



CHELTENHAM
BOROUGH COUNCIL

Safeguarding Handbook

**Policy, Procedures and Guidance for Cheltenham
Borough Council Employees, Casual Workers,
Volunteers and Elected members**

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1. Policy Statement

1.1 Aims

Cheltenham Borough Council is committed to safeguarding the welfare of children and vulnerable adults when they come into contact with the services that we provide either directly or indirectly through contracts with third parties (including arrangements with shared services).

To ensure effective measures are in place, we work with the Gloucestershire Safeguarding Children's Board (GSCB) and the Gloucestershire Safeguarding Adults Board (GSAB). This policy is designed to function within their policies and procedures. From time to time we will make amendments to this policy based on recommendations arising from the GSCB or GSAB and in line with changes in legislation or best practice.

This policy aims to:

- Protect children and vulnerable adults from deliberate harm while using Council services by ensuring services have safe working practices in place.
- Ensure that employees, casual workers, volunteers and elected members associated with Cheltenham Borough Council are able to report any safeguarding concerns appropriately.
- Ensure employees, casual workers, volunteers and elected members have effective training and support to allow them to safeguard children and vulnerable adults

1.2 Legislative Framework

The statutory framework for this work is:

- Protection of Freedoms Act 2012
- Safeguarding Vulnerable Groups Act 2006
- Working Together to Safeguard Children 2006
- Children's Act 1989 and 2004
- Safeguarding Children in Schools 2004
- Data Protection Act 1998

1.3 Definition of a 'child'

This policy defines a child as under 18 years of age. This also includes unborn babies.

1.4 Definition of a 'vulnerable adult'

This policy defines a vulnerable adult as a person 'who is or may be in need of community care services by reason of mental or other disability, age or illness, **and** who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. The term 'community care services' includes all social and health care services provided in any setting or context. (No Secrets, Department of Health March 2000, section 2.3 and 2.4)

1.5 Whistle Blowing Procedures

The Council is committed to the highest possible standards of openness, probity and accountability. In line with that commitment we wish to encourage employees and

others with serious concerns about any aspect of the Council's work to come forward and voice those concerns.

The Council has an agreed whistle blowing policy that provides for a procedure for employees to raise concerns and receive feedback on any action taken. It also allows employees to take the matter further if they are dissatisfied with the Council's response and reassures employees that they will be protected from reprisals or victimisation for whistle blowing in good faith.

[Full whistle blowing policy](#)

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2 Responsibilities

2.1 Safeguarding Champions

Cheltenham Borough Council's Safeguarding Champions are responsible for overseeing the Council's safeguarding policy and ensuring it meets its statutory obligations. They are responsible for removing barriers to its implementation. They will promote the importance of safeguarding both internally within the Council and externally with partner agencies and the wider community.

- The Safeguarding Champion (Officer) is the Chief Executive Officer.
- The Safeguarding Champion (Elected Member) is the Cabinet Member Responsible for Housing and Safety.
- The Allegations Management Champion is the Partnerships Team Leader

2.2 Lead Designated Safeguarding Officer

The Lead Designated Safeguarding Officer is responsible to support and advise on the implementation of the policy and statutory duties associated with it.

This will include:

- Providing advice to services, management teams, officers and elected members;
- Alerting the senior leadership team and cabinet to any changes to legislation, serious case reviews or incidents that may impact on safeguarding at the Council;
- Work in partnership with external partners to ensure children and vulnerable adults are safeguarded effectively;
- Support the referral processes and protocols outlined in this policy;
- Be responsible for the allegations management process;
- Liaise with GO shared services in terms of safer recruitment and training;
- Complete any audits required by the GSCB;
- Update the policy as necessary;
- Oversee any complaints made through the escalation of professional disagreements;
- Promote the importance of safeguarding across the organisation;
- Support the monitoring of commissioned services with regards to safeguarding.

The Lead Designated Safeguarding Officer is the Partnership Team Leader.

2.3 Directors

Directors are responsible for ensuring that their service areas and any of their services that are commissioned out comply with the safeguarding policy. There will be a requirement in the annual assurance certificates to confirm compliance. Directors must ensure:

- Services have safe systems of work and local protocols;
- Training needs of staff have been identified, recorded and undertaken;
- Safer recruitment is undertaken;
- Sufficient designated officers are identified within their services and a representative regularly attends the designated officer group;
- Safeguarding is discussed regularly at relevant divisional management meetings, team meetings and 1.2.1's.

2.4 Designated Safeguarding Officers

Directors will nominate a number of designated safeguarding officers from within their service areas. These officers will:

- Ensure other staff are aware of any important changes to the Council's policy and ensure only up to date paper copies are kept
- Support the implementation of safe practices regarding safeguarding in their service area and promote safeguarding in their everyday practices.
- Support the identification of any additional training they or their team need
- Be supportive when contacted by a member of staff regarding a safeguarding concern
- Attend when possible the internal Designated Safeguarding Officer Group

2.5 All Employees, Casual workers and Volunteers

It is the responsibility of everyone who works with children or vulnerable adults to help safeguard their wellbeing. Employees, casual workers and volunteers must always:

- Report their concerns about a child or vulnerable adults welfare or someone else's behaviour in regards a child or vulnerable adult as outlined in this policy.
- Adopt good practice in terms of safeguarding at all times when working with children or vulnerable adults
- Follow correct information sharing procedures to maintain strict levels of confidentiality without compromising the safety of children or vulnerable adults
- Seek support or raise concerns with either, their line manger, a designated officer or the Lead Designated Safeguarding Officer when necessary.
- Undertake training as directed by their manager and identify any additional training needs they have.

2.6 Elected Members

Elected members are uniquely placed to support the safeguarding of children and vulnerable adults within their community. They can also provide effective leadership to ensure that Cheltenham Borough Council is fulfilling its corporate responsibility. Elected members should always:

- Report their concerns about a child or vulnerable adults welfare or someone else's behaviour in regards a child or vulnerable adult as outlined in this policy.
- Adopt good practice in terms of safeguarding at all times when carrying out their Council duties.
- Follow correct information sharing procedures to maintain strict levels of confidentiality without compromises the safety of children or vulnerable adults
- Seek support or raise concerns with either, the Lead Designated Safeguarding Officer or the Council's Safeguarding Champions when necessary.

2.7 Commissioned Services

When the Council commissions services to be delivered on its behalf it still retains a duty to ensure that those services comply with relevant statutory safeguarding responsibilities. The Cheltenham Borough Council lead commissioner for the individual contract will be responsible with the support of the Lead Designated Safeguarding Officer and One legal to ensure compliance with safeguarding regulations at all stages of the commissioning process. The Director of the Commissioning division will keep an overview of all contracts to ensure that the aims of this safeguarding policy are embedded at all times.

3 Safer Recruitment

3.1 Disclosure and Barring Scheme

(formally the Criminal Records Bureau and Independent Safeguarding Authority)

Every Director with the support of their service managers will carry out an annual risk assessment of the posts within their division to identify the potential risks to child and vulnerable adults and to the post holder. The risk assessment checklist is in appendix 1

The risk assessment will detail procedures to minimise any risks, and will also be a means of determining the training requirements of the post holder, and what level of disclosure and barring scheme check is needed (to be verified by HR).

These risk assessments will be reviewed on an annual basis through the divisions' certificate of assurance form which will form part of the Council's annual governance statement (AGS) process. The certificates are reviewed by the corporate governance group and the AGS is reported annually to full council at the end of June. Risk assessments will also be reviewed in response to any incident.

Through the risk assessment process, the Council will identify a list of posts where as a result of the nature of their work we will carry out disclosure and barring scheme checks both prior to their commencing employment and on a regular basis during employment. The type of the check carried out will depend on the nature of the post.

3.2 Pre Employment

- The advertisement for any relevant post should include reference to the importance of safeguarding and that Cheltenham Borough Council practices safer recruitment.
- For posts where employees or casual workers routinely come in contact with children and/or vulnerable adults, at least one member of the interview panel must have completed approved training in safer recruitment.
- The application form will elicit information about an applicant's past and a self-disclosure about any criminal record.
- For relevant posts consent should be obtained from applicants to seek information from the Disclosure and Barring Scheme.
- Two confidential references, including one regarding previous work with children and/or vulnerable adults will be sort. Whenever possible, these references must be taken up prior to interview and always before appointment is made. It is important that at least one member of the interview panel has access to the references to ensure they verify information given in the interview.
- Interviews should be carried out following Cheltenham Borough Council recruitment and selection policies and procedures and include:
 - A check that the application form has been signed and completed in full (including sections on criminal records and self-disclosure). On line applications should be signed at interview.
 - Verification of qualifications
 - Evidence of identity should be provided.
 - Clarification of job requirements and responsibility

3.3 During employment

All employees, casual workers and volunteers should receive formal and informal induction during which:

- Child and vulnerable adult protection procedures are explained and training needs identified.

- They are made aware of the Safeguarding Policy.
- On completion of induction, staff and volunteers will be required to complete and sign a declaration to confirm they have read and understood the Safeguarding Policy section one and two of the Safeguarding Policy and that they will carry out their roles in line with the policy. Completion of this will be recorded on the Learning Gateway.

Discussions about Safeguarding will also be included on a regular basis on all relevant team meetings, 1-2-1s supervisions and appraisals to ensure staff and volunteers are up to date in their knowledge and understanding of the safeguarding and that it is integrated within their daily working practices. It is important that staff are able to raise safeguarding concerns and discuss best practice at regular intervals.

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4 Training

4.1 Levels of training

| | <u>Safeguarding Children</u> | <u>Safeguarding Adults</u> | <u>CAF (Common Assessment Framework)</u> |
|---|---|---|--|
| All Staff | Awareness of policy at induction | Awareness of policy at induction | None |
| Group One Those who have infrequent short contact with children or vulnerable adults. Not a primary function of their job | E-learning through the learning gateway: <ul style="list-style-type: none"> • Basic awareness | E-learning through Kwango: <ul style="list-style-type: none"> • Safeguarding adults at risk | None |
| Group Two Those who have enhanced CRB checks due to their work with children or vulnerable adults | First awareness training - Face to face half day course by approved trainer. If staff have to wait more than one month for a course they should undertake the learning gateway basic awareness e-learning course. Update through e-learning every 3 years. At managers discretion e - learning through Kwango: <ul style="list-style-type: none"> • Hidden harm • Domestic abuse | E-learning through Kwango: <ul style="list-style-type: none"> • Safeguarding adults at risk • Deprivation of liberties • Mental capacity | At managers discretion e-learning through Kwango : <ul style="list-style-type: none"> • Introduction to CAF • Information sharing • Lead professional |
| Designated Officers | First awareness training - Face to face half day course by approved trainer Update through e-learning every 3 years. E-learning through Kwango: <ul style="list-style-type: none"> • Hidden Harm • Domestic Abuse • Safeguarding Leadership | E-learning through Kwango: <ul style="list-style-type: none"> • Safeguarding adults at risk • Deprivation of liberties • Mental capacity | E-learning through Kwango: <ul style="list-style-type: none"> • Introduction to CAF • Information sharing • Lead professional |

| | | | |
|-------------------------------|---|-----------------|-----------------|
| Nominated Champions | E-learning through Kwango: <ul style="list-style-type: none">• Safeguarding Leadership. | None at present | None at present |
| Informal Opportunities | Cheltenham Safeguarding Forum, GSCB updates mailing list, GSCB Road shows, Cheltenham Lead Professional Forum | | |

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4.2 How to access training

Information about safeguarding should be included in employee, casual worker and volunteer induction by their manager/supervisor. It should be relevant to the person's area or work. It is also included in corporate induction training and induction for new members.

Requests for face to face training should be made through the Learning gateway to the learning development team. Basic child protection e-learning can be accessed through the learning gateway. All other e-learning can be accessed online through the safeguarding homepage on the intranet or by emailing the Partnership Team Leader for passwords.

E-learning courses are at present free however there a charge may be made for any face to face training.

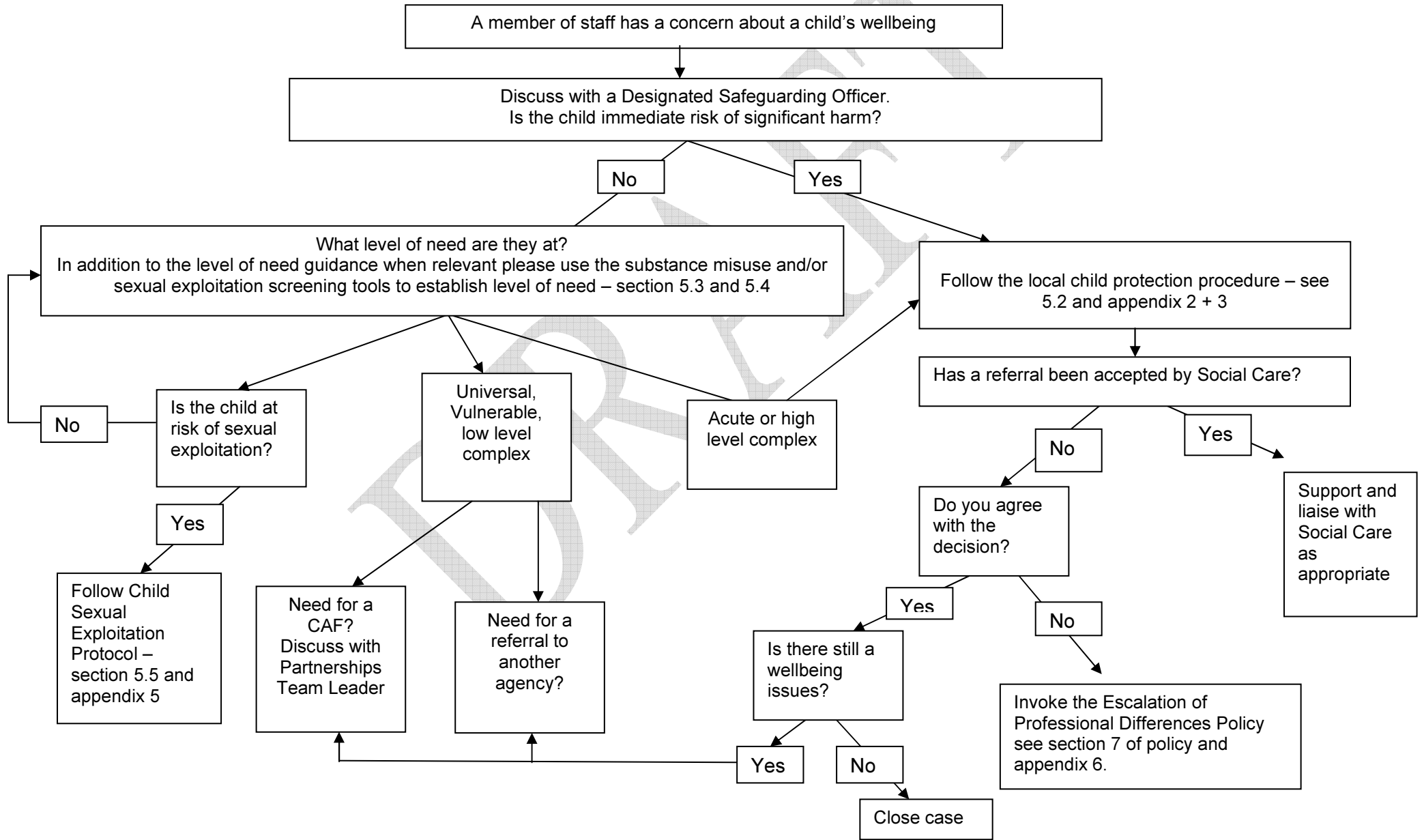
4.3 Recording and monitoring

Successful completion of safeguarding training must be recorded on the learning gateway, by the person who has undertaken the training. The level of training needed by each member of staff will be inputted into the gateway by the Learning and Development Team using information provided by Human Resources and service managers. The learning gateway will be used to monitor up take of training and produce reports for Senior Leadership Team.

All employees, casual staff, volunteers and elected members will be asked to acknowledge that they have read and understood the section 1 and 2 of this handbook when they first begin undertaking duties on behalf of the Council.

5 How to Report Concerns

5.1 Concerns about Children



5.2 Children at immediate risk of significant harm

If a member of staff, volunteer or elected member believe a child is a risk of immediate significant harm they should follow the below procedure as soon as possible.

An employee, casual worker, volunteer or elected member at Cheltenham Borough Council has concerns

If anyone has a concern about the well being of a child (or unborn baby), then that person should:-

Consultation with the Lead Designated Safeguarding Officer (or any designated safeguarding officer in their absence)

share their concerns with a designated officer to help clarify the nature of their concerns

Completion of written record – use form CVA (Appendix 2)

complete a written record of the nature and circumstances surrounding the concern including any previous concerns held

Contact social workers for advice if necessary

in those cases where you have a concern but are unsure about how to proceed contact the

Children's Help Desk Tel: 01452 426 565

and ask to speak to a social work practitioner

Contact the children's helpdesk

In those cases where you are clear a social work assessment is required make a referral to the:

Children's Help Desk Tel: 01452 426 565

within 24 hours (immediately if the concerns are about physical injury or sexual abuse). The social care team will then take responsibility for managing any subsequent enquiries. The referrer should confirm the details of the concern to social care, in writing, within 48 hours using the request for service form (Appendix 3).

Resolving professional Difference (escalation policy) see section 7 of this policy

Remember to use the 'resolution of professional difficulties (escalation) procedures if you are left feeling that the response from social care has not addressed your concerns for the child.

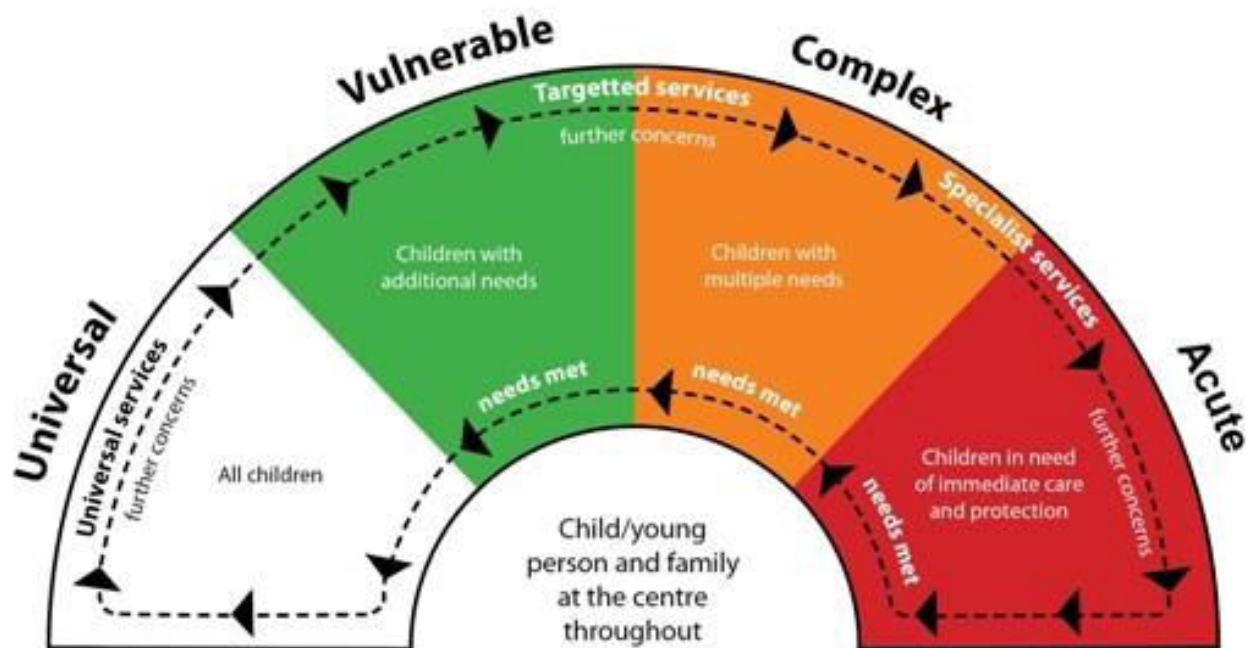
For out of hours social work advice please contact the **Emergency Duty Team on 01452 614 194**

5.3 Levels of needs - children

If a child is not at risk of immediate significant harm it may still be necessary to make referral to social care or another agency.

The flow chart at the start of the section shows what action should be taken depending on the level of need of the child.

The levels of need in Gloucestershire are defined as:



Needs may:

- be 'universal' (mostly met by their families and universal services)
- lead children to be 'vulnerable' (likely to need specific support from a single agency to meet an additional need)
- be 'complex' (likely to require targeted services from more than one agency)
- be 'acute' (likely to need coordinated intervention led by a professional from a statutory or specialist agency)

[Further guidance on the level of interventions can be found here](#)

5.4 Parental Substance misuse

Parental substance misuse can have a significant impact on a child. To support professionals to identify the impact and support them to refer appropriately a screening tool has been developed to help identify what level of need the substance misuse is placing the child at. This will enable professionals to take the correct action (appendix 4)

5.5 Child sexual exploitation

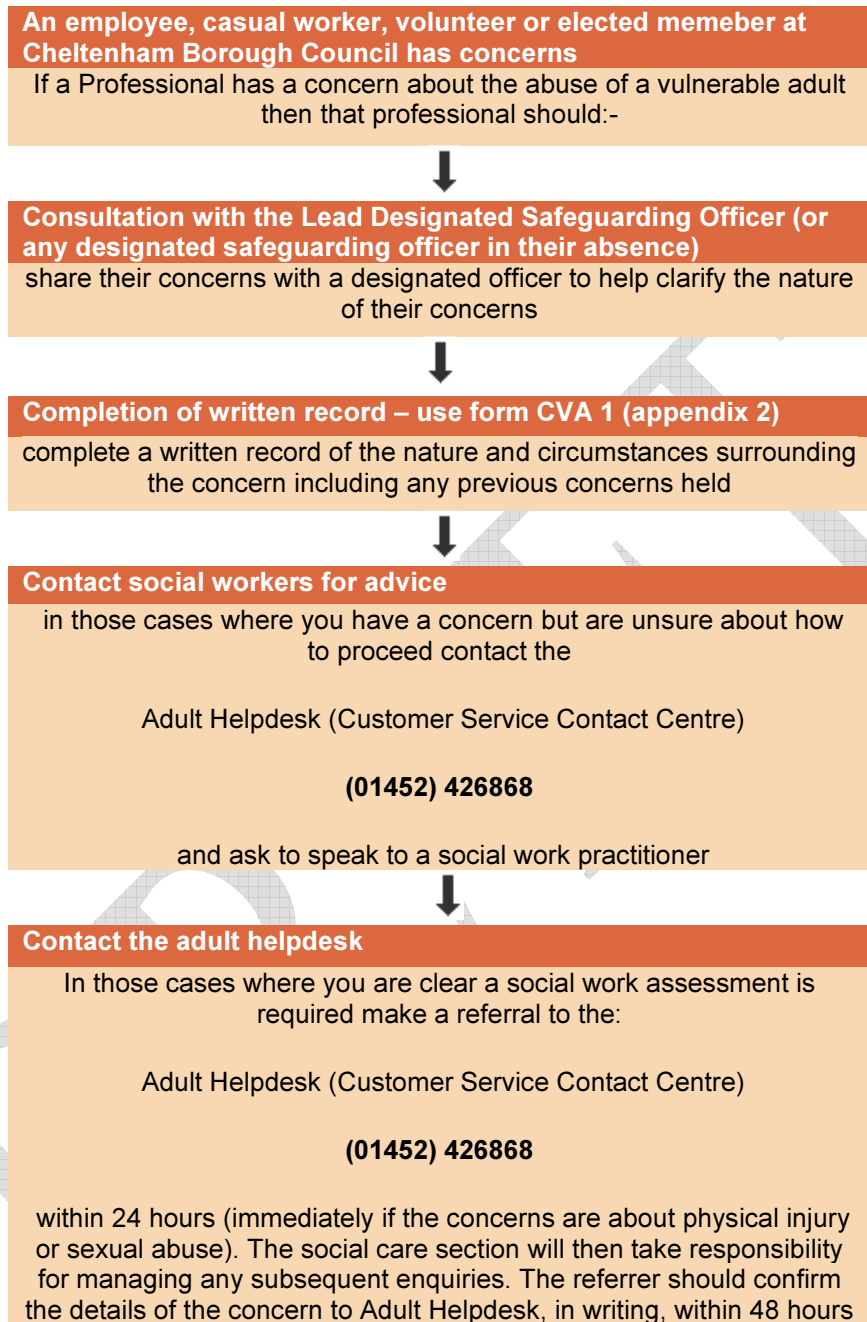
If an employee, casual worker, volunteer or elected member suspects child sexual exploitation they should use the CSE screening tool to identify the risk and refer to the Police's Central referral unit (appendix 5).

5.6 Children with unmet needs

If a child has an unmet need but does not fit into the categories outlined in 5.2, 5.4 or 5.5 it may be necessary to consider a CAF or make a referral to another agency. In these cases the Lead Designated Safeguarding Officer should be contacted to advise on the most appropriate course of action.

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5.7 Concerns about vulnerable adults



Some instances of abuse will constitute a criminal offence. In this respect, vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. When complaints about alleged abuse suggest a criminal offence may have been committed, it is imperative that reference should be made to the Police as a matter of urgency. Criminal investigations take priority over all other lines of enquiry.

5.8 Definitions of abuse – vulnerable adults

Abuse is a violation of an individual's human and civil rights by any other person or persons. (No Secrets, Department of Health March 2000 section 2.5) Abuse can consist of a single act or repeated acts. It may be physical, verbal, or psychological. It may be an act of neglect or omission to act, or it may occur when a vulnerable person is persuaded to enter into financial

or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

The categories of abuse:

- **Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication or inappropriate sanctions or restraint.
- **Sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured to consent,
- **Psychological abuse**, including emotional abuse, threats of harm, or abandonment, deprivation of contact, humiliation or blaming.
- **Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Discriminatory abuse**, this abuse is motivated by discriminatory and oppressive attitudes towards race, gender, cultural background, religion, physical and/or sensory impairment, sexual orientation and age. Discriminatory abuse manifests itself as physical abuse/assault, sexual abuse/assault, financial abuse/theft and the like, neglect and psychological abuse/harassment, including verbal abuse.
- **Institutional abuse, neglect and poor professional practice**. This may take the form of isolated incidents of poor or unsatisfactory practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other end ("No Secrets" – sections 2.22 to 6.37).

Any or all of these types of abuse may be perpetrated as a result of deliberate intent, negligence or ignorance.

5.9 When responding to a concern about a child or vulnerable adult always remember

- Don't stereotype children, their families or vulnerable adults. Although there are risk factors for certain types of abuse, abuse can happen to anyone in any family regardless of ethnic origin, religion, social group or disability
- Remain calm. It is important to remain calm especially in front of the child or vulnerable adult involved. It can be difficult for people to talk about the abuse they may be suffering. If you remain calm and listen to them they will be more likely to open up to you.
- Always follow the correct procedures. This will help protect yourself and the child/vulnerable adult and ensure that concerns are dealt with appropriately.
- Be honest and open. Explain to the child/vulnerable adult involved as soon as you realise there may be a safeguarding issue and that you may have to share information they are telling you with other people. Make sure you explain to them who you may need to tell and why.
- Seek help if you need to. Abuse needs to be tackled through a multi agency approach you should not try to deal with the problem on your own. Social care and the Police are experts in safeguarding and happy to offer advice at any stage.
- Keep a clear written record. You may not remember the facts clearly after the event so make a record as soon as reasonably possible using **form CVA**. Make sure this record is as factual as possible do not exaggerate events or underplay them, simply record the facts.
- Maintain the child and family or vulnerable adults confidentiality at all times. Only discuss the cases with the people outlined in this policy. safeguarding issues can be emotionally distressing so there will be temptation to discuss them with

colleagues however this should be avoided as it can distort the magnitude of the situation as well as breach confidentiality.

- When dealing with children if appropriate involve parents. It is often beneficial to talk to the child's parents or carers about the child protection concern. It can quickly clear up misunderstandings and helps maintain good relationships between staff and families. However parents should not be told if doing so may further endanger the child. The decision whether or not to talk to the parents or carers should be taken in conjunction with a designated officer.

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6 Information Sharing

The Council takes its data protection responsibilities seriously to ensure that personal data is always dealt with in accordance with the Data Protection Principles. All data will be protected in line with Cheltenham Borough Council's Data Protection Policy. It is important to remember that the Data Protection Act is not a barrier to sharing information and that the requirement for child and vulnerable adult protection overrides the restrictions of data protection.

Points to remember when sharing information (from a GSCB Leaflet)

- Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or family where appropriate) from the outset about why, what, how and with whom information will be shared and seek their agreement, unless it is inappropriate to do so.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share consent where appropriate and, where possible respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- Consider safety and well being: base your information sharing decisions on considerations of the safety and well being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

7 Escalation of professional disagreement

7.1 Escalation of professional disagreement procedure

- **Stage One**
Any member of staff or volunteer who feels that a decision is not safe or inappropriate should initially consult a designated officer to clarify their thinking in order to identify the problem; to be specific as to what the disagreement is about; and what they aim to achieve.
- **Stage Two**
Initial attempts should be taken to resolve the problem at the lowest possible level. This would normally be between the people who disagree. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported. If necessary a designated officer will support an employee, casual worker or volunteer.
- **Stage Three**
If the problem is not resolved at stage two the employee, casual worker or volunteer should contact the Lead Designated Safeguarding Officer who will raise the concern with the equivalent supervisor/manager in the other agency.
- **Stage Four**
If the problem is not resolved at stage three the Lead Designated Safeguarding Officer reports to the Safeguarding Champion (Officer). The managers from each agency will attempt to resolve the professional differences through discussion.
- **Stage Five**
If it has not been possible to resolve the professional disagreement within agencies concerned, the Safeguarding Champion (Officer) will raise the disagreement with the relevant Gloucestershire Safeguarding Board.

7.2 Recording the professional disagreement

At all stages of the process actions and decisions must be recorded in writing and shared with relevant personnel, to include the member of staff or volunteer who raised the initial concern. In particular this must include written confirmation between parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

It may be useful for individuals to debrief following some disputes in order to promote continuing good working relationships.

8 Allegations against staff

8.1 Allegations Management Procedure

(when staff, volunteers or elected members are working with children)

If you have a concern about the behaviour of a member of staff, volunteer or elected member or receive an allegation about a member of staff you should immediately follow the below procedure:

Concern about a employee, casual worker or volunteer working with children

If a Professional receives an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to: a. a member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child; or

b. possibly committed a criminal offence against or related to a child; or

c. behaved towards a child or children in a way that indicates s/he is unsuitable to work with children. then that professional should:-

Report their concerns

Report their concerns to the Lead Designated Safeguarding Officer (Partnerships Team Leader) if they are implicated in the allegation or unavailable then concerns should be raised with any of the Council's Designated Safeguarding Officers.

Completion of written record – use form CVA (appendix 2)

Complete a written record of the nature and circumstances surrounding the concern including any previous concerns held. Include where the concern came from and brief details only.

Seek advice before proceeding – Initial Discussion

The Lead Designated Safeguarding Officer, will liaise with the Local Authority Designated Officer for Allegations (LADO) for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a police or Social Care investigation.

Local Authority Designated officer (LADO) Tel: 01452 426 994

The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues.

If the Lead Designated Safeguarding Officer is unavailable or implicated in the allegation the LADO should be contacted directly.

Allegations Management Process

If, after your Initial Discussion with the LADO, its agreed that the allegation meets the criteria, a multi agency meeting will be convened and you will be invited. The Lead Designated Safeguarding Officer or a designated Officer will also attend the meeting for support and guidance. This might result in a criminal investigation, a Social Care investigation or and/or an investigation to inform whether disciplinary action is required. If its agreed that the allegation does not meet the criteria, the LADO will record the Initial Discussion and send it to you for your records. Any further action will be taken within your setting if necessary.



Further Action

Further meetings might be required and these will be convened by the LADO with your input at all times. Further information on the Allegations Management process can be found at Appendix 5 of the Government Document Working Together to Safeguard Children (2010). <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00305-2010>

The Allegations Management procedures should be used in all cases where a person who works or volunteers with children is alleged to have:-

1. Behaved in a way that has harmed or may have harmed a child.
2. Possibly committed a criminal offence against, or related to, a child.
3. Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children or in a way indicates s/he would pose a risk of harm if working regularly or closely with children.

Queries or advice about allegations management should be sort from the Council's allegations management champion. This is the Partnerships Team Leader.

8.2 When carrying out the Allegations Management Procedure it is important:

- To make sure that any children who may be at risk are protected with as little disruption as possible.
- To only talk to the people specified in the allegations management procedure about the concern. The process is highly confidential and it could cause additional stress to those involved or undermine the investigation if confidentiality is broken.
- This specifically includes not talking to the member of staff the allegation is about. They will be told about the allegation at the appropriate time by the appropriate CBC Officer or external agency.
- It is vital that no investigation of the allegations is carried out by CBC staff unless directed by the local authority designated officer. Any investigation could undermine criminal or social care prosecutions.
- When reporting the concern all information should be factual and recorded accurately. It can be difficult when reporting an allegation against a colleague to remain objective however by reporting all the facts as accurately as possible it will help bring the investigation to the correct conclusion.
- To wait for the outcome of any investigation before drawing conclusions. The allegations management process is there to protect both children and staff so allegations can be dealt with in the most appropriate way which can include prosecution, disciplinary action or complete dismissal of the allegation

8.3 Making a referral to the Disclosure and Barring scheme

(when staff volunteers or elected members are working with children and/or adults)

A referral is information regarding a person who works in regulated activity with children or vulnerable adults which notifies the Disclosure and Barring Scheme (DBS) that harm or risk of harm has occurred to a child and/or vulnerable adult. A referral is made on the DBS referral

form and is usually provided to the DBS by an employer or volunteer manager. The definition of regulated activity can be found in appendix 7

The Safeguarding Vulnerable Groups Act 2006 place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employers has dismissed or removed a person from working with children or vulnerable adults (or would have been id the person had not resigned or left etc.) because the person has:

- 1) Been cautioned or convicted for a relevant offence; or
- 2) Engaged in relevant conduct in relation to children and/or vulnerable adults (i.e. an action or inaction that has harmed a child or vulnerable adult or put them at risk of harm); or
- 3) Satisfied the harm test in relation to children and/or vulnerable adults. (i.e. there is no relevant conduct but a risk of harm to children or vulnerable adults exists).

Points to note about making a referral to the DBS

- If you suspect a criminal offence has been committed you should contact the Police.
- The DBS has no investigatory powers and relies upon the evidence provided with referrals and any other evidence it may gather.
- It is vital that employers do not make a referral to the DBS without providing supporting evidence. The DBS referral form details the information you should provide if you have it. The [form](#) can be downloaded from the DBS website.
- Employers should, as far as possible, complete their investigations (even if a person has left their employment). This will ensure the DBS has all the available information and evidence on which to base its decision.
- If additional relevant information becomes available to an employer after making a referral this should also be provided to the DBS.
- In all cases, the referral should be made on the DBS referral form and posted to the DBS enclosing all relevant information that the employer holds.
- Making a referral to the DBS should be done in addition to following the allegations management procedure for employees, casual worker and volunteers working with children.

8.4 Support for employee, casual workers, volunteers or elected members

Any member of employee, casual worker, volunteer or elected member who is involved in the allegations management process either as the subject of or witness to a complaint will be given support to understand the process by the Lead Designated Safeguarding Officer. Employees with also be able to access support through Human Resources in terms of employment, occupational health or counselling.

8.5 How employees, casual workers and volunteers can protect themselves from allegations

In order to protect themselves from allegations of abuse it is good practice for the above to follow these guidelines

Staff Ratios

Employees, casual workers and volunteers should make every effort never to be in a one to one situation with a child or vulnerable adult. Ideally two members of employees, casual workers or volunteers should be in sight of one another. When this is not possible at least one other adult or child should be present. If in the event that you have no other choice but to be in a one to one situation with a child or vulnerable adult make sure you can be as easily be seen by other people as possible i.e. leave the office door open.

First aid

If a child or vulnerable adult needs first aid it should be given by a qualified member of employee or casual worker only. When possible they should be the same gender as the person who is hurt. This is especially true if the injury is in an intimate place. In the case of children if the parent is on site they should also be present, if not another adult should be present or within sight. An employee or casual worker should only administer first aid without a witness if not to do so would endanger the child or vulnerable adult.

Taking children or vulnerable adults to the toilet

In general children or vulnerable adults should be allowed to use the toilet area on their own. This may not be possible in the following circumstances:

- There is a breach of agreed rules
- If the person has a disability
- A child is very young
- There is an accident in the area.

If employees, casual workers or volunteers have to unexpectedly go into the toilet area, two people of the appropriate gender should enter. If this is not possible they should enter the toilet area and stand in a position where they can be seen from the door. If it is known in advance they need to accompany the child or vulnerable adult to the toilet due to a disability or age then they should seek written consent. The child or vulnerable adult should where possible be accompanied to the toilet by someone of the same gender. The actual toilet cubicle should only be entered when consent is given, unless not entering the cubicle would endanger the child or vulnerable adult.

Transporting children or vulnerable adults

Employees, casual worker or volunteers should try to avoid transporting children or vulnerable adults in their own car. When they do transport children or vulnerable adults in the car they should first check that appropriate insurance and health and safety is in place. They should try to have another adult in the car or more than one child. A child or vulnerable adult should only be transported alone in a car in the case of an emergency when not to do so would endanger them. If someone does transport a lone child or vulnerable adult in their car they should advise a colleague at the start and end of the journey. The colleague should accurately record the time of the start and end of the journey which could help disprove a false allegation.

Appropriate language

Employees, casual staff and volunteers should always use appropriate language to children and vulnerable adults. It is never appropriate to use sexual language towards or about a member of the public or make sexual suggestions even as a joke. Employees, casual workers and volunteers should be careful not to discuss their own personal lives in earshot of a child or vulnerable adult in a way that is not appropriate.

Uncomfortable situations

Employees, casual workers or volunteers should not remain in a situation that makes them feel uncomfortable due to safeguarding concerns. For example if a parent leaves their children with them without warning or a particular child seems too attached to a worker. If employees, casual workers or volunteers feel uncomfortable in a situation because of a safeguarding concern they should whenever possible remove themselves immediately from that situation. When this is not possible for whatever reason they should seek advice at the earliest possibility from their line manager or another designated officer.

Relationships with children or vulnerable adults

Employees, casual workers or volunteers may have existing relationship with children or vulnerable adults they work with. Any such relationship should be disclosed to their line manager as soon as possible. This is especially true of young people be a similar age to children using council services. It is not appropriate for employees, casual workers or volunteers of any age to form intimate relationships with children or vulnerable adults who are left in their care. They must remember that as council workers they have a standing in the

community which gives them a position of trust in the eyes of children and vulnerable adults. Relationships on social media should also be considered carefully and professional judgement used.

Incidents

Sometimes people can misconstrue a situation or make a deliberately false allegation. If an employee, casual worker or volunteer is involved in an incident that they believe could be misconstrued or result in a false allegation they should as soon as reasonably possible record the incident. For example they might have to break up a fight between children or enter a toilet without a child's permission. The incident report should be handed to their line manager as soon as possible.

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9 Additional Points to Remember

9.1 Babies

It is important to consider the age and stage of development of a child when considering if a behaviour or injury is an indicator of abuse. This is particularly important when dealing with babies. It is difficult for babies to accidentally injure themselves as children might, due to their limited mobility. Injuries could not only be caused by deliberate physical abuse or neglect but also by a lack of parenting skills.

9.2 Domestic Violence

Research has estimated as many as 1 in 4 women and 1 in 6 men are victims of domestic violence. It should also be remembered that older children can be responsible for committing domestic violence against parents or other family members. Domestic violence can affect children in a number of ways and often occurs alongside physical abuse. Domestic violence can result in neglect as the impact on a parent can be to impair their ability to look after a child. It can also result in emotional stress through the child witnessing violence towards another. Children especially as they become older may become involved in violence between family members; this can result in physical harm to the child. Children who witness domestic violence often feel isolated so it is vital that staff allow them the opportunity to talk about their concerns.

9.3 Underage Sexual Activity

While it must be remembered that children can be the perpetrators of sexual abuse, a distinction should be drawn between that and consensual underage sexual activity. The Sexual Offences Act's purpose is not to prosecute under 16's of a similar age who consent to a sexual relationship, as this may prevent young people from getting advice on contraception or sexual health.

Staff should report underage sexual activity using procedure set out above if:

- the child is under 13
- if evidence shows that there is any suggestion of coercion, bullying, a misbalance of power or payment
- one of the people involved in the relationship is in a position of trust
- if one of the people involved is over the age of 16

9.4 Bullying

Bullying is now recognised as increasingly harmful. This could take the form of physical intimidation, verbal intimidation (including racist and sexist remarks), or emotional intimidation (for example isolating or excluding someone). Staff should create an atmosphere where bullying is unacceptable and always challenge bullying when it occurs. It should be remembered that in severe cases it might be necessary to report bullying to the police.

9.5 Photography

It is always good practice to seek permission before taking photographs of any individual or group. In the case of children permission should be sort from their parent or carer.

9.6 Child Pornography

If any person is suspected or known to be involved with child pornography in any form, it should be reported immediately to the police. The police will then take the appropriate action. A child welfare concern should also be logged as set out above.

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Incident details *(please write legibly or type wherever possible)*

Are you reporting your own concerns or passing on those of somebody else? Give details:

| |
|--|
| |
|--|

Brief description of what has prompted the concerns *(if possible include dates and times of any specific incidents)*:

| |
|--|
| |
|--|

Are the signs physical, behavioural or indirect?

| |
|--|
| |
|--|

Please specify:

| |
|--|
| |
|--|

Have you spoken to the child? If so please describe what was said:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

| |
|--|
| Have you spoken to the parents or carers ? If so please describe what was said: |
| |

| |
|--|
| Have you consulted anybody else? Please give details: |
| |

| |
|--|
| Who you are reporting this to, and the date of reporting: |
| |

| | |
|---------------|-------------|
| Signed | Date |
|---------------|-------------|

Appendix 3 – Request for Service Form

Complete the form and send to either, Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk or Children & Families Helpdesk, Block 4, 5th Floor, Shire Hall, GL1 2TP or Fax: 01452-427359

1. Confirmation of verbal contact for Children's Services

Only complete this section when Children & Families Helpdesk/Children's Social Care have been contacted by telephone.

| | | | |
|--|--|-------|--|
| Please indicate Children & Families Helpdesk or enter the Name of the Children's Social Care Team you contacted: | | | |
| Name of Customer Services Officer/Social Worker you spoke to: | | | |
| Date of Verbal Request: | | Time: | |

2. Child/Young Person Details

| | | | | | |
|---------------------------|----------|-----------------------|----------|----------------|--|
| Name | | Date of Birth (D.o.B) | | School/Nursery | |
| | | | | | |
| Ethnicity | Language | Interpreter Required | Religion | | |
| | | Yes / No | | | |
| Disability/Special Needs: | | | | | |

3. Child/Young Person Current Address

| | | | |
|-----------|--|---------------|--|
| Address: | | | |
| Postcode: | | Telephone No: | |

4. Family/Household composition (Parents/Carers/Siblings/Others)

| Name | D.o.B | Relationship To Child | Ethnicity | Language | Household Member | Parental Responsibility |
|------|-------|-----------------------|-----------|----------|------------------|-------------------------|
| | | | | | Yes / No | Yes/No/Don't Know |
| | | | | | Yes / No | Yes/No/Don't Know |
| | | | | | Yes / No | Yes/No/Don't Know |
| | | | | | Yes / No | Yes/No/Don't Know |
| | | | | | Yes / No | Yes/No/Don't Know |

5. Awareness and Consent (Read Section 5 of the guidance before completing this section)

| | |
|---|-----------------------|
| Parent/Carer is aware of the request: | Yes / No / Don't Know |
| Young Person is aware of the request: | Yes / No / Don't Know |
| Parent/Carer has given consent for request: | Yes / No / Don't Know |
| Young Person has given consent for request: | Yes / No / Don't Know |

| | |
|---|--|
| If 'No' to any of the statements above, please state your reasons (i.e. Your decision made to override the need for consent): | |
|---|--|

6. Other Agencies/Professionals and GP involved with the child/family

| Name | Agency | Role | Contact Details |
|------|--------|------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. Your Agency/Professional involvement with child/family

Enter details below including length of involvement and previous requests/referrals made to other relevant agencies.

| | | | |
|--|-------------------|-------------------|------------------------|
| Details: | | | |
| Is a Common Assessment Framework (CAF) in place? | Yes/No/Don't Know | Date: | |
| | | Status: | Open/Closed/Don't Know |
| | | Lead Prof/Agency: | |

8. Reason for request

You must state the nature of the concern or perceived risk in as much detail as possible regarding:

| | |
|---|--|
| The Child/ Children's needs: | |
| The Parents/Carers and their parenting capacity: | |
| The wider family and environment: | |
| Describe the response requested of Children's Services and any action you intend to take. | |

9. Requestor details (Where can you be contacted over the next 24hrs?)

| | | |
|--------------------|-----------------|--|
| Name of Requestor: | Agency/Role: | |
| Email Address: | Telephone: | |
| Postal Address: | Date Submitted: | |

10. To be completed by Children's Social Care Team

| | | | | | | |
|---|------------------|----|--------------------|-------------------------------------|-------|-------------------|
| Outcome of Request (Circle as appropriate) | Request Accepted | | Initial Assessment | Provision of Information And Advice | Other | No Further Action |
| | YES | NO | | | | |

| Decision Made By | Team Name | Date |
|------------------|-----------|------|
| | | |

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Appendix 4 – Parental Substance Misuse Screening Tool

Impact of Parental Substance Misuse on Children and Young People Screening Tool (version 1)

Child means any child or young person aged between 0 – 18.

Adult/parent/carer means anyone with parental/caring responsibility for the child.

Level 1: Universal Services **Level 2-3:** consider CAF **Level 3-4:** consider Request for Service form to Social Care

| | | Yes | No | D/K | Details | Level of Need 1 – |
|----------|--|-----|----|-----|---------|-------------------|
| | Has the child been seen alone? Please explain | | | | | |
| | Is the adult(s) in treatment? | | | | | |
| | Childs Safety | | | | | |
| 1 | Is the Child left unsupervised or with carers who may present a risk (eg adults feeling drowsy/losing consciousness, falling asleep, collecting drugs) | | | | | |
| 2 | Is the home environment safe? (e.g. storage of medication, alcohol, drug paraphernalia, other factors) ? Have toxicity risks to children been discussed? | | | | | |
| 3 | Do other substance misusers/dealers share or come into the home? | | | | | |
| 4 | Is the child taken to places that put them at risk? | | | | | |
| | Childⁿ's Health and Wellbeing | | | | | |
| 5 | Are any of the children disabled? Are the concerns that specific care needs are not being met (e.g. personal hygiene , medication etc) | | | | | |
| 6 | Are there any signs of neglect? e.g. missing meals, cold home, lack of routine, unsuitable clothes | | | | | |
| 7 | Does the child have friends and are they able to bring them home? | | | | | |
| 8 | Do children have other caring relationships within or outside the family? | | | | | |
| 9 | Does the child miss school/nursery/other appointments? | | | | | |

| | | Yes | No | D/K | Details | Level of need 1-4 |
|--------------------------|---|-----|----|-----|---------|----------------------|
| 10 | Has any agency expressed concerns about the child? | | | | | |
| 11 | How would you describe the relationship between the child and parent (is it close, is there separation anxiety) | | | | | |
| 12 | Is the child taking on a caring role? | | | | | |
| 13 | Are there concerns about the child's development? | | | | | |
| 14 | Does the child seem excessively anxious/angry or upset for no apparent reason? | | | | | |
| 15 | Is there evidence that the child is self harming or has threatened suicide? | | | | | |
| 16 | Has the child been in trouble with the police or displayed anti- social behaviour? | | | | | |
| 17 | Is the child using drugs or alcohol? If yes refer to CYP substance misuse screening tool) | | | | | |
| Parental capacity | | | | | | |
| 18 | Is there a non substance misusing adult living with the child? | | | | | |
| 19 | Does the child witness adults taking drugs/ drinking alcohol excessively? | | | | | |
| 20 | Does the adult think their substance misuse is a problem? | | | | | |
| 21 | Do the parents/carers see the substance misuse as harmful to the child? | | | | | |
| 22 | Are there current/is there a history of any mental health issues within the family? | | | | | |
| 23 | Is there any evidence of conflict between the adults in the house? | | | | | |
| 24 | Do the family move frequently? Is there a risk of homelessness? | | | | | |
| 25 | Are there signs of financial difficulty? (rent arrears, lack of food etc?) | | | | | |

Action Taken.....

Signed: Date:

Appendix 5 – Child Sexual Exploitation Screening Tool

Appendix B: CSE Screening Tool



CSE Screening Tool

| | | | |
|---|--|---|----------------|
| Name of person completing | | Agency and contact details | |
| Child/Young person's name/alias/known as | | Gender | |
| Date completed | | Interpreter required | Yes No |
| Age/DOB | | Has sexual exploitation previously been identified as a specific issue for this child? Please provide details | Yes No Unknown |
| Ethnicity/Religion | | If other agencies or professionals are involved (please list them here) | |
| Language spoken (Is this their first language?) | | Disability/Special Needs: (If yes, please clarify further) | |

Vulnerabilities

Score 1 if present on date of assessment

- Unsuitable/inappropriate accommodation
- Isolated from peers/social networks
- Lack of positive relationship with a protective/nurturing adult

Moderate risk indicators

Score 1 if present on date of assessment or during past 6 months

- Staying out late
- Multiple callers (unknown adults/older young people) - (record details i.e. description/names etc)(refer to information log)
- Unusual or increased use of a mobile phone that causes concern
- Self harming indicators including, eating disorder. challenging behaviour, aggression)
- Exclusion/suspension from school or unexplained absences from or not engaged in school/college/training/work
- Disclosure of sexual/physical assault

| | |
|--|--------------------|
| Sexually Transmitted Infections (STI's) | |
| Other children involved displaying similar behaviour | |
| Drugs misuse | |
| Alcohol misuse | |
| Unusual or increased use of the internet that causes concern | Computer Mobile |

| Significant risk indicators. | Score 1 if present over 6 months | Score 5 if present on date of referral or during past 6 months |
|---|---|---|
| Multiple STI's / pregnancy / miscarriage | | |
| Periods of going missing overnight or longer | | |
| relationship with controlling person (including older boyfriend/girlfriend) | | |
| Physical abuse by that controlling person | | |
| Emotional/sexual activity with that controlling person | | |
| Entering/leaving vehicles driven by unknown adults | | |
| Unexplained amounts of money, expensive clothing or other items | | |
| Frequenting potentially areas (specify where if known) | | |
| No contact with known support systems | | |

Screening score

Risk Category

Principal area of concern:

Please include a rationale for what you have scored

Intended action: Please document any further action, treatment or monitoring arrangements

Risk Management Framework

Category 1 – Not at risk of sexual exploitation (score 0-5)

A child who is not at risk of being targeted and groomed for sexual exploitation or who has exited an exploitative situation and is no longer at risk.

Category 2 - Mild risk of sexual exploitation (score 6-10)

A vulnerable child where some concerns are present but their situation does not currently present as an exploitative one.

Category 3 – Moderate risk of sexual exploitation (score 11-15)

A vulnerable child with a number of risk indicators present that put them at risk of exploitation, e.g. periods of going missing, exclusion from school, lack of protective network, time spent with inappropriate adults.

Category 4 – Significant risk of sexual exploitation (score 16+)

A vulnerable child with multiple risk indicators present who is or is likely to be experiencing exploitation either currently or in the near future with specific individual(s).

Upon completion please send referral to

Police Central Referral Unit: cruenquiries@gloucestershire.pnn.police.uk

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Appendix 6 – Resolution of Professional Disagreements in work relating to the safety of children

A tool to record decisions and to monitor the effectiveness of the professional disagreements policy

(Please use in conjunction with the SW procedure 'resolving professional differences procedure' - http://www.swcpp.org.uk/swcpp/swcpp_procedures.htm)

Experience and outcomes of serious case reviews tells us how devastating professional disagreements can be to children. When concerns are raised but not addressed or when services are requested but not provided, without an effective means to address concerns issues escalate, relationships between partner agencies deteriorate, problems drag on for weeks, months and years and, in the worse cases, children do not receive adequate services and are left exposed to harm.

This tool is a means to enable your service to record the agreed outcome of the use of the professional difficulties policy, and to aid Local Safeguarding Boards (LSCBs) to monitor its use.

This form to be used at stage three and at each subsequent stage of the professional's disagreements policy.

| | | |
|--|---|--|
| Child/Family name | | |
| Summary of reason for dispute – include views of all agencies concerned. | | |
| Agreed outcomes or actions if satisfactorily resolved – includes escalation to next stage if unresolved | | |
| Action Note: Copy of this form to be held on child/family file in all agencies involved in resolution of professional difficulties, if escalating to next stage use as basis of report to manager at next stage, Please send a copy to the GSCB Office on completion – email to mail@gscb.org.uk Expand as much as required.. | | |
| Signature of challenger manager ----- | Name | |
| | Designation | |
| | Agency | |
| | Date | |
| Signature of challenged manger ----- | Name | |
| | Designation | |
| | Agency | |
| | Date | |
| Please complete for monitoring purposes | | |
| Stage at which resolution achieved- ----- ----- | Time taken to reach resolution- ----- ----- | |

Please note how effective this policy was in resolving the issue and please make suggestions as to how the policy can be improved:

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Appendix 7 – Definition of Regulated Activity

Summary of the new definition of regulated activity

The full, legal definition of regulated activity is set out in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, as amended (in particular, by the Protection of Freedoms Act 2012).

Regulated activity still excludes family arrangements, and personal, non-commercial arrangements

1. Regulated activity relating to children

The new definition of regulated activity relating to children comprises only:

- (i) Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children;
- (ii) Work for a limited range of establishments ('specified places'), with opportunity for contact: for example, schools, children's homes, childcare premises. Not work by supervised volunteers;

Work under (i) or (ii) is regulated activity only if done regularly. We are providing statutory guidance about supervision of activity which would be regulated activity if unsupervised.

- (iii) Relevant personal care, for example washing or dressing; or health care by or supervised by a professional;
- (iv) Registered childminding; and foster-carers

2. Regulated activity relating to adults

The new definition of regulated activity relating to adults no longer labels adults as 'vulnerable'. Instead, the definition identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities required by the adult and not on the setting in which the activity is received, nor on the personal characteristics or circumstances of the adult receiving the activities. There is also no longer a requirement for a person to do the activities a certain number of times before they are engaging in regulated activity.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below. For more information please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012.

(i) Providing health care

Any health care professional providing health care to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional. Please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, for further details about what is meant by health care and health care professionals

(ii) Providing personal care

Anyone who:

- provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability; prompts and then supervises an adult who, because of their age, illness or disability, cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or

- trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

(iii) Providing social work
The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

(iv) Assistance with cash, bills and/or shopping

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

(v) Assistance in the conduct of a person's own affairs

Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney. Please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, for the further categories which are covered here.

(vi) Conveying

A person who transports an adult because of their age, illness or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care; or between places where they have received or will be receiving health care, personal care or social care. This will not include family and friends or taxi drivers.