

## Safeguarding and Child Protection Policy

Review History				
Issue No	Date of review	Changes made Y/N	If Y – provide details of changes made	Changed by

### 1. Purpose

Sansaar carefully recognises the responsibility it has under the Care Standards Act 2000, Childrens Regulation Standard's, Childrens Act 1989, Childrens Act 2004 to have arrangements in place to safeguard and promote the welfare of children. The child/young person's welfare is paramount; safeguarding and promoting his/her welfare is the overriding purpose of our work. We are committed to ensuring that all children/young persons within our care are protected from harm.

Staff have a crucial role to play in noticing indicators of possible abuse or neglect and referring them to the appropriate agency, normally the Local Safeguarding children board and where appropriate the Child and Family Team (Social Services).

This policy sets out how the Senior Management team discharges its statutory responsibilities relating to safeguarding and promoting the welfare of children who are in our service (homes).

The policy Statement and Procedure is designed to work in conjunction with the Procedures of the Safeguarding Children board as well as the Placing Authority's Safeguarding Procedures. Further, this Policy Statement and Procedure has been designed to incorporate principles of best practice guidance in line with the above framework and Acts that keep children safe.

**There are four main elements to our policy:**

1. **PREVENTION**  
through the care and support offered to our children/young people and the creation and maintenance of a whole home protective ethos.
2. **PROCEDURES**  
for identifying and reporting cases, or suspected cases, of abuse.
3. **SUPPORT TO CHILDREN/YOUNG PEOPLE**  
who may have been abused.
4. **PREVENTING UNSUITABLE PEOPLE WORKING WITH CHILDREN.**

Our policy applies to all staff and volunteers working in our care homes. RSW's, admin staff, SLT can be the first point of disclosure for a child. Concerned carers may also contact the homes Manager's or Managing Director.

### 1.1 Prevention

We recognise that high self-esteem, confidence, supportive friends, and good lines of communication with a trusted adult help to protect children.

The Home will therefore:

- establish and maintain an ethos where children feel secure and are encouraged to talk and are listened to.
- ensure children know that there are adults in the home whom they can approach if they are worried or in difficulty.
- include opportunities which equip children with the skills they need to stay safe from abuse and information about who to turn for help; this could be key work sessions.
- include in the key work sessions how to develop and promote realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills.

### 1.2 Procedures

We will follow the procedures set out in the Interagency Procedures, produced by the Bradford Safeguarding board.

The Home will:

- ensure it has a designated senior member of staff (DSL), who has undertaken as a minimum, level 3 child protection training course.
- ensure this training is updated every two years in accordance with government guidance.
- recognise the importance of the role of the RSW and ensure s/he has the time and training to undertake her/his duties.
- ensure there are contingency arrangements should the designated member of staff not be available; all staff will complete the Level 3 online Safeguarding Children course and annual refreshers, through the local Safeguarding Children's Board training platform.
- All Team Leaders will complete Safeguarding and leadership training, through the local Safeguarding Children's Board training platform. Including refresher courses, within timescales.
- ensure that the designated member of staff (DSL) will take advice from the local safeguarding children board in all cases of suspected and/or reported abuse.

#### a. **The Role of the Senior Management team and Care Staff**

The Home will ensure every member of staff knows:

- the name of the designated person and her/his role.
- that they have an individual responsibility for referring child protection concerns using the proper channels and within the mandatory timescales.
- where the local Safeguarding Children Board guidelines and contact details are located
- how to complete a child protection referral form and to pass this to the designated Child Protection Officer; (staff are informed on these procedures at the beginning of the year and new staff updated on arrival, information on alert signs of abuse are distributed to all

staff and are contained in appendix B. Staff are asked to complete a referral form, and to pass this to the Child Protection Officer immediately following the first time disclosure by a child/young person.

- The Child Protection Officer will then make a decision to contact the local Safeguarding team and/or Social Services.
- provide training for all staff from the point of their induction, and updated every year at a minimum, so that they know:
  - their personal responsibility,
  - the local Safeguarding Children Board procedures.
  - the need to be vigilant in identifying cases of abuse
  - how to support and to respond to a child who tells of abuse
- ensure that all staff and volunteers recognise their duty and feel able to raise concerns about poor or unsafe practice regarding children and that such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies.
- All Staff at the homes will attend PREVENT training to ensure that they have a good understanding of the dangers of exposure to extremism and strategies to address any issues relating to the radicalisation of young people.

The Home will also:

- Work to develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance and written reports at initial case conferences, core groups and child protection review conferences.
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- notify the local Social Services team if a pupil has been excluded from school on the child protection register (whether fixed term or permanently).

**b. Record keeping**

The Home:

- keep clear detailed written records of concerns about children (noting the date, event and action taken), even where there is no need to refer the matter to LSCB or Social Services immediately.
- ensure all records are kept secure and in locked locations.

#### Confidentiality and Information Sharing:

- Staff will ensure confidentiality protocols are adhered to and information is shared appropriately. If in any doubt about confidentiality, staff will seek advice from a senior manager or outside agency as required.
- The Care Home Manager will disclose any information about a child/young person, other members of staff on a 'need to know' basis only. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets.

#### The Home

- undertake appropriate discussion with carers, under the guidance of the local safeguarding children board, unless the circumstances preclude this.
- ensure that carer has an understanding of the responsibility placed on the home and staff for child protection by setting out its obligations in the model of care and statement of purpose and through staff informing individual carers as the need arises.

### 1.3 Supporting the child/young person at risk

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth and to view the world as benevolent and meaningful. They may feel helplessness, humiliation, and some sense of self-blame. This Home may be the only stable, secure, and predictable element in the lives of children at risk. Nevertheless, when at home their behaviour may be challenging and defiant or they may be withdrawn.

We recognise that some children actually adopt abusive behaviours and that these children must be provided with appropriate support and intervention. We recognise that these risks may be increased for those children who may be Looked After who experience higher vulnerability. This may also involve working in partnerships with other relevant agencies e.g., CAMHS, YOT.

The Home will endeavour to support the child/young person through:

- the home which (i) promotes a positive, supportive, and secure environment (ii) gives children/young people a sense of being valued.
- All staff will agree on a consistent approach, which focuses on the behaviour of the offence committed by the child but does not damage the child's/young person's sense of self-worth. The home will ensure that the child/young person knows that some behaviour is unacceptable, but s/he is valued and not to be blamed for any abuse which has occurred.
- Liaise with other agencies which support the child/young person such as Social Services, Child and Adolescent Mental Health Services, the Educational Psychology Service, Behaviour Support Services.
- A commitment to develop productive and supportive relationships with carers whenever it is in a child/young person's best interest to do so.
- Vigilantly monitoring children's welfare, keeping records, and notifying Social Services as soon as there is a recurrence of a concern.
- When a child/young person on the child protection register leaves, information will be transferred to the new home immediately.

## **Drug use and child protection**

The discovery that a young person is using illegal drugs or reported evidence of their drug use is not necessarily sufficient in itself to initiate child protection proceedings but the home will consider such action in the following situations when there is evidence or reasonable cause:

- to believe the child/young person's drug misuse may cause him or her to be vulnerable to other abuse such as sexual abuse.
- to believe the child/young person's drug related behaviour is a result of abusing or endangering pressure or incentives from others, particularly adults.
- where the misuse is suspected of being prompted by serious parent/ carer drug misuse.

## **Children of drug using parents/carers**

Further enquiries and or further action will be taken when the home receives reliable information about drug and alcohol abuse by a child's parents/carers in the following circumstances.

- the parental misuse is regarded as problematic (i.e. multiple drug use including injection)
- children are exposed to criminal behaviour.

### **1.4 Preventing unsuitable people from working with children**

The Home operate safe recruitment practices including ensuring appropriate DBS checks, checks on Children's Barred lists. Interview panels will also contain at least one member of staff professionally trained to ensure all interviews and appointments of staff and volunteers reflect the importance of safeguarding children.

The Home will consult immediately with our Company Human Resources Manager in the event of an allegation being made against a member of staff and where required inform the Police and/or local Safeguarding team.

Sansaar will ensure that any disciplinary proceedings against staff relating to child protection matters are concluded in full even when the member of staff is no longer employed at the home and that notification of any concerns is made to the relevant authorities and professional bodies and included in references where applicable.

The home will ensure that all staff and volunteers are aware of the need for maintaining appropriate and professional boundaries in their relationships with children/young people and parents as detailed by Sansaar company policies.

The Home will ensure that staff and volunteers are aware that sexual relationships with children/young people aged under 18 are unlawful and could result in legal proceedings taken against them under the Sexual Offences Act 2003 (Abuse of position of trust).

## **2. Other related policies**

### **2.1 Behaviour Management (Team Teach)**

Our policy on physical intervention by staff is set out in a separate document and is reviewed annually by the Senior Management Team. We acknowledge that staff must only ever use physical intervention as a last resort, and that at all times, it must be the minimum force necessary to prevent injury to themselves, another person or property.

### **2.2 Anti Bullying**

Our policy on Counter Bullying is set out in a separate document and is reviewed annually by the Senior Management Team. We acknowledge that to allow or condone bullying may lead to consideration under child protection procedures.

### **2.3 Equality and Diversity**

Our policy on Equality and Diversity is set out in a separate document and is reviewed annually by the Senior Management Team. We acknowledge that repeated incidents or a single serious incident may lead to consideration under child protection procedures.

### **2.4 Children with Educational Health Care Plan (EHCP) of Special Educational Needs**

We recognise that statistically children with behavioural difficulties and disabilities are most vulnerable to abuse. Home staff who deal with children with learning difficulties, autism and or emotional and behavioural problems, especially those with communication difficulties, are particularly sensitive to signs of abuse.

All young people have the right to confidential advice on contraception, condoms, pregnancy, abortion, and sexually transmitted disease, but this should be in the form of sex education or as part of the key working sessions. If staff discuss this as a personal issue with a child/young person they must report this to the Child Protection Officer, following the protocols that are in place.

### **2.5 Child protection responsibilities**

The Senior Management Team fully recognises its responsibilities with regard to child protection and to safeguarding and promoting the welfare of children.

It will:

- designate a Senior Manager for child protection who will oversee the home's child protection policy and practice and champion child protection issues.
- ensure an annual report is made to Board of Directors on child protection matters to include changes affecting Safeguarding policy and procedures, child protection training received, the number of incidents/cases (no names)
- ensure that this policy is annually reviewed, updated, and copied to the board.

## Appendix A

### Standards for Effective Child Protection Practice in the Homes

1. Have an ethos in which children feel secure, their viewpoints are valued, and they are encouraged to talk and are listened to.
2. provide suitable support and guidance so that children/young people have a range of appropriate adults to whom they can turn if they are worried or in difficulties.
3. work with carers to build an understanding of the home's responsibility to ensure the welfare of all children and a recognition that this may occasionally require children to be referred to investigative agencies as a constructive and helpful measure.
4. are vigilant in cases of suspected child abuse recognising the signs and symptoms, have clear procedures whereby staff report such cases to senior staff and are aware of local procedures so that information is effectively passed on to the relevant professionals.
5. monitor children who have been identified as at risk, keeping, in a secure place, clear care records, maintaining sound policies on confidentiality, providing information to other professionals, submitting reports to case conferences, and attending case conferences.
6. provide and support child protection training regularly to care staff annually and in particular to designated senior leaders every two years to ensure their skills and expertise are up to date and ensure that targeted funding for this work is used solely for this purpose.
7. contribute to an inter-agency approach to child protection by developing effective and supportive liaison with other agencies.
8. provide clear policy statements for parents/carers, staff and children and young people and on both positive behaviour policies and the homes approach to bullying.
9. have a clear understanding of the various types of bullying - physical, verbal, and indirect, and act promptly and firmly to combat it, making sure that children/young people are aware of the homes position on this issue and who they can contact for support.
10. have a clear policy about the handling of allegations of abuse by members of staff, ensuring that all staff are fully aware of the Whistleblowing policy and procedures and that these are followed correctly at all times, using the guidance set down in Safeguarding Policy

Have policies produced, owned, and regularly reviewed by SLT which outlines the homes position to enable staff and young people to feel safe. Homes will ensure that specified information is passed on in a timely manner to the Board of Directors for monitoring purposes.

## Appendix B

### Child abuse – signs and symptoms

#### Behaviour signs

In some ways the task of spotting an abused older child may seem easier than that of a primary child. For one thing, older children are less likely to have injuries that have resulted from playing; for another, they have much more awareness of what is happening to them, and a much greater ability to use language in telling someone. However, this may be counter-balanced by the increased load of shame and/or guilt. A child who has suffered abuse for many years will be only too aware of the obvious question s/he may be asked – “Why didn’t you tell before?” – and is unlikely to have an answer. Such a child is more likely to give off signals which invite detection of the abuse by an adult, thus relieving the child of the burden of making a decision to tell and risk the consequences.

The most likely result is difficult, challenging behaviour which disrupts the class and seems designed not to elicit help or sympathy of any kind. Behaviour like this is not necessarily a signal from an abused child. But it might be, and the possibility should be explored along with others.

Some typical behaviour patterns in the home exhibited by abused children include:

- Emotionally dysregulated behaviour to other children/young people e.g. hitting out at the slightest argument, hair trigger temper.
- Persistent bullying.
- Running away.
- Persistent sexually provocative speech or behaviour.
- Constant attention seeking, usually by direct and unreasonable challenges to authority.
- Frequent absences, particularly one day absences.
- Self-injury, particularly cuts on arms, legs.
- Withdrawn, moody behaviour and wariness of any talk about home.
- Petty theft and arson offences.
- Undernourished appearance, inadequate clothing.
- Panic attacks, fainting, headaches, or stomach aches.
- Stealing, telling lies.
- Writing/drawing sexually explicit stories/pictures.
- Very low self-esteem, lack of confidence.
- Child Sexual Exploitation

#### Talking

An older child/young person will need to “test the water” before telling. S/he might do this by “hanging around” you, asking trivial questions about work, helping put things away etc. Be aware that any casual conversation could be an opener to disclosure. It is important to take what is said seriously, and not be dismissive. The “test” might be a totally outrageous tale, perhaps something that happened “to a friend.” Some children know that what has happened to them will be difficult to believe (particularly with sexual abuse), and they will try out something else that is “outrageous” to gauge the likely reaction. A measured response to an improbable tale, or a “has anything like that ever happened to you?” will signal to the child that you are prepared to believe the improbable; a dismissive or amused response may close the door on disclosure.



## Appendix C

### Procedure for working with a child abuse disclosure.

Actions staff must take when a child/young person makes a disclosure.

Due to the specialist designation of the home, it is likely that a number of children/young people will have experienced some form of abuse, whether it be physical, sexual, emotional abuse or neglect. They may see you as an adult they trust and want to talk about a problem. The moment of disclosure can be traumatic for any member of staff, so it is important to be prepared mentally and practically for the possibility.

These principles should help:

#### 1. Listen

- Find the time and a private place to talk as soon as possible.
- Try to remain calm and re-assuring. The child/young person will need to know you can cope with the situation.
- Allow the child/young person to talk freely without interruption or being asked to repeat anything for clarity.
- Accept the student's language and terminology.

#### 2. Believe

- It is helpful that you tell the child/young person that you believe them.
- Remember that the decision to confide in an adult takes great courage on the part of the child. Acknowledge the child's bravery. To be disbelieved adds greatly to the existing trauma.
- It is not your role to determine the validity of these disclosures. (It is important to acknowledge that even if a child is later found to be telling a lie, there is always a serious reason for this.)

#### 3. Acknowledge

- The child's/young person's feelings.
- Beware of projecting your own feeling/etc as the child/young person may be feeling embarrassed or feel that they are wasting your time.
- Let the child/young person know you understand how difficult it is to talk about such experiences.
- Let the child/young person know that it is NOT their fault.
- Avoid condemning the alleged abuser, particularly if the abuse occurs within the family. (This can trigger a strong reaction which may lead to further ambivalent feelings for the child who may already be caught between caring for the abuser and wanting the abuse to stop.)
- DO NOT ask leading questions or "why" questions.
- Let the child/young person know that you are willing to help, but avoid saying, "Everything will be alright."

#### 4. Report

- To one of the child protection team members using the Child Protection referral form.
- DO NOT agree to/promise to keep the disclosure a secret, inform the child/young person that you cannot keep this to yourself, that you want it to stop too and that you must pass it on to a designated safeguarding lead trained in Child Protection work.
- Ask them if they have told anyone else.
- Let the child/young person know what is likely to happen next.
- A detailed record must be made as soon as possible (before the end of that working day) and given to the designated Child Protection Officer as a record of disclosure.

#### **THE INCIDENT SHOULD NEVER BE LEFT TO THE NEXT DAY**

##### **Reporting the disclosure**

1. The trusted member of staff should contact the designated Child Protection Officer at the first appropriate moment, as soon as possible.
2. If required request your shift to be covered whilst you stay with the child/young person until the designated Child Protection Officer arrives. PARENTS SHOULD NOT BE CONTACTED AT THIS STAGE
3. The designated Child Protection Officer will then:
  - a) ring the local Safeguarding Children Board and the child's/young person's Social Worker (where appropriate) to discuss the disclosure, who will then, if necessary, involve the multi-disciplinary agencies including Police and advise on contacting parents/carers, when appropriate.
  - b) keep the child/young person informed of the procedures/actions.
4. Produce a written detailed account of the disclosure, sign and date and give to the designated Child Protection Officer.
3. If the disclosure is about the Designated Officer or the Home Manager, the staff member must report this matter to the Responsible Individual or a Director of Sansaar. If the disclosure is made about the RI or the Director, the disclosure must report the Human Resource Team.

You should report the case directly to the local Safeguarding Children Board and Social Services Duty Team (where relevant).

## Appendix D

### Types of Abuse and Neglect

#### **Abuse:**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing 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 as far 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 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, 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 a high level of violence, whether the child is aware of what is happening, or not. 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.

#### **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.

#### **Female genital mutilation:** (sometimes referred to as female circumcision)

Refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

If you are worried about someone who is at risk of FGM or has had FGM, immediately report your concerns to your designated safeguarding officer.

**Children missing from home:**

All Homes must inform the local authority and follow Sansaar’s Missing Policy and the Philomena Protocol.

**Child sexual exploitation**

Involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money and in some cases simply affection) as a result of engaging in sexual activities.

**Preventing radicalisation**

(INCLUDING Prevent and Channel) Radicalisation refers to the process by which a person comes to support terrorism and forms extremism.

**Appendix E**

Date:	
Time:	
Person receiving safeguarding referral:	
Person making the safeguarding referral:	
Details of safeguarding concern:	
Immediate action taken:	
Further action to be taken:	
Sent to Care Home Manager:	Yes / No
Sent to Managing Director of Service:	Yes / No
Signed (person receiving):	

**Appendix F**  
Safeguarding record of advice form

Advice from local Safeguarding Children's Board/EDT:

Advice from Child/Young Person's Social Worker:

Actions to be taken:

**Appendix G**  
**Action plan for internal investigation of safeguarding concern**

Child's name:	
Date:	
Concern:	
Information required:	
Statements needed:	
Target Date:	
Interviews needed:	
Target date:	
Name of person/s needing interview:	
Additional comments:	

**Appendix H  
Investigation Record Form**

Child's name:	
Date:	
Issues from initial child protection concerns:	
Method of investigation:	
Persons responsible:	
Outcomes of investigation:	
Issues for action plans/learning outcomes:	

## Appendix I Safeguarding Children Safeguarding Champions

Sansaar designated officer:	Craig McDowell/ _____
Sansaar MDs/Senior Managers	Tel Sultan
	Zahida Parveen
Out of hours	Contact "on call"

Responsibilities of Safeguarding Champions include -:

- Ensuring that Sansaar complies with the standards identified and agreed by the Local Safeguarding Children Board (LSCB) for managing allegations as outlined within the Working Together to Safeguard Children 2015 Ensuring that the LSCB procedures for managing allegations are reflected and implemented within the Sansaar policies and procedures.
- Ensuring that all staff are aware of and implement the procedures in relation to all allegations against adults who work with or on behalf of children.
- Ensuring that Sansaar has systems in place to review cases and identify and implement any changes therefore improving procedures and practice.
- Resolving any inter-agency issues which impede the implementation of LSCB procedures.
- Ensuring that the key roles of Named Senior Officer and Senior Manager (employer) are reflected in Sansaar policy and procedure.
- Ensuring that effective reporting and recording arrangements within Sansaar are in place.



## Appendix J Safeguarding Children Allegations against staff

Any allegation against a member of staff must be notified to the to the Local Safeguarding Children’s Board Designated Person i.e. LADO (LA Designated Officer). Name and contact details of the LADO in your area are given below:

The placing authority for the child /children concerned must also be notified – out of hours notify EDT.

Follow Sansaar procedure for notifying senior managers within Sansaar.

Name of Lado:	Bradford
Telephone number:	(01274 437915 or by emailing <a href="mailto:LADO@bradford.gov.uk">LADO@bradford.gov.uk</a> ).

### Safeguarding children

Children Protection / Safeguarding Concerns – that are not allegations against staff.

Any safeguarding/ child protection concern must be notified immediately to the named contact in the local authority in which the home is situated (Host Authority). (out of hours use EDT)

The placing authority for the child /children concerned must also be notified – out of hours notify EDT. Follow Sansaar procedure for notifying senior managers within Sansaar.

### During office hours

Monday to Thursday 8.30am to 5pm

Friday 8.30am to 4.30pm

Practitioners need to call us on [01274 433999](tel:01274433999)

### Out of office hours

Practitioners can [share information or make a referral using our online forms](#).

If you are worried about a child and would like to make a referral out of hours or if you need some further information or advice, use our Children’s Services portal.

### Emergency Duty team

Call our Emergency Duty team [01274 431010](tel:01274431010).

The Emergency Duty Team (for emergencies outside of office hours) will make an assessment, on the telephone, of any immediate need or risk and take appropriate action to ensure that child or young person is safe until the next working day.

### Police

If you have reason to believe that a child is at immediate risk of harm, contact the police on 101 or 999 for emergencies.

## Appendix K Whistleblowing Flowchart

To ensure that all staff employed within Sansaar, understand their responsibilities in relation to reporting of concerns, complaints or whistleblowing occurrences, we have devised this flow chart to assist your understanding. The flow chart shows the correct reporting procedures to use, to ensure that any concern/ complaint or whistleblowing occurrence can be dealt with appropriately.

### 1. Step one

**Any staff member, or Visitor to the home has the right to raise a concern / complaint or whistleblowing occurrence, in the event that they do so the member of staff on duty must report to Team leaders on duty.**

Team Leaders	<p>In the event that a concern / complaint / whistleblowing occurrence is raised, the Team Leader, must ensure that the information is recorded, either in an incident report or in a statement of events, this must be passed to a Deputy Manager or Manager as soon as possible.</p> <p>In the event of the concern/ complaint / whistleblowing occurrence referring to a manager, this must be passed to Nick Wood Responsible Individual If this complaint refers to Nick Wood this must then be passed to Tel Sultan Director.</p>
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### 2. Step two

**In the event that the concern/complaint or whistleblowing occurrence is in relation to the Team leader, staff to ensure that they report the concern to a Deputy manager or manager immediately so that this can be addressed.**

<p>Management Team Westwood Crescent Homes phone number:</p> <p>Manager C. McDowell <a href="mailto:Craig.macdowell@sansaar.care">Craig.macdowell@sansaar.care</a> 07578696293</p> <p>Assistant Manager</p>	<p>In the event of the whistleblowing / complaint or concern being in respect of a member of staff, the manager will need to notify;</p> <p><b>The Local Area Designated Officer (LADO)</b> LADO@bradford.gov.uk- 01274 437 915, and follow all guidance given.</p> <p><b><u>Manager will need to complete Reg 40 Notification to Ofsted.</u></b></p> <p><b>Police Safeguarding Team;-</b> <a href="mailto:TBPSafeguardingChildren@bradford.gov.uk">TBPSafeguardingChildren@bradford.gov.uk</a> <b>01274 434361</b></p>
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### 3. Step Three

In the event that the concern/ complaint or whistleblowing occurrence is in relation to a member of the management team, then this will need to be escalated to the responsible individual for the organisation – Nick Wood.

Responsible Individual: Nick Wood <a href="mailto:Nick.wood@sansaar.care">Nick.wood@sansaar.care</a> 07826797674 Head Office address: Sansaar, Hope Park Bradford, BD5 8HH	Nick would be contacted / informed if the complaint / Whistleblowing is in relation to a member of the management team / staff team.
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### 4. Step Four

In the event of the concern, complaint or whistleblowing occurrence is in relation to the responsible individual, this will then need to be escalated to a Director of Sansaar.

Director Sansaar, Hope Park Bradford, BD5 8HH	A director would be contacted / informed if the complaint / Whistleblowing is in relation to Nick Wood or a member of the management team.
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### 5. Step Five

In the event of the concern or complaint or whistle blowing occurrence, being in relation to the organisation on a whole, then the concern must be passed to external agencies.

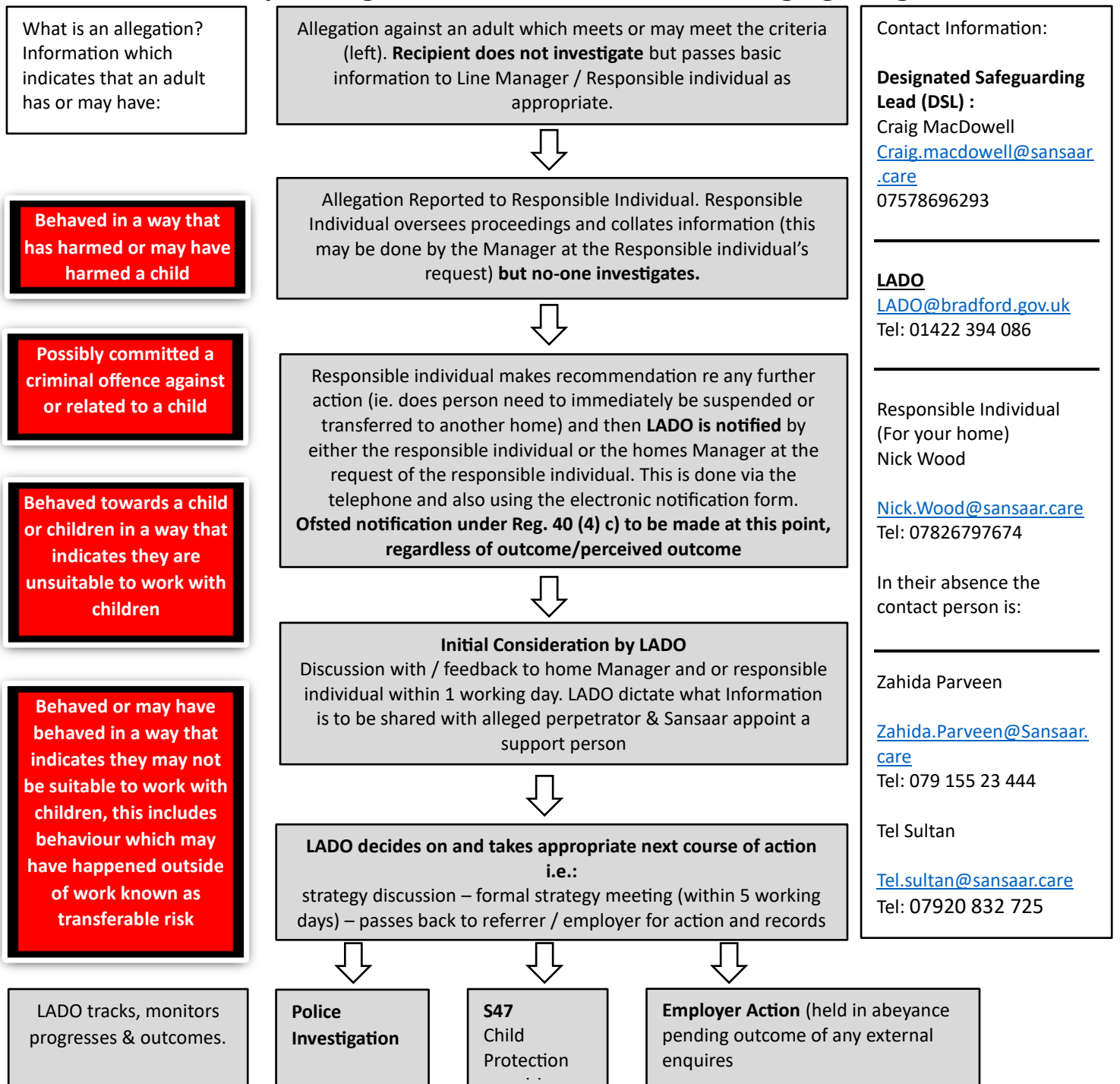
External Agencies	<p>If in the event that the concern / complaint or Whistleblowing concern is in relation to the organisation on a whole, then the concern must be passed immediately to.</p> <p><b>Bradford Local Area Designated Officer (LADO) on <a href="mailto:LADO@bradford.gov.uk">LADO@bradford.gov.uk</a> - 01274 437 915,</b></p> <p><b>Or Police Safeguarding Team.</b></p> <p><b><a href="mailto:TBPSafeguardingChildren@bradford.gov.uk">TBPSafeguardingChildren@bradford.gov.uk</a></b></p> <p><b><u>01274 434361</u></b></p> <p>There are other external agencies that can be contacted for advice and guidance, namely.</p> <p>Ofsted Whistleblowing Helpline: <b>0300 1233155</b></p> <p><b>E-mail; <a href="mailto:whistleblowing@ofsted.gov.uk">whistleblowing@ofsted.gov.uk</a></b></p> <p><b><a href="https://www.gov.uk/government/consultations/reporting-concerns-and-whistleblowing-about-childrens-social-care-services">Reporting concerns and whistleblowing about children’s social care services - GOV.UK (www.gov.uk)</a></b></p> <p><b>Post; WBHL, Ofsted, Piccadilly Gate, Store Street, Manchester, M12WD</b></p> <p><b>NSPCC National Whistleblowing Advice Line:- <a href="http://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/reporting-your-concerns/">www.nspcc.org.uk/preventing-abuse/child-protection-system/england/reporting-your-concerns/</a></b></p>
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All staff must read and familiarise themselves with, in conjunction to the policies for;

- Whistleblowing,
- Safeguarding and protection of children,
- Complaints procedures, and how to complain

## Appendix L

### Standard Operating Procedure – Flowchart: Managing Allegations



#### Any other pertinent information or contact:

Unless an allegation is regarding the Home's Manager, they should always be contacted first, or in their absence the Deputy Manager. As above do not take any action until instructed to do so, other than to immediately make a situation safe, for example by asking a staff member whom an allegation has been made against to stay in the office or away from the Young Person group.

Craig McDowell (Manager) – 07578696293    XXX (Deputy Manager) –

Please note your responsible individual oversees all proceedings. The home's manager may however be required to collate information and liaise with the lado at the responsible individual's request – under no circumstances must a staff member return to work post investigation without confirmation from the lado that this is appropriate