



Little gate farm safeguarding and child protection policy

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Policy statement

Organisation: Little Gate Farm

What we do at the farm

At Little Gate farm, we run a Young Ranger program, where we offer respite to children aged 8- 21yrs. The aim of this program is to promote confidence and independence and have fun on the farm, while giving much needed respite care to parents and carers. The holiday club predominantly runs in the school holidays. These children have a mix of needs, the most common being from mild to more severe learning disabilities, Autism, Asperger's, communication difficulties, physical disabilities, complex multiple needs, global developmental delay, dyspraxia and physical disabilities.

During their time at the farm it is our duty to keep the Young rangers safe and in a secure environment, while ensuring that we look out for any signs of abuse. These children are very vulnerable, often without an easy way of communicating and expressing how they feel. It is also our responsibility to try to find different ways to allow our Young rangers to express how they feel or what they want to say.

Safeguarding is the action that is taken to promote the welfare of children and vulnerable adults and protect them from harm.

What Safeguarding means:

- protecting children
- preventing neglect and harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

Safeguarding children and child protection [guidance and legislation](#) applies to all children up to the age of 18.

- The Child Protection Procedures apply to all children under the age of 18 years. There are similar procedures in place for the safeguarding of vulnerable adults. Our procedures are the same for pupils aged 19. They also consider any risks to the unborn child.
- Children and young people are abused in families, institutional settings or, more rarely, by strangers.
- Child abuse is caused by someone inflicting harm or knowingly not preventing harm to children.
- There is an increased vulnerability to disabled children and young people because they are more dependent and have less control over their lives and their bodies and are often in the care of many more adults than other children and young people. This emphasises the importance of proactive attitudes and teaching for our pupils and students.

Recognising child abuse and procedures

Types of abuse

There are four main categories of abuse

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

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 induces, illness in a child.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises.

The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas.
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only usually caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. In more severe falls, swelling can develop on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

- Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm because of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, because of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non-organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

- Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

- A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

- It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

- Many scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Indicators in the parent
- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- History of childhood abuse, self-harm, false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else to undertake their child's care.

- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.
- Indicators in the family/environment
- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- History of childhood abuse, self-harm, false allegations of physical or sexual assault or a culture of physical chastisement.

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 how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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 maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends

- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Indicators of in the family/environment
- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- History of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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 because of maternal substance abuse.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child:

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization
- Emotional/behavioural presentation
- Attachment disorders

- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment

Aggressive and impulsive behaviour

- Disturbed peer relationships
- Self-harming behaviour
- Indicators in the parent
- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of
- GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse
- Indicators in the family/environment
- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

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 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 outside of clothing.

They may also 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.

Indicators in the child;

- Physical presentation
- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression
- Indicators in the parents
- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender
- Indicators in the family/environment
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- History of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender

Recruitment and selection

Safe recruitment of staff is the first step to ensuring a safe environment for our learning disabled children at the farm. All of our children, that generally come through our young ranger holiday club 'Young rangers', have increased vulnerability due to their disabilities. They often have little control over their own lives and bodies and are at a higher risk of suffering abuse.

It is essential that our recruitment and selection process follows safe procedures and that all staff, volunteers and apprentices, follow our procedures and understand our safeguarding policies. Little Gate Farm promotes the welfare of adults and children and expects all staff and volunteers to share and promote these values.

Safer Recruitment Training

Little Gate Farm will ensure that staff.....

- Complete thorough safeguarding training, understanding what the indicators of abuse are in children, understand the organisations procedures and understand the policies.
- Implement robust recruitment procedures and checks for appointing staff and volunteers to ensure that reasonable steps are taken not to appoint a person who is unsuitable to work with children, or who is disqualified from working with children, or does not have the suitable skills and experience for the intended role.
- Keep and maintain a single central record of recruitment and vetting checks
- Ensure that the terms of any contract require them to follow all safeguarding procedures and to promote and implement measures described in this procedure.

The following pre-employment checks will be undertaken:

- A completed application/ new starter form
- Interviewing each candidate to assess suitability
- Receipt of at least two satisfactory references, one of which will be from the former or most recent employer
- Verification of the candidate's identity
- A satisfactory DBS check
- Successful completion of their probationary period
- Successful completion of an induction period, which includes online safeguarding training through East Sussex Learning portal and internal training on safeguarding procedures and processes.

Roles and responsibilities

It is the responsibility of the CEO and Head of Little Gate Farm to ensure that:

- Effective policies and procedures are in place, that are followed by all staff and volunteers
- That all safeguarding procedures and policies are completed and that regular training is provided.
- The farm operates safe recruitment procedures and applies appropriate checks on all staff and volunteers who work at the farm.
- Promote welfare of vulnerable adults and children, at all times

It is the responsibility of all existing staff, including volunteers to comply with all safeguarding policies

Advertising

Little Gate Farm supports equal opportunity practice across all elements of employment

Recruitment and selection will, as far as possible, be conducted on an objective basis and will focus on the applicant's suitability for the job and their ability to fulfil the job requirements. Our interest is on the skills, motivations, abilities, qualifications, attitude and the potential of an individual to do their jobs. There will be no discrimination.

Applications

Little Gate Farm will request that candidates submit a CV.

Any gaps in working history will need to be discussed at interview.

If an applicant provides false information, then their application may be rejected or dismissed if already employed.

References

References must be received before the candidate starts their role. One reference must be from a current or former employer. References must be specific to the job that has been applied for

Any past disciplinary or allegations will be dealt with on an individual basis. If the allegations were not proved, unfounded or the issue was resolved some time ago. Or if the allegation is such that it is not of any concern within the realms of the role or relating to a safeguarding issue, and that it is not going to cause any future concerns, then a job offer may still be made.

Self-declaration of convictions by job applicants

All applicants for posts, including volunteers will be asked to declare all criminal convictions, spent, unspent or pending.

The disclosure of convictions, cautions or pending cases will not necessarily prevent employment but will be considered in the same way as positive DBS disclosures.

Interviews

The selection process will include (where applicable):

- Face to face interview
- A workshop or alternative activity, where candidates will work and be observed (supervised at all times), with our young people.
- A written activity

Commencement of Employment prior to satisfactory DBS being received

In a circumstance where a staff member is permitted to work or to complete their induction prior to completion of their DBS, then they must be supervised at all times.

Personal file records

We are committed to safe recruitment and selection procedures to safeguard children. Pre-employment checks ensure that we meet all the relevant legal requirements in this respect. These checks are carried out before an individual starts work at the farm.

We keep a record of these security checks in a central record. Only a provisional offer of employment can be made prior to all the checks below being successfully completed:

From January 2017, Little Gate Farm will retain the following information for each staff member:

- CV and cover letter if submitted
- Interview notes and
- Induction
- References
- Enhanced Disclosure Barring Service (DBS) check
- Proof of identification Evidence of identity Qualifications (if necessary for the post)
- Job/Volunteer application form
- Evidence of eligibility to work in the UK (if appropriate)
- Evidence of the DBS clearance. DBS certificate reference number.

Training and induction

All staff, volunteers, apprentices will undergo effective safeguard training within their induction period. This will ensure that all employees know the values of Little Gate Farm, the purpose, services and structure. It will allow all staff to understand the process of reporting any safeguarding issues and who should be informed and to fully read and understand the safeguarding policy.

How often will training occur:

- The designated lead safeguarding officer: External DSL training course, followed by bi-annual refresher, (external training course).
- All staff (including the safeguarding team)
 - ❖ Completion of e- learning in induction (Safeguarding children and vulnerable adults, through the East Sussex learning portal, or suitable alternative).
 - ❖ Internal processes and procedural training, including signs of abuse on induction
 - ❖ All staff will repeat the online e -learning annually and all staff will attend internal procedures training (must be attended in person bi annually. An online process training with test will also be mandatory, for those who can't make live training).

Staff will learn the following:

- Little Gate farm values, aims, structure and services
- Signs of abuse and how to recognise the indicators
- The process to follow if abuse is suspected, reporting procedures
- Staff responsibilities
- Social media/ photos and permission for photos
- concepts of safeguarding and how they relate to your job
- Safe working practices by employees at Little Gate Farm

- Safeguarding policies
- All staff should clearly understand the need to maintain appropriate professional boundaries in their dealings with children and vulnerable adult
- An ongoing culture of vigilance should be maintained

Staff responsibilities

ROLES AND RESPONSIBILITIES

A designated Professional lead is a requirement under section 11 of the children Act 2004 and reinforcing Together 2015

The role of the Lead is to:

- Ensure staff working with children and vulnerable adults are recruited safely -DBS checks and references are in place
- Staff have training on safeguarding and child protection as part of their induction and have regular training thereafter
- Ensure staff and volunteers have regular supervision
- Ensure Little Gate Farm has robust record keeping and safe and secure storage of information
- Ensure little gate farm has policies and procedures for raising concerns about acts of wrong doing or malpractice in the workplace (whistleblowing)

We believe that safeguarding is the responsibility of all staff at Little Gate Farm, both through the proactive measures outlined above and through sharing any concerns with the designated safeguarding officer (Hannah Briars (DSL), (Deputy DSL), Sam Anderson (Deputy DSL), Niki Ashley (Deputy DSL), Jo Rainsbury Deputy DSL), Gemma Mogford (Deputy DSL)

Reporting Procedures

- If a staff member has concerns relating to a child or young person, they should immediately discuss it with the designated child protection officer, or if they are not available a senior member of staff.
- Concerns must always be given the highest priority.
- It is the responsibility of the Designated Safeguarding Lead to decide upon an appropriate action and they will inform members of staff of the outcome.
- The staff member who has raised the concern must complete a report of the conversation or concerns held, care should be taken to write facts as accurately as possible and give as much information as possible.
- Internal records of concern will be kept in an individual child protection file, made for that individual, and consulted if further concerns are raised.
- Matters relating to child protection will be treated with confidentiality and shared on a need to know basis only.
- In the event of a disclosure by a child, the procedure on how to respond is as follows

If you have concerns about the child or if allegations have been made against an adult.

Where abuse is alleged, listen carefully to what the child says in order to: Clarify the concerns; Offer reassurance about how (s)he will be kept safe; and Explain what action will be taken. Regardless of a child's expressed view, it remains your responsibility to take whatever action is required to ensure her/his safety and that of any other children

Tell your Designated safeguarding lead (DSL) or Deputy DSL **immediately**. This can be via call or in person. If emailing, you must ensure they have received it.

- **Safeguard team - 01797 260580** – Hannah Briars (DSL), in her absence, Sam Anderson, , Niki Ashley (Deputy DSL), Jo Rainsbury, Gemma Mogford

If they are not present inform your manger, who will act immediately. If none are present, then **you** must act **immediately**.

Allegations against adults who work, volunteer or care (e.g. foster carers) for children, must be referred to:

Local Authority Designated Officer (LADO) Phone: 07825 782793,

Discuss with the DSL, or deputy DSL in their absence – **immediately**.

- Reach a shared understanding of the family situation
- Agree on the next course of action – if abuse suspected, follow below. If a minor concern, record

Abuse discovered with apprentices, or supported employment trainees under 18 yrs... see young person sprogram safeguarding process

i.e. Young rangers

Where appropriate, it's good practice to talk to appropriate family members about your concerns before contacting child social services, except where you think this would place a child or adult at risk of harm in which case call SPOA first. You may choose not to talk to the parent first if:

- Place the child at risk of Significant Harm e.g. by the behavioural response from parent that it may prompts
- Place others at risk
- Leads to the risk of losing evidential material.

If the parents are not known to us, it may be appropriate to contact the school for further advise before SPOA.

i.e. Educational visits, where family and family circumstances are not known to us

Contact school

Where children attend from school and the parents/ carers are not known to Little gate farm i.e. on our educational program, or where the school is involved with the farm in some circumstances it may be appropriate to go to the school, as a first action. If the school are not felt/ seen to be dealing with it appropriately, then talk to SPOA.

If a crime has been committed call 101, or 999 if immediate danger is suspected. Otherwise contact SPOA (Single Point of Advise team) to make a referral. 01323 464222.

SPOA are the first point of contact if you have a concern about the welfare of a child. Contact the single point of advice team if you are a parent, carer or professional responsible for children and need help from children's services.

In some circumstances you may speak to the parent or SPOA, before contacting 101.

Actions to take before you contact SPOA – If you are unsure or have any questions you can call SPOA for advice

- The Single Point of Advice (SPOA) advises staff with Level 3 or 4 concerns (targeted and child protection services).
- You must discuss your concerns with your organisation's safeguarding lead to discuss the level of need on the <https://czone.eastsussex.gov.uk/Continuum>
- The only exception to this is if a staff and DSL or deputy DSL, assess that the child is at immediate risk of significant harm. If so they should phone 999 immediately making it clear their concern is about immediate risk. If the DSL or deputy DSL is not available then the staff member should contact SPOA immediately.

Has a crime been committed or there is current/ immediate

If not happy with way school are handling the safeguarding

Has a crime been committed or there is current/ immediate

If not happy with way school are handling the safeguarding

Record the incident and your actions, using the appropriate safeguarding documentation and pass to the DSL or deputy DSL, for submitting to SPOA or school. Ensure information is confidential and secure. The information must not be left

unsecure, it **must not** be saved on Sharepoint The DSL will secure in the safeguarding file in a locked cabinet and **send to the appropriate source as requested. i.e. school or SPOA or children services only. Ensure that confidentiality is always adhered to .**

Ensure the DSL is informed of all safeguarding actions taken as soon as possible and that records are all stored at the central file at the farm office. For supported employment safeguarding's, a copy can also be stored at the Supported employment office.

Young person's Program Safeguarding procedures

Abuse or safeguarding issue is discovered or suspected

Where abuse is alleged, listen carefully to what the young person says in order to: Clarify the concerns; Offer reassurance about how (s)he will be kept safe; and Explain what action will be taken. Regardless of a young persons expressed view, it remains your responsibility to take whatever action is required to ensure her/his safety

If staff or your DSL/ Deputy DSL are suspected or implicated in abuse, then consult CEO, then Adult social care or the LADO (if they are with child services)

- Adult social care safeguarding 0345 6080191
- CEO – Andrea Randall- Smith 07902750542
- Local Authority Designated Officer (LADO) Phone: 07825 782793

Tell your Designated safeguarding lead (DSL) or Deputy DSL **immediately**. This can be via call or in person. If emailing, you must ensure they have received it.

- **Safeguard Team 01797 260580** – Hannah Briars (DSL), in her absence, Sam Anderson, , Niki Ashley (Deputy DSL), Jo Rainsbury (deputy DSL), Gemma Mogford (Deputy DSL)
 - If they are not present inform your manger, who will act immediately. If none are present, then **you** must act **immediately**.
 - **If the safeguarding lead is not available, then you must act.** In an emergency call 999, yourself.

Discuss with the DSL, or deputy DSL in their absence – **immediately**.

- Reach a shared understanding of the family situation
- Agree on the next course of action – if abuse suspected, follow below. If a minor concern, record chronological order or events

Determine what services they are with i.e. child, transitions?

Talk to parents

Where appropriate, it's good practice to talk to appropriate family members about your concerns before contacting child social services, except where you think this would place a child or adult at risk of harm in which case call SPOA/ transitions first. You may choose not to talk to the parent first if:

- Place the child at risk of Significant Harm e.g. by the behavioural response from parent that it may prompts
- Place others at risk
- Leads to the risk of losing evidential material.

When it is not appropriate to talk to the parents first

Has a crime been committed or there is current/ immediate risk

Dependent on service they access, transitions, or SPOA?

A decision may be made, that small concerns, that are not safeguardings on their own, i.e. not brushing teeth, coming in dirty clothes to the farm, not washing hair regularly. These may not be a safeguarding in themselves, but could build up a larger picture over time, which may then be reported as a safeguarding. Log the incident and record a chronological order of events.

If a crime has been committed call 101, or 999 if immediate danger is suspected. Otherwise contact SPOA (Single Point of Advice team) to make a referral. 01323 464222.

SPOA are the first point of contact if you have a concern about the welfare of a child. Contact the single point of advice team if you are a parent, carer or professional responsible for children and need help from children's services.

In some circumstances you may speak to the parent or SPOA, before contacting 101.

If they have moved on from child services, inform the social worker if known:

Eastbourne social services-

East sussex Transitions – 01323 466166

If no social worker, or if adult social care are closed, call the emergency line on: 0345 6080191

If with child services

The Single Point of Advice (SPOA) advises staff with Level 3 or 4 concerns (targeted and child protection services).

You must discuss your concerns with your organisation's safeguarding lead to discuss the level of need on the <https://czone.eastsussex.gov.uk/Continuum>

The only exception to this is if a staff and DSL or deputy DSL, assess that the child is at immediate risk of significant harm. If so they should phone 999 immediately making it clear their concern is about immediate risk. If the DSL or deputy DSL. is not available then the staff member should contact SPOA

Has a crime been committed or there is current/ immediate risk

Dependent on service they access, transitions, or SPOA?

Record the incident and your actions, using the appropriate safeguarding documentation and pass to the DSL or deputy DSL. Ensure information is confidential and secure. The information must not be left unsecure, it **must not**

be saved on Sharepoint The DSL will secure in the safeguarding file in a locked cabinet.

Ensure the DSL is informed of all safeguarding actions taken as soon as possible and that records are all stored at the central file at the farm office. For supported employment safeguarding's, a copy can also be stored at the Supported employment office.

Designated Lead Contacts

Safeguarding role	Name	Contact
Designated safeguarding lead of LGF	Hannah Briars	01797 260580 (main office)/ 01797 260125 (log cabin) Work mob: 07498585488
Farm – Deputy Safeguarding lead - adults		01797 260580 (main office)/ 01797 260125 (log cabin)
Farm – Deputy Safeguarding lead - adults	Sam Anderson	01797 260580 (main office)/ 01797 260125 (log cabin)
Farm - Deputy Safeguarding lead - children	Jo Rainsbury	01797 260580 (main office)/ 01797 260125 (log cabin)
Farm – Deputy Safeguarding lead - children	Niki Ashley	01797 260580 (main office)/ 01797 260125 (log cabin)
Supported employment Deputy Safeguarding lead – adults Deputy Safeguarding lead - Young people’s program	Gemma Mogford	T: 01424 423505, M: 07498583299

The Single Point of Advice (SPOA) advises practitioners with Level 3 or 4 concerns (targeted and child protection services).

You must discuss your concerns with your organisation's safeguarding lead to discuss the level of need on the [Continuum of Need](#).

The only exception to this is if a practitioner and safeguarding lead manager assess that the child is at immediate risk of significant harm.

If so they should phone SPOA immediately making it clear their concern is about immediate risk. If the safeguarding lead is not available then the practitioner should contact Spoa immediately.

2. What SPOA will ask you

- If you have checked the Children Index (if you have access to it) to see if a service is already supporting the child
 - If so have you spoken to that service
- Who else you have spoken to
- For details of child/family
- For a summary of your concerns
- If you have referred to the [Continuum of Need](#)?
- If you need to report a child protection concern using our form

Reporting a child protection concern using a form

You can report a child protection concern manually by form, download the [Statement of Referral form \(opens new window\) \(Word, 806k\)](#) or find it on the [the East Sussex Local Child Safeguarding Board website](#). The SPOA team will advise you if you need the form or not.

3. Contacting the Single Point of Advice

Phone: 01323 464222

Email: 0-19.SPOA@eastsussex.gov.uk or

Secure email: 0-19.SPOA@eastsussex.gcsx.gov.uk

Opening hours: Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4.30pm

For out of hours enquiries please contact our [Emergency Duty Service](#).

The Council doesn't normally offer advice about Level 1 and 2 needs – instead we have a page on [advice for families](#).

Taking a disclosure

- Remain calm
- Reassure child if distressed
- Let the child know you will help
- Listen carefully if any information is given
- Take what is said seriously

What to avoid:

- Doing nothing
- Delaying help
- Don't take sole responsibility, consult someone else, in particular the designated safeguarding lead.
- Don't show distaste or shock
- Don't speculating about what may have happened
- Don't make negative comments
- Don't make promises you can't keep
- Don't expressing disbelief
- Don't ask leading questions e.g. did your.....do that?
- Don't tell the pupil off e.g. Why didn't you tell me before?
- Don't agree to keeping information secret

If any conflict between the needs of the child and those of the parents/carers arise, the needs of the child must be put first. However, it is crucial to try to maintain our relationships with parents/carers during any Safeguarding process, although clearly this has sensitivities and potential demands. Prioritising the child does not prevent us from giving support to parents and showing them compassion.

Due to the close professional relationship with children at the farm (Young Rangers), staff are also vulnerable to allegations. These accusations may be false, malicious or misplaced. They may also be true. On the extremely rare likelihood that this happens all concerns should be taken directly to the Chief executive. If the allegations are against the chief executive, the Chair of Trustee will be contacted.

SUPPORTING STAFF

We recognise that staff at Little Gate Farm who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with the child protection officer and through supervision, and to seek further support as appropriate.

Storage of material

Little Gate Farm must:

- know the reason why we are keeping records about children and/or adults (for example, because they relate to protection concerns)
- Assess how long we need to keep the records for
- Have a plan for how and when the records will be destroyed – retention period
- To keep personal information secure,
 - compile and label files carefully
 - keep files containing sensitive or confidential data secure and allow access on a 'need to know' basis
 - keep a log so you can see who has accessed the confidential files, when, and the titles of the files they have used.

If you are keeping records for child protection reasons, you don't necessarily need to get consent from the adults and/or children concerned.

- Keep an accurate record, using the standard Little Gate reporting forms that Little Gate farm use for both adult and child safeguarding concerns.
 - the date and time of the incident/disclosure
 - the date and time of the report
 - the name and role of the person to whom the concern was originally reported and their contact details
 - the name and role of the person making the report (if this is different to the above) and their contact details
 - the names of all parties who were involved in the incident, including any witnesses
 - the name, age and any other relevant information about the individual who is the subject of the concern (including information about their parents or carers and any siblings)
 - what was said or done and by whom
 - any action taken to look into the matter
 - any further action taken (such as a referral being made)
 - Make sure the report is factual. Any interpretation or inference drawn from what was observed, said or alleged should be clearly recorded as such. The record should always be signed and dated by the person making the report.

Records retention and storage guidelines

- Storage of child protection records, whether your child protection records are electronic or paper-based, they need to be kept confidential and stored securely.
- Electronic files should be password protected and stored on computers with protection against hackers and viruses.
- Information about child or adult protection concerns and referrals should be kept in a separate protection file for each trainee, rather than in one 'concern log'.
- The protection file should be started as soon as you become aware of any concerns.
- Safeguarding files will be stored away from their general files/ application files

- If you need to share records (within your own organisation or externally), make sure they are kept confidential.
- If your staff and volunteers use their personal computers to make and store records, you need a clear agreement to ensure the records are being stored securely. This will occur in safeguard training during staff inductions. If the person responsible for managing your child and adult protection records leaves your organisation, make sure you appoint somebody to take over their role and arrange a proper handover.

Retention periods

- All safeguarding records will be storage for 7 years after the individual has passed away, this is in line with the policies from adult social care (confirmed on 18/11/19, 01797 724444)
- If the Little Gate Farm closes as an organisation, arrangements will be made to transfer these documents to the appropriate social care team.

We will not store copies of criminal records (DBS) check certificates unless there is a dispute about the results of the check. Instead, a confidential record should be kept of:

Destruction of safeguarding documentation

When disposing of any safeguarding documentation, the information must be shredded

At the same time any electronic versions of the record must be purged.

If Little Gate Farm closes down, we must make arrangements for the ongoing management of records. This includes the review, retention and disposal of records.

Reviewing your protection records retention and storage policy

Little Gate Farm will review our safeguarding policy, which includes, records retention and storage, regularly, to make sure it is effective and continues to comply with current legislation and guidance. This will be carried out as part of a wider review of safeguarding policies and procedures.

Summary: key points to consider You must consider the following questions when developing or reviewing protection records retention and storage elements of the safeguarding policy.

- Is our record-keeping in line with data protection principles?
- What records will we retain and for what purpose?
- How will the records be stored and who will have access to them?
- How long should we retain records for?
- Do we need to follow any statutory requirements about the retention of our records?
- What arrangements do we need to destroy them?
- Do our local safeguarding agencies provide guidance on record retention and destruction that we are expected to follow?

Useful contacts

- Designated safeguard leads at Little Gate Farm

Safeguarding role	Name	Contact
Designated safeguarding lead of LGF	Hannah Briars	01797 260580 (main office)/ 01797 260125 (log cabin) Work mob: 07498585488
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Farm – Deputy Safeguarding lead - children	Niki Ashley	01797 260580 (main office)/ 01797 260125 (log cabin)
Supported employment Deputy Safeguarding lead – adults Deputy Safeguarding lead - Young people’s program	Gemma Mogford	T: 01424 423505, M: 07498583299

- Local Authority Designated Officer (LADO)
Phone: 07825 782793
- Single Point of Advice (SPOA)
Phone: 01323 464222
Email: 0-19.SPOA@eastsussex.gov.uk or
Secure email: 0-19.SPOA@eastsussex.gcsx.gov.uk
- In an emergency call 999

