



Breakaway

Safeguarding policy

Policy Owner:	Ranbir Sidhu (Registered Manager)
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Policy Summary:

Regulations 6, 11, 12, 19, 20, 33, 34, 40 of the Children's Homes Regulations 2015

Introduction

Breakaway is a short break home that provides respite care for children with a range of complex needs, including learning and/or physical disabilities. Children accessing Breakaway require support with personal care, medication administration, behavioural management, and assistance with learning and development.

Staff at Breakaway are responsible for carrying out their duties in line with Slough Children First (SCF)'s Child Safeguarding Policy and the Pan Berkshire Safeguarding Children Procedures. This includes adhering to both the Core Procedures and additional Safeguarding Practice Guidance, ensuring the safety, wellbeing, and protection of all children in their care.

This Policy responds to the requirements of the Children' Home Regulations as detailed:

34.—(1) The registered person must prepare and implement a policy which—

- a) is intended to safeguard children accommodated in the children's home from abuse or neglect; and
- b) sets out the procedure to be followed in the event of an allegation of abuse or neglect.

(2) The procedure to be followed in the event of an allegation of abuse or neglect must, in particular—

- a) provide for liaison and co-operation with any local authority which are, or may be, making a child protection enquiry in relation to a child accommodated in the home;
- b) provide for the prompt referral of an allegation about current or ongoing abuse or neglect in relation to a child to the placing authority and, if different, the local authority in whose
- c) area the home is located;
- d) provide for the prompt referral of an allegation about past abuse or neglect in relation to a child to the placing authority and, if different, the local authority in whose area the alleged abuse or neglect occurred;

The Pan Berkshire Safeguarding Children Procedures can be accessed by following this link: <https://berks.proceduresonline.com/> . This will in turn provide a link to the [Slough Safeguarding Children Partnership procedures](#).

1. [Recognition & Response](#)
2. [Referral and Assessment](#)
3. [Section 47 Enquiries](#)
4. [Child Protection Conference](#)
5. [Planning & Implementation](#)
6. [Recording That a Child Is Subject of a Child Protection Plan](#)
7. [Unallocated Child Protection Cases](#)
8. [Children & Families Moving Across Boundaries](#)
9. [Allegations Against Staff , Carers & Volunteers*](#)
10. [Organised & Complex Abuse](#)
11. [Information Sharing & Confidentiality](#)

This policy should, therefore, be read in conjunction with the above and is not intended to duplicate these policies but rather to provide focused guidance with reference to safeguarding children with complex needs/ learning or physical disabilities who use Breakaway.

Scope

This policy applies to all staff at Breakaway including permanent staff, ANW and agency staff, volunteers and significant others working in the home. All staff and volunteers are responsible for carrying out their duties in a way that actively safeguards and promotes the welfare of children and adults at risk. They must also act in a way that protects them from wrongful allegations of abuse as far as possible. In doing so, they should be guided by the following key principles, in respect of what children need from us:

- Children have a right to be safe and should be protected from all forms of abuse and neglect;
- Safeguarding children is everyone's responsibility;
- It is better to help children as early as possible, before issues escalate and become more damaging;
- Children and families are best supported and protected when there is a co-ordinated response from all relevant agencies;
- You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If you think that referral to children's social care/their social worker is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

Legal and Regulatory Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- Homeed Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children

Breakaway Short Break Service is run in accordance with The Children's Homes (England) Regulations 2015 and the Department for Education Guide to the Children's Homes Regulations including the quality standards April 2015.

Particular Vulnerability to abuse of Children with disabilities

There are four main categories of child abuse; Emotional, Physical, Neglect and Sexual. Other categories of abuse include child sexual/criminal exploitation, female genital mutilation, and radicalisation. Somebody may abuse a child with a disability by inflicting harm through one of the above categories of abuse, or by failing to act to prevent harm.

Research shows that children with disabilities are three times more likely to be abused than their non- disabled peers (Jones et al.2012). In addition children with disabilities in residential care face particular risks. (Utting 1977) concluded that children with disabilities are extremely vulnerable to abuse of all kinds including peer abuse, and that high priority needs to be given to protecting them.

Children with learning and / or physical disabilities may also be at greater risk of exploitation by adults, including child sexual/criminal exploitation and radicalisation.

Safeguarding children with disabilities and complex health needs in residential settings, (Phase 2 report) published in April 2023, shared with staff team.

Definitions of abuse

Physical abuse:

Physical abuse is defined as deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts. It is not accidental - children who are physically abused suffer violence such as being hit, kicked, poisoned, burned, and slapped or having objects thrown at them. Shaking or hitting babies can cause non-accidental head injuries (NAHI). Sometimes parents or carers will make up or cause the symptoms of illness in their child, perhaps giving them medicine they don't need and making the child unwell – this is known as fabricated or induced illness (FI).

Emotional Abuse:

Emotional abuse is the ongoing emotional maltreatment of a child. It is sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time – but this isn't always the case.

Sexual Abuse:

Sexual abuse involves forcing or enticing a child 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 often occurs in conjunction with the other categories of child abuse especially emotional abuse in order to maintain control and secrecy.

Children from the age of birth onwards may be subjected to sexual abuse. Sexual abuse can have a long-term impact on emotional, social and educational development and is linked to the development of mental health issues in later life.

Neglect:

Neglect is "the persistent failure to meet a child's basic physical, emotional 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. When the child is born, neglect may involve the parents or carers failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect the 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.

Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.

Neglect can be defined from the perspective of a child's right not to be subject to inhuman or degrading treatment, for example in the European Convention on Human Rights, Article 3 and the United Nations Convention on the Rights of the Child (UNCRC), Article 19.

Allegations of Past Abuse or Neglect:

Where there are allegations of past abuse or neglect in relation to a child being cared for at Breakaway disclosed by either the child or their carers, it is vital that all staff promptly contact the senior on shift who will in turn contact the Registered Manager.

Staff members should ensure that they record accurately the specifics of what is told to them.

The Manager will in turn contact the child's social worker and their Team Manager at the earliest opportunity to discuss whether a Strategy Discussion/Meeting is required. Entry on to the child's electronic file with a notification to the social worker and their manager is to be made. In addition the Registered Manager will ensure they have a verbal conversation with the social worker and their Manager to ensure that the concern is heard at the earliest opportunity.

If it is alleged that the abuse or neglect occurred in a different local authority the appropriate personnel should be notified in that organisation, and the Registered Manager will, in collaboration with the Social Worker and their Manager, identify the correct personnel. These actions are to be fully recorded on the child's personal file held at Breakaway as well as the child's electronic file, which social care have responsibility to keep.

The Registered Manager will in turn complete the appropriate notifications: Regulation 40 of the CH Regulations and the SCF Child of Most Concern Protocol and send to the Director of Operations.

Child Sexual Exploitation:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18 into sexual activity:

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. ([Working Together to Safeguard Children 2018](#))

Child Criminal Exploitation:

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

https://www.workingtogetheronline.co.uk/glossary/ch_crim_exploit.html?zoom_highlight=child+criminal+exploitation

Online safety:

Children regularly use different websites and apps from their parents, and it can be hard to keep up in this ever-changing digital world.

Most children now own their own smartphone; have a social media profile, with Snapchat being the most prominent platform (Ofcom 2019)

All children need to be protected in the digital world, and supported on how to report harmful content and to develop skills for healthy screen time

At Breakaway staff will need to support children attentively during their online activities and show children how to report any worrying behaviour they see online – for example through [Child Exploitation and Online Protection Command](#) or the [Internet Watch Foundation](#).

Female Genital Mutilation:

(FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It is dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It does not enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Radicalisation:

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

"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", (HM Government Prevent Strategy 2011).

Since the publication of the Prevent Strategy, there has been an awareness of the specific need to safeguard children and families from violent extremism. There have been attempts to radicalise vulnerable children to develop extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Factors that increase risk and decrease protection

- Attitudes and assumptions; e.g.
 - A reluctance to believe disabled children are abused.
 - A tendency to minimise the impact of abuse.
 - Attributing indicators of abuse to the child's impairment.
- Barriers to the disabled child and their family accessing support services
- Issues related to a child's specific impairment e.g.
 - Dependency on numerous carers for personal or intimate care or invasive clinical care.
 - Impaired capacity to resist or avoid abuse.
 - Difficulties in communicating may mean the child is less able to "tell" or communicate their concerns.
 - An inability to understand what is happening or to seek help.
 - Children may have bruises / injuries that are assumed to be part of their condition / disability without due consideration.

- A lack of professional skills, expertise and confidence in identifying child protection concerns and responding appropriately.
- Children with disabilities may be more socially isolated.
- Children with disabilities may be cared for by a range of different people and in a range of different settings.
- Children with disabilities are vulnerable to bullying and intimidation.
- Children with disabilities may have challenging behaviour.
- Parents / carers may be dependant on the services they receive and therefore less inclined to voice concern.

What we know about children with disabilities' experience of abuse

Research suggests that:

- Children with disabilities are at greater risk of physical, sexual and emotional abuse and neglect than a non disabled child.
- Those children with disabilities at greatest risk of abuse are those with behaviour/conduct disorders.
- Other high-risk groups include children with learning difficulties/disabilities, children with speech and language difficulties, children with health-related conditions, and deaf children. In addition to the risk factors that exist for all children in residential settings, disabled children are at risk of particular forms of abuse. These include:
 - Over medicating.
 - Poor feeding.
 - Poor toileting arrangements.
 - Issues around control of challenging behaviour.
 - Lack of stimulation.
 - Lack of information and emotional support.

Policy

Breakaway management and staff will practice safe recruitment and continuity of care

This will be accomplished by

- Carrying out comprehensive checks on the suitability of staff and volunteers to work with children, including enhanced DBS checks and written and verbal references, and ensuring explanations for any gaps in employment are recorded.
- Maintaining a pool of relief/ as and when staff who can provide consistency.
- Reducing reliance on agency staff.
- Ensuring a senior support worker (shift leader) is on rota for every shift.
- Ensuring the senior practitioner undertakes on call duties, and the home manager undertakes occasional on call duties, to maintain a management overview of practice.
- Promoting the SCF Whistle Blowing Policy and access to the home manager or Local Authority Designated Officer (LADO) to encourage staff to speak out if they are concerned about the actions or behaviour of a colleague toward a child.
- Reporting any allegation about a volunteer or professional working with children to a Senior Manager and the LADO immediately. The LADO will provide advice and guidance regarding the next steps to take and will liaise with the police and other agencies to monitor the progress of allegations to ensure that they are dealt with promptly, consistently and fairly.

<https://www.sloughsafeguardingpartnership.org.uk/scsp/scsp/professionals/policies-and-procedures>

Breakaway management and staff will work with children in their care to raise awareness of safeguarding issues and ensure that where possible, children are educated about safety and their right to be safe.

This will be accomplished by

- Creating opportunities, through care and goal planning, to maximise the communication skills of children with disabilities to enhance their safety and safeguarding generally. This is particularly important for those with speech, language and communication needs, including children who are hearing impaired and those who use non-verbal means of communication.
- Ensuring individual children have a way of expressing themselves regarding abuse with appropriate vocabulary and access to communication methods that is meaningful to them.
- Promoting and using the image vocabulary book freely available in children communal areas (a pictorial resource covering areas such as feelings, rights and safety, personal care and sexuality).
- Promoting and using other communication aids available within the home, for example PECS symbols, and iPads.
- Building self-esteem, assertiveness skills and relationship skills in children crucial for disabled children's positive self-image and keeping them safe.
- Discussing personal safety and relationships as part of our 'Breakaway children meetings' group work through using arts and crafts, direct discussions, media and then displaying our learning for all to see.

Breakaway management and staff will implement the relevant procedures for identifying and reporting cases, or suspected cases, of abuse

This will be accomplished by

- Training all new staff in Safeguarding Procedures and providing appropriate refresher training.
- Ensuring staff are kept up to date with training in the key safeguarding areas of child exploitation and radicalisation. The Manager must ensure all staff are safety vigilant and aware of the Integrated CSE/CCE Risk Assessment Tool, and how to make a referral to MACE (Multi-Agency Criminal Exploitation Conference). SCF employs a team for children at risk of exploitation and missing children (based within the Children's Specialist Support Team), with whom Breakaway staff are encouraged to liaise with for advice relating to any concerns about exploitation. A CSE vulnerabilities check list is available in Breakaway for staff awareness.
- Regular review and promotion of the children who are not independently mobile bruising protocol with staff.
 - <https://www.proceduresonline.com/berks/slough/contents.html>
- Keeping accurate records of interactions with children recording what is observed as well as what children / other people say. Breakaway staff are in a strong position to observe signs of abuse or neglect, or changes in behaviour which may indicate a child may be being abused or neglected. Clear accurate recording enables the history of behaviours/concerns/bruising to be collated and appropriately reviewed with safeguarding in mind.
- Ensuring staff are aware that any concerns/allegations about a carer should be dealt with in line with the guidance in the SCF Multi-Agency Safeguarding Children Procedures.
 - <https://www.proceduresonline.com/berks/slough/contents.html>
- Ensuring that staff maintain body maps for children where there are injuries, bruising or marks and these body maps are checked against the non accidental and accidental injuries chart for guidance and curiosity is always applied and discussions take place with other relevant people where appropriate. Body maps are viewed by the home manager regularly as well as the Reg 44 visitors and the responsible individual.

Breakaway management and staff will support children who have been abused

This will be accomplished

- In accordance with his/her agreed child protection plan. This includes being part of and actively contributing to the core group.

Breakaway management and staff will establish a safe environment in which children can learn and develop.

This will be accomplished by ensuring that

- Children have the right medicine.
- Clinical procedures are safely administered.
- Access to specialist health support is available when necessary whilst at Breakaway.
- Appropriate intervention and behaviour management is carried out by staff and carers who are trained and competent.
- Breakaway is appropriately adapted, and the necessary equipment is in place.
- Accessible and safe transport to and from Breakaway is available.
- Bullying or discrimination is challenged.
- Children receive care from a stable team of staff who develop an understanding of the child's unique way of communicating and provide security and consistency.
- Each child has a detailed care plan and risk profile, which are agreed by parents and other professionals involved in the child's care. These tools contribute to providing the best possible care and achieving the best outcomes for children. Triggers and patterns of behaviours will be explored as part of the plan.
- When behaviour is escalating or there is an incident that is out of character for a child then advice/ support is obtained from the SCF clinician team.
- Staff are reminded at all times that behaviour is often a form of communication and it is important to ask what the behaviour might be 'telling us'
- The SCF Whistle Blowing policy is promoted.

Bruising in children who are not Independently Mobile

Accidental bruising on non-independently mobile children is rare and should therefore always warrant further investigation. The younger the child, the greater the risk that bruising is non-accidental. Bruising is the most common presenting feature of physical abuse in children. Recent Serious Case Reviews and individual child protection cases across Berkshire have indicated that staff and volunteers have sometimes underestimated or not recognised the potential for physical abuse, of the presence of bruising in children who are not independently mobile (i.e. those not yet crawling, cruising or walking independently).

https://www.proceduresonline.com/berks/slough/p_bruising.html

Breakaway are more vigilant/observant when supporting children with different skin tone or dark skin, though their bruises develop in the same way as bruises on light or medium skin. The colours of a bruise can appear different, depending on the person's skin tone, and bruising may be less apparent on dark skin due to contrast.

If a child attending Breakaway presents with unexplained bruising staff must:

- Record all marks and bruises on a skin map.
- Inform parents or professionals directly working with the child and question to gather an explanation.
- Seek advice from a manager if you have concerns over what you have been told, or the bruise/mark does not in your judgement add up to the explanation given and you are still concerned that this bruise/mark is significant.
- Use the non accidental and accidental injuries chart for guidance or visit : <https://learning.nspcc.org.uk/research-resources/pre-2013/bruises-children-core-info-leaflet>

For bruises sustained at Breakaway notify parents, home manager and social worker through the most appropriate channels according to the severity.

Self harm and Suicidal Behaviour

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

The term self-harm rather than deliberate self-harm is the preferred term as it is a more neutral terminology recognising that whilst the act is intentional it is often not within the child's ability to control it.

Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and sometimes hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children may struggle to express their feelings in another way and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

The indicators that a child may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement, bullying at school or a variety of forms of cyber bullying, often via mobile phones, homophobic bullying, mental health problems including eating disorders, domestic violence and abuse or any form of child abuse as well as conflict between the child and parents.

The signs of the distress the child may be under can take many forms and can include:

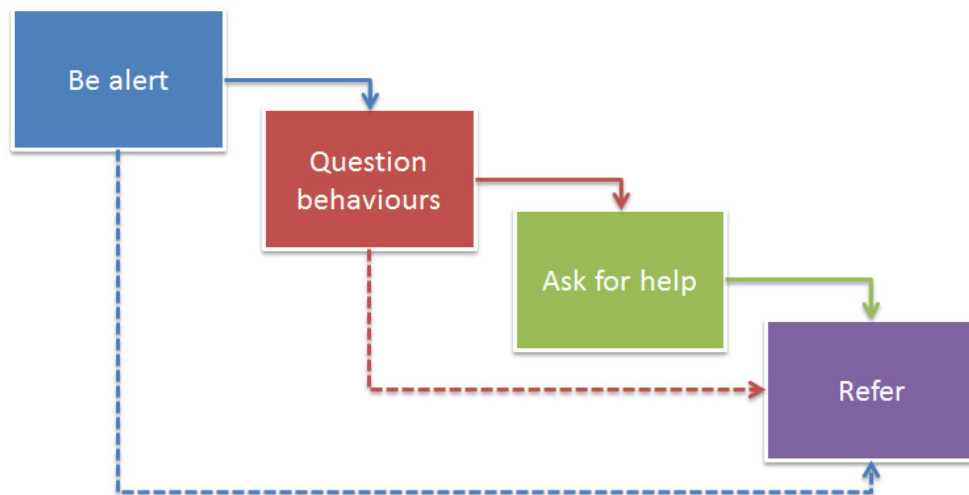
- Cutting behaviours;
- Other forms of self-harm, such as burning, scalding, banging, hair pulling;
- Self-poisoning;
- Not looking after their needs properly emotionally or physically;
- Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;
- Staying in an abusive relationship;
- Taking risks too easily;
- Eating distress (anorexia and bulimia);
- Addiction for example, to alcohol or drugs;
- Low self-esteem and expressions of hopelessness.

Immediate Action to take if you are worried about a child

You work in an organisation that has specific duties in law to safeguard and promote the welfare of children. If you are worried that a child is being abused or ill-treated, you must tell someone. Children and their parents may need help urgently. You should contact the home manager immediately but if the matter arises out of hours you should contact the allocated on-call manager.

If line management is not available you must independently pursue the process.

DO NOT WAIT!



Immediate action to ensure safety

If you believe that a child in your care is at risk of suffering significant harm either at home or within the working environment and that urgent action is needed to protect the child, **you must** immediately follow the actions stated on the Child Protection Flow Chart.

Responding to abuse

In a situation where a child discloses abuse, there are a number of steps that should be taken.

- **Listen carefully to the child.** Avoid commenting on the matter or showing reactions like shock or disbelief which could cause the child to retract or stop talking.
- **Let them know they've done the right thing.** Reassurance can make a big impact on a child who may have been keeping the abuse secret.
- **Tell them it's not their fault.** Abuse is never the child's fault and they need to know this.
- **Say you will take them seriously.** A child could keep abuse secret in fear they won't be taken seriously. They've spoken out because they want help and trust that someone will listen to and support them.
- **Don't talk to the alleged abuser.** Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child.
- **Explain what you'll do next.** If age appropriate, explain to the child that this will need to be reported to someone who will be able to help.
- **Don't delay reporting the abuse.** The sooner the abuse is reported after the child discloses the better. Report as soon as possible so details are fresh in the mind and action can be taken quickly.
- **Case notes/recording should take place at the earliest point and be completed in full the same day.**

For cases of disclosures of sexual abuse remember to not remove/wash any clothing or bedding items, as this can be used as evidence if a crime has been committed.

Legal framework

The safety of children is paramount in all decisions relating to their welfare. Any action taken by a member of Breakaway should ensure that no child is left in immediate danger.

The law (s.3 (5) Children Act 1989) empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare.

This may include:

- Taking all reasonable steps to offer a child immediate protection from an aggressive parent/carer.
- Keeping the child under close supervision.
- Bringing in extra staff.
- If you feel unable to protect the child, other children, staff carers or volunteers from danger, contact the police immediately.
- If a support worker is under suspicion you may need to ask them to wait in the office or leave the home in which they are working (ensuring the child is safe with an appropriate adult in the process).

Urgent medical attention

- If the child is suffering from a serious injury, medical attention must be sought immediately from Accident & Emergency (A&E).
- If abuse is suspected, Children's Social Care must be informed.
- Except in cases where emergency treatment is needed, Children's Social Care and the Child Abuse Investigation Home are responsible for ensuring any medical examinations required are initiated as part of child protection (s.47) enquiries.

Recording

You should record, on the child's case record within 24hrs, all concerns and discussions about a child's welfare, the decisions made and the reasons for those decisions.

Professional consultation (getting advice) and who to contact

Professional consultation can be sought at any stage with regards to concerns, process or for general support. During office hours there is always a variety of professionals you can seek advice from if you are concerned about safeguarding relating to a child or a support worker's conduct. Within Breakaway you will have direct access to either the home manager who is DSL (Designated Safeguarding Lead) or Senior Staff. Within SCF you can access the child's Social Worker, Duty Social Worker, Team Manager or Head of Service/ Responsible Individual. Within the company you can call the LADO.

SCF has an Chief Executive / DCS who holds overall responsibility for safeguarding and statutory DCS responsibilities. Director of Operations holds the responsibility for operational safeguarding. Head of Quality Assurance and Safeguarding holds a strategic lead on safeguarding and quality assurance. Heads of Service hold day to day operational safeguarding responsibilities of their service areas.

Telephone contact details:

- Registered Manager - number is displayed within the home.
- Team Leaders – number is displayed within the home
- Head of Service / Responsible Individual – number displayed in the home
- Emergency Duty Service 01344 351999
- Thames Valley Police 101 (999 in an emergency).
- Local Authority Designated Officer (LADO) 01753 474053.

Outside of office hours:

If you are unsure about something it is always ok to call the on-call manager from Breakaway for advice (see the Rota for the named on-call manager). If unable to contact the on-call manager, please call the Head of Service for advice.

There is always someone available to offer advice and guidance. Never feel afraid to ask, or just run your decision past someone if in doubt.

There should be no delay in obtaining advice, i.e. if the person you called is not available try someone else or pursue the referral process.

A formal referral or any urgent medical treatment must not be delayed by the need for consultation. It remains the responsibility of Breakaway staff to take whatever action is required to ensure the safety of the children in their care.

Talking to parents

Where practicable, concerns should be discussed with the parents / carers **unless** this may:

- Place the child at risk of **significant harm** e.g. by the behaviour response it may prompt, or by leading to an unreasonable delay.
- Potentially lead to the loss of evidential material.

Decision not to seek parental permission

A decision by any professional **not** to seek parental permission before making a referral to Children's Social Care must be recorded and the reasons given.

Formal concerns/referrals from named professionals cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.

Parental permission given

Where a parent has agreed to a referral, this must be recorded and confirmed.

Parental refusal of permission

Where a parent refuses to give permission for the referral, further advice should, unless this would cause undue delay, be sought from a manager. If having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded.
- The Child's social work team must be informed that the parent has withheld permission.
- The parent should be informed that after considering their wishes a referral has been made (unless this action may increase the risk of harm).

Child protection/concerns (referrals) to the social work team should be carried out by the most senior member on duty (Shift leader) at the time. All discussions and actions taken must be fully recorded by the staff involved

Where required take immediate action to protect the child and contact police if necessary.

Appendix 1: Flow Chart for Notifications

Time Scale

Event
Occurs

**The safety of
all children
and staff is**

Is the event significant?
Seek advice from on
call/
Team Leader/ Manager

Record Actions

Consider consultation
with SW/ EDT

Inform child(ren)'s
parent(s)/ Carer(s)

Ensure that Team Leader/ Manager is
informed and briefed

Ensure records are
accurate and reflect
decision making

Head of Service/ LADO/ RIDDOR
to be made aware of significant
event, usually by Manager

Review action plan to ensure it meets
the safety and welfare needs of all
children

Speak to SW to
consider need for

Electronic notification to Ofsted
within 24 hours/ Timely follow up
updates if need be

Complete, conclude and sign off
the homes record of events
including a closing notification
when necessary.

24 Hours

Appendix 2: Regulation 40 - Serious Events

Notification of serious events: *(Guide to the children's Homes Regulations including the quality standards, 2015)*

14.9 Regulation 40(1) and (3) require the registered person to notify a specified list of people in the event of the death of a child, or if there is a referral of an individual working in the home in accordance with section 35 of the Safeguarding Vulnerable Groups Act 2006. In addition, the registered person must notify other relevant persons– this may include other professionals, services, organisations, agencies or establishments who are or have been involved in the child's care. It is for the registered person to judge who else it is appropriate to notify depending on the individual circumstances of the incident.

14.10 Regulation 40(4) requires the registered person to notify Ofsted and other relevant persons if one of the situations specified in regulation 40(4)(a)-(d) occurs, or if there is an incident relating to the protection, safeguarding or welfare of a child living in the home which the registered person considers to be serious (40(4)(e)).

14.11 Examples of incidents that are likely to be considered serious affecting the welfare of a child include: a child being the victim or perpetrator of a serious assault; a serious illness or accident; a serious incident of self-harm, or serious concerns over a child's missing behaviour, particularly where the child is considered to be at grave risk due to age or vulnerability or where they have been missing for a considerable period of time and their whereabouts is unknown. This is not an exhaustive list and homes must assess each case individually taking into account any patterns of behaviour or unusual behaviour which may indicate an increased risk to the child. Homes should also consider the frequency of incidents and judge whether their cumulative effect makes notification appropriate even if in isolation each event would not warrant this.

14.12 It is for the registered person to judge whether the incident is sufficiently serious to make formal notifications and, if it is, which other relevant persons may be notified, for example, the police, probation service, health professionals, the local authority for the area the home is located in (if this is not the child's placing authority) and others involved with the care or protection of the child.

14.13 The registered person should have a system in place so that all serious events are notified, within 24 hours, to the appropriate people. The system should cover the action that should be followed if the event arises at the weekend or on a public holiday. Notification must include details of the action taken by the home's staff in response to the event.

14.14 The home's record of the event must include a description of the action taken and the outcome of any resulting investigation. Following a notifiable event under regulation 40 the home should contact the placing authority to discuss the need for further action.

14.15 The registered person should also have a system for notification to responsible authorities of any serious concerns about the emotional or mental health of a child such that a mental health

Listen Observe Record Report

Do not interview the child

Ensure the child is safe.

Talk to the most senior member of staff
on shift who will then contact the
allocated worker or Emergency Duty
Team plus the home manager/ Head of
Service

Emergency duty Service: **01344 351999**

The telephone numbers are on the wall.
During Office hours, advice can also be
sought from the Local Authority
Designated Officer
(LADO: 01753 474053)

Discuss and report any
concerns you have at the
earliest opportunity
If there is **any** allegation or
Suspicion of harm to a child.