

Safeguarding Children Policy

Diverse Cymru Policy Aims and Objectives

Diverse Cymru is committed to ensuring and providing equality of opportunity for all. We work in a diverse society and believe that no-one should suffer disadvantage or discrimination by reason of their race, colour, ethnic origin, nationality, religion, gender, sexual orientation, HIV status, disability, marital status, age or caring responsibilities.

We are committed to developing an organisational culture that values people from all sections of society and the contribution that each individual can make. We will act positively to ensure equality of opportunity and to promote diversity in all aspects of our work, ensuring that these objectives are fundamental to all our activities and underpin our policies, procedures and operating practices.

Introduction

Diverse Cymru has a duty through our members, management, staff and volunteers to protect from abuse children and young people who they come into contact with.

- A.** The person with lead responsibility for safeguarding within the organisation is the Chief Operating Officer of Diverse Cymru.

- B.** All staff and volunteers are made aware of this policy and the process for reporting concerns as set out in Paragraphs 6 and 7 below.

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- C. Additional guidance in terms of information sharing and communication is set out in Appendix 1 and 2.

The Statutory Basis of a Child Protection Policy

The work of staff in child protection is governed by a number of statutory frameworks, circulars and guides to good practice. These are:

- **Children Act 1989**
- **Human Rights Act 1998**
- **The Framework for the Assessment of Children in Need and their Families (Department for Health 2000)**
- **All Wales Child Protection Procedures (Welsh Assembly Government July 2002)**
- **Children Act 2004 – Sect 28**
- **Working Together to Safeguard Children – (Welsh Assembly Government 2004)**
- **The Social Services and Well-being (Wales) Act 2014**
- **UN Convention on the Rights of the Child**
- **The Equalities Act 2010**

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1. Safeguarding and promoting the welfare of children

Safeguarding is defined for the purposes of this policy and guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

2. Child protection

Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

3. Children

Children include anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

4. Definitions of harm

The 1989 Children Act identifies four categories of abuse:

Abuse

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

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Physical abuse

Physical abuse is 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

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually

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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

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

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers [/ child protection co-ordinator] do have a duty to report any concerns about harm in accordance with the [Local Safeguarding Children Board, Guidelines and Procedures].

5. Recognition of harm

The harm or possible harm of a child may come to your attention in a number of possible ways:

- Information given by the child, his/ her friends, a family member or close associate.
- The child’s behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve ‘acting out’ a harmful situation in play.
- An injury which arouses suspicion because;
 - It does not make sense when compared with the explanation given.

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- The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
- The child appears anxious and evasive when asked about the injury.
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- Contact with individuals who pose a 'risk to children' ('Guidance on Offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their carers.

Historical abuse

There may be occasions when an adult will disclose abuse (either sexual or physical) which occurred in the past, during their childhood. This information needs to be treated in exactly the same way as a disclosure or suspicion of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Awareness

As a member, trustee, paid staff or a volunteer etc., you are not responsible for diagnosing abuse. However, you have a responsibility to be aware and alert to signs that all is not well with a child or young person. Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child and its circumstances.

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6. Acting on Concerns - What do you do?

As someone in a child care role as well as a citizen, when abuse is disclosed or observed, you should take the following action:

- 6.1 Inform whoever has disclosed the information that it cannot be kept confidential and will have to be passed on to appropriate agencies.
- 6.2 Inform your line manager about the disclosure within 24 hours. S/he needs to treat it as top priority and seek advice urgently. You might also consider keeping an accurate and contemporary record for future reference.
- 6.3 Your Line Manager will report and discuss the information with the relevant authority eg. Duty and Assessment Team at local offices (telephone numbers shown below) or with the Police Child Protection Team [(01656 651660)]
- 6.4 Line manager/worker to ensure that the “discloser” is kept informed about what will happen next, so they can be reassured about what to expect.

Seeking Medical Attention

If a child has a physical injury and there are concerns about abuse and if medical attention is required then your Line Manager should immediately notify the Chief Operating Officer. In urgent cases, your Line Manager may call the Ambulance Service and should this be necessary, then the designated Social Worker or the Local Authority Duty and Assessment Team should be advised of this but it should be made clear that you will not be able to accompany the child to the hospital. Any safeguarding concerns should be shared with the Ambulance staff/ Medical and Nursing staff in order that they can appropriately assess and treat the child, and share relevant information.

Managing a disclosure

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- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The designated lead for child protection within your organisation must be informed immediately.

Consent

You should seek to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the Local Authority Duty and Assessment Team. This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.

It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded and communicated with the Local Authority Duty and Assessment Team.

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made.

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7. Risk Assessment

What this means:

An 'Assessment' is the purposeful gathering and analysis of available information from which to draw conclusions. In the context of child protection, an assessment should underpin professional judgements to inform and agree the level and type of intervention that is most appropriate for vulnerable children and young people who may have been harmed or are at risk of harm.

Assessment of risk in child protection can only be comprehensive if it considers both past and present in order to identify future risks to a child or young person. It is helpful to consider assessment of risk on a continuum: the ongoing analysis of a child's known circumstances throughout their life and from original referral through to long term care planning. Interventions should not be delayed until the end of an assessment, but should be determined according to what is required to ensure a child or young person's safety, taking account of any indications of accelerated risks and warning signs. The type and level of intervention, irrespective of when it is made, should always be proportionate to the evidenced circumstances and risks to the child/ren. Risk assessment is a pivotal aspect of effective child protection practice and, for some agencies, is a core responsibility. Good systematic assessment establishes what may have happened, how this affects the immediate and future safety of the child or young person, places this in a context, and informs what needs to be done. There is no definitive, fail-safe method of predicting risk of harm to children and young people.

Involvement of Agencies:

In all cases that require an assessment of risk, more than one (and probably several) agencies should be involved in the process. It is imperative that all agencies involved with the child or young person and their parents and carers contribute to the sharing of information.

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This allows a holistic picture to be developed. When services operate in a joined up way, where all the needs and circumstances of the child are considered, the impact and longer term outcomes for children and young people are considerably improved. While some professionals may not define their core role as a ‘child protection’ one (i.e. DC staff), their information and involvement may be crucial in identifying and managing present and future risks to a child or young person. Professionals working with substance misusing parents, for example, can contribute to the assessment by helping others to recognise the impact of the alcohol or drug use on the individuals, particularly on the adult’s ability to parent safely. To optimise the protection of children and young people, agencies must collaborate and undertake assessment tasks together. Findings should be collated into a comprehensive view of the risks facing the child or young person along with the ‘protective’ factors that exist to minimise risks and maximise their future safety. A collective view of what needs to be done (and when) can then be formed based on all of the information available.

More specifically, Diverse Cymru will work in collaboration with Local Safeguarding Children Boards to ensure compliance with procedures and processes that will help to ensure that allegations of abuse are reported and / or dealt with expeditiously.

Management of Risk

As well as contributing to the assessment of risk, relevant agencies are expected to undertake tasks in the ongoing management of identified risks to the child or young person. Continuous assessment of risk is an essential component of risk management. Planning should always be proactive, ensuring that measures are in place to protect the child or young person. In all cases, parenting capacity should be considered. This could involve taking account of parental history as well as assessing the “here and now”. This means finding out about an adult’s own experience of being parented and forming a view as to how they have processed any experiences that may have caused them harm or upset. Prediction of likely future risk of harm should always be based on evidenced risk factors and the identified

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vulnerabilities associated with the child. These should always be understood alongside identifiable protective factors in respect of the child or their circumstances.

Intervention

Any intervention considered necessary to improve the circumstances of a child in order to better protect them must always be proportionate i.e. action will be inappropriate if it is not proportionate to the presenting evidence. For example, it may not be proportionate to remove a child from the family home if there are risks that are countered by several protective factors and the child is not considered vulnerable. In addition, the assessment of risk to children and young people is not purposeful unless it results in identified action. By identifying risks, vulnerabilities, and protective factors, a full and balanced assessment provides agencies with:

- An evidential basis on which to proceed and justify decisions and actions
- A platform for future planning
- A framework for managing and minimising risks • A clear idea of what needs to be done to protect the child (and how)
- A means against which achievements (or otherwise) can be measured In agreeing intervention, all actions must be clearly and separately identified against each identified risk. In other words, actions must relate directly to individual risks and be designed to directly minimise or remove them. All this must be set out in a systematic way that is achievable, accountable and accessible.

Involving children and young people

The assessment of risk to children or young people must, as far as possible, incorporate their views of the risks that they face and their understanding of what is expected to counter these. Professionals and agencies must consider the right way to capture the views of children and young people in the event, for instance, that they do not want to attend their Child Protection Conference or participate in formal mechanisms to manage risks. Children and young people

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do not necessarily differentiate between the different components of interventions by professionals or various meetings they may have to attend. However, it is important that their wishes and concerns are routinely considered with them throughout professional involvement. If children and young people do not feel safe, accessible arrangements should always be in place to allow them to say so since young people who are vulnerable may not always be able to communicate this directly or articulate this clearly. In the process of risk assessment, there should always be an explicit agreement as to how the views of children and young people are to be obtained and how these are to be brought into any assessment or management planning.

All or any activities that Diverse Cymru staff engage in that involve children and young people shall be subject to a risk assessment process which shall include safeguarding risk assessments and a risk assessment protocol set out in Appendix 3.

Helping to prepare your Chief Operating Officer to discuss your concerns about a child with the Local Authority Duty and Assessment Team:

To enable your Chief Operating Officer to raise your concerns about a child, try to sort out in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly.

Try to be as clear as you can about why you are worried and what you need to do next:

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

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The Duty /Social Worker will seek to clarify:

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and
- What involvement they currently have or have had with the child and / or family.

Some Questions Local Authority Duty and Assessment Team may ask:

- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;
- Where consent has not been sought to make a referral you will be asked to explain what informed your decision making;
- Full names, dates of birth and gender of children;
- Family address and, where relevant, school/nursery attended;
- Previous addresses;
- Identity of those with Parental Responsibility or the Responsible Person;
- Names and dates of birth of all members of the household (if available)
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;
- The child's' current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family;
- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- Whether you hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

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8. Responsibilities

8.1 The Diverse Cymru HR Department will be responsible for administrative procedures relating to selection and induction and for advising on any disciplinary action.

8.2 Department Managers will monitor implementation of the policy and take appropriate action on any breaches within their areas of responsibility.

8.3 All staff have a responsibility to maintain appropriate standards of behaviour and to report lapses in these standards by others. Any concerns or reasonable suspicions of abuse should be reported to line management.

8.4 Any allegations of inappropriate behaviour should also be reported to the Chief Operating Officer who will liaise with police and social services as necessary.

8.5 The role of the Chief Operating Officer will be to:

- Assess information promptly and carefully, clarifying or obtaining more information about the matter as appropriate.
- Consult initially with a statutory child protection agency, such as the local social services department or Local Health Group, or the NSPCC helpline to test out any doubts or uncertainty about the concerns
- make a formal referral to a statutory child protection agency or the police.

8.6 It is not the role of the Chief Operating Officer to decide whether a child has been abused or to undertake an investigation into the concerns or allegation of harm; this is the task of the social services department which has the legal responsibility, or the police. The NSPCC also has powers to investigate child protection concerns. The Chief Operating Officer will, however, collate and clarify details of the concern or allegation and to provide this information to the Local Authority Duty and Assessment Team (or if a Social Worker is already involved, the relevant Social Worker) whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

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9. Allegations against staff members / volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the organisation, which may include:

- Behaving in a way that has harmed, or may have harmed, a child;
- Possibly committing a criminal offence against, or related to, a child or
- Behaving towards a child, or children, in a way that indicates s/he is unsuitable to work with children

The nature of the allegation or concern should be reported to the Designated Officer for dealing with allegations within the organisation immediately.

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

10. Support to staff and volunteers

As a result of reporting concerns, you may find the person who disclosed the information is upset or angry. The line manager will support you. If DAT or the Police need further information or involvement from you, your Line Manager will talk with them and you about how this will happen.

Staff may also be subject to allegations of abusing children. While support will be offered, Diverse Cymru will ensure that DAT or the Police are given all assistance in pursuing any investigation. Suspension and/or the disciplinary procedure may be implemented.

11. Confidentiality

Confidentiality is crucial to all our relationships – **but the welfare of the child is paramount**. The law does not allow anyone to keep concerns relating to child abuse to themselves. Confidentiality may not be maintained if the withholding of the information will prejudice the welfare of the child.

Children's Social Services duty teams can also be consulted generally about information sharing e.g. at the pre-referral stage.

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12. Recruitment and Selection - Staff and Volunteers/Appointment of Trustees, etc

Adults who abuse children can be attracted to organisations which provide services for children.

Diverse Cymru will ensure that an enhanced DBS check is obtained and acted upon, prior to their appointment, from trustees/staff/volunteers new to the organisation; and with these statements, make “disclosure applications” to the Government’s disclosure service.

Such applications will be made on all trustees, staff and volunteers irrespective of the nature of the work they undertake, and in any event on those adults in any position involving regular contact with/access to children and young people up to age 18, including those in “positions of trust” and supervisors/managers as well as people in frontline roles. DBS checks on current paid/unpaid trustees/staff/volunteers will be kept under review in accordance with Government guidelines and new checks will be made on all as and when necessary or appropriate and in any event every three years.

People volunteering or working with children or vulnerable adults are sometimes legally required to have a DBS check. Where contact with vulnerable people will be limited or perhaps the person has recently been DBS checked for a different role, a decision about clearance must be made. The guidance clearly explains how the check works as part of a proper risk management process. Other safeguards such as interviewing, training and taking references from potential volunteers can also be employed. It is important when recruiting paid staff and volunteers to adhere to the organisations recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

What is DBS?

The Disclosure and Barring Service (DBS), an executive agency of the Home Office, provides wider access to criminal record information through its disclosure service. This service enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying adults who may be unsuitable for certain work, especially

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that involve children or vulnerable adults. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) and further details can be found at:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Two verified written references will be sought for new staff, volunteers and trustees and followed up as necessary. A written medical reference may also be required.

A rigorous and probing approach to the application process (e.g. using application forms designed to elicit the full, relevant history of applicants), interviews and selection for positions with Diverse Cymru will be adhered to. Proof of identity may be sought.

All staff working directly with children and young people will receive accredited/approved Child Protection training as soon as practically possible after commencement of employment with Diverse Cymru.

13. Contacts

Local Authorities Children's Social Care Access and Assessment

Immediate Help

Local Authority Designated Officer

Police Public Protection Unit

Local Authority Safeguarding Children Board(s)

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Some useful telephone numbers:

Local Authority	Children's Safeguarding	Social Services
Blaenau Gwent	01495 315 700	01495 354680
Bridgend	01656 642 320	01656 642279
Caerphilly	08081 001 727	01443 815 588
Cardiff	02920 536 490	02920 872 000
Carmarthenshire	01267 246 544	01558 825 485
Ceredigion	01545 574 000	01545 574 000
Conwy	01492 575 111	01492 576333
Denbighshire	01824 712 900	01824 712 900
Flintshire	01352 701 000	01352 702 000
Gwynedd	01286 679 926	01248 353 551
Isle of Anglesey	01286 679 926	01248 353 551
Merthyr Tydfil	01685 725034	01685 724500
Monmouthshire	01291 635 669	01600 775 100
Neath Port Talbot	01639 685 717	01639 686 803
Newport	01633 656 656	01633 656 656
Pembrokeshire	01437 776 566	01437 764551
Powys	01597 827 325	01938 551 899
Rhondda Cynon Taff	01443 490400	01443 849944
Torfaen	01495 766 670	01495 762200
Vale of Glamorgan	01446 700 111	01446 700111
Wrexham	01978 292 039	01978 292066

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Appendix 1

Rules of information sharing

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

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7. Keep a record of your decision and the reason for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

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Appendix 2

Third Party Communication

i. Effective communication

Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key, for without it effective decisions cannot be made and equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that effect children and adults

Before contacting another agency, think about why you are doing it, is it to:

ii. Signpost to Another Service

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

iii. Get Advice and Guidance

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within Diverse Cymru (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or

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perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

iv. Facilitate Access to a Service

If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

v. Refer a Child or Family

If you think that by not accessing a particular service, a child's situation could deteriorate then referring the matter to the Local Authority Duty and Assessment Team may be appropriate. At the end of the conversation both parties must be clear about the outcome and the next course of action.

i) Professional Differences

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with your Line Manager or in their absence, the Chief Operating Officer about next steps.

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ii) Recording

Well-kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within the arrangements in place by Diverse Cymru for recording information and within any local information sharing procedures in place.

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Appendix 3

Risk Assessment Protocol

Diverse Cymru

Children, Young People or Vulnerable Adults

Risk Assessment of a Planned and Supervised Activity for Children and Young People (or Vulnerable Adults)

A. Administrative Details

(i) Diverse Cymru

Chief Operating Officer	Team Manager	Senior Support Worker
Contact Details:		
Activity Supervisor(s)	Name:	Name:
Unit/Team/Dept.		
Address 1		
Address 2		
Telephone		
E-mail		

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(ii) External Organisation/Institution

Name of Organisation/Institution		
Head(s) of Organisation/Institution		
Contact Details:		
Activity Supervisor(s)	Name:	Name:
Address 1		
Address 2		
E-mail		
Employee Liability Insurance Cert No / End Date		
Public Liability Insurance Cert No / End Date		
Additional Insurance Type & Cert No / End Date		

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B. (i) Description of Activity

--

(ii) Number of Children / Young People and Age Range

--

C. Persons assisting with the Activity

Name	Role	Affiliation (Diverse Cymru or External Institution)	DBS* Check Required? Completed? (Y or N)	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

***DBS Check: The Team Supervisor/Team Manager will determine whether a DBS check is required after consideration of this risk assessment and discussing this with HR Team**

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D. Hazards, Risks and Existing Control Measures

Hazard	Risk HIGH MEDIUM LOW (tick one box)	Current Control Measures
I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
li	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
lii	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Iv	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
V	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Vi	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Vii	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Viii	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Ix	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

***If all risks are assessed of LOW, proceed to Section F.**

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E. Hazards, Risks and Extra Control Measures

- For those risks NOT assessed as LOW, state the extra control measures required to achieved a LOW risk assessment

Hazard (insert roman numeral from Table D)	Extra Control Measures	Risk		
		HIGH	MEDIUM	LOW
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control Measures must be in place to maintain all risks as low as is reasonably possible.

If a low risk assessment cannot be achieved after the inclusion of extra control measures, the activity must not proceed.

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F. Validation

	Assessors	Supervisors
Diverse Cymru	Signature:	Signature:
	Name:-	Name:
External Organisation/ Institution	Signature:	Signature:
	Name:	Name:

G. Processing

- If DBS checks are required, please discuss with Line Manager/HR Manager/Chief Operating Officer and send them a copy of this assessment.
- Ensure that all the people supervising and assisting with the activity receive a copy of this assessment.
- File this assessment at a confidential location in Team's central administration.

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Guidance for completing the risk assessment form

Risk assessment form Section A: Administrative details

Details will be required of both parties; Diverse Cymru and the External Organisation or Institution. Both have a responsibility and need to cooperate closely to ensure the health and safety of children/young people.

(i) Diverse Cymru (DC)

- Team Manager / Supervisors of each Section/Team will have ultimate responsibility for the health and safety of all those in DC buildings and property.
- Event Activity Supervisor's name and contact details. This is useful in case of emergency or correspondence before or after the event.

(ii) External Organisation or Institution

- Head(s) of Organisation or Organisation or Institution (e.g. Manager) will have ultimate responsibility for the health and safety of all those in their buildings and property.
- Event Activity Supervisor's name and contact details. This is useful in case of emergency or correspondence before or after the event.
- Insurance Details: Stating the Policy Number and End Date will confirm compliance.
- Employer's (Compulsory) Liability Insurance (Policy Number and End Date)
- Public Liability Insurance (Policy Number and End Date)

Risk assessment form Section B

(i) Description of Activity

- Filling in this section will help to ensure that the activity is properly defined. Areas of hazard and risk should become more obvious.

(ii) Number of Children / Young People and Age Range

The larger the number of children/young people and the younger they are, the greater will be their collective risk. As a consequence, the requirement for control measures such as adequate supervision will be greater.

Risk assessment form Section C: Persons assisting with the activity

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(i) Adult / Child Ratio

As a general guide for an activity with a normal range of hazards, the minimum ratios should be:-

- 1 adult for every 3 children aged under 5;
- 1 adult for every 6 children aged 5 to 7;
- 1 adult for every 10-15 children aged 8 to 10;
- 1 adult for every 15-20 children aged 11 onward or young people.
-

There should also be enough additional staff available to help deal with an emergency.

(ii) Vetting of supervisory staff

Diverse Cymru Staff

All staff, volunteers and Board Members (Trustees) will be subject to DBS checks every three years.

DBS should be carried out on volunteers and staff employed by contractors who will have regular contact with children and young people attending events /visits /training /outings conducted by Diverse Cymru either on or off the premises.

(iii) General Advice

- Anyone who has not had a criminal conviction check /DBS should never be left in sole charge of children or young people.
- For the protection of both parties, all adult supervisors should try to ensure that, wherever possible, they are not alone with a child/young person.
- All adult supervisors, including DC employees/volunteers/Board members must understand their roles and responsibilities at all times. It may be helpful to put this in writing. In particular, all supervisors should be aware of any children/young people who may require closer supervision, such as those with special needs or those likely to cause trouble.

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Risk assessment form Section D:

Hazards risk and existing control measures

See also Specific hazards and control measures

- (i) **Hazard** – Something which has the potential to cause harm (injury or damage)
- (ii) **Risk** – The likelihood that the hazard will cause harm.
- (iii) **Control measure** - A practical or physical means of reducing risk (e.g. adequate supervision, personal protective equipment such as safety glasses).

- Taking all the identified hazards into account and the existing risk control measures (e.g. containment of risk, safety equipment, protective clothing) a qualitative assessment is made of risk (e.g. low, medium or high). The only acceptable risk rating for any activity is low risk.

Risk assessment form Section E: Hazards risk and extra control measures

- If, with the existing control measures, a **medium** or **high** risk is determined, then extra control measures are required until **low** risk is achieved.

Risk assessment form Section F: validation

- Assessors carrying out the Risk Assessment on behalf of Diverse Cymru and the External Organisation or Institution. These bodies must only choose assessors whom they believe to be competent. Competence as gained through knowledge, experience and training. Assessors must be fully conversant with the concept of risk assessment and with the activity being assessed.
- A senior representative from both Diverse Cymru and the External Organisation or Institution must countersign the assessment indicating validation of the assessor and his/her assessment. The assessment is a legal document indicating compliance with health & safety law. By signing the document, the signatories do not incur any extra personal liability, other than that placed on Diverse Cymru or External Organisation or Institution employee.

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Additional guidance

Review of the Assessment

- The Risk Assessment must be reviewed if there any significant changes in the activity and on a regular basis (e.g. annually).

Generic Assessments

- Some activities are fairly straight forward and repeated on a regular basis. In these cases, it is not necessary to carry out risk assessments for each activity but an encompassing generic assessment, which can be adapted and reused.

General tools of risk control

The key means of reducing risks when dealing with children's activities are to:

- carry out an exploratory visit to identify hazards;
- employ competent supervisory staff;
- provide adequate supervision throughout the activity;
- provide clear guidance to supervisory staff and the children/young people; and
- have in place emergency procedures (e.g. the provision of or access to first aid).

The most senior supervisor will normally be the risk assessor. Supervision may be from both Diverse Cymru staff and staff from the External Institution. The risk assessment needs to take into account both parties.

The risk assessor should take the following factors into account during the assessment:

- the type of activity and the level at which it is being undertaken;
- the location, routes and modes of transport;
- the competence, experience and qualifications of supervisory staff;
- the ratios of supervisory staff to children/young people;
- the group members' age, competence, fitness and temperament and the suitability of the activity;
- the special educational or medical needs of children/young people;
- the quality and suitability of available equipment;
- seasonal conditions, weather and timing;
- emergency procedures;
- how to cope when a child/young person becomes unable or unwilling to continue; and
- the need to monitor the risks throughout the activity.

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Specific hazards & control measures

The following table identifies specific hazards and suggests appropriate control measures Diverse Cymru can adopt to reduce the risk of harm to children and young people (and all others who may be affected).

Physical

Hazards	Control Measures
Adverse weather	Shelter, personal protective equipment (PPE; cold, wind/rain-proof)
Bad housekeeping	Improved safety attitude, good management, safety inspection, good work layout
Contact with hot/cold surfaces	Insulation, guarding, PPE (gloves, face shields, insulated clothing)
Drowning	Life guarding, life saving equipment, presence of First Aiders
Excavation work	Physical barriers; fencing, shoring, safe system of work, signs
Fall from height	Edge protection, safety lines/harnesses, safe means of access, egress (e.g. scaffolding), safe system of work (e.g. permit to work)
Fall of material from height	Alternative storage, physical means of securing
Lighting	Good work area design and lighting equipment, measuring of illumination, use of lighting fit for purpose
Ionising radiation	Minimum amount of radioactivity, local rules for storage, work and disposal, statutory controls (e.g. licensing), shielding, PPE
Non-ionising radiation	Local rules, shielding, PPE (e.g. eye protection)
Noise	Reduction at source, insulation, PPE
Slips/Trips/Falls on same level	Good maintenance of work areas, good housekeeping, good cleaning regime, good footwear
Stacking	Good work area layout, height limits, weight limits, strong packing,

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Hazards	Control Measures
	mechanical assistance
Vibration	Elimination or reduction at source, damping, insulation, PPE

Mechanical

Hazards	Control Measures
Hand tools	Periodic inspection, electrical testing and maintenance
Machines	Periodic inspection, testing and maintenance, physical barriers (guarding), safety interlocks, supervision and training
Mechanical lifting operations	Periodic (statutory) inspections, maintenance, supervision and training
Manual handling	Assessment under the Manual Handling Operations Regulations (elimination and reduction of risk), training in good lifting techniques
Moving vehicles	Segregation of traffic, good road layout, signs, vehicle maintenance

Electrical

Hazards	Control Measures
Live working	Avoid (i.e. No Live Working), use competent people when essential
Hand tools	Regular inspection, testing of electrical integrity and replacement (where appropriate)
Heaters (elements)	Isolate from combustible material, guarding, special construction required in hazardous areas
Machines	Periodical inspection, electrical testing and maintenance, good electrical safety design (e.g. RCD protection)
Stored energy	Good construction, insulation and earthing protection

Fire

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Hazards	Control Measures
Combustible materials	Avoid, reduce storage of combustible materials, isolate from sources of heat and ignition
Flammable gases	Storage of gas cylinders (e.g. hydrogen, acetylene) outside in an isolated, well-ventilated area, signs, no smoking
Flammable solvents	Controlled storage, use and disposal (e.g. limit quantities held), fire proof storage, signs, no smoking, no naked flames, emergency plans
Heaters	Segregation from sources of combustion, guarding special construction if used in hazardous areas
Oxidising agents	Chemicals that are a source of oxygen, e.g. hydrogen peroxide, segregate from sources of combustion (e.g. flammable solvents)
Oxygen (gas and liquid)	Segregate from sources of combustion, controlled storage and use
Smoking materials	Avoid; "No Smoking Policy", or reduce; restrict smoking to designated 'low risk' areas
Static electricity	Limit use of static generators in hazardous areas. Use of anti-static devices, earthing

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Other

Hazards	Control Measures
Chemical: Chemical substances, Corrosives (acids, alkalis), Carcinogens, Irritants	COSHH Assessments: Avoid use, substitute less harmful substances, use, maintain and test engineering controls, monitor for hazardous substances, inform and train employees, use personal protective equipment (PPE), emergency plans for uncontrolled releases.
Biological: Biological agents (micro-organisms; pathogens, mutagens, carcinogens)	COSHH Assessments: Avoid use, substitute less harmful substances, use, maintain and test engineering controls, monitor for hazardous substances, inform and train employees, use personal protective equipment (PPE), emergency plans for uncontrolled releases.
Food safety	Statutory compliance (Food Safety Regulations, EHO, MAFF inspections), good food hygiene standards, good cleaning / disinfection regimes, staff information and training, good personal hygiene, protective clothing. biological testing, quality control.

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