilities may be targeted by men wishing to gain access to children to sexually abuse them.

Children with a disability

The particular needs of children with disabilities may make initial recognition more difficult. Disclosures of abuse may be less likely from children who are disabled because of communication difficulties, or isolation, or lack of awareness. Children who have a disability may have less access to safety/abuse prevention programmes. Signs may be more subtle, more confusing or explained away as resulting from a child's disability. Some disabled children may receive intimate personal care, possibly from a number of carers, which may increase a risk of exposure to abuse and make it more difficult to maintain physical boundaries.

Recognition of the abuse of a child who is disabled does not need specialist skills, but the application of existing knowledge to the particular vulnerability of these children who will be children in need. Examples of things to be aware of include changes of mood, demeanour, emotional distress or different patterns of behaviour.

Sexual Exploitation

Sexual exploitation can take many forms from seemingly "consensual" relationships where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops. The coercers and perpetrators are usually an adult, but can be children and young people in a position of power of either gender. Parents/carers may be involved in the sexual exploitation of their children or fail to prevent/protect from it.

Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from their peers to have sex, sexual bullying (including cyber bullying), and grooming for sexual activity. Technology can also play a part in sexual abuse, for example, through its use to record abuse and share it with other like-minded individuals or as a medium to access children and young people in order to groom them. Young people may exchange or sell sex as a result of constrained choices such as poverty, isolation and historic abuse.

Child Victims of Trafficking

Trafficking is the control, movement and exploitation of children or adults. It can involve, but not exclusively, children being exploited for the purposes of benefit fraud, in situations such as domestic service, labour exploitation or within the sex trade industry. Some children enter the country as unaccompanied asylum seekers, or students or as visitors. Children are also brought in by adults who state they are their dependants, or are met at the airport by an adult who claims to be a relative. Some children may be brought in via internet transactions, foster arrangements and contracts as domestic staff or tricked into a bogus marriage for the purpose of forcing them into prostitution. Children moved from one place to another within the same country may still be the victim of trafficking.

The offence of Trafficking is covered by the Asylum and Immigration Act 2004, as well as the Sexual Offences Act 2003, and the National Immigration and Asylum Act 2002.

Female Genital Mutilation

Female genital mutilation, also regarded as physical abuse, is a collective term for procedures which include the removal of part or all of the external genitalia for cultural or non-therapeutic reasons. The procedure is typically carried out on girls aged between 4 and 13, although in some cases female genital mutilation has been carried out on newborn infants or young women before marriage or pregnancy. A number of girls have been known to die as a result of blood loss or infection.

Female genital mutilation is a criminal offence in the UK under the Prohibition of Female Circumcision Act 1985. This was replaced by the Female Genital Mutilation Act 2003 which also makes it an offence for nationals or permanent UK residents to carry out female genital mutilation abroad, or to aid, abet, counsel, or procure the carrying out of female genital mutilation abroad, even in countries where the practice is legal.

Suspicious arise in a number of ways that a child is to be taken abroad for female genital mutilation. These include:

- ❖ Knowing the family belongs to a community which practices female genital mutilation
- ❖ Making preparations for the child to take a holiday, arranging vacations or absence from school
- ❖ Child may talk about a “special procedure” to take place

Indicators that female genital mutilation may have taken place include:

- ❖ Prolonged absence from school with noticeable behavioural changes
- ❖ Long periods away from classes or other normal activities
- ❖ Problems with bladder or menstrual problems

Midwives and doctors may be aware that female genital mutilation has taken place in an older woman and this may prompt concern for female children in the same family.

2.4 Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority (Warwickshire County Council) is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (Section 47).

A court may only make a Care Order (committing the child to the care of the Local Authority) or Supervision Order (placing the child under the supervision of a Social Worker, or a Probation Officer) in respect of a child if it is satisfied that:

- ❖ the child is suffering, or is likely to suffer, significant harm; and
- ❖ that the harm or likelihood of harm is attributable to a lack of adequate parental care or control.

The legal definition of significant harm is contained within Appendix 3.3 of the WSCB Inter-agency Safeguarding Procedures, but there are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of pre-meditation and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

To understand and establish significant harm, it is necessary to consider:

- ❖ the family context,
- ❖ the child's development within the context of their family and wider social and cultural environment,
- ❖ any special needs, such as medical condition, communication difficulty or disability that may affect the child's development and care within the family,
- ❖ the nature of harm in terms of ill-treatment or failure to provide adequate care,
- ❖ the impact on the child's health and development and
- ❖ the adequacy of parental care.

It is important to take account of the child's reactions and his or her perceptions according to the child's age and understanding.

2.5 Definitions of Abuse

The following definitions of abuse and the guidance on recognition are given to assist professional staff and those providing services to children in assessing whether abuse may have occurred.

A Child - Is defined as a young person who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Abuse - Someone may abuse or neglect a child by inflicting harm, or 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, shelter and clothing (including exclusion from home or abandonment); failing to protect a child from physical harm or danger; failing to ensure adequate supervision (including the use of inadequate care-givers); or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Deprivational abuse is the deliberate and malicious prevention of a child's needs being met. This would usually involve withholding those things which are necessary to meet a child's needs and is a form of neglect. i.e withholding food, water, shelter but also withholding affection, trust, love and other positive emotions which promote healthy development in a child.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately causes, illness in a child.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching the outside of clothing. They may include non-contact

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

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitations of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

2.6 The Impact of Abuse and Neglect

The sustained abuse or neglect of children physically, emotionally or sexually, can have major long-term effects on all aspects of a child's health, development and well-being.

The harm may be physical, such as neurological damage, physical injuries, impaired growth, disability, or in the extreme case, death.

The harm may be emotional and impact on a developing child's mental health, behaviour and self-esteem and is especially damaging in infancy. Domestic abuse, adult mental health problems and substance misuse may feature in the families where children suffer emotional harm.

The harm may be psychological, manifesting itself in behaviour problems, such as aggression, long-term difficulties with social functioning and relationships, educational difficulties or intellectual impairment.

Sexual abuse can lead to disturbed behaviour, including self-harm, inappropriate sexualised behaviour that may endure into adulthood. The severity of the harm increases the longer the abuse occurs, the more extensive the abuse and the older the child. The severity of harm is also linked to the extent of pre-meditation and the degree or threat of coercion. The child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by support of a non-abusive adult or carer who believes the child, offers protection and helps the child to understand the abuse.

3 MAKING A CHILD PROTECTION REFERRAL

3.1 In What Circumstances to Refer

It is particularly important that all those whose work either brings them into contact with children or contact with adults who have children, are alert to the definitions and indicators of child abuse. In circumstances where you have concerns that a child is suffering or is likely to suffer significant harm to his or her health or development, or where a child gives information detailing abuse, the following principles must be adhered to:

- a) concerns and allegations, whatever their origin, must be taken seriously and considered with an open mind which does not pre-judge the situation,
- b) in circumstances where a child volunteers/discloses information about abuse, listen to the child. Ask sufficient questions to establish concern. Do not interrogate him/her,
- c) never stop a child who is freely recalling significant events,
- d) the child should not be asked to repeat their story to a colleague or asked to write it down,
- e) in circumstances where a child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury was sustained,
- f) if there are concerns about the explanation given for the cause of the injury, these must be referred to the Multi Agency Safeguarding Hub (MASH),
- g) always make a written record as soon as possible of any information volunteered to you. The record will include the time it was written, the setting, personnel present, as well as what was said,
- h) record all subsequent events/interactions up to the time of Children's Services/Police intervention,
- i) do not promise confidentiality,
- j) **ACT NOW – DO NOT DELAY.** If you are at all unsure, contact your Line Manager or Head of Service in the Line Manager's absence, for advice about your safeguarding concerns and whether to make a child protection referral. This should not unduly delay the referral process.

It is the responsibility of the individual member of staff who identifies concerns to ensure that the matter is referred to the MASH at Warwickshire County Council.

While staff should, in general, seek to discuss any concerns with the family and, where possible, seek agreement to make the referral to MASH, this should only be done where such

discussions will not place a child at increased risk of significant harm or cause any significant delay.

Concern need not be related to a single specific incident. It may also arise from the accumulation of minor concerns.

3.2 Procedures to follow when making a referral

Download and complete the Multi Agency Referral Form (MARF) which can be accessed via the MASH website <http://www.warwickshire.gov.uk/mash/> and email it to: mash@warwickshire.gcsx.gov.uk

If a child is at immediate risk of serious harm requiring immediate action and where a delay caused by the completion of this document would cause further harm, then contact the MASH directly on:

01926 414144

Out of hours, for all areas in the county, the Emergency Duty Team should be contacted on:

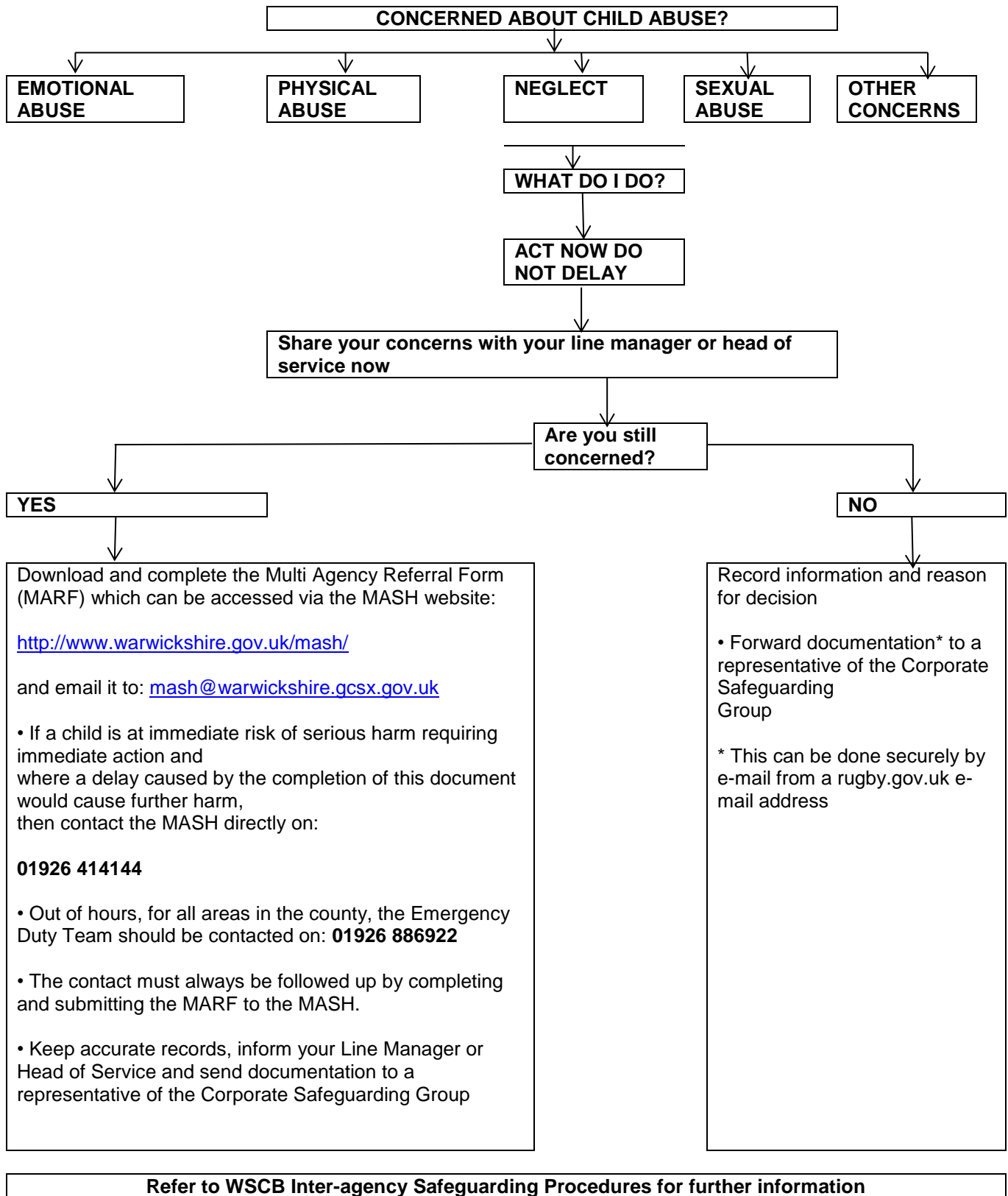
01926 886922

The contact must always be followed up by completing and submitting the MARF to the MASH. (Appendix A)

When you are making a referral regarding child protection concerns, it is important to have the following information wherever possible readily available for the duty social worker:

- ❖ Name, date of birth, ethnic origin, gender of the child, address and telephone numbers;
- ❖ The reasons for your concern;
- ❖ Injuries and/or other indicators observed;
- ❖ The child's first language;
- ❖ Details of any specific needs of the child, e.g. disability, etc;
- ❖ Details of family members, if known;
- ❖ Other agencies, professionals involved;
- ❖ Family doctor.

3.3 Summary of Child Protection Guidelines



4 LOW LEVEL CONCERNS

4.1 Common Assessment Framework (CAF)

There are circumstances where staff may be concerned about the well-being of a child, although it is NOT a child protection concern. Under these circumstances, trained staff can initiate the Common Assessment Framework (CAF) process. The intention is to ensure that any child or young person in Warwickshire with additional needs, which do not meet thresholds for intervention by statutory services, is provided with access to support.

Any child or young person up to age 19 (up to age 24 if the young person has a learning difficulty or disability), is entitled to have a CAF to support them or their families, particularly where:

- ❖ There are worries about how a child or young person is progressing, for example concerns relating to their health, development, welfare, behaviour or any other aspect of their well-being
- ❖ A child or young person or their parent/carer raises concerns
- ❖ The child or young person's needs are unclear, or not being met by their current service provision

The CAF process can address emerging needs, which may include (but are not limited to):

- ❖ A significant change in the child's behaviour and/or appearance
- ❖ Children at risk of exclusion from school
- ❖ A routine visit (e.g. housing) which may raise concerns about the welfare of the unborn child or a visit which may lead to concerns about the child's circumstances
- ❖ Low attendance/ frequent absences from a club
- ❖ Worries that a child is being affected by factors at home
- ❖ The impact on children of a family breakdown
- ❖ Children and young people are exhibiting signs of anti-social behaviour
- ❖ Concerns about children and young people's physical and/or mental health
- ❖ The impact of a family member being imprisoned
- ❖ A child who may be a young carer

The CAF is an assessment document that is designed to get a complete picture of a child's additional needs at an early stage (i.e. before problems become exacerbated and need more intensive support). It can be used for children and young people of any age (including an unborn baby).

The CAF ensures that, irrespective of the agency in which the initiating practitioner works and their professional discipline, a holistic assessment of the child/young person's situation is undertaken. This prevents young people and their families having to repeat their story as they move from one agency to another and facilitates much more effective sharing of information across agencies.

The CAF is an entirely voluntary and consensual process, with one of the great advantages being the active involvement of the young people and families in the assessment and planning stages so that they retain ownership of the actions. The assessment is the starting point to coordinate a multi- agency action plan, which also includes actions for the family and young person.

CAF is the bridge between universal services and specialist intensive support services. The aim is to build resilience and independence to enable families to respond to the changes and challenges life brings.

4.2 CAF Training and Contacts

Currently, staff members within the Housing & Property and Sports & Recreation Services have received CAF training. If any officer would like to discuss CAF, enquiries should be forwarded to:

RBC Contacts –

Estate Management Team Leader on 01788 533386 or
A Housing Officer in the Estate Management Team in their absence on 01788 533822 or
On Track Co-ordinator on 01788 533747
CAF Duty Line (open Monday to Friday 9.00am until 5.00pm): 01926 414144. Or e-mail mash@warwickshire.gcsx.gov.uk.

4.3 Thresholds for Services

Information on the WSCB Thresholds for Services, Meeting the needs of Children and Young People in Warwickshire, are shown at Appendix 'B'. This is designed to help anyone living or working in Warwickshire to think about the needs of children and young people and work together to ensure they get the most appropriate services to meet their needs.

The full threshold document is available at:

<http://www.warwickshire.gov.uk/wscbresources>

WSCB Inter-agency Safeguarding Procedures document, Appendix 17.

5 GUIDELINES FOR MANAGERS - Recruitment and Training

5.1 Reducing Opportunities for Allegations/Abuse to Occur

Managers and staff delivering services directly to young people must ensure that they follow the "RBC Guidelines for managers working with children and young people" (Appendix 'C').

Managers must be aware of the need to reduce the opportunities for allegations of child abuse being made against staff. This can be achieved through an appropriate induction and training process.

5.2 Recruitment and criminal records check (Disclosure and Barring Service (DBS Check))

All staff that have unrestricted access to children will have to undergo a criminal records check prior to commencement of employment. Please refer to the Council's Recruitment and Employment of Ex-offenders Policy. DBS checks for staff will be reviewed every three years.

5.3 Safeguarding and Child Protection Training

All RBC staff, councillors, work experience students and apprentices will need to have basic safeguarding awareness training. This should be repeated as a minimum every three years.

In addition, all RBC staff who come into contact with children and young people who have not yet reached their eighteenth birthday, excluding work experience students and apprentices, are required to undertake child protection awareness training.

All RBC staff, excluding work experience students and apprentices, who come into contact with children and young people during the normal course of their duties must attend child protection awareness training on a regular basis (minimum of once every three years).

All RBC staff need to understand their responsibility towards protecting children and young people, and must be aware of the procedure to follow should they have any concerns.

Ongoing training will be provided to ensure staff are fully aware of current procedures and informed of any changes as they may arise.

5.4 Clubs and Organisations using RBC Facilities

It is preferable that all clubs and organisations working with young people that use RBC facilities must have an acceptable Safeguarding and Child Protection Policy in place.

As a minimum requirement, all such clubs and organisations must accept and apply the standard of care as outlined within this Policy. If an organisation does not have its own Policy, a copy of this Policy will be distributed to hirers with Terms and Conditions of hire information.

5.5 Contracting Individuals and Organisations

All contracts with individuals or organisations must include an assessment of risk with regard to safeguarding/child protection issues. If necessary, contracted workers must undergo a criminal records check (DBS Check). Individuals need to accept and apply the standard of care as outlined within this Policy. Organisations must have their own Safeguarding and

Child Protection Policy where necessary, or accept and apply the standard of care as outlined within this Policy.

6 ALLEGATIONS AGAINST STAFF

6.1 Managing Concerns in Relation to Adults

Concerns/allegations regarding people who work with children (paid staff members and volunteers)

This procedure is about the management of allegations that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that an individual who works with children (including volunteers) has:

- ❖ behaved in a way that has harmed a child, or may have harmed a child,
- ❖ possibly committed a criminal offence against or related to a child, or
- ❖ behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or likely to suffer, significant harm. This includes any allegations or concerns that might indicate an individual is unsuitable to continue working with children in their present position or in any capacity.

Experience has shown that children can be subject to abuse by those who work with them in any and every setting. All allegations of abuse of children by an adult in a position of trust, e.g. staff member or volunteer, should be taken seriously and treated in accordance with these procedures.

Where allegations are made, or where there are concerns about suitability to work with children, the investigation is likely to involve one or more of the following three strands of activity:

- ❖ The Police investigation of a possible criminal offence
- ❖ Enquiries and assessment by Children's Social Care as to whether the child is in need of protection or in need of services
- ❖ Consideration by an employer of disciplinary action in respect of the individual.

Where allegations of abuse are made against an adult in a position of trust whether recent, historical or both, the risk of harm to children posed by the person under investigation should be effectively evaluated and managed in respect of the child/children involved in the allegations and any other children in the individual's own home, work or community life.

The concern about risk of harm to a child may occur in the context of the person's deployment within the council or in a personal capacity. Although an allegation will usually relate to the person's work or their role as a volunteer, in some circumstances it may relate to their

behaviour outside this setting, e.g. an allegation that an individual has harmed, or failed to protect, their own child; an individual whose children are made subject to a Child Protection Plan; an allegation that an individual has been involved in some form of criminal activity, such as downloading abusive images of children etc.

This procedure also applies to anybody who works or volunteers to work with or has access through their employment to information about children and who:

- ❖ As a result of their personal relationship with a child or an alleged perpetrator, may be implicated in the harm of, committal of a criminal offence against or behaviour towards a child or children that indicates they may pose a risk of harm to children
- ❖ May be in a position to influence the investigation of an allegation.

Any concerns or allegations should be reported immediately to the relevant Head of Service, who will ensure that the response is based upon the guidance detailed in Section 6 of the WSCB Inter-agency Safeguarding Procedures document rather than being dealt with as a complaint or any other form of representation. The Head of Service will report all concerns and allegations to the Leadership and Operations Team.

Warwickshire County Council's Local Authority Designated Officer (LADO) must be informed within one working day of all allegations that are reported to Heads of Service.

It is essential that any allegation is dealt with very quickly, in a fair and consistent way that provides effective protection for the child/children and at the same time supports the person who is the subject of the allegation.

The procedure for dealing with allegations needs to be applied with common sense and judgement. The LADO will advise the council about the most appropriate course of action. Some rare allegations will be so serious that they require immediate intervention by the Children's Team and/or the Police. The LADO should still be informed of all such allegations within one working day, ensuring consultation between the Police, Children's Services and the LADO.

The nature of the allegation against the member of staff may require suspension to be considered. In this situation the procedures in the council's Disciplinary Policy should be followed.

6.2 Confidentiality

It is extremely important that when an allegation is made, the council makes every effort to maintain confidentiality and guard against unwanted publicity whilst an allegation is being investigated or considered.

The Head of Service will take advice from the LADO, Police and Children's Services to agree the following:

- ❖ Who needs to know and, importantly, exactly what information can be shared;

- ❖ How to manage speculation, leaks and gossip;
- ❖ What, if any, information can reasonably be given to the wider community to reduce speculation; and
- ❖ How to manage press interest if and when it should arise.

If there is any indication of actual, or potential, media attention the LADO and the Head of Service will liaise with the council's Communications & Community Engagement Manager.

OFFICIAL/SENSITIVE UPON COMPLETION



People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently.



Warwickshire MASH

Multi-Agency Referral Form (MARF)- Concerns about a Child

This form should always be completed when making a referral about a child/ren to the Warwickshire Multi-Agency Safeguarding Hub (MASH).

All urgent child protection referrals where there is an immediate concern about a child should be made by telephone by calling the MASH on telephone number 01926 414144. Outside of office hours for an immediate concern about a child in danger dial 999 and contact the Emergency Duty Team on telephone number 01926 886922.

1. Declaration

I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded

Yes

2. About the Child

First Name	Enter the child's first name	Last Name	Enter the child's last name
Address	Click here to enter the address	Postcode	Click here to enter the postcode
Telephone	Enter the child's mobile number	Gender	Select a gender
Date of Birth or Expected Delivery Date	DD-MM-YYYY	If you do not know this information, estimate the child's age	Enter estimate age
Ethnicity	Choose a category	Religion	Choose a category
Disability	Please choose	Please state (see guidance for definitions)	Choose the disability which best corresponds with the child's needs
Interpreter Required? (If yes, state language)	Yes <input type="checkbox"/> No <input type="checkbox"/> Which language?		
Defining physical features e.g. hair colour, eyes	Please describe the child's appearance		
Residential Status	Owner/Occupier		
Priority Family	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Housing Association who is the landlord	Choose a category		

3. Other children cause for concern in the same family (please insert row if you require space for more people – right click and insert below)

First Name	Last Name	DOB/EDD/Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text

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4. About You			
First Name	Click here to enter your name	Last Name	Click here to enter your name
Name of Organisation	Enter your organisation	Job Title	Click here to enter your role
Email Address	Enter your email address	Telephone Number	Enter your contact number
Relationship to child / your agency's role or service provided	How do you know the child?	Contact Address	Enter your work address

5. Parent or Carer Informed	
✓ As a referrer working with the child or family, it is your responsibility to speak to the parents or carers about your concerns; unless by doing so will place the child at risk of significant harm.	
What level of discussion have you held with the parents?	Choose an item
The reason I have not spoken to the child's parents and carers/ have not gained consent is...Enter text	

6. Reason for Concern (If your concern is about an Adult we still need you to complete this section)	
Why are you concerned about the child?	Click here to enter text
What has prompted you to make a referral today?	Click here to enter text
Was anyone else present?	Click here to enter text
When did this happen?	Click here to enter a date Click here to enter a time
Where is the child at the point of referral submission?	Click here to enter text
What has the child said or experienced?	Click here to enter text
When did you last see the child/ family?	Click here to enter text
Is there indication of physical harm to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Is there suspected...	
Sexual Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Alcohol or Substance Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Mental Ill Health?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Emotional Abuse or Self-Harm?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Domestic Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Child Sexual Exploitation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Trafficking?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Female Genital Mutilation (FGM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Forced Marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Honour Based Violence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Extremism?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Is the child missing from home, school or view?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Does the child or family have a legal right to be living in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please describe
What action have you / your agency taken to address this specific concern?	Click here to enter text
Confirm how long you have been involved; include any historic concerns and action taken	Click here to enter text

7. The Child's Voice	
I have spoken to the child about my concerns and they are aware of this referral	Please choose
The reason I have not spoken to the child about my concerns is....Click here to enter text	

OFFICIAL/SENSITIVE UPON COMPLETION

8. Details of Father / Mother / Siblings / Carers / Family Members / Significant Adults i.e. the perpetrator (please insert row if you require space for more people – right click and insert)							
First Name	Last Name	DOB/EDD /Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
Please state who has parental responsibility					Please provide name(s)		
Does any member of the family require an interpreter or an alternative method of communication (e.g. sign language)? If so what language or type of support is required and for who?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		
Does your referral relate to any other children or young people?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		

9. Details of Professionals Involved with Child or Family (including GP, School, Health worker, CAF worker)			
Name	Organisation	Relationship to Child	Address and telephone number
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Has a CAF already been completed? <i>(Please attach or provide contact details)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is the lead professional?
Have you discussed this already with a MASH Officer?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who did you speak with?

10. What kind of referral are you making to the MASH	
Are you making a Child Protection referral as you are concerned this child is at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you making a Child In Need referral as you are not concerned about the child being at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Date & Time referral has been sent to MASH	
Date of referral:	Click here to enter a date.
Time of referral:	Click here to enter a date.

If you have concerns about immediate significant harm of a child Act Without Delay.

This form should always be completed when making a referral about a child/ren to the Warwickshire Multi-Agency Safeguarding Hub (MASH).

All urgent child protection referrals where there is an immediate concern about a child should be made by telephone by calling the MASH on telephone number 01926 414144. Outside of office hours for an immediate concern about a child in danger dial 999 and contact the Emergency Duty Team on telephone number 01926 886922.

If you telephone the MASH as you have an immediate concern for a child's safety, you must then complete the Multi Agency Referral Form – MARF as written confirmation of your referral. This should be completed and sent to the MASH on the same day. If you have made your telephone referral to the Emergency Duty Team, please still complete the Multi Agency Referral Form – MARF as written confirmation of your referral.

Upon completion of the MARF please email the referral from a secure email address and send to the MASH at mash@warwickshire.gcsx.gov.uk or complete the form online. The MASH has no fax facilities. If you are having difficulties sending your referral please call the MASH on 01926 414144.

Remember to send any other relevant documents with the MARF, such as copies of a CAF if this has been completed or other documents which may evidence concerns or detail previous action/concerns that your agency has undertaken.

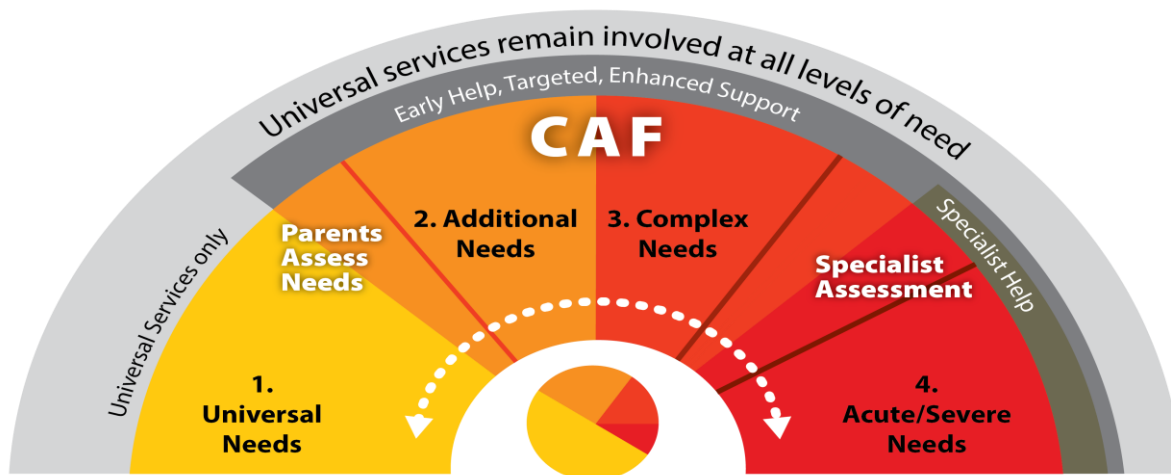
The MASH should acknowledge your referral within 24 hours of receipt. If you have not heard back within 2 working days, contact the MASH.

After sending this referral to the MASH please maintain a copy of this form on the child's record or in your agency file and ensure you record when the referral was sent and when you receive an acknowledgement from the MASH. If you work in Education or Health please also send another copy of the referral to your agency safeguarding lead for monitoring purposes.

For further information please refer to the Warwickshire Safeguarding Children's Boards Procedures available at www.warwickshire.gov.uk/wscb and the MASH Standard Operating Procedures available at www.warwickshiremash.org

WSCB Thresholds for Services

Meeting the needs of Children and Young People in Warwickshire



Level 1 – Requiring Universal Services- Children and young people with no additional needs

All children and young people require universal services at Tier 1. Parent(s)/ carer(s) plan how their children will access these services e.g. choosing a school.

Level 2 – Requiring Universal Services plus some additional help and support from Early Help – Children and young people with Additional Needs

Many children and young people require some additional support - this can be provided within a universal setting or by additional services e.g. School Learning Mentor or additional support from Health Visitor. Parent(s)/carer(s) usually access these services for their children by applying directly to them or by asking the relevant universal service to help them. Some services can be accessed directly by young people.

Where two or more additional services are needed it is advisable for the parent to be offered help to get the right help for their child, by assessing the child or young person's needs under the Common Assessment Framework (CAF). If the CAF Assessment recommends the provision of services a Lead Professional to support the child, young person and parent(s) will co-ordinate the plan through a CAF Family Support Meeting.

Level 3 – Requiring Universal Services plus Early Help, Targeted and Enhanced Support - Children and young people with Complex Needs

Some children and young people and their families have more complex needs requiring the provision of targeted and enhanced services following a CAF assessment or a Social Work assessment. Where targeted or enhanced services are required, a Lead Professional will co-ordinate the CAF Family Support Plan, to support the child, young person and parent(s).

Level 4 – Requiring Universal Services plus Early Help, Targeted, Enhanced and Specialist Services- Children and young people with Acute or Severe Needs

A smaller number of children and young people have higher levels of need and require specialist assessment to inform whether the co-ordinated plan will be provided at level 3 or 4. Specialist services include Child and Adolescent Mental Health Services (CAMHS), Social Work Services, and Warwickshire Youth Justice Service. Where Social Care is involved the allocated Social Worker will carry out the lead professional role in co-ordinating the multi-agency plan to support the parent(s)/carer(s), and ensure that children and young people are receiving the services they need, this will be through a Child in Need, Child Protection or a Looked After Care Plan as appropriate.

The Family Information Service can provide information on the range of services available in your area <http://www.warwickshire.gov.uk/fis> 01926 742274

**Full thresholds document available at <http://www.warwickshire.gov.uk/wscbresources>
Interagency Safeguarding Procedures Appendix 17**

RUGBY BOROUGH COUNCIL, GUIDELINES FOR MANAGERS WORKING WITH CHILDREN AND YOUNG PEOPLE

1 Reducing Opportunities for Allegations/Abuse to Occur

It is a manager's responsibility to protect the children attending their activity and to protect any member of staff from being accused of improper behaviour.

Managers should be aware of the need to reduce the opportunities for allegations of child abuse being made against staff. This can be achieved through an appropriate induction and training process.

All staff (volunteers or contractors) that are likely to have unrestricted access to children should undergo a DBS check before being recruited. Please refer to the council's Recruitment & Selection Policy & Procedure and the Recruitment and Employment of Ex-Offenders Policy

- ❖ There should never be a situation where a member of staff is left alone with a child. Managers must ensure that there is always another member of staff in the room where the activity is being held. Managers should ensure that all staff are made aware of this during their induction.
- ❖ Staff should avoid taking children home in their cars. If this situation is unavoidable staff should ensure there are others in the car, or obtain signed permission from the parent/carer detailing when the child will be returned home.
- ❖ All staff should receive child protection training and a copy of these guidelines. The manager has a responsibility to ensure that all staff are aware of child protection procedures, that they are trained and are fully aware of the need to eliminate, as far as is practicable, child abuse opportunities.

2 Registration with Ofsted

Although there are a few exceptions, most out of school clubs which provide childcare (as opposed to clubs providing coaching in specific activities such as football, chess or French) will need to be registered with Ofsted. However, if the club is run directly by a school (ie the club's staff are employed by the school governors) it will come under the school's own Ofsted registration and does not need to register separately.

There are a few exceptions to compulsory registration, for example: a holiday club that operates for 14 days or fewer in a calendar year; if children attend your club for less than two hours per day; or if you are running a club for a particular activity such as karate, piano or chess. Ofsted provides a full list of the exemptions to registration.

Please check with Ofsted if you are unsure of whether your activity requires registration.

3 Ratios of Adults to Children

When working with children and young people the following ratios of adults to children must be adhered to in meeting the Best Safeguarding Practice standards – Getting it Right.

Children 0 - 2 years	1 adult: 3 children (Children up to the age of 2)
Children 2 - 3 years	1 adult: 4 children (Children from the age of 2 up to the age of 3)
Children 4 - 8 years	1 adult: 6 children (Children from the age of 4 up to the age of 8)
Children 9-12 years	1 adult: 8 children (Children from 9 up to the age of 12)
Children 13-18 years	1 adult: 10 children (Children from 13 up to the age of 18 years)

If the group is mixed gender, the supervising staff should also include both male and female workers wherever possible.

When deciding on the number of adults required, it is important to bear in mind that these ratios are guidelines only. In certain situations it will be necessary to have a higher number of adults than the recommendations suggest. If, for instance, the children or young people have specific support needs, or a risk assessment identifies behaviour as a potential issue for the group or activity, the number of supervising adults will need to be higher.

It may not always be possible to adhere to these recommended ratios. However, every effort should be made to achieve the best level of supervision of children at all times.

When planning activities and ratios of adults to children the activity, location/environment and experience/training of supervisors should be taken into account.

4 Transporting Children and Young People

A minimum of 2 members of staff is required on the minibus (driver and assistant). Drivers must have a clean type D1 driving licence.

A member of staff must ensure a pre-check of the minibus is carried out before leaving, e.g. oil, water, indicators, locks on doors, lights etc.

Consent forms are required for all children being transported.

Note: Drivers who passed their car driving test after 1996 by law are only allowed to drive a minibus if they do so on a voluntary basis. This excludes anyone driving the

minibus as part of their paid employment. ie. Sports coaches. A clean type D1 driving licence is required by those driving as part of their employment if they passed their test after 1996.

It is required that drivers are accompanied by another adult when transporting young people as this significantly reduces the risk of distraction, accident and injury and allegation of misconduct or abuse. If this is not practically possible, the risks must be assessed and measures put in place to ensure that the risks are reduced to the lowest level. This should be documented.

Young people under the age of 12 should not be routinely transported in staff cars except in emergencies. Circumstances may sometimes arise where the risk of not transporting a young person is greater than doing so, for example where a child is left at an activity without transport and the distance to home is too far or too dangerous to walk.

Young people should never be left in the vehicle unattended and the driver is responsible for ensuring that all passengers are suitably restrained (seats and belts). A mobile phone should be available for use in the event of an emergency.

Unless in an emergency, the correct child support seat should be used when transporting children. Staff should check the latest Government guidance when organising activities.

Young people must behave appropriately while travelling in the vehicle. If there are any concerns during the journey a dynamic “on the spot” risk assessment should be carried out to determine if there is a significant risk to the driver or passenger and appropriate action taken.

5 Parental/Carer Consent

Consent forms must be completed by parents/carers to enable children to take part in all RBC activities. At one-off activities, where this is impractical, activity leaders should ensure that they have: name, address, basic medical information and an emergency contact number. Other information may include consent for photographs or video to be taken for media and promotional use, consent to travel in a car/minibus and details on who will collect the child at the end of the activity (Appendix ‘D’).

Where a child has turned up without a consent form, complete the form with the child detailing as much information as possible. If possible, ring the parent/carers to confirm the child may take part.

Allow the child to take part in one activity without a signed form, explaining the child must bring a completed form to the next activity or will not be able to take part.

Consent Forms will be retained securely for a period of 12 months in a locked cabinet in the Sports & Recreation Team at the council offices after summer events have been completed.

6 Site Surveys

Prior to the start of an activity, all staff should familiarise themselves with the venue. Staff should be aware of the location of telephones, fire exits and emergency evacuation procedures, toilets, first aid kit, and equipment stores. Staff should also check the work area for safety hazards such as slippery floors, or objects placed in hazardous locations (e.g. corridors, at the side of activity areas, etc.). For non-RBC sites a standard risk assessment should be completed before the activity and then one on arrival and filed securely with consent forms.

7 Registration

Staff should arrive at least 15 minutes before the start of the activity.

Before the activity begins, staff should make sure that they have all appropriate documentation, including registers, consent forms and minor/major accident near miss and dangerous occurrence report forms. Information on the register or consent form should include, child's name, address, home telephone number, activity time, emergency contact telephone number (neighbours, grandparents) date of birth and information about any medical problems.

All children should be signed in at the start of the activity.

8 Identification and Conduct

RBC staff must always wear a name badge and appropriate uniform, in order to identify themselves to children and parents.

Smoking is not permitted under any circumstances before, during, or after an activity until all children have left the venue.

9 Medical Consent Forms

All parents/carers should sign a medical consent form when their child first attends an activity (if a child is subject to a care order, Children's Services must give medical consent). This is to ensure staff have all relevant information concerning a child's health before the start of each activity. If a parent does not wish to sign a medical consent form, RBC retains the right to refuse admission to the activity.

10 Behavioural Problems

Staff should treat disruptive behaviour seriously, as it can spoil the activity for other children.

A child should be warned that if bad behaviour continues he/she will be removed from the activity. If problems persist the parents should be informed so that they can speak to the child. If there is still no improvement the parents should be informed and the child may be permanently removed from the session.

11 Working with Children with disabilities

Staff working with children with disabilities may be required to lift/assist participants during an activity. Staff are advised to ensure that this is done in the presence of other staff to avoid safeguarding allegations and in line with manual handling guidelines.

12 End of activity/late collection of child procedures

It is advisable to end the activity with all children together, and be aware of who is collecting them from the activity. If a child is not collected from an activity, two members of staff should remain behind and a parent/carer should be contacted as soon as possible. Staff should reassure the child that they have not been forgotten. If, after 30 minutes the child is not collected, staff should contact their line manager. Staff should avoid taking a child home in a car or offer to walk them home. Due consideration as to whether to transport the child home should always be paid to safeguarding issues.

At this stage the Police may be contacted and alerted to the situation. Staff should remain with the children until advised by the Police.

13 Accident Report Forms

At least one member of staff working at the activity where there is no designated first aider must be first aid qualified (Appointed Persons as a minimum qualification)), and all staff must be aware of the location of accessible first aid kits. A nominated member of staff should also be responsible for checking and re-stocking first aid kits. Non-prescriptive medicines or tablets should not be given to any child, except when medical consent has been given by the parents/carers and is documented in a 'Safe Working Procedure'. In this case children should be able to self-administer the drug; staff will not be expected to carry out this task.

If an accident occurs during an activity staff should manage the incident. If it is a minor accident the parent/carer or whoever is collecting the child can be informed when they come to collect the child from the activity. If it is a more serious accident then the appropriate action should be taken and the parent/carer called straightaway to attend hospital if the child has had to be taken to hospital or to collect their child from the activity as they are unable to continue in the activity.

An Accident, Near Miss and Dangerous Occurrence Reporting Form should be completed as soon as possible after treatment has been given and all accidents must be reported whether minor or more serious. Report forms should be filled in with as much detail as possible concerning the accident and a parent/carer should sign the form where possible.

Staff should return completed forms to their line manager without delay and a copy of the form should be passed to the council's Safety and Resilience Manager who will decide whether further action needs to be taken.

If the accident requires completion of a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) form the council's Safety and Resilience Manager will progress this.

14 Restraint Policy

It is essential when working with children to understand what physical restraint is and when its use is acceptable. The Department of Health has outlined three main levels of physical intervention in the control of children's behaviour – i.e. restraint.

- ❖ Simple physical presence as control, involving no contact – e.g. standing in front of an exit,
- ❖ Holding and touching to persuade a child to comply with verbal requests, e.g. holding a child's hand or using shoulders to steer a child away from a situation,
- ❖ Actual physical restraint, where the child is held or held down.

It must be remembered that the decision to intervene via actual physical restraint is an option to be decided upon and should be taken calmly and in full knowledge of the desired outcome. Though it will probably be as a last resort, it is not an act of desperation but a conscious decision to act in the child or others best interest.

When to implement physical restraint:

- ❖ If a child is in imminent danger of significant self-harm through his/her actions
- ❖ If a child is placing others in imminent danger of significant harm through his/her actions
- ❖ If a child is about to cause or is causing serious damage to property

It is also important to remember when not to use physical restraint:

- ❖ Exact retribution
- ❖ Retaliate for any reason
- ❖ Punish the child or young person
- ❖ As any kind of treatment or therapy
- ❖ An administrative convenience
- ❖ Instil fear

Staff may be liable for abuse/grievous bodily harm allegations if any injury is caused to a child whilst under restraint. If a child becomes excessively violent, the parents/carers and the police should be contacted and assistance obtained from other people on site, e.g. teachers.

15 Monitoring

Staff will conduct random monitoring of volunteers and contractors working with children on the council's behalf or on council's premises. This is not a method of trying to catch them out. It is simply a method to ensure that quality services are being delivered, providing positive feedback to those concerned and identifying any necessary training needs. New volunteers/contractors will be monitored within the first three months, and all will be monitored at least annually.

16 Use of Digital Cameras, Mobile Phones and other technologies

Historically, some photography has always taken place in leisure facilities and internal settings to record competitions, birthday parties or for publicity purposes. Modern cameras, mobile phones and other technologies present the opportunity for misuse. Their use has, therefore, been banned from all RBC leisure facilities and activities taking place within internal settings involving children unless previous consent from a parent/carer has been received.

The council's Communications & Community Engagement Manager should be consulted with regard to consent for internal photography to take place.

It is impossible to control external photography in a public area, e.g. a park, or an activity taking place outside, etc. Parents/carers should be made aware that it is their responsibility if they do not wish their child to be photographed to remove their child from any area where photographs are being taken.

17 Promotion and Publicity

As outlined in 16 above, consent should be sought from parents/carers to involve their children in any promotion and publicity where this is taking place in leisure facilities and internal settings.

Similarly, parents/carers are responsible to remove their child from a public area if they do not wish their child to be involved in photographs to be used for promotion and publicity material.

18 Code of Behaviour

DO:
treat everyone with respect
provide an example you wish others to follow
plan activities so that they involve more than one other person being present, or at least in sight or hearing of others
respect a young person's right to personal privacy
provide access for young people and adults to feel comfortable enough to point out attitudes or behaviour they do not like and provide a caring atmosphere
use common sense when demonstrating skills e.g. discuss your actions with

children or young people when contact is necessary
remember that someone else might misinterpret your actions, no matter how well intentioned
recognise that caution is required especially in sensitive moments of counselling, such as when dealing with bullying, bereavement or abuse
residential (overnight excursions) - have separate sleeping accommodation for supervisors / trainers and children
use gender, cultural and disability sensitive language

DO NOT:
permit abusive youth peer activities (e.g. ridiculing, bullying)
play physical contact games with young people
have inappropriate physical or verbal contact with others
invite or accept young people as “friends”, allow access to your personal internet sites/activities.
jump to conclusions about others without checking facts
allow yourself to be drawn into inappropriate attention seeking behaviour such as tantrums or crushes but deal firmly and fairly with such behaviour at all times
exaggerate or trivialise child abuse issues
show favouritism to any individual
make suggestive remarks or gestures or tell jokes or stories of a ‘smutty’ nature
rely on your good name to protect you, it may not be enough!
believe “it can never happen to me” it can!
get close to or have physical contact with a young person without clearly explaining what you are doing, e.g. correcting the position of a foot, showing a skill in the water, lifting or moving children or vulnerable adults with physical disabilities, etc
share personal telephone numbers with young people

19 Suspected truancy

In the event of a member of staff suspecting that a child should be in school and therefore playing truant, contact should be made with the police at Rugby Police Station on 01788 541111.



Youth Club / Activity Consent Form

Young Persons Name:		
Address & Postcode:		
Home Tel No:		
Mobile Tel No:		
Emergency Contact name & Tel No:		
Details of Activity (ies):		
Contact Email		
D.O.B		Male/Female (delete)

1. Images

During On Track activities, photographs and/or video footage may be taken for promotional and monitoring purposes. They may also be used online on our official website and social networking sites. Please tick the box if photographs or footage including your young person may be used.

Yes No

2. Medical Information about your child

Are there any medical conditions serious allergy, recent illness or injury that we would need to be aware of? YES/NO (delete)

If yes please give details

If your child requires medication whilst on session (such as an asthma inhaler) they must be able to administer these themselves. Staff or volunteers are not permitted to administer medications to a child.



Youth Club / Activity Consent Form

Doctor's name and telephone number

3. Future Activities

The information that you provide will be held in a database at On Track, Rugby Borough Council registered under the Data Protection Act 1998. It will be used to let you know about On Track programmes and holiday activities. Do you give consent for this data to be recorded and processed for the purposes stated?

Yes No

I give permission for my child to participate in the On Track Activity(ies)programme and consent to any emergency treatment necessary. I understand that the Staff and Coaches will only be responsible for my child for the duration of the session(s) (including transportation where necessary) and cannot be responsible for loss or damage to personal property or accidental injury. I agree to their participation in the activity(ies) described in the itinerary and the procedures and rules and acknowledge the need for them to behave responsibly.

Signed Parent/Guardian:.....

Print name:

Date:

For effective monitoring and evaluation of the activities that Rugby Borough Council offers, please circle one below to describe the participant's ethnicity:

Asian

Asian – British

Bangladeshi

Chinese

White

White - British

White - other European

Any other ethnic Group

Mixed

Indian

Pakistani

Asian - other

White - other

Irish

White & Black Caribbean

White & Black African

Black

Black - British

Black - African

I do not wish to supply this information

White & Asian

Other Mixed Background

Black - Caribbean

Black - Other



People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently.



Warwickshire MASH

Multi-Agency Referral Form (MARF)- Concerns about a Child

This form should always be completed when making a referral about a child/ren to the Warwickshire Multi-Agency Safeguarding Hub (MASH).

All urgent child protection referrals where there is an immediate concern about a child should be made by telephone by calling the MASH on telephone number 01926 414144. Outside of office hours for an immediate concern about a child in danger dial 999 and contact the Emergency Duty Team on telephone number 01926 886922.

1. Declaration

I hereby certify that the following information is accurate, reflects my concerns and is completed to the best of my knowledge to ensure that children are appropriately safeguarded	Yes <input type="checkbox"/>
--	------------------------------

2. About the Child

First Name	Enter the child's first name	Last Name	Enter the child's last name
Address	Click here to enter the address	Postcode	Click here to enter the postcode
Telephone	Enter the child's mobile number	Gender	Select a gender
Date of Birth or Expected Delivery Date	DD-MM-YYYY	If you do not know this information, estimate the child's age	Enter estimate age
Ethnicity	Choose a category	Religion	Choose a category
Disability	Please choose	Please state (see guidance for definitions)	Choose the disability which best corresponds with the child's needs
Interpreter Required? (If yes, state language)	Yes <input type="checkbox"/> No <input type="checkbox"/> Which language?		
Defining physical features e.g. hair colour, eyes	Please describe the child's appearance		
Residential Status	Owner/Occupier		
Priority Family	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Housing Association who is the landlord	Choose a category		

3. Other children cause for concern in the same family (please insert row if you require space for more people – right click and insert below)

First Name	Last Name	DOB/EDD/Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text

OFFICIAL/SENSITIVE UPON COMPLETION

4. About You			
First Name	Click here to enter your name	Last Name	Click here to enter your name
Name of Organisation	Enter your organisation	Job Title	Click here to enter your role
Email Address	Enter your email address	Telephone Number	Enter your contact number
Relationship to child / your agency's role or service provided	How do you know the child?	Contact Address	Enter your work address

5. Parent or Carer Informed	
✓ As a referrer working with the child or family, it is your responsibility to speak to the parents or carers about your concerns; unless by doing so will place the child at risk of significant harm.	
What level of discussion have you held with the parents?	Choose an item
The reason I have not spoken to the child's parents and carers/ have not gained consent is...Enter text	

6. Reason for Concern (If your concern is about an Adult we still need you to complete this section)	
Why are you concerned about the child?	Click here to enter text
What has prompted you to make a referral today?	Click here to enter text
Was anyone else present?	Click here to enter text
When did this happen?	Click here to enter a date Click here to enter a time
Where is the child at the point of referral submission?	Click here to enter text
What has the child said or experienced?	Click here to enter text
When did you last see the child/ family?	Click here to enter text
Is there indication of physical harm to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Is there suspected...	
Sexual Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Alcohol or Substance Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Mental Ill Health?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Emotional Abuse or Self-Harm?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Domestic Abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Child Sexual Exploitation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Trafficking?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Female Genital Mutilation (FGM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Forced Marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Honour Based Violence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Extremism?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Is the child missing from home, school or view?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Does the child or family have a legal right to be living in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please describe
What action have you / your agency taken to address this specific concern?	Click here to enter text
Confirm how long you have been involved; include any historic concerns and action taken	Click here to enter text

7. The Child's Voice	
I have spoken to the child about my concerns and they are aware of this referral	Please choose
The reason I have not spoken to the child about my concerns is....Click here to enter text	

OFFICIAL/SENSITIVE UPON COMPLETION

8. Details of Father / Mother / Siblings / Carers / Family Members / Significant Adults i.e. the perpetrator (please insert row if you require space for more people – right click and insert)							
First Name	Last Name	DOB/EDD /Age	Ethnicity	Address and Telephone	Gender	Relationship to the Child	School or GP if different to Child
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
First Name	Last Name	Include	Choose	Insert Details	Select	Please state	Enter text
Please state who has parental responsibility					Please provide name(s)		
Does any member of the family require an interpreter or an alternative method of communication (e.g. sign language)? If so what language or type of support is required and for who?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		
Does your referral relate to any other children or young people?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details		

9. Details of Professionals Involved with Child or Family (including GP, School, Health worker, CAF worker)			
Name	Organisation	Relationship to Child	Address and telephone number
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Insert Name	Insert Name	Insert Text	Insert Telephone Number and Address
Has a CAF already been completed? <i>(Please attach or provide contact details)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is the lead professional?
Have you discussed this already with a MASH Officer?			Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who did you speak with?

10. What kind of referral are you making to the MASH	
Are you making a Child Protection referral as you are concerned this child is at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you making a Child In Need referral as you are not concerned about the child being at immediate risk of harm?	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Date & Time referral has been sent to MASH	
Date of referral:	Click here to enter a date.
Time of referral:	Click here to enter a date.

If you have concerns about immediate significant harm of a child **Act Without Delay**.

This form should always be completed when making a referral about a child/ren to the Warwickshire Multi-Agency Safeguarding Hub (MASH).

All urgent child protection referrals where there is an immediate concern about a child should be made by telephone by calling the MASH on telephone number 01926 414144. Outside of office hours for an immediate concern about a child in danger dial 999 and contact the Emergency Duty Team on telephone number 01926 886922.

If you telephone the MASH as you have an immediate concern for a child's safety, you must then complete the Multi Agency Referral Form – MARF as written confirmation of your referral. This should be completed and sent to the MASH on the same day. If you have made your telephone referral to the Emergency Duty Team, please still complete the Multi Agency Referral Form – MARF as written confirmation of your referral.

Upon completion of the MARF please email the referral from a secure email address and send to the MASH at mash@warwickshire.gcsx.gov.uk or complete the form online. The MASH has no fax facilities. If you are having difficulties sending your referral please call the MASH on 01926 414144.

Remember to send any other relevant documents with the MARF, such as copies of a CAF if this has been completed or other documents which may evidence concerns or detail previous action/concerns that your agency has undertaken.

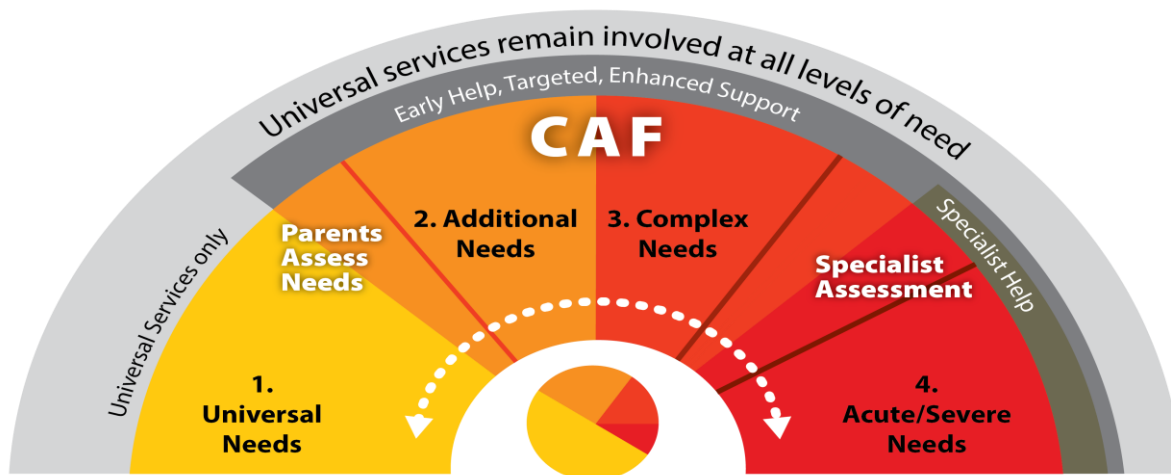
The MASH should acknowledge your referral within 24 hours of receipt. If you have not heard back within 2 working days, contact the MASH.

After sending this referral to the MASH please maintain a copy of this form on the child's record or in your agency file and ensure you record when the referral was sent and when you receive an acknowledgement from the MASH. If you work in Education or Health please also send another copy of the referral to your agency safeguarding lead for monitoring purposes.

For further information please refer to the Warwickshire Safeguarding Children's Boards Procedures available at www.warwickshire.gov.uk/wscb and the MASH Standard Operating Procedures available at www.warwickshiremash.org

WSCB Thresholds for Services

Meeting the needs of Children and Young People in Warwickshire



Level 1 – Requiring Universal Services- Children and young people with no additional needs

All children and young people require universal services at Tier 1. Parent(s)/ carer(s) plan how their children will access these services e.g. choosing a school.

Level 2 – Requiring Universal Services plus some additional help and support from Early Help – Children and young people with Additional Needs

Many children and young people require some additional support - this can be provided within a universal setting or by additional services e.g. School Learning Mentor or additional support from Health Visitor. Parent(s)/carer(s) usually access these services for their children by applying directly to them or by asking the relevant universal service to help them. Some services can be accessed directly by young people.

Where two or more additional services are needed it is advisable for the parent to be offered help to get the right help for their child, by assessing the child or young person's needs under the Common Assessment Framework (CAF). If the CAF Assessment recommends the provision of services a Lead Professional to support the child, young person and parent(s) will co-ordinate the plan through a CAF Family Support Meeting.

Level 3 – Requiring Universal Services plus Early Help, Targeted and Enhanced Support - Children and young people with Complex Needs

Some children and young people and their families have more complex needs requiring the provision of targeted and enhanced services following a CAF assessment or a Social Work assessment. Where targeted or enhanced services are required, a Lead Professional will co-ordinate the CAF Family Support Plan, to support the child, young person and parent(s).

Level 4 – Requiring Universal Services plus Early Help, Targeted, Enhanced and Specialist Services- Children and young people with Acute or Severe Needs

A smaller number of children and young people have higher levels of need and require specialist assessment to inform whether the co-ordinated plan will be provided at level 3 or 4. Specialist services include Child and Adolescent Mental Health Services (CAMHS), Social Work Services, and Warwickshire Youth Justice Service. Where Social Care is involved the allocated Social Worker will carry out the lead professional role in co-ordinating the multi-agency plan to support the parent(s)/carer(s), and ensure that children and young people are receiving the services they need, this will be through a Child in Need, Child Protection or a Looked After Care Plan as appropriate.

The Family Information Service can provide information on the range of services available in your area <http://www.warwickshire.gov.uk/fis> 01926 742274

Full thresholds document available at <http://www.warwickshire.gov.uk/wscbresources>
Interagency Safeguarding Procedures Appendix 17

RUGBY BOROUGH COUNCIL, GUIDELINES FOR MANAGERS WORKING WITH CHILDREN AND YOUNG PEOPLE

1 Reducing Opportunities for Allegations/Abuse to Occur

It is a manager's responsibility to protect the children attending their activity and to protect any member of staff from being accused of improper behaviour.

Managers should be aware of the need to reduce the opportunities for allegations of child abuse being made against staff. This can be achieved through an appropriate induction and training process.

All staff (volunteers or contractors) that are likely to have unrestricted access to children should undergo a DBS check before being recruited. Please refer to the council's Recruitment & Selection Policy & Procedure and the Recruitment and Employment of Ex-Offenders Policy

- ❖ There should never be a situation where a member of staff is left alone with a child. Managers must ensure that there is always another member of staff in the room where the activity is being held. Managers should ensure that all staff are made aware of this during their induction.
- ❖ Staff should avoid taking children home in their cars. If this situation is unavoidable staff should ensure there are others in the car, or obtain signed permission from the parent/carer detailing when the child will be returned home.
- ❖ All staff should receive child protection training and a copy of these guidelines. The manager has a responsibility to ensure that all staff are aware of child protection procedures, that they are trained and are fully aware of the need to eliminate, as far as is practicable, child abuse opportunities.

2 Registration with Ofsted

Although there are a few exceptions, most out of school clubs which provide childcare (as opposed to clubs providing coaching in specific activities such as football, chess or French) will need to be registered with Ofsted. However, if the club is run directly by a school (ie the club's staff are employed by the school governors) it will come under the school's own Ofsted registration and does not need to register separately.

There are a few exceptions to compulsory registration, for example: a holiday club that operates for 14 days or fewer in a calendar year; if children attend your club for less than two hours per day; or if you are running a club for a particular activity such as karate, piano or chess. Ofsted provides a full list of the exemptions to registration.

Please check with Ofsted if you are unsure of whether your activity requires registration.

3 Ratios of Adults to Children

When working with children and young people the following ratios of adults to children must be adhered to in meeting the Best Safeguarding Practice standards – Getting it Right.

Children 0 - 2 years	1 adult: 3 children (Children up to the age of 2)
Children 2 - 3 years	1 adult: 4 children (Children from the age of 2 up to the age of 3)
Children 4 - 8 years	1 adult: 6 children (Children from the age of 4 up to the age of 8)
Children 9-12 years	1 adult: 8 children (Children from 9 up to the age of 12)
Children 13-18 years	1 adult: 10 children (Children from 13 up to the age of 18 years)

If the group is mixed gender, the supervising staff should also include both male and female workers wherever possible.

When deciding on the number of adults required, it is important to bear in mind that these ratios are guidelines only. In certain situations it will be necessary to have a higher number of adults than the recommendations suggest. If, for instance, the children or young people have specific support needs, or a risk assessment identifies behaviour as a potential issue for the group or activity, the number of supervising adults will need to be higher.

It may not always be possible to adhere to these recommended ratios. However, every effort should be made to achieve the best level of supervision of children at all times.

When planning activities and ratios of adults to children the activity, location/environment and experience/training of supervisors should be taken into account.

4 Transporting Children and Young People

A minimum of 2 members of staff is required on the minibus (driver and assistant). Drivers must have a clean type D1 driving licence.

A member of staff must ensure a pre-check of the minibus is carried out before leaving, e.g. oil, water, indicators, locks on doors, lights etc.

Consent forms are required for all children being transported.

Note: Drivers who passed their car driving test after 1996 by law are only allowed to drive a minibus if they do so on a voluntary basis. This excludes anyone driving the

minibus as part of their paid employment. ie. Sports coaches. A clean type D1 driving licence is required by those driving as part of their employment if they passed their test after 1996.

It is required that drivers are accompanied by another adult when transporting young people as this significantly reduces the risk of distraction, accident and injury and allegation of misconduct or abuse. If this is not practically possible, the risks must be assessed and measures put in place to ensure that the risks are reduced to the lowest level. This should be documented.

Young people under the age of 12 should not be routinely transported in staff cars except in emergencies. Circumstances may sometimes arise where the risk of not transporting a young person is greater than doing so, for example where a child is left at an activity without transport and the distance to home is too far or too dangerous to walk.

Young people should never be left in the vehicle unattended and the driver is responsible for ensuring that all passengers are suitably restrained (seats and belts). A mobile phone should be available for use in the event of an emergency.

Unless in an emergency, the correct child support seat should be used when transporting children. Staff should check the latest Government guidance when organising activities.

Young people must behave appropriately while travelling in the vehicle. If there are any concerns during the journey a dynamic "on the spot" risk assessment should be carried out to determine if there is a significant risk to the driver or passenger and appropriate action taken.

5 Parental/Carer Consent

Consent forms must be completed by parents/carers to enable children to take part in all RBC activities. At one-off activities, where this is impractical, activity leaders should ensure that they have: name, address, basic medical information and an emergency contact number. Other information may include consent for photographs or video to be taken for media and promotional use, consent to travel in a car/minibus and details on who will collect the child at the end of the activity (Appendix 'D').

Where a child has turned up without a consent form, complete the form with the child detailing as much information as possible. If possible, ring the parent/carers to confirm the child may take part.

Allow the child to take part in one activity without a signed form, explaining the child must bring a completed form to the next activity or will not be able to take part.

Consent Forms will be retained securely for a period of 12 months in a locked cabinet in the Sports & Recreation Team at the council offices after summer events have been completed.

6 Site Surveys

Prior to the start of an activity, all staff should familiarise themselves with the venue. Staff should be aware of the location of telephones, fire exits and emergency evacuation procedures, toilets, first aid kit, and equipment stores. Staff should also check the work area for safety hazards such as slippery floors, or objects placed in hazardous locations (e.g. corridors, at the side of activity areas, etc.). For non-RBC sites a standard risk assessment should be completed before the activity and then one on arrival and filed securely with consent forms.

7 Registration

Staff should arrive at least 15 minutes before the start of the activity.

Before the activity begins, staff should make sure that they have all appropriate documentation, including registers, consent forms and minor/major accident near miss and dangerous occurrence report forms. Information on the register or consent form should include, child's name, address, home telephone number, activity time, emergency contact telephone number (neighbours, grandparents) date of birth and information about any medical problems.

All children should be signed in at the start of the activity.

8 Identification and Conduct

RBC staff must always wear a name badge and appropriate uniform, in order to identify themselves to children and parents.

Smoking is not permitted under any circumstances before, during, or after an activity until all children have left the venue.

9 Medical Consent Forms

All parents/carers should sign a medical consent form when their child first attends an activity (if a child is subject to a care order, Children's Services must give medical consent). This is to ensure staff have all relevant information concerning a child's health before the start of each activity. If a parent does not wish to sign a medical consent form, RBC retains the right to refuse admission to the activity.

10 Behavioural Problems

Staff should treat disruptive behaviour seriously, as it can spoil the activity for other children.

A child should be warned that if bad behaviour continues he/she will be removed from the activity. If problems persist the parents should be informed so that they can speak to the child. If there is still no improvement the parents should be informed and the child may be permanently removed from the session.

11 Working with Children with disabilities

Staff working with children with disabilities may be required to lift/assist participants during an activity. Staff are advised to ensure that this is done in the presence of other staff to avoid safeguarding allegations and in line with manual handling guidelines.

12 End of activity/late collection of child procedures

It is advisable to end the activity with all children together, and be aware of who is collecting them from the activity. If a child is not collected from an activity, two members of staff should remain behind and a parent/carer should be contacted as soon as possible. Staff should reassure the child that they have not been forgotten. If, after 30 minutes the child is not collected, staff should contact their line manager. Staff should avoid taking a child home in a car or offer to walk them home. Due consideration as to whether to transport the child home should always be paid to safeguarding issues.

At this stage the Police may be contacted and alerted to the situation. Staff should remain with the children until advised by the Police.

13 Accident Report Forms

At least one member of staff working at the activity where there is no designated first aider must be first aid qualified (Appointed Persons as a minimum qualification)), and all staff must be aware of the location of accessible first aid kits. A nominated member of staff should also be responsible for checking and re-stocking first aid kits. Non-prescriptive medicines or tablets should not be given to any child, except when medical consent has been given by the parents/carers and is documented in a 'Safe Working Procedure'. In this case children should be able to self-administer the drug; staff will not be expected to carry out this task.

If an accident occurs during an activity staff should manage the incident. If it is a minor accident the parent/carer or whoever is collecting the child can be informed when they come to collect the child from the activity. If it is a more serious accident then the appropriate action should be taken and the parent/carer called straightaway to attend hospital if the child has had to be taken to hospital or to collect their child from the activity as they are unable to continue in the activity.

An Accident, Near Miss and Dangerous Occurrence Reporting Form should be completed as soon as possible after treatment has been given and all accidents must be reported whether minor or more serious. Report forms should be filled in with as much detail as possible concerning the accident and a parent/carer should sign the form where possible.

Staff should return completed forms to their line manager without delay and a copy of the form should be passed to the council's Safety and Resilience Manager who will decide whether further action needs to be taken.

If the accident requires completion of a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) form the council's Safety and Resilience Manager will progress this.

14 Restraint Policy

It is essential when working with children to understand what physical restraint is and when its use is acceptable. The Department of Health has outlined three main levels of physical intervention in the control of children's behaviour – i.e. restraint.

- ❖ Simple physical presence as control, involving no contact – e.g. standing in front of an exit,
- ❖ Holding and touching to persuade a child to comply with verbal requests, e.g. holding a child's hand or using shoulders to steer a child away from a situation,
- ❖ Actual physical restraint, where the child is held or held down.

It must be remembered that the decision to intervene via actual physical restraint is an option to be decided upon and should be taken calmly and in full knowledge of the desired outcome. Though it will probably be as a last resort, it is not an act of desperation but a conscious decision to act in the child or others best interest.

When to implement physical restraint:

- ❖ If a child is in imminent danger of significant self-harm through his/her actions
- ❖ If a child is placing others in imminent danger of significant harm through his/her actions
- ❖ If a child is about to cause or is causing serious damage to property

It is also important to remember when not to use physical restraint:

- ❖ Exact retribution
- ❖ Retaliate for any reason
- ❖ Punish the child or young person
- ❖ As any kind of treatment or therapy
- ❖ An administrative convenience
- ❖ Instil fear

Staff may be liable for abuse/grievous bodily harm allegations if any injury is caused to a child whilst under restraint. If a child becomes excessively violent, the parents/carers and the police should be contacted and assistance obtained from other people on site, e.g. teachers.

15 Monitoring

Staff will conduct random monitoring of volunteers and contractors working with children on the council's behalf or on council's premises. This is not a method of trying to catch them out. It is simply a method to ensure that quality services are being delivered, providing positive feedback to those concerned and identifying any necessary training needs. New volunteers/contractors will be monitored within the first three months, and all will be monitored at least annually.

16 Use of Digital Cameras, Mobile Phones and other technologies

Historically, some photography has always taken place in leisure facilities and internal settings to record competitions, birthday parties or for publicity purposes. Modern cameras, mobile phones and other technologies present the opportunity for misuse. Their use has, therefore, been banned from all RBC leisure facilities and activities taking place within internal settings involving children unless previous consent from a parent/carer has been received.

The council's Communications & Community Engagement Manager should be consulted with regard to consent for internal photography to take place.

It is impossible to control external photography in a public area, e.g. a park, or an activity taking place outside, etc. Parents/carers should be made aware that it is their responsibility if they do not wish their child to be photographed to remove their child from any area where photographs are being taken.

17 Promotion and Publicity

As outlined in 16 above, consent should be sought from parents/carers to involve their children in any promotion and publicity where this is taking place in leisure facilities and internal settings.

Similarly, parents/carers are responsible to remove their child from a public area if they do not wish their child to be involved in photographs to be used for promotion and publicity material.

18 Code of Behaviour

DO:
treat everyone with respect
provide an example you wish others to follow
plan activities so that they involve more than one other person being present, or at least in sight or hearing of others
respect a young person's right to personal privacy
provide access for young people and adults to feel comfortable enough to point out attitudes or behaviour they do not like and provide a caring atmosphere
use common sense when demonstrating skills e.g. discuss your actions with

children or young people when contact is necessary
remember that someone else might misinterpret your actions, no matter how well intentioned
recognise that caution is required especially in sensitive moments of counselling, such as when dealing with bullying, bereavement or abuse
residential (overnight excursions) - have separate sleeping accommodation for supervisors / trainers and children
use gender, cultural and disability sensitive language

DO NOT:
permit abusive youth peer activities (e.g. ridiculing, bullying)
play physical contact games with young people
have inappropriate physical or verbal contact with others
invite or accept young people as “friends”, allow access to your personal internet sites/activities.
jump to conclusions about others without checking facts
allow yourself to be drawn into inappropriate attention seeking behaviour such as tantrums or crushes but deal firmly and fairly with such behaviour at all times
exaggerate or trivialise child abuse issues
show favouritism to any individual
make suggestive remarks or gestures or tell jokes or stories of a ‘smutty’ nature
rely on your good name to protect you, it may not be enough!
believe “it can never happen to me” it can!
get close to or have physical contact with a young person without clearly explaining what you are doing, e.g. correcting the position of a foot, showing a skill in the water, lifting or moving children or vulnerable adults with physical disabilities, etc
share personal telephone numbers with young people

19 Suspected truancy

In the event of a member of staff suspecting that a child should be in school and therefore playing truant, contact should be made with the police at Rugby Police Station on 01788 541111.

Youth Club / Activity Consent Form

Young Persons Name:

Address & Postcode:

Home Tel No:

Mobile Tel No:

Emergency Contact name & Tel No:

Details of Activity (ies):

Contact Email

D.O.B

Male/Female (delete)

1. Images

During On Track activities, photographs and/or video footage may be taken for promotional and monitoring purposes. They may also be used online on our official website and social networking sites. Please tick the box if photographs or footage including your young person may be used.

Yes **No**

2. Medical Information about your child

Are there any medical conditions serious allergy, recent illness or injury that we would need to be aware of? YES/NO (delete)

If yes please give details

If your child requires medication whilst on session (such as an asthma inhaler) they must be able to administer these themselves. Staff or volunteers are not permitted to administer medications to a child.