

Bolton Together Safeguarding and Child Protection Policy

Designated Safeguarding Lead – Louise McDade

Members of Staff /Board Trained to Level 3:

IThrive Co-ordinator - (Deputy Safeguarding Lead)

Board Safeguarding Lead - Gill Smallwood

Board Member – Beverley Matta

Last Reviewed	11/09/23
Date of Next Review	11/09/24
Person Responsible for Review	Louise McDade – Chief Officer and Designated Safeguarding Lead

Introduction:

Bolton Together is a consortium of Bolton organisations supporting children, young people, and families. All consortium members and providers of contracts have their own Safeguarding Children's Policy. Bolton Together will ask for assurance from Bolton Together members and providers that they have appropriate Safeguarding procedures in place and connect organisations with Bolton Community and Voluntary Services (Bolton CVS) where further support is required. Bolton Together also co-ordinates a Referral Hub where referrals are triaged and assessed and allocated to IThrive providers within the voluntary sector.

Policy Statement

Bolton Together believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

We recognise that:

The welfare of the child/young person is paramount. All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have the right to equal protection from all types of harm or abuse.

Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

The purpose of the policy:

- To provide protection for the children and young people who receive Bolton Together services.
- To provide staff and volunteers with guidance on procedures they should adopt if they suspect a child or young person may be experiencing or be at risk of harm.
- This policy applies to all staff including the Board of Trustees, volunteers and sessional workers or anyone working on behalf of Bolton Together.

We will seek to safeguard children and young people by:

- valuing them, listening to and respecting them.
- adopting child protection guidelines through procedures and a code of conduct for volunteers and staff.
- recruiting volunteers and staff safely, ensuring all necessary checks are made, sharing information about child protection and good practice with children, parents, staff, and volunteers.
- sharing information about concerns with agencies who need to know and involving parents and children appropriately.
- providing effective management for staff and volunteers through supervision, support, and training.
- We are also committed to reviewing our policy and good practice annually.

Policy and Procedures

1 Aims and Objectives:

This policy ensures that all our volunteers' and workers now and, in the future, are clear about the action necessary with regard to a child protection issue. Its aims are:

- To raise the awareness of all staff/volunteers and identify responsibility in reporting possible causes of abuse.
- To ensure effective communication between all staff/volunteers when dealing with child protection issues.
- To establish the correct procedures for those who encounter an issue of child protection.
- To identify a named person to take responsibility for child protection issues.

2. Bolton's Framework for Action

The safeguarding arena is vast, and it is evidenced in Bolton's Framework for Action model, which outlines how local practitioners work together to safeguard and promote the welfare of children within the Bolton area.

There are many ways we can work with families to receive help and support. The use of Early Help is a very effective tool when issues and concerns may not reach the safeguarding threshold for Children's Services involvement.

For further information on Bolton's Framework for Action, see <https://www.boltonsafeguardingchildren.org.uk/downloads/file/36/framework-for-action>

3. Early Help

Early Help means providing coordinated support as soon as a problem emerges, at any point in a child's life. In Bolton staff should refer to Bolton's Framework for Action, which provides guidance on how Early Help should be delivered to facilitate a high quality, collaborative approach to holistic assessment, support and planning to enable positive outcomes. For this to be effective, all agencies are required to work together to:

- Identify children and families who would benefit from support
- Undertake an assessment of need with the family
- Provide services to address those needs
- Review progress with the family to ensure that positive change has happened

This might mean when a child:

- Has specific additional needs or is disabled
- Has specific educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health issues, domestic abuse and violence
- Is showing early signs of abuse and neglect

Bolton Together is committed to Early Help and the identification of unmet needs and vulnerabilities of children and young people and works in partnership with other agencies to promote their welfare and keep them safe. All staff are aware of the Early Help process and understand their role in identifying emerging problems, sharing information with other agencies. Bolton Together adheres to Bolton's Framework for Action (July 2021) and will implement the Early Help process, with the consent of the parent, to support the wellbeing of children and families by tackling emerging needs at the earliest opportunity and prevent them from getting worse.

To check if an Early Help assessment and plan has been completed for a child, contact the Early Help Access Point via 01204 331500 (option 1) or email: earlyhelp@bolton.gov.uk.

If the child does not have an Early Help plan and the family agree to an assessment being completed, the Lead Professional must complete the Early Help assessment and plan with the family and agree on interventions and outcomes, which is to be reviewed with the family on a regular basis. When completing an Early Help assessment, it is essential to include the child's voice. Completed assessments and reviews should be sent to BoltonISA@bolton.gov.uk.

The assessment form and further information on Early Help can be found here: <https://www.boltonsafeguardingchildren.org.uk/early-help-working-together>

General enquiries to the Early Help Access Point (including queries, guidance documents and training on Early Help processes) can be made via 01204 331500 (option 1) or by emailing earlyhelp@bolton.gov.uk.

If you are working with a child and family with complex needs and require coordinated help from a range of services, including Local Authority involvement, they can be referred in to Targeted Help. Before accessing Targeted Help services, the child should have an existing Early Help assessment and an identified Lead Professional. Targeted Help referrals are to be made using the online form [Worried about a child? – Bolton Council](#).

Please note that Early Help and Targeted Help are consent based interventions. The family must agree to an Early Help assessment being completed and must consent to which services or agencies are involved in the process. If the family does not agree then please speak to the Designated Safeguarding Leads and Early Help Access Point for advice/guidance and review the level of need using thresholds and pathways.

The family are also able to withdraw consent at any time. If the family withdraw consent and you feel that the concerns around the family are escalating, you can ring the Early Help Access Point for advice or make a safeguarding referral to the Integrated Front Door (IFD).

If you are working with a family within the Early Help Arena and feel that you have exhausted existing processes and needs are beyond our organisation's scope of interventions, a referral to the IFD should be made using the online referral form, or by telephone if the child is at risk of significant harm/child protection issues. The IFD Referral Team will triage the referral to assess the threshold and make a decision as to whether this needs statutory support.

4. Definitions of Abuse:

It is important that all our staff/volunteers are aware of the different types of abuse and able to recognise the signs. These are important to know as any action taken by the Police,

Social Services, etc will be based on the four broad definitions of abuse: physical, emotional, sexual and neglect.

Physical Abuse: may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Signs to look out for:

- Unexplained bruising, marks or injuries
- Bruises, which reflect hand marks or fingertips
- Cigarette burns
- Bite marks
- Broken bones
- Scalds
- Running away

Changes in behaviour which can also indicate physical abuse may include:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour

Emotional Abuse: is the emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve someone telling children that they are worthless or unloved, inadequate, or valued so far as they meet the needs of another person. It may feature inappropriate expectations being imposed on children. Children may frequently feel frightened or in danger. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

Signs to look out for:

- A failure to thrive and grow
- Sudden speech disorders
- Developmental delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse may include:

- Neurotic behaviour, e.g., hair twisting, rocking
- Being unable to play
- Fear of making mistakes
- Self harm

Sexual Abuse: involves forcing or enticing a child to take part in sexual activities, whether the child is aware of what is happening or not. The activities may involve physical contact, including penetrative or non-penetrative acts, (e.g., rape, etc). They may involve non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Signs to look out for:

- Pain or itching in the genital /anal areas
- Bruising or bleeding near genital /anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Pregnancy

Changes in behaviour, which can also indicate sexual abuse may include:

- Fear of being left with a specific person or group of people
- Sexual knowledge, which is beyond their age or developmental level
- Sexual drawings or language
- Self-harm or mutilation, sometimes leading to suicide attempts.
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not being allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults
- Eating problems, such as anorexia or overeating
- Having nightmares
- Sudden or unexplained changes in behaviour

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. It may involve a parent or carer failing to provide adequate food, shelter, and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs to look out for:

- Running away
- Constant hunger, loss of weight including stealing food from other children
- Poor personal hygiene

- Inappropriate dress for the conditions
- Untreated medical problems

5.Procedures:

If a child should make a disclosure to a member of staff or volunteer within our organisation or should a member of staff/volunteer recognise/identify possible signs of abuse, then the following actions should be taken:

5.1 If a child talks to you about abuse or neglect:

- Tell the child they are not to blame and that it was right to tell
- Reassure the child but do not make promises of confidentiality, which may not be feasible in the light of subsequent developments. Explain early on that the information will need to be shared and what you will do next (as simply as possible).
- **Do not** show disgust or anger
- **Do not** ask direct questions – who, what, where, when
- **Do not** stop the free recall of significant events
- **Do not** ask a child to repeat their account to anyone else
- **Do not** put words into the child’s mouth by suggesting what has happened and by whom
- Take what the child says seriously, recognising the difficulties in interpreting what a child who has speech or language difficulties says
- Keep calm and even if you find what they are saying difficult or painful, keep listening
- Make a full record of what has been said, heard and/or seen as soon as possible using the child’s own words – record the facts clearly, including details of the child, date, time, parties involved, action taken, and any referrals made to statutory agencies
- Do not contact or confront the individual who is alleged to be responsible
- Inform the Named Child Protection Officer within the organisation of this incident. They will then report any concerns to the relevant agency

5.2 What should you do if you suspect child abuse?

5.2.1 Concerns where there is not an immediate risk of harm or serious child protection issues

If you have concerns around a child or children, but there is not an immediate risk or significant concerns of harm/child protection, then you must discuss your concerns with your Line Manager who will discuss this with the Designated Safeguarding Lead. In the absence of your Line Manager, you should discuss this directly with the Designated Safeguarding Lead. If the Safeguarding Lead is absent, then concerns must be discussed the Deputy Safeguarding Lead and in their absence with the Board

Safeguarding Lead. The Safeguarding Lead must be informed at the first opportunity and kept updated.

When raising concerns around a child/children, you should check if the family currently have Children's Services involvement.

5.2.2 Cases where there is no current involvement from Children's Services

The Designated Safeguarding Leads will advise if a referral needs to be completed and submitted to the Integrated Front Door (IFD), which is based at: Ground Floor, Castle Hill Centre, Castleton Street, Bolton, BL2 2JW. The IFD is the co-location of the Social Work Referral Team, Early Help Access Point, Police and Health and is in place to ensure that referrals are triaged and children get the right support without delay. (Further information on the Revised Framework for Action, the Integrated Front Door and Early Help can be found here <https://www.youtube.com/watch?v=jnkvy9jWilg>).

Referrals regarding children and young people **where the concern is not deemed immediate** must be submitted to the IFD using the online referral form. To make a referral, complete the IFD referral form which can be accessed via <https://www.bolton.gov.uk/safeguarding-protecting-children/reporting-child-abuse/1>. The referrer should provide as much detail as possible in order to ensure the correct service is provided.

For further information on how to complete the form, please see the following video provided by Bolton Council <https://www.youtube.com/watch?v=f1TPR3RAp2M>.

Once the online referral form has been received by the IFD, it will be assessed and directed to the right help and support. If you have not received a response from the IFD within 24 hours of submitting a referral form, you must ring the IFD directly on 01204 331500. Please note this line is reserved for those cases of most concerns and should not be contacted to make a direct referral unless you have concerns around significant harm/child protection.

From the 6th December 2021 and ongoing, the IFD will be trailing a consultation line in order for professionals to seek advice prior to making a referral if required. If a professional is unsure of if a referral needs to be made, they are able to talk this through with a Social Worker without sharing details of the child or family. The Social Worker will then give advice on whether you need to complete a referral or not. This will be anonymous and no details about a specific family shared. This phone line will be accessed via dialing 01204 331500 and selecting 'Option 3'.

The Designated Safeguarding Leads must be kept informed of all updates and outcomes of a referral and this must be documented clearly on the Lamplight Database.

Any Concerns relating to a Bolton Together Member must be discussed directly with the Designated Safeguarding Lead.

5.2.3 Cases where the child/children have an allocated Social Worker

Where a child or children have an allocated Social Worker, the Integrated Front Door (IFD) online form does **not** need to be completed and information should be shared directly with the allocated Social Worker after discussing the concerns with the Safeguarding Leads.

If you are unable to reach or do not know who the allocated Social Worker is, you can ring 01204 337400 for advice.

The family will be included in correspondence/phone calls/meetings when reporting abuse except in the case of suspected sexual abuse and providing this does not compromise the child's safety.

The Designated Safeguarding Lead must be kept informed of all updates and outcomes of concerns shared regarding cases open to Social Services and this must be documented clearly.

5.3 Concerns around significant harm/child protection issues

If you believe there is **immediate** risk of significant harm to a child or children you must first contact the Police on 999 and then notify the Designated Safeguarding Lead. Information must also be shared with either the allocated Social Worker or the IFD.

If the risk is not immediate but the behaviour causes serious concerns around significant harm/child protection (e.g. allegations of physical or sexual abuse, serious domestic abuse in the presence of a child or concerns around self-harm), then it must be raised with the Designated Safeguarding Lead immediately by a phone call, In the absence of the Designated Safeguarding Lead then concerns must be shared with the Deputy Safeguarding Lead or the Board Safeguarding Lead. You will be advised on the appropriate actions to take.

Where there are significant safeguarding concerns and it is not safe to wait for the online form to be assessed and triaged, you can ring the IFD on 01204 331500 (option 2 - Section 47) to make a referral directly. Following the phone call the referral should be followed up in writing using the online referral form within one working day.

Written records of any safeguarding concerns and information shared with the IFD must be clearly recorded onto the Lamplight Database and the Designated Safeguarding Lead must be kept informed of all updates and outcomes of the referral.

The opening hours for the IFD are Monday-Friday 8.45-5pm, excluding bank holidays and the online referrals will only be picked up during working hours. For significant concerns that require a phone call to the IFD out of hours or bank holidays, regardless of if a child/children has an allocated Social Worker, then please call the Emergency Duty Team on 01204 337777.

Any safeguarding referrals or information shared out of office hours must be clearly documented. The Safeguarding Leads must be kept updated and informed of any actions or outcomes.

6. Mental Capacity

Principle	In Practice	
1.	A person must be assumed to have capacity unless it is established that they lack capacity.	Every young person from the age of 16 has a right to make their own decisions if they have the capacity to do so. Practitioners and carers must assume that a young person has capacity to make a particular decision at a point in time unless it can be established that they do not.
2.	A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.	Young people should be supported to help them make their own decisions. No conclusion should be made that a young person lacks capacity to make a decision unless all practicable steps have been taken to try and help them make a decision for themselves.
3.	A person is not to be treated as unable to make a decision merely because he makes an unwise decision.	Young people have the right to make a decision that others would see as 'unwise'. This does not automatically mean they lack capacity and they should not be treated as such.

4.	An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.	If the young person lacks capacity any decision that is made on their behalf, or subsequent action taken must be done using Best Interests, as set out in the Act.
5.	Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.	As long as the decision or action remains in the young person's Best Interests it should be the decision or action that places the least restriction on their basic rights and freedoms.

These principles must be considered and followed in every instance when working with someone who may lack capacity to make a decision or decision for themselves.

6.1 Mental Capacity Act

There is a **Code of Practice** to support effective implementation of the Mental Capacity Act 2005

There is a duty under the Act for all persons and organisations with a responsibility for making decisions, or carrying out acts when a young person lacks capacity to have regard to the code at all times, regardless of the existence of other guidance.

Within the **Mental Capacity Act's Code of Practice**, 'children' refers to people aged below 16. 'Young people' refers to people aged 16-17. This differs from the Children Act 1989 and the law more generally; where the term 'child' is used to refer to people aged under 18. In this summary, as throughout the Code, a person's capacity (or lack of capacity) refers specifically to their capacity to make a particular decision at the time it needs to be made.

Please note the lack of capacity to make a decision is caused by an impairment or disturbance that affects how the mind or brain works and is specific to time and decision specific. The impairment or disturbance may be temporary or permanent. A lack of capacity cannot be determined solely by a person's age or appearance, condition or an aspect of their behaviour, which might lead others to make unjustified assumptions about the person's capacity.

6.2 Assessing Capacity

- Under the Act mental capacity is both 'decision specific' and 'time specific'.
- This means that:

- A young person cannot lawfully be deemed or assumed to 'lack capacity' generally; and The Mental Capacity Act must be applied for each time that a decision needs to be made.
- If any of the following indicators are present the young person may not be able to make their own decision:
 1. Lacking a general understanding of the decision that needs to be made, and why it needs to be made;
 2. Lacking a general understanding of the likely consequences of making, or not making the decision.
 3. Being unable to understand, remember and use the information provided to them when making the decision; and
 4. Being unable to, or unable to consistently communicate the decision.
- There may also be cause for concern if a young person:
 1. Repeatedly makes an unwise decision that puts them at serious risk of harm, abuse or exploitation; or
 2. Makes a particular unwise decision that is obviously irrational or out of character.
 3. A mental capacity assessment must be carried out when:
 4. There are indicators that the young person may not be able to make the decision at the time that it needs to be made; and
 5. There is evidence that the young person has (or may have) an impairment of, or disturbance in the functioning of the mind or brain; and
 - The reason that the young person may not be able to make the decision is relate to (or may be related to) the impairment in, or disturbance of the functioning of the mind or brain.

Children under 16

The Act does not generally apply to people under the age of 16 but there are two exceptions:

- The Court of Protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions within Section 2(1)* of the Act and is likely to still lack capacity to make financial decisions when they reach the age of 18 (Section 18(3));
- Offences of ill treatment or wilful neglect of a person who lacks capacity within Section 2(1)* can also apply to victims younger than 16 (Section 44);

Young people aged 16-17 years.

- Most of the Act applies to young people aged 16-17 years, who may lack capacity within Section 2(1)* to make specific decisions but there are three exceptions:-
- Only people aged 18 and over can make an Enduring Power of Attorney

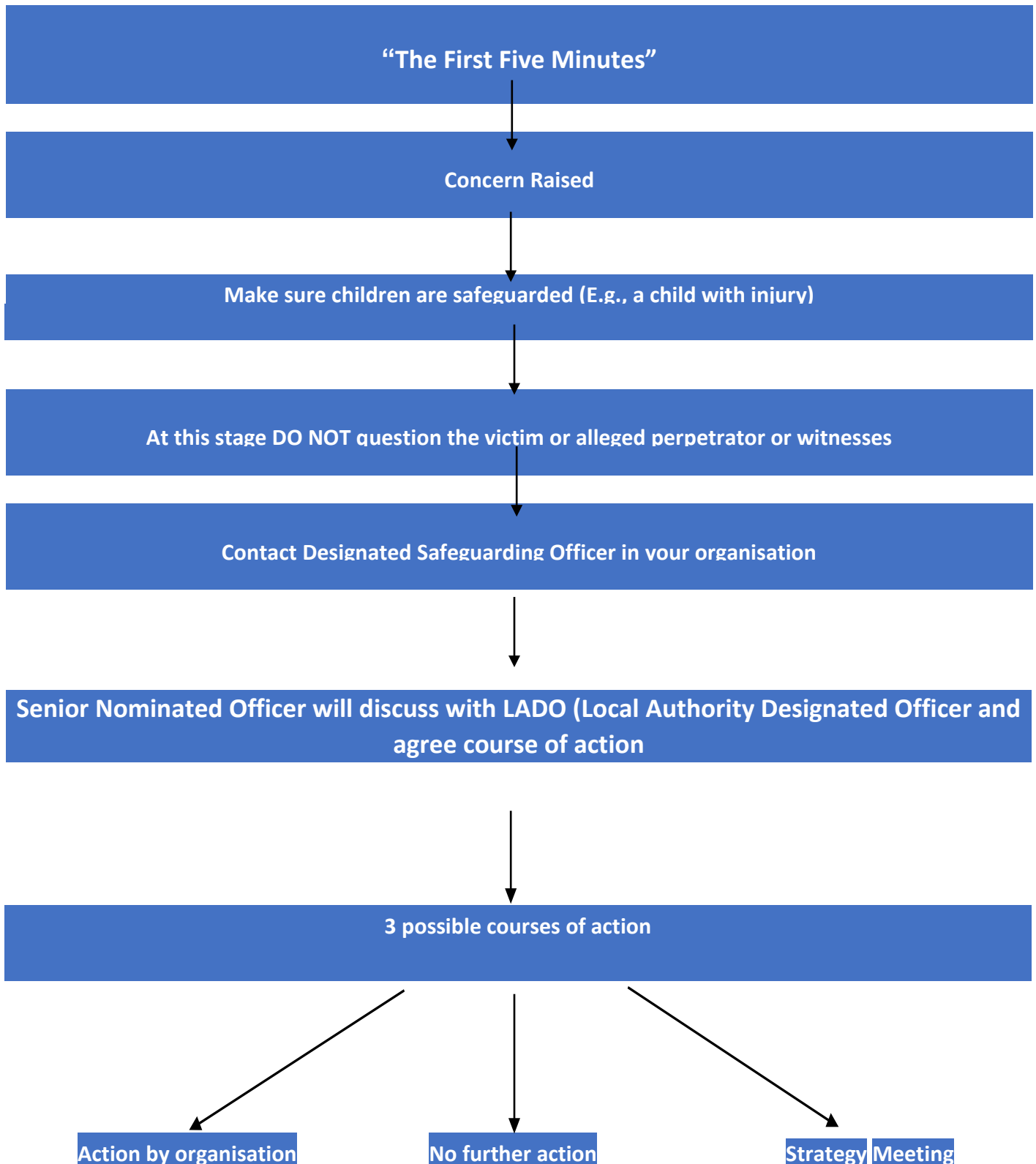
- Only people aged 18 and over can make an advance decision to refuse medical treatment
- The Court of Protection may only make a statutory will for a person aged 18 and over.

Assessing Competence in under 16's

The test for assessing whether a child under 16 can give valid consent differs from that of a young person aged 16 or 17. The test for children under 16 is determined by considering whether they are 'Gillick competent'. The concept of Gillick competence reflects the child's increasing development to maturity. The understanding required to make decisions about different interventions will vary considerably. A child may have the competence to consent to some information but not others. The child needs to be given the relevant information in an appropriate manner and given as much support as possible to help them make the decision.

See [**NSPCC Gillick Competency and Fraser Guidelines**](#).

7.1 Managing allegations against a person in a position of trust What to do if an allegation or incident against a volunteer or staff member is received or an incident relating to a provider



7.2 If your concern is about the Deputy Designated Safeguarding Lead contact the Designated Safeguarding Lead, if the concern is about the Designated Safeguarding Lead contact the Board Safeguarding Lead, Gill Smallwood, Gill.smallwood@fortalice.org.uk

7.3 To discuss concern or make a referral to the Local Authority Designated Officer (LADO) go to: <https://www.boltonsafeguardingchildren.org.uk/managing-allegations>.
Contact number for the LADO – 01204 337474

8 Recruitment and Selection of Staff/Volunteers

All staff and volunteers shall be subject to a careful and rigorous selection process with the following elements:

- Completion of application form and checking identity by birth certificate or passport
- References from at least 2 people who are not related to the person
- Completion of a criminal record check through a local umbrella agency with the Disclosure and Barring Service (DBS)
- Completion of a probationary period
- Staff/Volunteers will have no unsupervised access to children and young people until checks have been completed

9. Supporting Staff/Volunteers

Bolton Together will ensure that staff and volunteers are given the opportunity to learn about child protection and keeping children safe through relevant training events, team meetings and access to information

Bolton Together will provide support to staff/volunteers by setting time aside to talk through any issues and concerns they may have and access to emergency services, counselling services numbers for staff/volunteers.

10. Other actions Bolton Together will take to minimise harm to children and young people

Bolton Together will:

- Ensure staff/volunteers roles are defined.
- Ensure adequate ratios of children to adults.
- Take out appropriate insurances to cover activities undertaken.
- Perform risk assessments where appropriate.
- Keep an accident/incident book.
- Gain appropriate authorisation where required from parents/ carers for children undertaking group activities.
- Displaying counselling services details so that children can access these if they so prefer.

11. Code of Conduct

It is important that both service users and volunteers can participate in Bolton Together activities in a safe and secure environment. This Code of Conduct has been developed for the protection of both service users and volunteers. Bolton Together expects all its staff/volunteers to abide by this Code of Conduct.

Staff/Volunteers

- Will abide by the guiding principles of all activities
- Will inform Bolton Together of any relevant criminal record or other factor, or any change in his/her circumstances, which may make him/her unsuitable to complete their duties.
- Recognises that the role of a Bolton Together staff member or volunteer places him/her in a position of trust with regard to all children who are service users participating in Bolton Together 's programmes, the organisation, and to colleagues, and undertakes to uphold that trust at all times.
- Undertakes to maintain, within the organisation's procedures, the confidentiality of any information relating to other staff/volunteers made available to him/her in their role at Bolton Together.
- Will not knowingly place themselves in a situation where the volunteer is alone with a child or young person and will endeavour to ensure, as far as possible that there is another adult in attendance at any meetings.
- Will ensure that any Bolton Together activities involving children outside the normal activities are agreed and approved by the Board of Trustees in advance.
- Will not behave in any way, physically or verbally, that could be offensive.

12. Prevent - Preventing Extremism and Radicalisation

All staff will complete PREVENT training alongside Safeguarding training. Staff will be alert to:

- Disclosures from young people of their exposure to the extremist actions, views or materials of others, such as in their homes or community groups, especially where these have not actively sought out.
- Parent/carer/partners reports of changes in behaviour, friendship or actions and requests for assistance.
- Young people voicing opinions drawn from extremist ideologies and narratives and glorifying violence, especially to other faiths and cultures.
- Use of extremist or 'hate' terms to exclude others or incite violence.

- Intolerance of difference, whether secular or religious or views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture. • Attempts to impose extremist views or practices on others.
- Making remarks about being at extremist events or rallies outside college.

Safeguarding Children Process Guidance

Is the child at risk of immediate harm?

(Take a few moments to assess what your concerns are and make a note of these.)

(Check internal systems to see if the child has a Social Worker.)

Discuss with the Designated Safeguarding Lead (DSL) Louise McDade

Yes

Not at immediate risk

Immediate protection is needed

If a child is at risk of imminent harm call 999
Discuss with the Designated Safeguarding Lead (DSL).
If appropriate share your concerns and planned action with parent.

High Risk

If the child is at high risk but does not require a 999 response discuss with the Designated Safeguarding Lead (DSL) and share your concerns and planned action with parent and contact duty social worker. (If the concern is sexual abuse do not discuss with the family)

You should discuss the concerns with the child and family. Request that the family are present while the referral is being made.
(If the concern is sexual abuse do not discuss with the family).

Does the child have social worker?

Yes

No

Remember
Your safeguarding concerns need to be documented.
This may be recorded in the child's electronic file. Copy the IFD referral and transfer onto our organisational safeguarding referral form and save onto the child's record on Lamplight. Email a copy of our safeguarding form to the DSL.

Make the referral via telephone contact, ensure the child's voice is present. You should be made aware of the referral outcome within one working day

Complete the online referral form for the integrated front door, ensure the child's voice is present and submit; you should be made aware of the referral outcome within One Working Day.

If no outcome is provided within timescale; it is your responsibility to follow-up and confirm the outcome from the referral. If you do not agree with the outcome you should discuss with the DSL and agree whether an escalation is required.

Contact Number for Designated Safeguarding Lead
Louise McDade - 07547409726