



Sparkle Safeguarding and Child Protection Policy and Procedures

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1 Introduction and purpose

- 1.1 Everyone has a role to play in safeguarding and protecting children, regardless of the type or amount of contact they have with children.
- 1.2 Children and young people who come into contact with Sparkle as a result of our activities must be safeguarded to the maximum possible extent from deliberate or inadvertent actions and failings that place them at risk of child abuse, sexual exploitation, injury and any other harm.
- 1.3 The purpose of this policy;
 - 1.3.1 To protect children and young people who receive Sparkle services and also any child/young person Sparkle comes into contact with at the centre, including concerns about children/young people where their parents/carers are in receipt of Sparkle services;
 - 1.3.2 To provide staff, trustees and volunteers with the required safeguarding principles and procedures for the safeguarding of children / young people. protection.

2 Scope

- 2.1 This policy applies to all staff, Trustees, volunteers or anyone working on behalf of Sparkle.
- 2.2 Everyone must:
 - 2.2.1 Know how to recognise potential child abuse concerns;
 - 2.2.2 Know what to do when safeguarding concerns arise and complete the appropriate referral form (see Appendix 2); following the correct guidance (see flowchart in Appendix 4)
 - 2.2.3 Understand what Sparkle expects of them in terms of their own behaviour;
 - 2.2.4 Know how to prevent harm to children;
 - 2.2.5 Learn about protection issues in accordance with the relevant statutory guidance and within the context of their own roles and responsibilities;
 - 2.2.6 Sign the Safeguarding Declaration form to confirm that you have read and understood the requirements of your role and that you adhere to these requirements (see Appendix 3)

3 Aims

- 3.1 Sparkle believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practice in a way that protects them.

- 3.2 Research, mostly conducted outside the UK, shows that disabled children are three times more likely to be abused than non-disabled children (Jones *et al.* 2012).
- 3.3 Disabled children 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.
- 3.4 Factors that increase risk and lessen protection include:
 - 3.4.1 Attitudes and assumptions that do not treat disabled children equally and have an impact on all aspects of their lives – reluctance to believe disabled children are abused, minimising the impact of abuse and mistakenly attributing indicators of abuse to a child's impairment;
 - 3.4.2 Barriers to the provision of support services that lead to the disabled child and their family being isolated;
 - 3.4.3 Impairment-related factors such as dependency on a number of carers for personal assistance, impaired capacity to resist/avoid abuse, communication impairments and an inability to understand what is happening or to seek help;
 - 3.4.4 Barriers to communication and seeking help where the child's opportunities for seeking help may be very limited;
 - 3.4.5 Barriers to the identification of concerns and an effective child protection response such as: lack of holistic child-focused assessments, reluctance to challenge parents/carers and professional colleagues.
- 3.5 Child abuse and neglect can have both short term and long term consequences for children. The impact can include serious injury, disability or even death.
- 3.6 It can affect children's mental health, ability to form relationships, self-esteem, confidence or ability to succeed in school or work. It may impact on their ability to parent and have a decent family life. It can have huge personal and economic consequences for the individual, their family and society. Hence the necessity of doing everything we can to prevent child abuse wherever possible and to protect children when we identify it is happening.
- 3.7 Policies and procedures are important because they provide a clear outline of the 'must do's' for all staff, trustees, volunteers and other workers across Sparkle to ensure that they are clear about their role, responsibility and expectations to protect children from harm.
- 3.8 The law and statutory guidance means that Sparkle must act to protect children and adhere to the legislative framework and statutory guidance, which includes:
 - 3.8.1 The Children Act 1989 and 2004;
 - 3.8.2 The UN Convention on the Rights of the Child 1991

- 3.8.3 Data Protection Act 1998;
- 3.8.4 Human Rights Act 1998;
- 3.8.5 Sexual Offences Act 2003;
- 3.8.6 Safeguarding Vulnerable Groups Act 2006;
- 3.8.7 Protection of Freedoms Act 2012;
- 3.8.8 Children and Families Act 2014;
- 3.8.9 Special educational needs and disability (SEND) code of practice: 0-25years- Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014;
- 3.8.10 Any other relevant government guidance on safeguarding children.

4 Definitions

- 4.1 For the purposes of this policy and procedure, the following terms are used:
 - 4.1.1 **Child:** This policy is in respect of all children. A child includes babies, children and young people from pre-birth up to 18 years.
 - 4.1.2 **Safeguarding and promoting the welfare of children:** This means protecting children from maltreatment; preventing harm to children's health or development; ensuring children grow up with the provision of safe and effective care; and taking action to enable children to have the best outcomes.
 - 4.1.3 **Child protection:** This is part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm. Different types of abuse (physical, emotional, sexual or neglect) may constitute significant harm and there are more details about these forms of abuse given in the accompanying procedures.
 - 4.1.4 **Child abuse:** This is the maltreatment of a child. A person may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children can be abused in a family or in an institution or community setting by those known to them or, more rarely, by others (e.g. someone in authority or via the internet). Children may be abused by one or more adult or by another child or children.
 - 4.1.5 **Sexual Exploitation:** Any actual or attempted abuse of a position of vulnerability.
 - 4.1.6 **Early help or intervention:** Statutory guidance stresses the importance of children and their families having the opportunity of early help and support in order to avoid the need for child protection interventions at a later time. Early help or intervention may consist of one or more professionals supporting a family once an assessment of their needs has been completed.

5 Principles

5.1 Sparkle's approach to safeguarding and child protection is based upon:

- 5.1.1 All children have a right to protection from harm and abuse, regardless of age, ability, gender, racial heritage, religious beliefs, sexual orientation, identity or additional vulnerabilities.
- 5.1.2 The best interests of the child are paramount in all considerations about their welfare and protection, including when to maintain confidentiality and when to share information about them.
- 5.1.3 Children have a right to participate in decisions about their lives. Their views, wishes, feelings and experiences are evident in our work with them.
- 5.1.4 Concerns or allegations that Sparkle staff, trustees or volunteers have abused or neglected a child/children will be managed sensitively and fairly in accordance with Sparkle policies, relevant legislation and local procedures. All concerns will be treated seriously and the Centre Manager and lead trustee for Child Protection will be informed immediately of any such concerns (or where the concern relates to the Centre Manager or lead trustee for Child Protection, the Chair of Trustees will be informed). The interests of the child/young person, will, at all times, remain the priority.
- 5.1.5 Working together with children, their parents, carers and other agencies is essential in promoting children's welfare and ensuring their protection. In some limited circumstances, it will not be appropriate to engage with parents or carers in order to protect the child.
- 5.1.6 As part of working together we expect professionals to act on concerns, and we will escalate our concerns in our efforts to be satisfied that the child has been protected, taking a stand in cases where we consider the protection of the child has not been taken seriously either within Sparkle or by those investigating child protection concerns.

5.2 We will deliver these principles by:

- 5.2.1 Providing effective leadership and management for staff and volunteers through induction, supervision/one-to-ones, support and training.
- 5.2.2 Ensuring effective and robust safeguarding and child protection practices by having clear policies, procedures, practice standards and guidance in place.
- 5.2.3 Enabling staff to exercise professional judgements based on the best interests of the child.
- 5.2.4 Safe recruitment and employment practices to ensure that robust recruitment, selection, induction and supervision processes are in place for all those who work with Sparkle.

5.2.5 Ensuring that everyone associated with Sparkle is aware of their obligations and responds appropriately to issues of child abuse and the sexual exploitation of children;

5.2.6 Ensuring anyone who represents Sparkle behaves appropriately towards children and young people and never abuses the position of trust.

5.3 Specific information to parents/children and young people

5.3.1 All children/young people who access Sparkle services will be required to attend, with their parents, a personal profile meeting before their service can begin. At this meeting, documentation to include personal profile, behaviour plan, risk assessment, personal care plan, etc is completed.

5.3.2 At this meeting, the parents and children/young people are issued with a copy of Sparkle's safeguarding and child protection policy from the Sparkle Team Leader.

5.3.3 Where possible, safeguarding issues will be promoted in the clubs programme of activities

6 Responsibility- Trustees

6.1 Trustees are required to comply with the legal duties of charity trustees in the administration of Sparkle's purpose and activities. Trustees have a general duty to take reasonable steps to govern and assess risks to Sparkle's activities, beneficiaries, property, work or reputation.

6.2 Trustees are responsible for safeguarding even if certain aspects of the work are delegated to staff. Trustees should therefore make public their clear commitment to safeguarding stating that failure to follow it will be dealt with as a very serious matter.

6.3 Trustees should proactively safeguard and promote the well-being and welfare of their charity's beneficiaries and take reasonable steps to protect these beneficiaries, and others who come into contact with their charity, from harm. Any failure by trustees to manage safeguarding risks adequately would be of serious regulatory concern to the Charity Commission, who may consider this to be misconduct and/or mismanagement in the administration of the charity and it may also be a breach of trustee duty.

6.4 Trustees must ensure children and young people benefiting from, or working with Sparkle are not harmed in any way through contact with the charity. Trustees have a legal duty to act prudently, meaning Trustees must take all reasonable steps within their power to ensure that this does not happen.

6.5 Trustees must ensure that safeguards are in place that not only protect and promote the welfare of children and young people but also enhances the confidence of Trustees, staff, volunteers, parent/carers and the general public.

- 6.6 Dr Sabine Maguire (Trustee) is the named lead for safeguarding and child protection, overseeing, championing, and challenging this work, with Donna Morgan (Centre Manager) acting as the deputy lead.
- 6.7 The lead person is responsible for approving any changes, providing assurance of compliance to the board of trustees and assisting/ answering any queries arising from its interpretation. The lead person is also responsible for ensuring that there is a safeguarding and child protection training strategy that covers all staff and volunteers and that robust recruitment and vetting policies and practices are in place so as to deter unsuitable people.
- 6.8 Trustees are responsible for working with each other and with their designated lead to ensure effective implementation.
- 6.9 The lead Trustees for Child Protection or the Chair of Sparkle should make a serious incident report to the Charity Commission and inform the relevant professional body/regulator where:
- 6.9.1 beneficiaries have been, or are alleged to have been, abused or mistreated while under the care of the charity, or by someone connected with the charity, for example a trustee, staff member or volunteer;
 - 6.9.2 there has been an incident where someone has been abused or mistreated (alleged or actual) and this is connected with the activities of the charity;
 - 6.9.3 there has been a breach of procedures or policies at the charity which has put beneficiaries at risk, including a failure to carry out checks which would have identified that a person is disqualified under safeguarding legislation, from working with children or adults
- 6.10 Trustees must also manage and minimise the risk of further incidents happening as far as this is reasonably practicable, by making any necessary changes to policies, procedures and work practices.
- 6.11 The Sparkle Secretary and/or Chair of trustees is responsible for ensuring that the appropriate recruitment checks are undertaken upon the appointment of trustees as outlined in the *'Sparkle Recruitment of Trustee Guidance'*. This guidance also clarifies the requirement for trustees to attend Child Protection Awareness training within three months of their appointment and to read and understand their responsibilities for safeguarding relevant to their role together. This responsibility extends to the recruitment of contractors delivering services on behalf of Sparkle.
- 6.12 The Sparkle Child Protection Lead will be responsible for ensuring the *'Sparkle Safeguarding and Child Protection Policy and Procedures'* and the *'Sparkle Procedure for Investigating Allegations of Abuse by Sparkle Trustees and members of staff'* are reviewed annually and reflect national and local practice.
- 6.13 The Sparkle Child Protection Lead will be responsible for ensuring the *'Sparkle Safeguarding and Child Protection Policy and Procedures'* and the *'Sparkle Procedure*

for Investigating Allegations of Abuse by Sparkle Trustees and members of staff are publically available.

- 6.14 The Sparkle Child Protection Lead will be responsible for ensuring the charity's performance is monitored and reviewed regularly and at least annually.

7 Responsibilities- Staff

- 7.1 All staff and volunteers must proactively safeguard and promote the well-being and welfare of children/young people and take reasonable steps to protect them from harm.
- 7.2 All staff and volunteers are responsible for adhering to this policy and managers are responsible for ensuring that their staff and volunteers are aware, trained, understand and comply with this policy and support the lead person in providing the Board of Trustees with the assurance of policy compliance.
- 7.3 All staff must be informed that Dr Sabine Maguire (Trustee) is the named lead for safeguarding and child protection, overseeing, championing, and challenging this work, with Donna Morgan (Centre Manager) acting as the deputy lead.
- 7.4 Managers are responsible for ensuring that their staff and volunteers receive child protection training within three months of appointment.
- 7.5 The Sparkle Office Manager is responsible for ensuring that robust recruitment and vetting policies and practices are adhered to in respect of staff, volunteers, contractors and trustees so as to deter unsuitable people.
- 7.6 All staff are responsible for reporting a serious incident to the Centre Manager Chair of Trustees immediately. Examples include where:
- 7.6.1 beneficiaries have been, or are alleged to have been, abused or mistreated while under the care of the charity, or by someone connected with the charity, for example a trustee, staff member or volunteer;
 - 7.6.2 there has been an incident where someone has been abused or mistreated (alleged or actual) and this is connected with the activities of the charity;
 - 7.6.3 there has been a breach of procedures or policies at the charity which has put beneficiaries at risk, including a failure to carry out checks which would have identified that a person is disqualified under safeguarding legislation, from working with children or adults

8 Related Policies and Procedures

- 8.1 The 'Sparkle safeguarding and child protection policy and procedures' must be followed alongside the All Wales Child Protection Procedures 2008, see appendix 1 for document link, which is the principal document followed by Sparkle.

- 8.2 The associated ABUHB document to refer to is the Strategic Framework for Safeguarding Children and Young People (2010).
- 8.3 For any trips, visits or residential stays, please read the 'Sparkle Guidance for Sparkle Offsite Activities/Educational Visits /Overnight Stays'.
- 8.4 This policy should be read in conjunction with the 'Sparkle Procedure for Investigating Allegations of Abuse Against a Member of Staff', 'Information Security Policy', 'Putting Things Right', 'Staff Code of Conduct', 'Trustee Recruitment Guidance' and Ethical Fundraising Policy.

Additional documentation

Appendix 1- All Wales Child Protection Procedures 2008

<http://www.awcpp.org.uk/wp-content/uploads/2014/03/All-Wales-Child-Protection-Procedures-2008.pdf>

Appendix 2 – Multi Agency Referral form and guidance

Multi Agency Referral Form (Child Safeguarding)

Date of referral:	
Is the Parent/ Carer aware of the referral:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has consent been obtained to make this referral:	YES <input type="checkbox"/> Verbal or Written Consent NO <input type="checkbox"/>
If No, give reason:	

CHILD/ YOUNG PERSON'S DETAILS					
Surname:		Forename:		Gender:	
D.O.B: or E.D.D.		Age:		Social Services Number (if known):	
Address:		Postcode:		Telephone Number:	
Current address if different from above:		Child's first language or preferred means of communication:		Is an interpreter/ signer required:	
Child's Religion:		Child's Ethnicity:		Child's Nationality (if not British):	
Is the child an asylum seeker:		Child's immigration status (if known):		Home office registration number (if known):	
Is the child "looked after":		Is the child named on the child protection register:		Does the child have a disability?	
Is the child a traveller:		Is the child a young carer:		Any other information about the child's identity:	

BIRTH PARENT DETAILS/ MAIN CARERS/ PERSONS WITH PARENTAL RESPONSIBILITY (PR)							
Mother's Name:		Mother's address if different from child:		Is an interpreter required:		Mother's First Language:	
Mother's Ethnicity:		Parental needs (learning difficulties, physical disabilities)		Telephone Number:			
Father's Name:		Father's address if different from child:		Is an interpreter required:		Father's First Language:	
Father's Ethnicity:		Parental needs (learning difficulties, physical disabilities)		Telephone Number:		Does father have PR:	
Name:		Relationship to child:		Does this person have PR:		Is an interpreter required:	
Name:		Relationship to child:		Does this person have PR:		Is an interpreter required:	

OTHER HOUSEHOLD MEMBERS (including NON-Family members)					
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Are all children in this <u>household</u> subject to this referral:		YES <input type="checkbox"/> NO <input type="checkbox"/>			

SIGNIFICANT OTHERS WHO ARE NOT MEMBERS OF THE CHILD'S HOUSEHOLD (i.e. alleged offender; other family members you consider relevant to this referral; fathers of half/ step siblings; partners of parent- carer)							
Name:		D.O.B:		Address:		Relationship to child:	
Name:		D.O.B:		Address:		Relationship to child:	
Name:		D.O.B:		Address:		Relationship to child:	

REFERRAL INFORMATION (Guidance notes have been produced to assist the person submitting this referral)					
Referred by (name):		Agency/ relationship to child:		Does the referrer wish to remain anonymous:	<i>(please note a professional cannot refer anonymously)</i>
Address:		Telephone Number:		Email:	
Reason for referral/ Request for Services:	Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Safeguarding concerns <input type="checkbox"/> Request for service <input type="checkbox"/>				
Outline the circumstances:	Detail the reasons why you are contacting including any details of the date, time and place where the abuse is alleged to have occurred				
What are the strengths:	Positive/ protective relationships; family are keen to engage; good family network				
What are the barriers:	Reluctance to engage with support; financial difficulties; child care issues; communication issues (language/ hearing/ visual impairment)				

What are the risks:	<i>Young person not understanding the risk; escalation of risk if not supported; short term and long term risks to overall wellbeing PLEASE ALSO DETAIL ANY RISK WHICH MAY AFFECT THE SAFETY OF STAFF</i>
What other assessments have been undertaken by other agencies (if known):	<i>e.g. DASH; SERAF; MIRAF; Routine enquiry and CSERQ4, Recent medical examinations (including child protection medicals); any health assessments</i>
What are the expected outcomes of this referral:	<i>Safeguarding assessment undertaken to assess potential risk; services are put in place to support the child/ family; information is recorded for the child</i>
What action/ support has already been undertaken in your agency to address these concerns:	<i>Include information where referrals have been made to other agencies, ie. Preventions</i>
Any other relevant information:	<i>Are you aware of the child previously being named on the child protection register or being "looked after" previously; aware of previous convictions/ safeguarding concerns in relation to the alleged abuser</i>

KEY AGENCIES			
Agency:	Name:	Address:	Telephone Number:
GP			
Health Visitor/Midwife			
Nursery/ School			
Other Agency (please specify)			

SUBMISSION OF THE REFERRAL	
Blaenau Gwent	dutyteam@blaenau-gwent.gcsx.gov.uk
Caerphilly	contactreferral@caerphilly.gcsx.gov.uk
Monmouthshire	childduty@monmouthshire.gcsx.gov.uk
Newport	children.duty@newport.gcsx.gov.uk
Torfaen	cccqcsx@torfaen.gcsx.gov.uk

OUT OF HOURS/ EMERGENCY DUTY
<p>Between the hours of 17:00pm - 08.30am Monday to Thursday, Weekends and Bank Holidays. Friday 16:30pm – 08:30am with the exception of Blaenau Gwent 17:00pm – 08:30am</p> <p>YOU MUST PHONE your concerns through to the Emergency Duty Team 0800 328 4432 then complete the Multi Agency Referral Form (MARF) and send to the appropriate Local Authority</p>

Guidance notes on the completion of the Multi Agency Referral Form (MARF- June 2017)

This Multi Agency Referral Form (MARF) has been reviewed in order for the content to align and be compliant with the Social Services and Well-being (Wales) Act 2014, (SSWB 2014). The new legislation has brought about changes to culture and practice in how we work with people in achieving “what matters to them” and that assessments and the care and support they need as a person are founded on a strengths based approach resulting in clear, outcome- orientated personal goals/ outcomes. By referrers also using this approach in their information sharing it allows for a better understanding of the child within their own context and assists in the decision making in how best to safeguard and promote their well-being.

The key differences in this document are based within the “**Referral Information**” section where the referrer presents the information based on the five elements of assessment as defined in the SSWB 2014, these are based on a person’s circumstances; strengths; barriers; risks and personal outcomes. The referrer is also asked to describe what interventions their own agency may have undertaken and to share their knowledge in respect of any other assessments they may be aware of which have been undertaken previously or currently. There is also a specific section for any other relevant information which the referrer feels is pertinent for Children’s Services to be aware of when considering the referral information holistically.

It is hoped that this revised referral will result in stronger multi agency collaboration and an improved information sharing process between the referrer and Children’s Services to effectively safeguard and support children and their families within this region.

For the purpose of this document a child is a person under the age of 18 years

1. Referral date and consent

The date of the referral must be recorded by the referrer. It is always important to work with children/ young people and their families with their informed consent and knowledge wherever possible. The referrer should work from the principle that consent from the parent/ carer to submit a referral should always be sought UNLESS there are child protection concerns that may place the child at risk of harm if the parent/ carer were to be approached about the referral content. Examples where a referral is submitted without parental/ carer consent may be due to an allegation/ disclosure of abuse by the child about their parent/ carer; agency witnesses inappropriate behaviour by the parent/ carer towards the child. If in doubt whether consent to make the referral should be sought the referrer should seek advice and guidance from their designated safeguarding lead for their organisation or contact the local authority’s children’s services duty team for advice.

PLEASE NOTE- a referring agency should NEVER delay in contacting the Police and Children’s Services if they have immediate concerns for a child’s safety or well-being.

2. Child/ Young Person’s Details

This section should be completed within its entirety wherever possible. In the section “*Any other information about the child’s identity*” the referrer should consider and provide any additional relevant information about the child’s identity, this may include a brief physical description of the child to assist the person making an initial visit being assured they have seen the correct child (All Wales Child Protection Procedures, 2008).

3. Other household members including non-family members

This section should clearly detail ALL people, both Adults and Children, residing in the home. The referrer should provide as much detail as possible about all other household members including names, ages and their relationship to the child so that as clear a picture as possible of who is residing in the household with the child (subject) can be gathered.

If the referral raises concern for the well-being of ALL children residing in the **SAME** household this should be clearly indicated by selecting YES, however, where there are other children/ young people who DO NOT reside in the same household there is a requirement for a referral to be made for each child. An example of this may be where the referrer is notifying about an alleged child on child assault, although the referral content about the incident may be recorded verbatim for both children a separate referral form requires to be completed for EACH child as they are not residing in the same household.

4. Main Carers/ Persons with Parental Responsibility (PR)/ Birth Parents

It is essential to provide as much information within this section as possible. Remember that the child may not necessarily be residing with their birth parents and therefore for decision making purposes it is vital for agency decision makers to have as much information about the child and their care givers as possible within the referral. The *“Relationship to child”* and *“Does this person have PR”* questions should always be completed by the referrer where the information is known, for example, if you are aware that the child is residing with maternal aunt who has a Special Guardianship Order or you are aware that the child is “looked after” and resides with Foster Carers this should be detailed within this section.

5. Significant others who are NOT members of the household

This section should be used to provide information about the child’s network beyond the immediate household where relevant to the referral. Examples may include the alleged offender; other family members you consider relevant to this referral (i.e. maternal grandmother who provides a lot of support to the family/ collects the children from school regularly); fathers of half/ step siblings; partners of parent/ carer.

6. Referral Information

The referrer must provide all of their contact details and define their role/ relationship in respect of the child. A professional CANNOT refer anonymously. Sometimes a professional is told information by a person/ member of the public who does not wish to be identified regarding the information they have shared, therefore, the professional should protect the anonymity of the person (i.e. do not disclose in the referral their name/ relationship to child) when submitting the referral but the professional cannot refer anonymously and must complete their details as they have received the information and therefore have a duty to report. In such circumstances the professional should report that the information has been shared with them directly by a person who wishes to remain anonymous/ cannot be identified and detail the account as reported to them.

Reason for Referral/ Request for Services

This is a tick box section. The categories of abuse have been listed in addition to *“safeguarding concerns”* and *“request for service”* options. The referrer should consider the

reasons why they are making the referral and select an appropriate field, it is acknowledged that alleged/ suspected abuse may often be linked to multiple categories and it is also acknowledged that the referrer may feel dubious about defining a particular category however the referrer should indicate the reason for the referral in this section by highlighting the predominant category they feel is the issue.

Outline the Circumstances

Detail the reasons why you are contacting Children's Services. This section should include any details of the date, time and place where abuse is alleged to have occurred. In the case of a disclosure, the referrer should always try to record verbatim what the child/ young person has said using their exact words.

Details and examples within this section are vital. Wherever possible the referrer should try to illustrate what their concerns are beyond using stock statements/ phrases. For example, saying that "the child presents as unkempt", what does "unkempt" mean or look like? By reporting the exact details of your concerns, i.e. the child's hair is matted; the school uniform is visibly dirty and appears to have been worn on a number of occasions without being washed; hygiene is an issue and there is a distinctive body odour smell on the child and their clothing, etc., this descriptive information provides a more detailed account to inform the decision making rather than a reliance on stock phrases with the assumption that all professionals will have the same context/ understanding.

Describing the family's circumstances and context is also important in this section, for example, have the family recently moved into the area; have they been known to social services previously.

What are the Strengths?

Sometimes the focus on sharing information is based solely on the difficulties or problems the child or family is facing and the "What's working well" or "What's acting as a positive factor" to keep a child safe can be overlooked.

By considering what strengths there are within a family or available to the child can aid decision making in being able to identify realistic and viable options to support and safeguard in the immediate context but also in the longer term support for the child. The referrer should attempt to identify strengths and positive factors in respect of the information they are sharing, for example, if the family are keen to engage with support services; or the child has a positive relationship with a specific person in the school who they may be confident to talk openly with. Other things to consider may be, what would/ does the child say are the best things about their life/ family; what do they do well or what is good enough; etc.

What are the Barriers?

The referrer is asked to consider if there are any barriers which are impacting on the child and their family. Remember that barriers may be time limited or situation specific, for example, the parent may be recovering from an illness/ operation and their ability to meet the needs of the child for a certain period may be a barrier currently but this may not be the case in the long term.

The referrer should consider if there are any complicating factors which are making the situation more difficult for the child/ their family at this time, i.e. are there financial difficulties; child care arrangements/ issues.

Other barriers may be in relation to communication or how the child/ family has engaged with services/ interventions previously.

What are the Risks?

The referrer should attempt to identify what they feel are the risks both “to” and “from” the child/ family. For example risks “to” the child/ family may be in relation to them experiencing abuse or being placed at risk of harm; the child doesn’t identify their behaviour/ situation as worrying or concerning; if the situation with the parent is not addressed at this specific time the risk could escalate further.

Examples of risk “from” the child/ family may include physical or verbal aggression; non-compliance or lack of co-operation (known history or pattern of refusing to engage). The referrer should also identify any risks for Children’s Services to be aware of in respect of visiting/ working with the child or family, for example if the agency has a 2:1 or no lone working practice model in place then this should be clearly detailed. Also please highlight other risks which may be present including environmental factors, e.g. dogs at the property; known offender attending the property.

What are the expected outcomes of this Referral?

The referrer is asked to consider what they expect to be achieved as a result of the referral, for example, if the referrer has the expected outcome that an assessment is completed rather than diverting/ signposting to an alternate agency they should stipulate this.

What action/ support has already been undertaken in your agency to address these concerns?

If the referrer/ agency has already undertaken specific actions or work with the child/ family this should be clearly recorded, for example, if referrals have previously been submitted to preventative services and the family have not engaged then this should be clearly noted.

What other assessments have been undertaken by other agencies (if known)?

If the referrer is aware that an assessment has been undertaken by their own or other agency in respect of the child/ family this information should be noted. If the child has had any recent medical examinations (including child protection medicals) and the referrer is aware they should share this information (AWCPP, 2008). Examples of assessments may include; Missing Individual Risk Assessment Framework MIRAF, family has been discussed at Multi Agency Risk Assessment Conference (MARAC); child has a Sexual Exploitation Risk Assessment Framework (SERAF) score of 20 so is already known to be at significant risk of child sexual exploitation; the alleged perpetrator is known to be supported/ on an order with Probation Services.

Any other relevant information

The referrer should provide any other known and relevant information. For example are you aware of the child previously being named on the child protection register or being “looked after” previously? If the referrer is aware of previous convictions/ safeguarding concerns in relation to the alleged abuser this information should also be recorded in this section in addition to the “outline the circumstances” or “what are the risks” sections.

7. Key Agencies

The referrer should complete this section where the information is known.

8. Submission of the referral

The MARF should be submitted to the appropriate Children’s Services local authority. The referrer **MUST** be notified that their referral has been received and must be notified of the outcome to the referral within a maximum of 10 working days, this process of notification and outcome response is managed via varying methods by the different local authorities, it is recommended that you establish with the Children’s Services team for the area in which you are submitting the referral how this process will be managed or confirm with your designated safeguarding lead for your agency.

Appendix 3- Declaration



Sparkle Safeguarding and Child Protection Procedures and All Wales Child Protection Procedures 2008

By signing this declaration, you confirm that you:

- 1 Have read and understood the Sparkle Safeguarding and Child Protection Policy and the All Wales Child Protection Procedures 2008 (Part 1 and 2 as a minimum)
- 2 Have attended at least level one Child Protection Awareness Training Session within the last 3 years
- 3 Are clear on the local procedures to follow both within and outside office hours
- 4 Are clear on who to go to if you have child protection concerns
- 5 Understand that it is your duty to report any concerns in a timely manner
- 6 Understand that it is your duty to document any concerns you have, and to date and sign such a document, such that it can be relied upon in future investigations

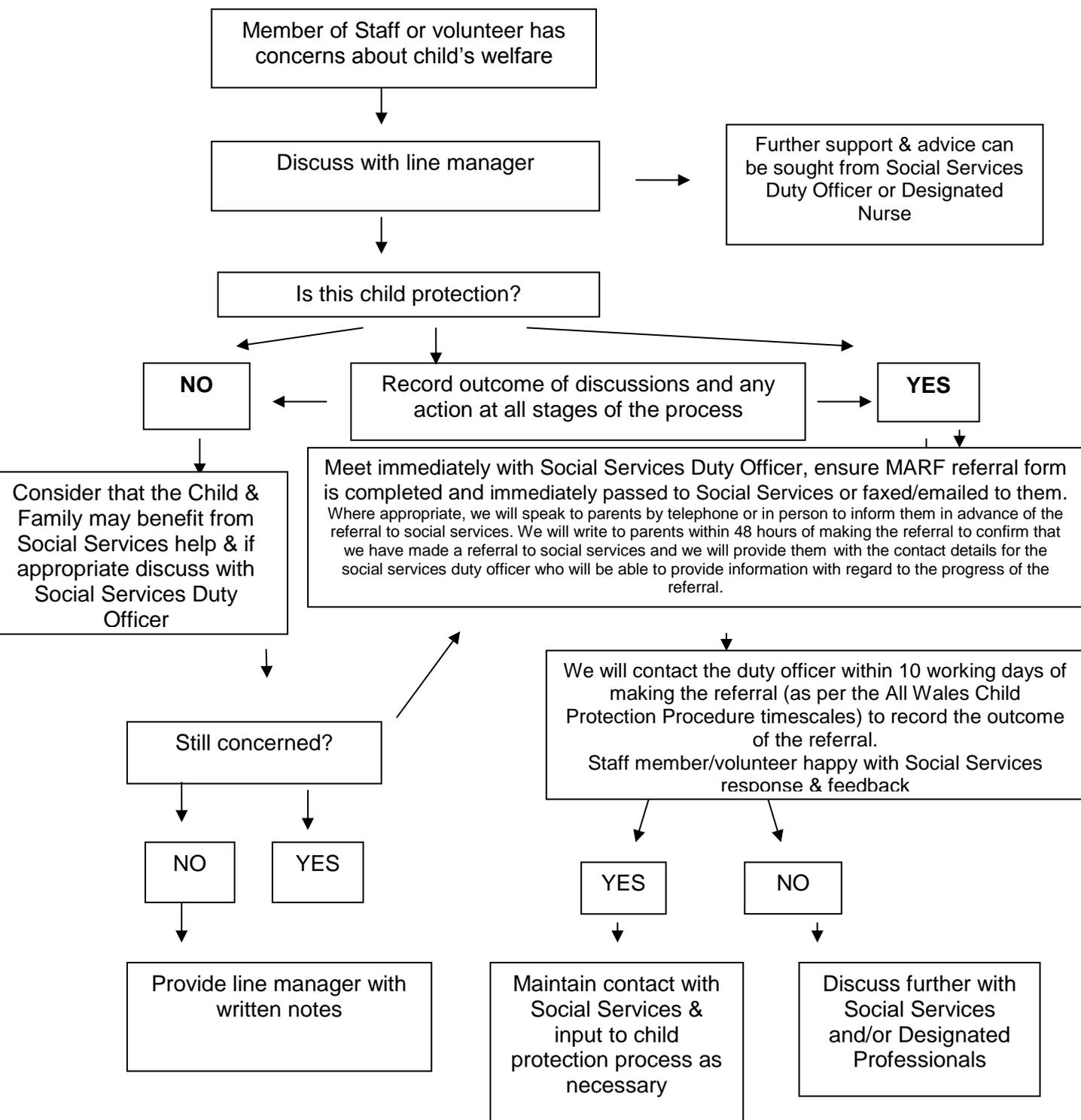
Name:

Signed:

Date:

Please return the signed form back to your line manager (please be reminded that there is a social services duty officer on site during office hours)

Appendix 4- Sparkle Child Protection Referral Guidance



In an emergency or when the injury is severe a 999 Police and Ambulance call should be made and Social Services informed.

Remember the safety of the child is paramount – if in doubt, share your concerns without delay. Please refer to the All Wales Child Protection Procedures' Pages 27-28 for full information.

Appendix 5- Implementation Plan

Stage	Action/ activity required
Prior to recruitment	Sparkle Trustees: <ul style="list-style-type: none"> Sparkle 'Trustee Recruitment Guidance' followed
	Sparkle staff members, volunteers and contractors/ partners: <ul style="list-style-type: none"> Sparkle robust recruitment practices to be adhered to
On Commencing with Sparkle	All Sparkle Trustees, Staff members and contractors/ partners: <ul style="list-style-type: none"> Sparkle Code of Conduct issued; Sparkle Induction plan put in place and followed; Sparkle Policies issued and declaration completed to ensure they have been read and understood (primary safeguarding policies include: Safeguarding and Child Protection, Procedure for Investigating Allegations of Abuse by Members of Staff, Information Security, Putting Things Right; Code of Conduct, Ethical Fundraising, Trustee Recruitment Guidance Child Protection training session offered and completed within 3 months of commencing role.
Ongoing responsibilities	All Sparkle Trustees, Staff members and contractors/ partners: <ul style="list-style-type: none"> Ensuring compliance with responsibilities outlined in the '<i>Sparkle Safeguarding and Child Protection Policy and Procedures</i>' and the '<i>Sparkle Procedure for Investigating Allegations of Abuse by Sparkle Trustees and members of staff</i>'