A GUIDE TO THE CHARITY'S SERVICE POLICIES

January 2022

This Handbook sets out the Charity's general practices and policies and forms the third of four such Handbooks which are:

General Policy Handbook
Employee Handbook
Service Specific Handbook
Fundraising & Finance Specific Handbook

If you are unsure about any aspect of these policies, please contact the Executive Manager or Chair of Trustees for clarification.

Comment	Date	Signed off:
Handbook compiled	30th September 2021	Nick Dutt
Minor update	18th January 2022	Doug Hill
Update of DSL (adding phone number and email address)	01st March 2022	Glenys Creese

WELCOME

We are delighted to welcome you to the Dame Vera Lynn Children's Charity ("DVLCC"). With over 20 years of history, we are truly recognized as leaders in the provision of help and support to children under the age of 5 with Cerebral Palsy and other motor learning impairments so that they can lead as independent a life as possible.

As well as our considerable history, our greatest assets are the team of great people associated with the Charity including service users and their families, employees, volunteers, contractors, donors and sponsors, Vice Presidents, Patrons, Ambassadors and Trustees and it is these people that make DVLCC special.

As a member of the DVLCC team, you play an important role in making sure we continue to improve the service we deliver and maintain our special place in the community and we want the DVLCC to be a place everyone can enjoy, and that they feel their contribution is recognized and rewarded.

We ask that you carefully study the contents of this Handbook as, in addition to setting out our rules and regulations regarding service, it also contains a great deal of helpful information. It should be read in conjunction with the General policies handbook as well as the Employee and Fundraising handbooks where they might apply to you. Much thought and effort has gone into the Charity's policies and guidelines described in this Handbook and we believe that they underline the value and confidence placed in our people.

On behalf of the Trustees, we welcome you.

Nick Dutt
Chair of Trustees
30 September 2021

Contents

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 1: DVLCC POLICIES

The standards set by the Charity are consistent with the standing of a professional charitable organisation.

You should familiarise yourself with all the policies in this Handbook, even though some of them may not seem to be directly relevant to your particular role in the Charity.

You should also familiarise yourself with the General policies handbook and, depending on your role, you may also be asked to familiarise yourself with one or more of the Charity's other policy Handbooks which are:

Employee Handbook
Fundraising & Finance Specific Handbook

Definitions used in this handbook

Whenever we say parents in this document, we mean parents and carers, and whenever we say child, we mean children and young people aged 0 to 19 years old (up to 25 years old for young people with special educational needs and disability (SEND)). Whenever we say team members, we include all paid employees as well as any volunteers.

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 2: SAFEGUARDING

Key Contacts

Designated Safeguarding Lead (DSL):	Glenys Creese – 01444 473274 email glenys.creese@DVLCC.org.uk
Designated Safeguarding Deputy:	Carol Meadows
Lead Trustee for Child Protection:	Colin Darnell
West Sussex Children's Services - Multi-Agency Safeguarding Hub (MASH):	Tel: 01403 229900 (Out of Hours – 0330 222 6664) MASH@westsussex.gcsx.gov.uk

Purpose

This policy is in-line with the guidance from the West Sussex Safeguarding Children Board. It includes an explanation of the action to be taken in the event of an allegation being made against a member of the team and covers the use of mobile phones and cameras in the setting (EYFS Welfare and safeguarding requirements 3:3.4). It also contains an explanation as to the actions team members must take if they have reason to believe that a child or vulnerable adult is being harmed.

The safeguarding of children is everyone's responsibility and something that the Charity takes very seriously.

Annex 1 of this policy gives guidance on when to be concerned that a child is being abused.

The employees along with the trustees takes seriously their responsibility to safeguard and promote the welfare of children in their care; and to work together with other agencies to ensure adequate arrangements within our Charity to identify, assess, and support children who are, or who may be, suffering harm.

We recognise that all adults, including temporary staff, volunteers, and trustees, have a full and active part to play in protecting children from harm, and that the child's welfare is our paramount concern.

All team members believe that our Charity should provide a caring, positive safe and stimulating environment that promotes the social, physical, and moral development of the individual child and families.

Team members working with children are advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

What DVLCC will do

DVLCC will:

- support the child's development in ways that will foster security, confidence, and independence.
- provide an environment in which children and young people feel safe, secure, valued, respected, feel confident, and know how to approach adults if they may be worried.
- provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the Charity, contribute to assessments of need and support packages for those children, if required.
- emphasise the need for good levels of communication between all members of the team and between other agencies, if the Charity knows that other professionals are working with the family, for example if a family if referred to the Charity through a Portage worker or a Specialist Health

Visitor.

- have and regularly review a structured procedure within the Charity which will be followed by all team members in cases of suspected abuse.
- develop and promote effective working relationships with other agencies, especially the Police and Children's Social Care.
- ensure that all adults within our Charity who have substantial access to children have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education (DfE September 2019).

Statutory framework

The Charity will act in accordance with the following government legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002
- Keeping Children Safe in Education (DfE September 2019): Keeping children safe in education: for schools and colleges
- Working Together to Safeguard Children (2018) Working together to safeguard children
- The Education (Child Information) (England) Regulations 2005
- The Counter-Terrorism and Security Act 2015 s. 26

Confidentiality

As a general principle, all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis.

The Executive Manager (Designated Safeguarding Lead) will disclose any child protection related information about a child to other members of the team on a need-to-know basis only.

All team members must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

All team members must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.

The intention to refer a child to Children's Social Care will be shared with parents/carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, advice should be sought from MASH.

Responsibilities

All team members

All team members have an important role to play in supporting vulnerable children and identifying concerns early and providing help. To achieve this they will:

- establish and maintain an environment where children feel secure, are encouraged to communicate, and are listened to.
- be aware of the signs of abuse and maintain an attitude of "it could happen here" with regards to child protection.
- ensure that children know that there are adults in the Charity whom they can approach if they are worried about any problems.
- know what to do if a child tells them they are being abused or neglected. Know how and where to record their concerns and report these to the Designated Safeguarding Lead as soon as possible.
- if a child is in immediate danger, know how to refer the matter to Children's Social Care and/or the Police immediately.
- if the Charity is aware that a Child attending the Charity has a Child Protection Plan, they should

support the child in line with their Plan and notify the Designated Safeguarding Lead of any child on a Child Protection Plan who has an unexplained absence.

- service staff will actively plan opportunities within the sessions for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- be aware of and follow the Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, East Sussex, and Brighton & Hove. This will include the referral process.
- must have read and understand Part 1 of Keeping Children Safe in Education September 2019 and be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- participate in safeguarding training as part of their induction and every year there after
- receive safeguarding and child protection updates as required but at least annually, to provide them with relevant skills and knowledge to safeguard children.
- ensure that they know who the Designated and Deputy Safeguarding Lead(s) is / are and how to contact them.
- refer to the Executive Manager if they have concerns about another member of the team. Where the concerns are about the Executive Manager, this should be referred to the Trustee with Safeguarding responsibility.

Special Educational Needs & Disabilities

As a Charity working primarily with children with SEN and disabilities, we are aware that these children can face additional safeguarding challenges and expect all staff to recognise and challenge where appropriate;

- assumptions that can be made that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability and not identified as potential signs of abuse;
- the potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without showing any signs; and
- the communication barriers for some children with SEN and disabilities.

Trustees

The nominated trustee for child protection for DVLCC is Colin Darnell.

The responsibilities placed on trustees and proprietors include:

- making sure that the safeguarding policies & procedures in the Charity are effective and comply with the law at all times. This should include a child protection policy (reviewed at least annually and available online); and a team member behaviour policy (sometimes called a code of conduct) which should amongst other things include acceptable use of technologies team member/child relationships and communications including the use of social media.
- appointing a Designated Safeguarding Lead who is part of the senior staff team and has this recorded on their job description in line with Annex B of Keeping Children Safe in Education 2019.
- ensuring that any safeguarding deficiencies or weaknesses within the Charity are remedied without delay, and informing West Sussex Safeguarding Board about the discharge of duties via the safeguarding audit.
- ensuring that there are procedures in place to handle allegations against all team members.
- recognising that neither the trustees, nor an individual trustee, has a role in pursuing or managing the processes associated with individual cases of child protection. Recognising that neither trustees nor an individual trustee has a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against team members.
- making sure all team members have been trained appropriately and that this is updated in line with guidance this includes all trustees. All trustees, volunteers and Staff are expected to attend refresher training every year.
- ensuring that the Charity is contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
- for e-learning, making sure that appropriate filters and appropriate monitoring systems are in place,

safeguarding against potentially harmful and inappropriate online material.

- giving consideration as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced service.
- ensuring that the Charity creates a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject, or identify people who might abuse children (Part Three: Safer Recruitment. Keeping Children Safe in Education, September 2019). This includes ensuring that we take up references for each shortlisted candidate before interview that at least one member of any appointing panel, including shortlisting, will have attended safer recruitment training.
- the Charity keeps an up-to-date Single Central Record (SCR) of all staff and volunteers and the dates of all appropriate safeguarding checks.

Designated Safeguarding Lead

Within DVLCC, any individual can contact the designated safeguarding lead if they have concerns about a child.

The Designated Safeguarding Lead for DVLCC is Glenys Creese – 01444 473274 – glenys.creese@DVLCC.org.uk

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead; this lead responsibility should not be delegated.

Designated Safeguarding Lead role and responsibilities

- attend initial training for their role and refresh this every two years. They will keep their knowledge and skills updated at least annually.
- ensure that all team members know who the Designated Safeguarding Lead is, their role and how to make contact.
- ensure that all team members understand their responsibilities in relation to signs of abuse and responsibility to refer any concerns to the Designated Safeguarding Lead. In addition, the Designated Safeguarding Lead should ensure that all staff read and understand Part One of Keeping Children Safe in Education 2019 and have a record of when this was done.
- ensure that new team members participate in safeguarding training as part of their induction, and that all team members receive safeguarding and child protection updates as required but at least annually, to provide them with relevant skills and knowledge to safeguard children.

The Designated Safeguarding Lead is expected to:

- refer cases of suspected abuse to the West Sussex MASH. Where a referral is made that notes are completed that same day.
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- refer cases where a crime may have been committed to the Police as required.
- work with others
  - liaise with the Executive Manager to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
  - as required, liaise with the case manager, and where required, the local authority designated officer, in all cases involving allegations against members of the team (both current and former members).
  - liaise with team members on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice, and expertise for the team.

Training

- as well as training all members of the team as above, the DSL should undergo training to provide them with the skills required to carry out the role. This training should be updated at least every two years.
- the designated lead should undertake Prevent awareness training.

The safeguarding lead:

- should be afforded time to allow them to understand and keep up with any developments relevant to their role so they:
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of the team has access to and understands the Charity's Child Protection Policy and procedures, especially new and part time members of the team;
- are alert to the specific needs of children in need, those with special educational needs and young carers;
- are able to keep detailed, accurate, secure written records of concerns and referrals; separately from the main child'
- maintain up to date files and use these records to assess the likelihood of risk. The written records should clearly identify details of the concerns and what action was taken. If these are stored electronically, that they are differently password protected from the child's other files, and accessible only by the head teacher/designated leads.
- understand and support the Charity with regards to the requirements of the Prevent duty and are able to provide advice and support to the team on protecting children from the risk of radicalisation;
- obtain access to resources and attend any relevant or refresher training courses;
- encourage a culture of listening to children and taking account of their wishes and feelings, among all team members, in any measures the school or college may put in place to protect them;
- act as a source of support, advice, and expertise to the team on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- ensure the Charity's Child Protection Policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and work with trustees or the Executive Manager regarding this.
- be responsible for making the senior leadership team aware of trends in behaviour that may affect child welfare.

Child Protection Procedures

Outline of procedures

If any member of the team has concerns about a child (as opposed to a child being in immediate danger, in which case the Police should be contacted immediately):

The team member will report their concerns to the Designated Safeguarding Lead.

The Designated Safeguarding Lead will decide whether the concerns should be referred to Multi-Agency Safeguarding Hub (MASH). If there are grounds for actual or suspected significant harm, then a referral will be made to the MASH via telephone in the first instance. If the Designated Safeguarding Lead is unsure about whether a referral is required, they should contact the MASH for advice.

If it is decided to make a referral to the MASH, this will usually be discussed with the parents, unless to do so would place the child at further risk of harm or could impact on a police investigation (the MASH is able to provide advice on this).

The team member will make an accurate and detailed recording (which may be used in any subsequent court proceedings) as soon as possible and on the same day. The signed and dated recording must be

a clear, precise, factual account of the observations. Do not add comments or opinion although observations about a child's demeanour or emotional state may be recorded.

MASH will require a follow up of any phone call in writing from the referrer. The Designated Safeguarding Lead will ensure that any written referrals are made using the request for Support form available here http://www.westsussexscb.org.uk/professionals/contacts-for-referral/ and can also be found on the LSCB website.

If a member of staff has concerns about another staff member

An allegation is any information which indicates that a member of the team may have:

- behaved in a way that has, or may have harmed a child
- possibly committed a criminal offence against/related to a child
- behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the team member has contact with in their personal, professional or community life.

To reduce the risk of allegations, all team members should be aware of safer working practice and the Government document 'Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings'.
http://webarchive.nationalarchives.gov.uk/20100202100434/dcsf.gov.uk/everychildmatters/resources-and-practice/ig00311/

If team members have concerns about another team member, then this should be referred to the Executive Manager in the first instance. If the allegation is against the Executive Manager the team member with concerns should talk with the trustee with safeguarding lead responsibilities.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken

Include:

- making an immediate written record of the allegation using the informant's words - including time, date, and place where the alleged incident took place, brief details of what happened, what was said and who was present.
- this record should be signed, dated, and immediately passed on to the Executive Manager or Trustee with lead safeguarding responsibilities.
- if there are concerns that a child is at risk, then the matter must be immediately reported to MASH.

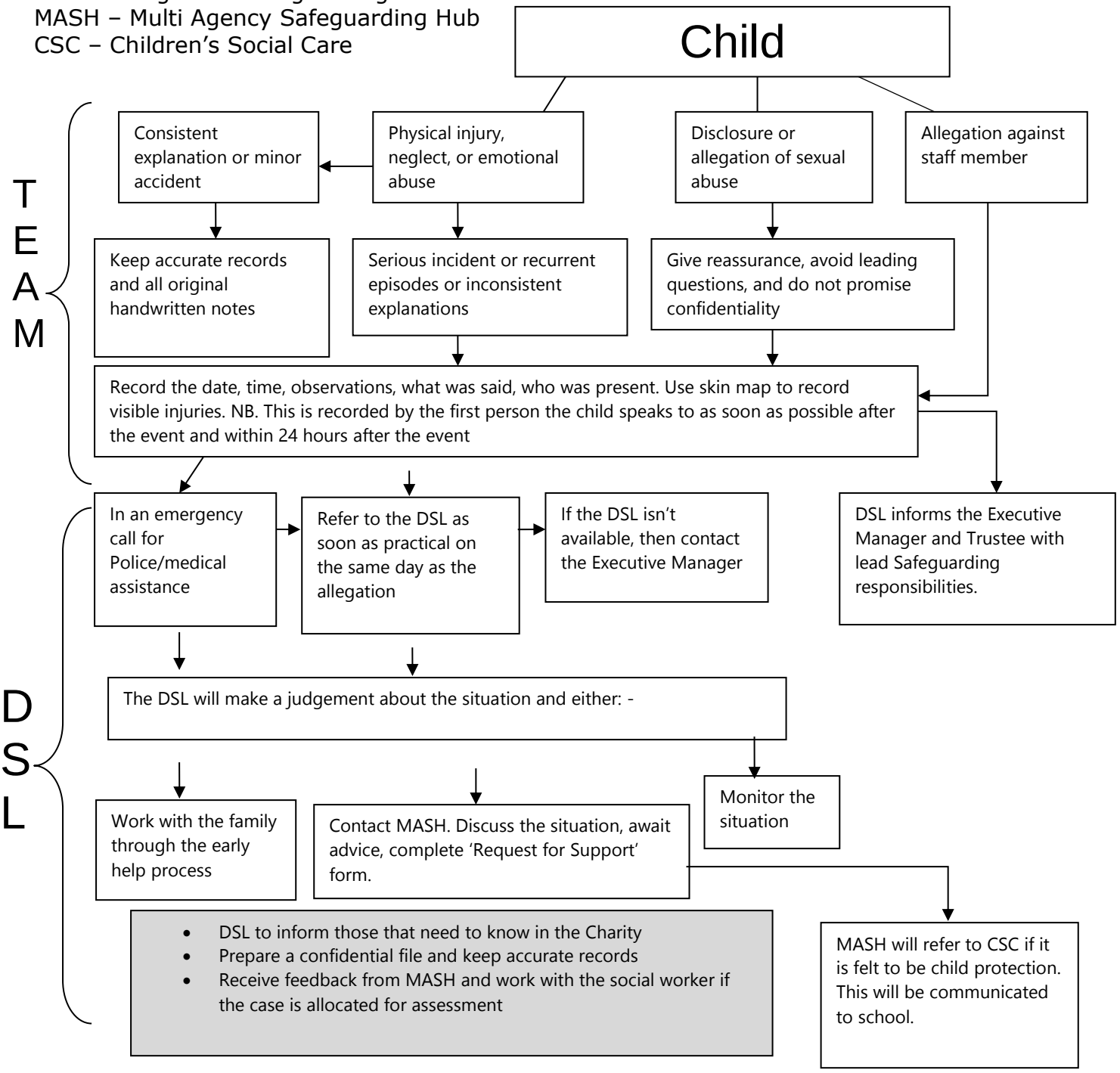
Whistleblowing.

We will ensure that all team members are aware of their duty to raise concerns, where they exist, about the actions or attitudes of colleagues. If necessary, the team member can speak with the Executive Manager or the Trustee with Lead Safeguarding responsibilities.

Further assistance for team members to raise concerns can be accessed by calling the NSPCC whistleblowing helpline on 0800 028 0285.

Flowchart for child protection procedures

DSL – Designated Safeguarding Lead
MASH – Multi Agency Safeguarding Hub
CSC – Children's Social Care



When to be concerned

All team members should be aware of the main categories of abuse, which is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children:

Physical abuse:

A form of abuse which 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.

Emotional abuse:

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a child's developmental ability 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, although it may occur alone.

Sexual abuse:

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching 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) by establishing a close relationship or friendship. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect:

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

Other aspects of risk requiring special attention

In addition, the Charity staff should be aware of the specific safeguarding issues listed below. The Charity should ensure that, where such risks may be more likely, that team members are guided on how to understand and act accordingly where there is concern about:

- child missing from education
- child missing from home or care
- child sexual exploitation (CSE)
- bullying including cyberbullying

- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- Peer on peer
- private fostering
- preventing radicalisation
- self-harm
- sexting
- teenage relationship abuse
- trafficking

Links to many of these topics can be found in Keeping Children Safe in Education - Keeping children safe in education: for schools and colleges, page 12.

Annex 2 of this policy also considers some specific safeguarding concerns.

Annex 1 – Child Abuse and Indicators of Harm

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, handprints, or a hairbrush
- 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
- petechiae 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 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. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling 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 as a result 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, as a result 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

A large number of 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.
- past history of childhood abuse, self-harm, somatising disorder, or 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
- past history of childhood abuse, self-harm, somatising disorder, or 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
- past 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 as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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. severe nappy rash, 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 past 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 or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching 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 schoolwork 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
- past 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

Annex 2 – Child Abuse and Indicators of Harm

Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts, and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation, or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

If you are a professional making a referral for a child or young person who is at risk of CSE, the 'screening tool' Part A would usually be completed: http://www.westsussexscb.org.uk/professionals/helping-you-work/child-sexual-exploitation/

Completion of this should not delay you making a referral, however it may assist you in being clear about the key areas of concern and the level of risk.

Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

From 31st October 2015, regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18's which they identify in the course of their professional work to the police.

The Home Office has published procedural information on the duty to help health and social care professionals, teachers and the police understand: the legal requirements placed upon them; a suggested process to follow; and an overview of the action which may be taken if they fail to comply with the duty. it also aims to give the police an understanding of the duty and the next steps upon receiving a report.

- Home Office: Mandatory Reporting of FGM – procedure information
- FGM Mandatory Reporting Fact Sheet
- FGM Reporting Flowchart for under 18's

Radicalisation

Protecting children from the risk of radicalisation should be seen as part of the Charity's wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation, it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether

in this country or overseas.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

As with managing other safeguarding risks, team members should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Prevent

From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), in the exercise of their functions, to have "due regard to the need prevent people being drawn into terrorism ("Terrorism" for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act)." must have regard to statutory guidance issued under section 29 of the CTSA 2015 ("the Prevent guidance"). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare, and as such, the Charity has also chosen to follow this guidance). It is anticipated that the duty will come into force for sixth form colleges and FE colleges early in the autumn.

(Note: according to the Prevent duty guidance 'having due regard' means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions)

The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies:

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.

- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).

- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the Designated Safeguarding Lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. It is also important that

schools teach pupils about online safety more generally.

The Department for Education has issued advice and social media guidance to schools and childcare providers to help them keep children safe from the risk of radicalisation and extremism.

The prevent duty advice is for:

- school leaders, school staff and governing bodies in all local maintained schools, academies, and free schools
- proprietors, governors, and staff in all independent schools
- proprietors, managers, and staff in childcare settings
- It will be of particular interest to safeguarding leads.

The social media guidance is for:

- head teachers
- teachers
- safeguarding leads

What do I do if I am concerned someone is at risk of radicalisation?

School staff should understand when it is appropriate to make a referral to the Channel programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Guidance issued under section 36(7) and section 38(6) of the CTSA 2015 in respect of Channel is available at: https://www.gov.uk/government/publications/channel-guidance

Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels. Such partners are required to have regard to guidance issued under section 38(6) of the CTSA 2015 when co-operating with the panel and police under section 38 of the CTSA 2015

In West Sussex, two panels operate, meeting monthly - one specifically for Crawley, and the other for the rest of West Sussex.

- Prevent and Channel Duty – A Toolkit for Schools
- Channel General Awareness e-learning package
- Making a Channel Referral in West Sussex
- Prevent Channel Referral Form

Peer on Peer Abuse

The Charity believes that all children have a right to attend and learn in a safe environment. Children should be free from harm by adults in the school and other students

We recognise that some children will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the Charity's behaviour policy or bullying policy in the first

instance.

However, we recognise that some allegations may be of such a serious nature that they may raise safeguarding concerns

All team members should be aware that safeguarding issues can manifest themselves via peer-on-peer abuse. This may include physical abuse, emotional abuse, sexual abuse, and sexual exploitation and may manifest as (though not limited to): bullying (including cyber-bullying), gender-based violence/sexual assaults and sexting. Such peer-on-peer abuse may take many different forms and present in many different ways – see below. All staff must be aware that children can be abusers and any concerns should be discussed with the designated safeguarding lead.

If Peer on Peer abuse is suspected team members should follow section 8.7 of the West Sussex Child Protection and Safeguarding Procedures - Children who Harm Other Children.

Allegations against other pupils which are safeguarding issues

Occasionally, allegations may be made against child by other child in the Charity which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse, and sexual exploitation.

Professionals must decide in the circumstances of each case whether or not behaviour directed at another child should be categorised as abusive or not.

It will be helpful to consider the following factors:
relative chronological and developmental age of the two children (the greater the difference, the more likely the behaviour should be defined as abusive)

- a differential in power or authority (e.g. related to race or physical or intellectual vulnerability of the victim)
- actual behaviour (both physical and verbal factors must be considered)
- whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation
- physical aggression, bullying or bribery
- the victim's experience and perception of the behaviour
- the possibility the abuser is, or was, also a victim
- attempts to ensure secrecy
- an assessment of the change in the behaviour over time (whether it has become more severe or more frequent)
- duration and frequency of behaviour.

Examples of safeguarding issues against a child could include:
Physical abuse

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

Emotional abuse

- Blackmail or extortion
- Threats and intimidation (including racist or homophobic/religious remarks, cyber-bullying)
- Isolating an individual from social activities
- Sexting

Sexual abuse, including Sexting.

- Indecent exposure, indecent touching, or serious sexual assault
- Forcing others to watch pornography or taking part in sexting

Sexual Exploitation

- Encouraging other children to engage in inappropriate sexual behaviour
- Photographing or videoing other children performing indecent acts

Procedure

If there is a safeguarding concern, the Designated Safeguarding Lead (DSL) should be informed.

- a factual record should be made of the allegation, but no attempt at that stage should be made to investigate the circumstances (though further discussion with the alleged victim/perpetrator may be required by the school is further assessment required prior to safeguarding decision).
- the Designated Safeguarding Lead should contact MASH to discuss the case.
- the Designated Safeguarding Lead will follow through the outcomes of the discussion and make a referral when appropriate.
- if the allegation indicates that a potential criminal offence has taken place, then MASH will consult with the police.
- parents of both the child being complained about and the alleged victim should be informed and kept updated on the progress of the referral, unless to do so would place the alleged victim at risk, and/or jeopardise a police investigation. If unsure, advice should be sought.
- the Designated Safeguarding Lead will make a record of the concern and a copy will be kept on both children's' files.
- it may be appropriate to exclude the child being complained about for a period of time according to the Charity's behaviour policy and procedures.
- where neither Children's Social Care nor the Police accept the complaint, a thorough Charity investigation should take place in the matter using the school's usual disciplinary procedures.
- in situations where the Charity considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative plan. The plan should be monitored, and a date set for a follow up review with everyone concerned.

Annex 3 – Dealing with a disclosure

If a child discloses that he or she has been abused in some way the member of the team should:

- accept what the child says.
- stay calm, the pace should be dictated by the child without them being pressed for detail. DO NOT ASK LEADING QUESTIONS such as "did x touch you there?" It is our role to listen - not to investigate.
- use open questions such as "Is there anything else you want to tell me?" or "yes?" or "and?"
- be careful not to burden the child with guilt by asking questions like "Why didn't you tell me before?" but you could ask 'Have you spoken to anyone else about this?'
- acknowledge how hard it was for the child to tell you.
- do not criticise the perpetrator, the child might have a relationship with them.
- do not promise confidentiality but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why; and, depending on the child's age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as "I'll stay with you all the time." or "It will be all right now.".
- if you are in any doubt as to whether to refer the matter, speak and discuss with MASH.

When recording information:

- make detailed notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what is said but not your assumption or interpretation.
- if it is observation of bruising or an injury try to record detail, e.g. "right arm above elbow". Do not take photographs!
- note the non-verbal behaviour and the key words in the language used by the child (try not to translate into 'proper terms').
- it is important to keep these original notes and pass them on to the Designated Safeguarding Lead who may ask you to write a referral.

It is recognised that Charity team members who have become involved with a child who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting. The Charity will support such team members by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

Annex 4 – Recording Form

Child's name:			
Date and time:		DOB	
Name and role of person raising concern:			

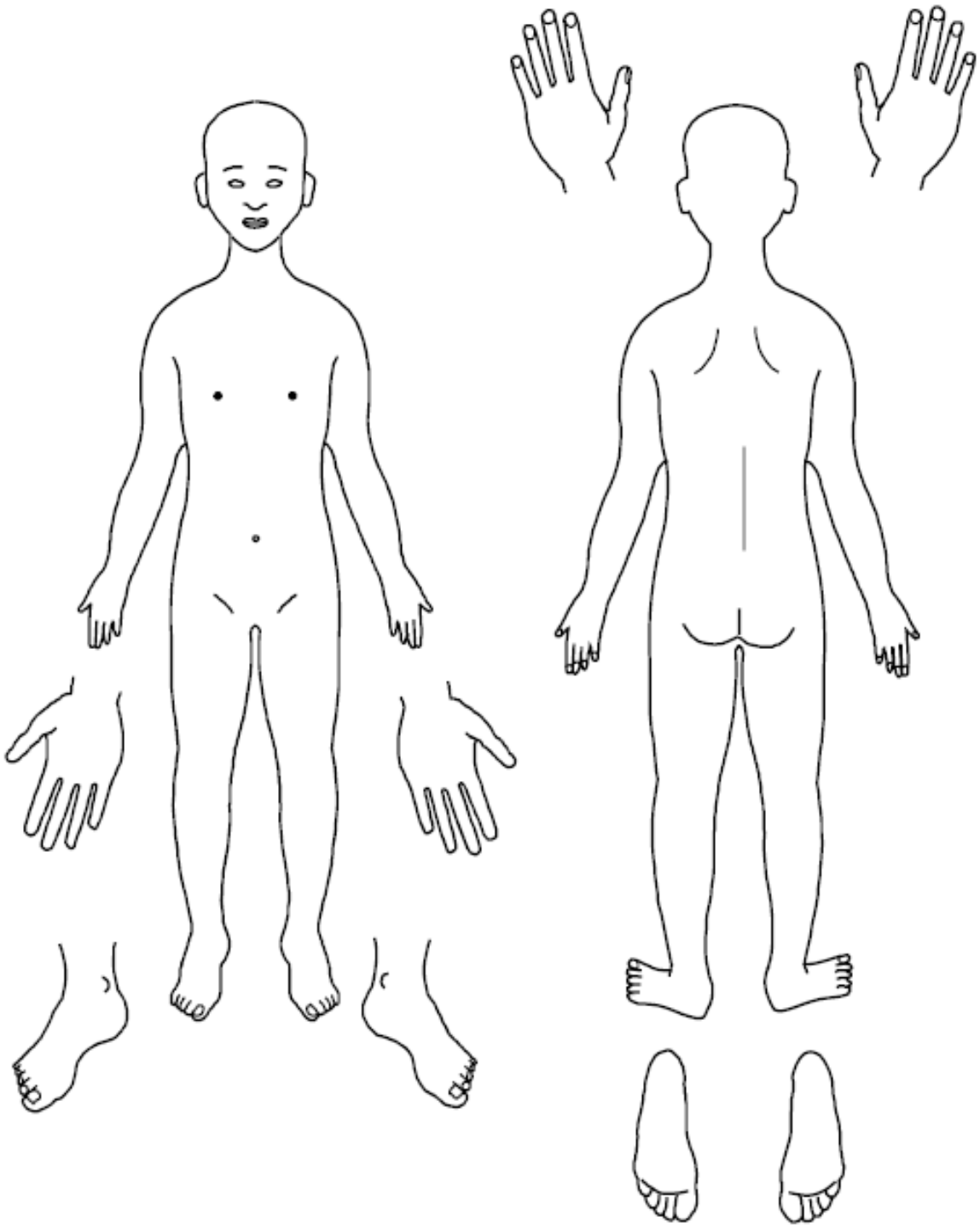
Details of concern (where? when? what? who? behaviours? use child's words)

Actions taken			
Date	Person taking action	Action taken	Outcome of action

Name: Designation:

Copied to:

Skin map

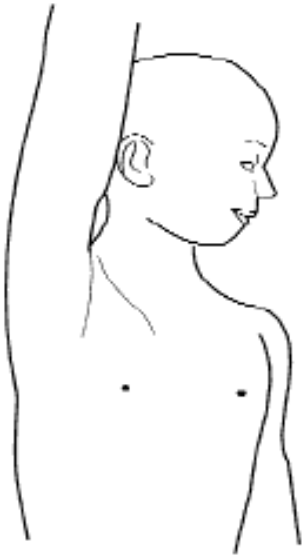


Name of Child: _____

Date of birth: _____

Date of recording: _____

Name of completer: _____



Any additional information:

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 3: LONE WORKING

The Charity will ensure the safety of lone workers or team members who sometimes work alone, by minimising the risks that they face and putting in place appropriate measures to improve their safety. This policy is designed to alert team members to the risks presented by lone working, to identify individual responsibilities and describe procedures to support the minimisation of risk and will work in conjunction with the Home Visit Policy.

Definition

Lone working can be described as any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague. Lone working can take place when people are:

- working as individuals at a fixed site but are separated from others e.g. working alone in buildings
- working in a remote location, including outdoors e.g. Outings
- working alone away from base e.g. home visiting
- working outside normal working hours, e.g. Home visits, fates, giving talks
- travelling alone as part of their work e.g. travelling to meetings or travelling to the home of a family.
-

Many lone workers will come into more than one of these categories and each of these categories may present a different individual or combination of hazards. Team members who work alone face the same hazards in their daily work as other workers. However, for lone workers, the risk of harm is often greater. The main hazards facing lone workers are lack of access to assistance in an emergency, as well as potentially however rare danger for working alone with families e.g. family pets.

Roles and responsibilities

The Executive Manager is responsible for the safety of all persons who are employed by the Charity.

The Executive Manager must make sure that all their team members are aware, and the policy is implemented where required. They are also responsible for ensuring that any learning from an incident is shared across the Charity and changes made to the policy if required.

Executive Manager

The Executive Manager must ensure that:

- the policy is applied across all team members, including full and part-time staff as well as sessional/ casual staff.
- they identify all team members who are lone workers, based on recognised definitions.
- all relevant policies and procedures as well as any additional training or support are disseminated to lone working staff.
- where possible and appropriate, a risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks from lone working are identified and that control measures have been introduced to appropriately protect staff by removing, minimising, or mitigating the risks before staff enter a lone working situation.
- lone workers are provided with sufficient information, induction, training, and supervision before entering a lone working situation.
- measures identified in the risk assessment to reduce risk are put in place and where appropriate, technology is made available to ensure the safety of lone workers (e.g. mobile phones).
- there is a team protocol as set out in the home visiting procedure in place of what will happen in case of emergency, written by the Executive Manager and shared with all staff regularly.
- regular reviews are undertaken of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker.
- where an incident has occurred involving a lone worker, it is reported to the Executive Manager immediately.

- in the unlikely event that a member of the team is assaulted, they receive medical attention where necessary, is properly de-briefed, any injuries are documented, and they receive and are given access to appropriate post incident support.
- where appropriate following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place prior to a formalised review of lessons learnt following an incident (these measures may include, where appropriate, alternative arrangements being made as to the way in which a service is provided).

Team members

Team members who lone work must ensure that they:

- do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation.
- seek advice from the Executive Manager and follow guidance, procedures, and instruction to avoid putting themselves or their colleagues at risk.
- ensure that their planned whereabouts are easily obtainable (e.g. by ensuring their online calendar is up to date and includes names and places and/or addresses where external meetings/visits are). This is especially important when undertaking a trip or visit that might be higher risk.
- conduct proper planning prior to a visit including identifying any pre-existing risk assessments, apply control measures and utilise continual dynamic risk assessment during a visit.
- properly utilise all appropriate technology, which has been provided for their own personal safety; and
- report all incidents even where they consider it to be a minor incident, including 'near misses' to enable appropriate follow up action to be taken.

Safety in the community

Home visits

Team members must not assume that having a mobile phone and a back-up plan is a sufficient safeguard in itself. The first priority is to plan to reduce any risk that exists. This should be done by carrying out a risk assessment (see below). When planning home visits consider the following:

- can someone else be present such as a co-worker etc.? Could it be a joint visit with a colleague?
- is there a possibility of other family members or friend being present which may add to the risk - try to check this out beforehand.
- take into account what is known about the person. All family history that is known to the Charity and any information from other agencies such as Health Partners.
- discuss with the Executive Manager as to the best way of approaching a visit.
- make sure that the Executive Manager knows where you are going - keep your online diary up to date.
- make sure that the Executive Manager knows how to contact you - do we know that mobile phone signal is an issue in that area? What other means of contact do we have?
- make sure that the Executive Manager can contact your next of kin - keep your emergency contact details up to date.
- always take a mobile phone, ensuring it is appropriately charged.
- do not go into a person's home if they appear to be drunk or ill etc. unless you have another colleague with you and you both deem it safe to enter.
- when visiting an unknown building, check out the layout and exit, try to sit near it. Be aware of potential weapons.
- ask that dogs and other potentially dangerous pets are kept out of the room.
- think about where you sit and avoid sitting on peoples' beds.
- in the very unlikely event that a family member you are visiting/anyone else present starts to get abusive/ aggressive, then leave immediately.

Travelling by car

In the course of their duties, team members may have to make journeys in their car alone. Team members are asked to follow the advice set out below as fully as possible, in order to reduce risk when travelling by car alone;

- always keep windows closed and doors locked when driving alone, particularly at night and in isolated areas.
- do not give lifts to strangers e.g. a hitchhiker, or accept lifts from a stranger if you breakdown or have an accident.
- if you see an incident or someone tries to flag you down, think first. Is it genuine? How would you best help? It might be safer and also more helpful and practicable to report what you have seen using your mobile phone.
- if you believe you are being followed, keep calm and continue driving to a busy place e.g. garage, police station etc. where help could be available. If necessary, draw attention to yourself by sounding your horn.
- if other drivers or vehicle occupants try to attract attention e.g. indicating a fault with your vehicle, ignore them and avoid eye contact.
- if a car pulls in front of you and causes you to stop, NEVER turn off the engine. If the driver or passenger approaches: reverse as far as is safely possible and ensure doors and windows are locked. If necessary, draw attention to yourself e.g. by sounding the horn.
- when parking in daylight, always try to imagine what the place would be like at night.
- when parking at night, park near a streetlight and as close to the family home as possible.
- always lock away any valuables out of sight in the boot.
- never leave the car unlocked or the ignition key in it when it is unattended.
- when returning to the car, always have the door key ready. It is better not to stand by the car searching for the key.

Travelling on foot or public transport

If a member of the team is travelling by foot or using public transport, they are asked to follow this advice;

- think ahead, be alert and be aware of your surroundings.
- keep to busy, well-lit roads and avoid poorly lit or quiet underpasses.
- avoid carrying valuables (i.e. excessive amounts of cash or expensive jewellery).
- always sit near the bus driver on a driver-only bus or stay downstairs.
- if possible, wait for the bus at a busy stop that is well lit, or a bus stop close to area of activity - for example, a garage or a late shop.
- have the fare ready, separate from other money or valuables.
- try to avoid having hands full with heavy bags.

Out of Hours working

Some services that the Charity provide occur out or normal (9am-5pm) working hours. This includes home visits as well as fundraising events. Team members must follow the points below in order that risk of harm is minimised;

- ensure you know where you are going and how to get there before you leave.
- if working out of hours team members should inform the Executive Manager before and after they have finished working.

Office Safety

In the Charity building

Although lone workers are often working out in the community, there can be times when staff are working on their own in the office building. This can include staff who have to interact with a family or member of the public in their place of work without colleagues nearby.

The main risks to staff lone working in the Charity building include:

- managing accidents and incidents and lack of assistance in case of emergency.
- handling of delivery loads, equipment, and people.
- use of work equipment.
- use of electrical equipment.
- working with Display Screen Equipment.
- although very unlikely, violence and aggression from families or member of the public.
- risk of other employees from The Courtyard or other members of the public entering the building while service staff are working in the service end of the building, and no one is working in the office/reception space. If a team member does remain behind after all other employees and families have gone, then that team member should lock the front door so that no one could enter without first knocking and being seen by the lone worker.

The Executive Manager must ensure that all team members have had the correct induction regarding relevant safety procedures for the team and the building. Team members who are lone working also need to risk assess any of these activities before undertaking them.

Working at home

The Charity understands that at times team members may wish to work from home. This should all be agreed in advance by the Executive Manager, and team members should ensure that their online calendar is up to date.

Potential hazards that may arise include:

- handling of delivery loads or heavy equipment.
- use of work equipment.
- use of electrical equipment.
- working with Display Screen Equipment.

Safety technology

Although technology is not a solution to all problems posed by lone working, it can be a helpful tool to keep staff safe. It is not a substitute for good safety planning. These items include mobile phones

All staff should ensure that they have a mobile phone, charged and ready to use close by whenever and wherever they are lone working.

Risk Assessment

Prior to an activity

A generic risk assessment should be carried out on the activity prior to the event by the lead member of the team. This includes separate risk assessments for service sessions held within the Charity building as well as for Home visits. If a family are referred to the Charity and there are specific concerns concerning the safety of a home visit, a specific risk assessment will be completed by the Executive Manager and shared with the member of the team completing the visit.

During an activity - Dynamic Risk Assessment

Dynamic risk assessment is a term used when the situation in which risk arises changes and consists of on-the-spot decision making. Being alert to these warning signs will allow the lone worker to consider all the facts to make a personal risk assessment and, therefore, a judgement as to the best course of action (for example, to continue with their work or to withdraw). At no point should the lone worker place themselves, their colleagues, or the family at risk or in danger.

However, dynamic risk assessment must not be seen as a substitute for the systematic assessment of

risk arising out of activities undertaken the Charity. In all circumstances, controls must be put in place where there is reasonable likelihood that the health or safety of staff may be at risk.

Reporting incidents and near misses

Although it is very unlikely that a member of the team will experience any form of abuse from a family, the Charity has a procedure should these issues occur. Team members must familiarise themselves with these procedures. Key points are:

- all accidents or incidents including verbal abuse, racial abuse, threats, and aggressive behaviour or violence should be reported immediately to the Executive Manager.
- where appropriate, the Executive Manager, after consulting the employee should contact the Police to report the incident.
- a de-briefing should be made available to the team member as soon as is possible. Depending on the location and time of the incident it may be necessary to hold a short immediate debrief with a colleague before ensuring that a comprehensive debrief takes place with the line manager at the next possible opportunity.
- an investigation of the event should take place as soon as possible to see if protective action should be taken.
- a factual record of the event dated and signed should be made on the service family file.
- risk assessments must be reviewed after an incident or near miss.
- incidents/near misses should be monitored at a local level to identify trends.

Monitoring & review

The ongoing implementation of the Lone Working Policy will be monitored through the supervision process. Lone working and risk assessment will be regular agenda items for team meetings. Any member of the team with a concern regarding these issues should ensure that it is discussed with their supervisor or with the whole team, as appropriate. The policy will be reviewed as part of the regular cycle of reviews, unless changing circumstances require an earlier review.

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 4: HOME VISITS

This procedure is for all staff who may as part of their day-to-day work visit family homes or work out in the community with families. This procedure is to ensure that all reasonable steps are taken to manage risks, provide a safe working environment and protect employees. Although home visiting is classed as Lone Worker, the Charity has a specific policy to cover this area of work.

Legislation

Employers Legal Duties

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1992 and 1999, employers have a legal duty to protect the health, safety, and welfare of their employees in addition to a legal duty to assess all risks including lone working (See Lone Worker Policy). If the risk assessment shows that it is not possible for the work to be done safely by the lone worker, then other arrangements must be put in place.

Hazards of Lone Working

For more detailed information please see Lone Working Policy. These may include:

- accidents or emergency arising out of the work and the lack of First Aid equipment
- fire
- sudden illness
- inadequate provision of rest, hygiene, and welfare facilities
- violence from members of the public
- manual handling

Possible hazards and consequences:

Hazard	Potential consequences
Attack by client or stranger	Physical abuse, verbal abuse, theft, abduction,anxiety
Attack by animals	Bodily injury, anxiety
Accident	Bodily injury, anxiety
Accident or breakdown tocar	Bodily injury, being stranded, being delayed
Loss or breakdown of equipment	Being stranded, out of communication
Manual handling	Bodily injury
Getting locked in/out of venue/car or getting lost	Being delayed, anxiety, being stranded
Staff working in unsafeways	All of the above
Accident	Bodily injury, anxiety

Lone Workers Responsibilities

Team members are responsible for taking reasonable care of themselves and other people affected by their work and should follow health and safety guidelines laid down in the Health & Safety policy. They should use equipment appropriately, report any defects and unsafe conditions and report accidents and incidents or matters of concern. Risk assessments should be undertaken where there are reported concerns about visiting a family in their home or attending meetings in the community in addition to following all established guidelines for identifying and informing a buddy as detailed below.

Identifying and Informing a Buddy

…… for Visiting Families in their Homes or in the Community, including out of normal working hours.

Team members visiting families in their homes or out in the community should follow these procedures to keep themselves safe.

- ask a colleague to act as the buddy for the time they will be at the visit and send the buddy an online calendar invite, using the format - house number, postcode and family Surname and the expected start and finish time of the visit.
- once the buddy has accepted the invite, email them with the full address, name, and landline in all cases.
- when visits occur out of normal working hours or weekends ensure your buddy has your personal, home and emergency contact details.
- phone/text the buddy at nominated time to let the buddy know that the visit has ended or will be ending later, giving a new time to finish (if there is no mobile phone signal in the home, it is the responsibility of the team member to make contact either using a landline or leaving the house briefly to get a signal)

Emergency Procedure

…… for team member when conducting a Home Visit or in the Community

In the event of a team member on a home visit feeling or being threatened or unable to leave the situation, they should try and phone/text their nominated buddy. If a team member has not returned from their visit or phoned/texted in to report that they have finished a home visit by the time specified in the buddy calendar invite, the buddy needs to then following the team protocol in case of emergency set out in appendix 1 to this policy

If the member of staff is able to make contact the conversation should then proceed as follows:

Staff member on visit states {if they call the buddy first):
"Is my green folder on my desk?"

Response from buddy (if buddy calls first, this is the initial question):
"Do you need me to call the police?"

Either

Staff member on visit:
"Yes"

Response from buddy is to phone police and give details of staff member, house number and postcode as logged in calendar invite, and inform the Executive Manager.

Or

Staff member on visit:
"No"

Response from buddy:
"Would you like back-up?"

Either

Staff member on visit:
"Yes"

Response from buddy is to alert a manager to respond.

Or

Staff member on visit:
"No"

Response from buddy:
"Would you like a call back in 10 minutes?"

Staff member on visit:
"Yes"

Response from buddy is to call back in 10 minutes and repeat emergency procedure.

Buddy must log the time each call is made.

Visiting Families in their Homes or in the Community

Planning for the visit

Ensure that you have learnt as much about the family as possible from the relevant partners and professionals involved with the family and any associated paperwork. If there are clearly identified dangers or concerns, carry out a written risk assessment appendix 2 and discuss with a casework supervisor before making a decision about visiting.

Schedule a specific time for the visit and let the family know that this is the time you have available that day.

Plan and diarise your travel time and time to prepare and write up the visit.

It is expected that most visit times will be within office hours. However, where the family is unable to meet during the day, you can arrange to go later or earlier as required. Should this be the case, the visit should not go on after 7pm in the evening and all the appropriate risk assessments and buddy systems should still be used. If the visit is after hours, the nominated buddy should be a colleague at the same grade or above.

Before the visit

- prepare for the visit using the action plan to determine what you need to cover in that session.
- record details of the visit in the buddy book as described above or phone a buddy and ask them to

record the details.
- ensure that your phone is charged and switched on.
- ensure that you have your Dame Vera Lynn Children's Charity ID on.

Arrival at the visit
- be punctual, introduce yourself to everyone in attendance and ensure that you know who everyone is there.
- follow the family into the home, do not go into the home first; they may try to block you in, and you do not know who is already there.
- sit nearest the door/exit. Avoid letting anyone sit between you and the door.
- check with the family that is it ok to include everyone there in the conversation.

If you arrive at the visit and no one is there, try to phone the family first, if no response leave a note with the date and time you were there.

During the Visit
- review the purpose of the visit with the family.
- remind the family of the time you have available for the visit.
- remember to stay alert at all times, use your instinct, stay calm, act confidently, and leave immediately if you feel uncomfortable
- use language which is appropriate for the situation.
- respect cultural practices and values.

Containing Aggression

It is important even if someone is trying to provoke you, not to respond.
- stay calm, speak slowly and clearly.
- do not argue, be patronising or try to outsmart the person verbally. breathe slowly to control your own tension.
- avoid body language which may be misinterpreted, such as looking down on the aggressor; hands on hips; folded arms; any physical contact.
- keep your distance.
- make an excuse to leave if you can't deflect or defuse the situation - see emergency procedure above.
- never turn your back, if you are trying to get away, move gradually backwards.

Procedure
…….. if team member does not Return or Call/texted in at the Appointed Time

Nominated buddy to follow the team protocol in case of emergency Appendix 1 and if continues will escalate to Executive Manager.

After Hours/Weekends Procedure
When working after hours or at weekends, team members are still required to nominate a buddy (see earlier) which can be a peer. This should be determined at least 2 days in advance of the visit and extra precautions should be taken. It is the member of staff responsibility to ensure that the buddy has their home, personal and emergency contact details, in addition to their work number.

Manager on call to deal with issues related to lone working
The Executive Manager will allocate a rota of team members to be on call for out of hours and weekend lone working to manage any issues arising from lone working that needs to be escalated.

Risk Assessment for Lone Working

(includes staff working alone in locked centres)

The key to maximising safety wherever there is lone working is conducting a risk assessment, which should address two main features:

- whether a single person can do the work safely
- what arrangements are required to ensure the lone worker is at no more risk than employees working together

Example of Risk Assessment Form and Example Control Measures

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Identify the hazards	Who might be harmed and how?	Current control measures	Evaluate current level of risk	Additional control measures required	Residual risk after re-evaluation

Once the Risk Assessment has been completed the appropriate control measures to avoid or control the identified risks must then be put in place. These may include:

- additional staffing
- additional information
- instruction and/or training
- increased supervision
- additional/new equipment
- implementing new systems of work
- display screen equipment assessment

All Risk Assessments that are carried out need to be regularly monitored and reviewed to ensure that the risks are still current and that the control measures are still appropriate and the most up to date for what is available.

Team meetings

This procedure should be discussed at team meetings on an annual basis to ensure that all team members are familiar with it.

Teams Emergency Contact Details

An up-to-date record will be kept of all team members at the Charity which will have details of their home address and emergency contact details. This information is to be stored as a hard copy within the "Emergency contact folder" and is to be accessed by the buddy or manager when the emergency protocol is needed to be implemented when a team member does not check in with their buddy as described in the emergency protocol. This folder shall be updated as new members of the team start/ leave and when tam members' emergency details change. It is the individual's responsibility to ensure that they keep their line manager informed of any changes.

Appendix 1 - Team Protocol in case of emergency

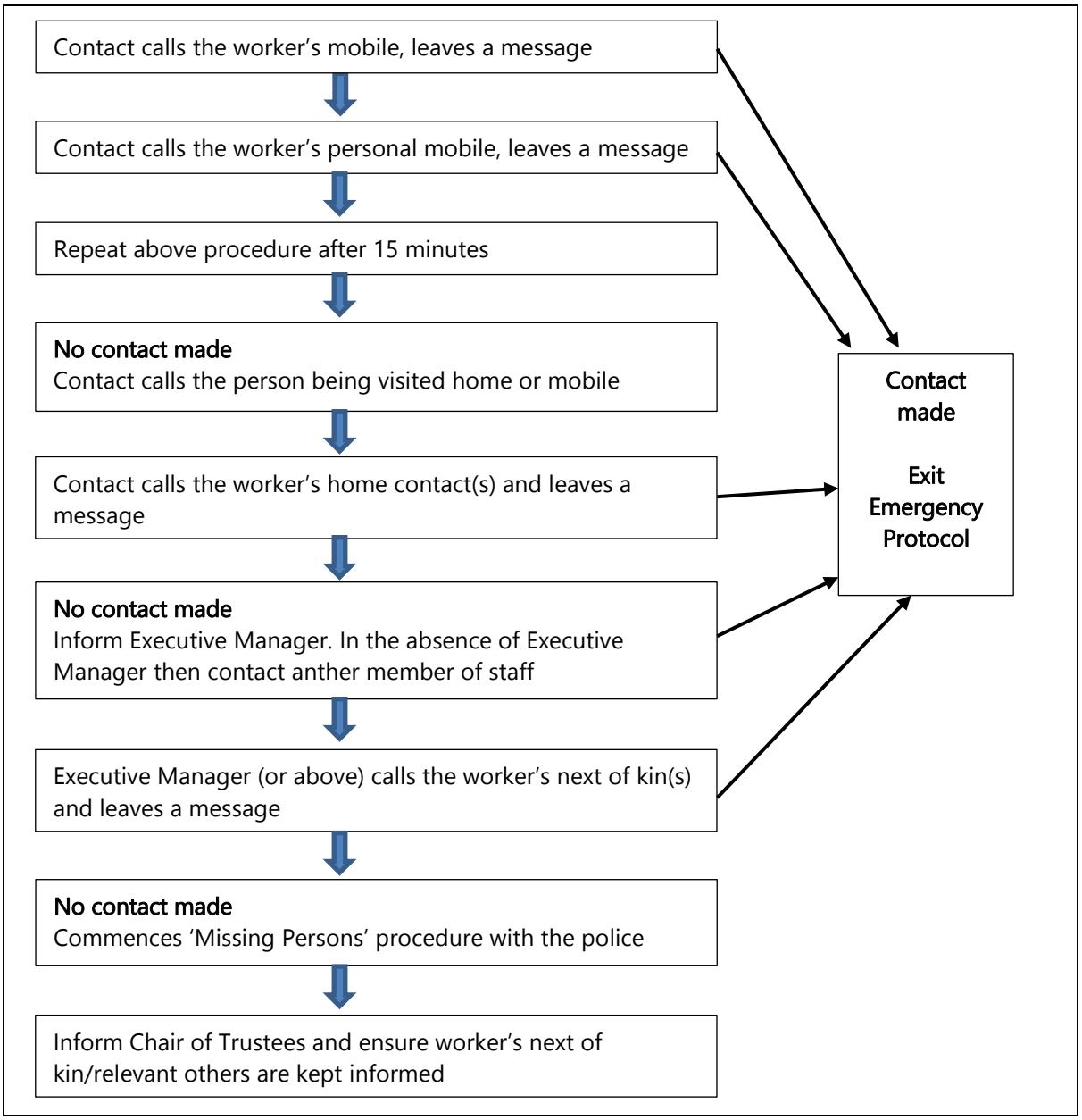
This plan sets out the team's procedure in the situations where a member of staff has an appointment on their online calendar and either of the following scenarios occurs:

A member of the team does not appear for an expected appointment:

In this situation the member of the team who becomes aware of this, becomes the contact and is responsible for alerting the Executive Manager and initiating the protocol.

A member of staff is undertaking a visit that has significant level of risk:

In this situation, as part of the risk assessment and planning, a contact will be identified who takes responsibility for initiating the protocol if the worker does not check is as agreed.



Appendix 2: Lone Working Risk Assessment /checklist

Risk Assessments can come in many formats, the "Charity" has a generic lone working risk assessment, but where it is deemed necessary to have a specific risk assessment to facilitate a home visit or visit in the community, the checklist below can be used to meet their own needs.

Date & Time of visit	✓	People being visited & purpose:
		Notes/ further actions agreed/planning
Situation/People being visited		
Are there any warnings (or known previous behaviours) on file?		
Specific guidelines relating to known behaviours?		
Are current circumstances particularly stressful?		
Is the nature of the visit possible to be a negative experience?		
Will others be present?		
Are there pets to consider?		
Environment		
How safe is the location?		
Transport is arranged (eg car has enough fuel)		
Route & parking are known/ arranged		
Mobile phone charged		
Contingency		
Diary up to date with details of visit in		
Contact details up to date		
In the event of a challenging visit consider arranging a contact to check in with afterwards		

Appendix 3 - Check list for Buddy

Buddy procedure for Home Visit

You should receive an invite in your calendar from the person completing the home visit with; house number, postcode and family surname and the expected start & finish time of the visit.

Accept the invite

You will then receive an email with full address and name and phone numbers of families.

Phone the team member who is on a visit at allotted time, if the visit has finished early the team member on visit will let you know they are out and, on their way, back.

When you ring ask the following question;
"Is my green folder on my desk?"

Staff member on visit:
"Yes" - Everything is ok person on visit should advise when they expect to be finished i.e. "I will be another 30mins" - process starts again in 30 mins

Or
"No"

Response from buddy:
"Would you like back-up?"

Staff member on visit:
"Yes"

Response from buddy is to alert Executive Manager or other senior member of staff to respond. If neither are available contact police and advise of location and situation.

Or
Staff member on visit:
"No"

Response from buddy:
"Would you like a call back in 10 minutes?"

Staff member on visit:
"Yes"

Response from buddy is to call back in 10 minutes and repeat emergency procedure.

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 5: RISK ASSESSMENT AND RISK BENEFIT ANALYSIS

Purpose

Although it is not possible to eliminate all risk the Dame Vera Lynn Children's Charity recognises that we have a duty to as far as practicable possible to ensure the risk of harm is minimised.

Responsibility

All risk assessments will be reviewed annually, unless an event occurs, or substantial changes are made within a room, at that point a review will be carried out by the Executive Manager.

All off site visits or sessions require a risk assessment which will be carried out at least 1 week before the event. It is expected that the member of the team leading any session will complete a visual inspection of all equipment and the environment before the start of any session. For in-house Service sessions, the responsibility for the safety in a session is under the authority of the Executive Manager, and for community events for the fundraising team, this will be carried out by and therefore the responsibility of the Community Innervation Fundraiser. For Community events, the risk assessment should be taken to the event and held by the staff member leading on the event.

The Executive Manager is expected to have attended Health and Safety training or completed the online training, as well as risk assessment training.

Risk assessments

Each room within the Charity building has a risk assessment; sessions therefore only require a risk assessment if they use equipment which is not normally available within the room. If a session does require a risk assessment separate for the standard room risk assessment, this should be completed by the Executive Manager/session lead prior to the session.

Service Sessions

Prior to each service session, the session lead should ensure that all equipment is in a safe position or safely stored away.

Benefits of risk

It is the understanding of the Charity that it is not possible to eliminate all risk from sessions, nor is it advisable to remove all risks. The Charity understands that it is an important part of children's development for them to be exposed to a limited amount of risk, and that they learn to manage that risk for themselves, this should be done in a tightly controlled way and monitored by both staff and parents. For some of our more mobile children this means that sometimes they will fall over, during these activities the session lead should ensure that Parents are paying particular attention to their child, whist allowing them to try the activity. Although the Charity will work to minimise the level of risk a child is exposed to it is not possible to remove all risk. This is particularly the case for sessions such as Swimming. For these sessions, there are extensive risk assessment, and the level of staff/parent ratio is very high. Parents are also reminded that the children remain their responsibility at all times whilst attending any of the sessions at the Charity or any activity the Charity is providing.

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 6: LOST OR MISSING CHILD

Purpose

To ensure the safety of all children using The Dame Vera Lynn Children's Charity ("the Charity's") services safety.

Responsibility

Although children remain the responsibility of their parent/carer while in the Charity's premises, team members should remain vigilant at all times. If a member of the team sees a child not with their parent/carer or a member of staff, they should take action immediately.

Action

If a parent/carer or staff member notices a child is missing, they should notify all team members immediately. The building should be searched, and any exits checked. Team members should notify the farm owner and other buildings on the site. If the child is not found immediately, the police should be notified. This should be done by the Executive Manager. The team member leading the session should reassure all parent/carers in the session and ensure the children remaining in the centre are kept safe.

Once the child is found

Once the child has been found, the Executive Manager should conduct a full investigation and share any lessons learnt with all staff. Risk assessments should also be amended

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 7: ADMISSIONS

Purpose

The Dame Vera Lynn Children's Charity ("the Charity") provides a range of services including but not exclusively; Conductive Education sessions, Music Therapy, Swimming session and Outreach Support as a form of early intervention for children with cerebral palsy or motor impairment. These sessions as far as possible will be free of charge for families to access. The Charity also provides a range of other services to meet the needs of the whole family.

Service, Sessions and Booking

When a family enquires about a service, the Executive Manager talk with the family and explain about the Charity and the services we offer, a suitable time will also be booked for the assessment. The registration form will be sent along with any other forms which the family will be asked to return before their assessment. The assessment is carried out by the Executive Manager and either Conductor or Physiotherapist. After that assessment, the Executive Manager will agree with the family the most appropriate sessions for them to attend, this may include a range of services. At this point families will also be asked if we are able to complete a home visit, which they will then book with the Outreach Worker.

Parents/Carers will be expected to stay and work with their child during sessions unless otherwise advertised. Parents/Carers remain responsible for their children at all times while in the Charity building. If the times of a session are changed, parents/carers will be given as much notice as it possible.

In addition to the free early intervention services, the Charity also offers a range of other events and types of session. For some of these, families may be asked to book in advance, such as for events during school holidays, so that staffing and resources can be allocated as necessary. Some of these sessions will also be free of charge, but for others, it may be necessary for families to pay in advance.

Assessments

Before the Charity starts working with each family, an assessment will be carried about by the Executive Manager and either Conductor or Physiotherapist. This assessment is expected to last around an hour. It is an opportunity for the Executive Manager to share more information about the Charity and its services along with all relevant policies with the family, and for the Conductor/Physiotherapist to make an assessment of the best way that Conductive Education can help the child.

Parents/Carers will be asked to bring with them all documentation from health services that are already working with the child, along with any equipment they have such as rollers and splints.

The assessment may be filmed in order to provide a baseline for work and will be stored securely according to the confidentiality and data protection policies.

Non attendance

We understand that it is not always possible to attend sessions. The Charity asks that if a family are not able to attend, that they inform a member of the service team as soon as possible via the office phone – 01444 473274.

Availability

The Charity carefully monitors the number of children in a session, in order to ensure the safety of sessions and to ensure that children receive the best experience of Conductive Education. The Conductor/Physiotherapist and the Executive Manager will review the number of children in each session regularly.

If the Charity is unable to offer a family a session due to lack of space, the Executive Manager will ensure the family are kept informed of any spaces as they arise.

Reviews and Parent/Carers information sessions

The Conductor/Physiotherapist and Executive Manager will hold regular meetings with Parents/Carers to ensure that there is an open and continuous way of sharing information about the progress of the child. During these reviews, parents/carers will be asked to share their thoughts on their child's progress and also any medical changes. Parents will also be invited to provide feedback at the end of each session.

SERVICE SPECIFIC POLICY HANDBOOK - SECTION 8: OUTINGS & TRIPS

Purpose

To ensure that any trips or outings that are organised by the Charity are carried out in a safe and enjoyable way.

Objectives

At Dame Vera Lynn Children's Charity, we recognise the importance of trips and outings and encourage our families to participate in planned trips and outings in order to enhance the opportunities provided. All policies and procedures that are implemented throughout the Charity must continue to be implemented whilst on the trip/outing in addition to the procedure set out below. The objective of all of our trips or outings are so parents are able to enjoy experiences with their child that they might otherwise not feel confident to undertake.

Policy Statement

The Executive Manager will take the lead on all trips and outing. All trips and outings will require a full risk assessment which will be carried out by either the Executive Manager or Session Lead in advance of the trip or outing. This should be reviewed following the outing with any lessons that have been learnt during the trip or outing.

The Executive Manager should be notified of any planned trip or outing and therefore be able to ensure that there is the correct level of staffing, first aid requirements, equipment, and advertising for the trip.

The person leading the trip should take into consideration all other policies particularly the Safeguarding Children and Lone Working policies.

During the trip or outing, if any issue should arise, the Executive Manager. They will decide what the next course of action should be.

Following any trip, the risk assessment should be reviewed along with the full trip report produced by the Session Lead as well as the completed evaluation forms by families. These will all be reviewed in order to help to shape future trips and outings.

Before the trip or outing

The Executive Manager should be notified of a possible trip or outing and will either conduct or review the risk assessment, and then make arrangements for appropriate levels of staffing, first aid requirements, equipment, and advertising for the trip.

Parents will be advised of the details of the trip or outing, including the location, date, and times the trip or outing will take place, and asked to sign up to participate in advance of each trip or outing. In addition, they will be advised what they need to bring, and of any additional issues, such as parking restrictions.

The Session Lead will ensure that he/she has reviewed the risk assessment, has obtained everything on the Trip Checklist and has brought this along with a first aid kit, contact details of Executive Manager and all parents booked on the trip. Their mobile phone should be fully charged and switched on.

During the trip or outing

Parents will remain responsible for their own child and will remain in charge of their own child throughout the trip or outing, but Charity staff should be extra vigilant of both the children and parents.

If appropriate, then a central meeting place will be designated and shown to all parents at the start of the trip or outing.

The Session Lead for the trip or outing must be present throughout the trip or outing. If an issue arises, the Executive Manager should be notified immediately.

After the trip or outing

Parents will be asked to complete an evaluation at the end of the trip, the question in the evaluation should be related to the service plan for the trip.

The session lead should collate and pass to the Executive Manager the completed evaluation forms and the risk assessment reviewed as well as the Service plan (with the lessons learnt section completed).

Checklist for trip or outing

- Parent sign up and list of all children plus their responsible carers attending
- Risk assessment
- List of medical conditions
- Fully charged mobile
- First Aid Kit