

Safeguarding Procedures: Children and Young People



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Introduction

Purpose of the procedure

The purpose of this procedure is to provide a framework for all staff and volunteers within Historic Royal Palaces (HRP). It should be used in conjunction with *Safeguarding Policy: Children and Young People* to prevent and reduce the risk of abuse to all children who use HRP's services at our sites, at an event or outreach activity off site, online/digitally or come into contact with staff or volunteers. The procedure details the steps the individuals and key persons are expected to take.

Areas of responsibility

- **Everyone's responsibility:** safeguarding and protecting children from abuse and neglect is the responsibility of all staff including temporary and agency, freelance and contractors, hereafter referred to as staff, volunteers, and trustees who work for or represent HRP. This includes a responsibility to ensure they are informed and trained to an appropriate level.
- All staff, volunteers, and trustees are expected to report and discuss any concerns to the **Designated Safeguarding Lead (DSL)** without delay. The seniority of the DSL, Safeguarding Sponsor or Chief Executive should never be a block to anyone raising a concern

The **Designated Safeguarding Leads** are listed here and in **Appendix 5**, and, together, they form the **Safeguarding Working Group**:

Site/Area	DSL Name	Contact Details (ext & email)
Hampton Court Palace	Christian Lax	020 3166 6509 Christian.Lax@hrp.org.uk
Hampton Court Palace	Lucy Hutchings	020 3166 6502 Lucy.Hutchings@hrp.org.uk
HR	Kate Morris	020 3166 6169 Kate.Morris@hrp.org.uk
Hillsborough Castle	Sandra Pryce	028 9268 1312 Sandra.Pryce@hrp.org.uk
Kensington and Kew Palaces	Gina Grubb	020 3166 6125 Georgina.Grubb@hrp.org.uk
Kew Palace	Rachel Mackay	020 3166 6143 Rachel.Mackay@hrp.org.uk
Public Engagement	Alison Lightbown	020 3166 6692 Alison.Lightbown@hrp.org.uk
Public Engagement	Lotty Englishby	020 3166 6758 Lotty.Englishby@hrp.org.uk



Tower of London and BHW	Debra Whittingham	020 3166 6220 Debra.Whittingham@hrp.org.uk
Safeguarding Sponsor	Tom O’Leary	020 3166 6363 Tom.OLeary@hrp.org.uk

- **The DSLs outlined above** - have responsibility for **all matters** relating to safeguarding within their site/ area. This includes the expectation that they will be aware of any concerns and ensure these procedures are implemented in their palace/area. The HR safeguarding lead will work with colleagues to ensure safer recruitment processes are followed and provide support regarding safeguarding concerns relating to staff, trustees and volunteers. The DSLs will brief the Safeguarding Sponsor on all concerns and intended actions who will then, dependent on the level of seriousness of the concern, brief the Chief Executive and Chair of the Board of Trustees. **On complex or challenging safeguarding matters, or those that pose significant risk (See Appendix 2) the DSL and Safeguarding Sponsor will consult with the Chief Executive.** The Chief Executive carries the overall responsibility for all safeguarding matters within the charity as a whole.
- The **Safeguarding Working Group** has responsibility to know who the LADO is within Children’s Services in each local authority. To keep up to date with guidance relating to safeguarding: *Keeping Children Safe in Education, statutory guidance for schools and colleges, March 2015* and in *Working Together to Safeguard Children, a guide to inter-agency working to safeguard and promote the welfare of children, March 2015*. To ensure the *Safeguarding Policy and Procedures: Children and Young People* are updated every two years and are published online and on the staff intranet.
- **The Safeguarding Sponsor** is a senior member of staff, they provide support to the DSLs when cases that pose significant risk are escalated. They meet the DSLs a minimum of twice a year to review activity, take measures to improve systems and practices where necessary and ensure training is sufficient and that all staff are aware of the policies and procedures and can access them readily. The Sponsor will brief the CEO and Executive Board annually on safeguarding matters including volume of activity, location, trends, risks and actions taken. An update on Safeguarding will be provided to the Board of Trustees on an annual basis.
- **The Chief Executive** - has overall responsibility for all safeguarding matters. He/she will also be required to offer consultation to the Safeguarding Sponsor and DSLs on any matters which are seen as complex or challenging. The Chief Executive will brief the Chair of Trustees, dependent on the level of seriousness of the concern.

The Safeguarding Sponsor and Chief Executive have lead responsibility for ensuring all appropriate actions have been taken and for providing staff, volunteers, the executive board and trustees with the guidance required. The only occasion when one of them should not be informed of a concern is if they are themselves implicated in abuse; in such circumstances staff will always go to the other above named senior member of staff.



Procedure details

The procedures detailed here are mandatory and must be followed. The flow charts that accompany these procedures constitute the basic outline of the processes that need to be considered. Procedures cannot predict every set of circumstances and if any member of staff/volunteer is dealing with a safeguarding matter, then they should raise concerns without delay with the DSL, who will seek support through supervision and debrief with a senior manager at each stage in the process.

Recognition of signs and indicators of abuse

Recognition of the signs and indicators of abuse poses considerable challenges for most professional staff who work with children and do not deal with protection and safeguarding issue on a day to day basis. Identifying abuse of children with disabilities who may also present with a range of challenging behaviours is not straightforward. It is crucial to effective safeguarding that all staff and volunteers are able to recognise signs and indicators of abuse and this requires acceptance that disabled children are more likely to be abused than children without disabilities.

Appendix 3 offers a range of indicators and signs of abuse as well as examining some of the potential blocks to recognition and factors which can inhibit the taking of appropriate steps.

If the member of staff or volunteer believes that a child is at immediate risk of harm or abuse, they will take immediate and reasonable steps to protect the child; however such situations are very rare and in most circumstances staff will raise a concern following the process below.

Guidance on listening to children who may have raised their concerns with you can be also be found in **Appendix 3**.

Raising a concern

Staff will raise a concern by reporting directly and without delay to the Designated Safeguarding Lead (DSL) for their site or area (Public Engagement or HR). If no DSL is available, then the Safeguarding Sponsor should be reported to directly. Immediately after raising a concern, staff will also make a detailed written account of what they have seen, observed or heard using the **Safeguarding Report Form**. Please see **Appendix 4**.

Guidance on listening to children can also be found in **Appendix 3**.

Recording

The keeping of accurate and prompt recording is fundamental to effective safeguarding and all staff and volunteers have a responsibility to ensure all concerns are recorded appropriately. This requires those who raise concerns to make a written record using the **Safeguarding Report Form (Appendix 4)** as soon as possible after raising the concern (a maximum of 2 hours) with the DSL, the DSL can provide support in completing the form.

Records should be factual and clear and, where opinion is expressed, it should be recorded as such and distinguished from fact.



When reporting a concern to the local authority, the DSL will inform the local authority that a written record of the concern is available and will e-mail details of the concerns to the local authority.

If at any stage HRP or the local authority decide that no further action is to be taken, then the reason for this and who made the decision will be recorded.

All subsequent actions/ events following the reporting of a concern should be recorded and attached to the original concern in chronological order as should any documentation received from the local authority, police or other agencies.

Confidentiality and storage of safeguarding concerns

For HRP the DSL has responsibility to ensure all concerns within the palace/area they are responsible for are recorded, monitored and secured.

Electronic records including email will be saved to the secure folder on the S drive. Paper records will be scanned and kept within the secure folder on the S drive. Access to these records will be strictly limited on a need to know basis and controlled by the DSL, Safeguarding Sponsor and the Chief Executive.

Responding to concerns that a child has been harmed or is at risk of harm by a stranger or member of the public, including abuse and neglect

All staff and volunteers are responsible for raising concerns about the behaviour, actions or attitude of a member of the public towards a child.

The procedures for raising a concern, recording, storage and initial fact finding must be followed. If the initial fact finding suggests that the concerns relate to a member of the public or a stranger, then the DSL, Safeguarding Sponsor or the Chief Executive (as appropriate) should report the matter to Children's Services and the Police without delay. Some local authorities in London indicate they will contact the Police in such circumstances. It is essential that the Police are informed so this needs to be clarified at the time of raising the concern and the agreed actions recorded. In such circumstances the Police lead investigations and may need to interview staff or volunteers as witnesses.

Refer to flow chart **Appendix 1**

Responding to concerns that a member of staff or volunteer may have abused a child

Refer to flow chart **Appendix 1**

All staff and volunteers are responsible for raising concerns about colleagues; these concerns could be about: the behaviour, actions or attitude of a member of staff towards a child; inappropriate use of restraint; actions or behaviour towards a child outside of HRP, accessing or making use of inappropriate online data including child pornography. The concern could in fact be any that raise significant questions about their suitability to work with children.

The procedures outlined for raising a concern, recording, storage and initial fact finding should be followed.

Raising a concern

Concerns should be reported without delay directly to the DSL.

There are likely to be tensions and anxieties for any member of staff who notes signs and indicators that suggest a colleague poses a concern. HRP will support any



member of staff or volunteer if they do so appropriately, in good faith and in a timely fashion.

If the concerns relate to a DSL, Safeguarding Sponsor or Executive Board then the Chief Executive and the Chair of Trustees should be informed. If the concerns are related to the Chief Executive, then the Safeguarding Sponsor and the Chair of the Board of Trustees must be informed in these circumstances.

An alternative is to report your concerns to concerns@hrp.org.uk This email address is managed by the Whistleblowing Officer and the Head of Audit and Risk.

Initial fact finding

Initial fact finding when there are concerns about a member of staff requires a high level of confidentiality. It is still reasonable to check some basic facts prior to alerting other professionals. The DSL or Safeguarding Sponsor or as necessary the Chief Executive will lead on initial fact finding and, in these circumstances, they will not delegate to other staff. In these circumstances initial fact finding should involve checking files and recent records and clarifying basic facts with key staff.

Initial fact finding should never involve asking a child to discuss the concerns or repeat a disclosure or allegation that has been made.

Initial fact finding can lead to the DSL or Chief Executive deciding that there are no protection concerns which warrant a referral to the Local Authority Designated Officer (LADO). In such circumstances, when no further action is being taken, then the decision needs to be recorded on the Safeguarding Report Form and conveyed to the Safeguarding Sponsor and Chief Executive.

Contacting the Local Authority Designated Officer (LADO) of concerns that a member of staff may have harmed a child or has harmed a child or has possibly committed an offence against a child

If the concerns/ initial fact finding conclude that a member of staff may have harmed a child or has harmed a child or has possibly committed an offence against or related to a child, the Local Authority Designated Officer (LADO) for the local authority in which the site is located must be informed without delay. See **Appendix 5** for contact details of Children's Services, LADOS and Police. The Safeguarding Sponsor, Chief Executive and the relevant Chair of Trustees must be informed of the referral to the LADO; informing them will include agreement on next steps to be taken and how all risks are to be managed as appropriate to the circumstances. It is expected that they will be kept updated as the situation develops.

Discussions with the LADO should include taking advice on and ideally reaching agreement on a decision about suspension or not, as well as an agreement about informing parents or not (if known). It is essential that a shared understanding is established about next steps to be taken.

Following these discussions, it is essential that confirmation is made in writing to the LADO detailing the concern and the discussions with the LADO. It is also essential that at all stages a full record is kept.

Initiating allegation procedures

The LADO will decide whether the incident fits the criteria of an allegation against staff. In other words: Did the alleged incident potentially cause harm to the child? Does the alleged incident potentially constitute a criminal offence? Does the alleged incident suggest that this person is potentially unsuitable to work with children? National allegations procedures are outlined in part 4 of *Keeping Children Safe in Education 2015* and local procedures will be set out by the LSCB (local safeguarding



children board) on the relevant local authority website.

Senior managers from HRP will need to provide the LADO, and if necessary the police, with access to all available evidence and a full written account of the concerns and any responses to those concerns to date.

Workplace arrangements

The LADO will advise whether the member of staff should remain in the workplace or whether they should be suspended until the investigation is resolved. If the member of staff remains in the workplace, safeguards will be put in place to protect the member of staff and the child/children involved. The member of staff will be advised to contact their union representative, if relevant, and HRP will provide support as appropriate. The senior member of staff will keep the member of staff up to date with regard to timescales of meetings and the procedures being put in place.

If HRP decides that suspension is necessary, then this will be done without prejudice. Suspension should be considered without delay if it is indicated that:

- A staff member has behaved in a way that may have or has harmed a child.
- A staff member has possibly committed an offence against or related to a child
- A staff member has behaved towards a child in a way which indicates she/he is now unsuitable to work with children.
- The Children Services, police or the Local Authority Designated Officer **LADO** is advising suspension.
- It is likely to be impossible to undertake the necessary investigation properly if they remain in the workplace.

No formal internal inquiry can start until the LADO and the police have concluded their processes. Agreement should be obtained in writing from the LADO that an internal inquiry can commence.

At each stage the DSLs will need to take HR advice, keep the staff member updated (following agreement with the LADO) and keep the family of the child updated (following agreement with the LADO).

Strategy Meeting

The LADO will schedule a strategy meeting with the representative from the organisation and from the Police. A Police check will be conducted prior to the strategy meeting to determine whether any previous incidents involving that member of staff are known. Unless the concerns relate to a senior member of staff, then senior managers should be invited to attend the strategy meeting. It is essential that preparation for the strategy meeting includes checking the member of staff concerned personnel file; training record; supervision record and last annual appraisal.

Decisions and Next Steps

Professionals at the strategy meeting will decide what next steps to take: these may include criminal proceedings, child protection procedures, disciplinary procedures,



training needs, or no further action.

'No Further Action' by police and the local authority does not mean there is 'no case to answer' internally and HR advice should be considered.

The decision to take disciplinary procedures lies with HRP and may require an internal inquiry; this can only take place once the Police and LADO have concluded their processes. However, the LADO may inquire what actions were taken. Once an internal inquiry is complete, then the disciplinary procedures can be invoked. If there is a disciplinary that does not lead to a dismissal, then 'lessons learnt' should be incorporated into safeguarding training.

Notifying the Disclosure & Barring service and/or professional bodies

If a staff member is dismissed because of abuse concerns, then HRP has a legal duty to formally notify the Disclosure & Barring Service. This also applies if a member of staff resigns as a result of safeguarding concerns being raised. The referral process is fully detailed on the DBS website.

If a staff member is dismissed or resigns because of abuse/ neglect concerns, then HRP has a duty to formally notify relevant professional bodies the member of staff belonged to; for example the National College of Teaching & Leadership (NCTL).

Training and Implementing Safeguarding Policy and Procedures

The DSL will ensure that the staff, volunteers and the public has access to the policy and procedures and an understanding that the charity has a duty to inform Children's Services or the Police if there are concerns about abuse. This will be achieved by publishing the policy and procedures on the intranet and HRP's website.

HRP will ensure that all staff and volunteers have access to training and/or awareness sessions as appropriate to their role and responsibilities. This will include training on the recognition of abuse and neglect and how to respond to such concerns.

Line managers will ensure that all new staff, as part of their induction, will be asked to read and understand the procedures this will include an explanation of roles and responsibilities of the individual, the DSL and the Safeguarding Sponsor. Line managers will put in place a process for ensuring all temporary members of staff and volunteers are briefed on the safeguarding procedures as they start in post.

Standards of Behaviour for staff and volunteers

The following are expected behaviours of HRP staff, volunteers, and trustees:

Do

- Approach any child or young person who appears to be in distress and ask if you can help.
- Seek assistance from colleagues where appropriate.
- Question situations that you find suspicious.
- Look out for unaccompanied children/young people and follow the Lost/Found Children procedure appropriate to the palace you are working in
- Avoid situations where you are likely to be in a one-to-one situation with a child/young person by remaining in a public area.
- Remember that the primary responsibility for care, safety and welfare rests with the child/young person's supervising adult.
- Report any allegation (even if it is just a suspicion) of abuse or inappropriate conduct immediately to your line manager or HRP contact who will then be responsible for implementing HRP's Safeguarding Children policy and procedures and reporting the allegation to the designated safeguarding lead. If you are unable to report the allegation to your line manager or HRP contact, the designated safeguarding lead or a HRP Safeguarding Children advisor you



can go directly to the local authority children's social care department or the police, or call the NSPCC for advice.

- Always act appropriately, professionally and consider, '*How would my behaviour look to anyone else and can I justify my actions?*'

Do not

- Physically restrain a child or young person except in exceptional circumstances, e.g. to prevent injury, damage to property or collections or to prevent theft. In these circumstances minimum restraint should be used.
- Commit or attempt to commit any act which may endanger persons or property or which breaches any safety rule, organisation policy or legislation.
- Engage in any form of physical or verbal abuse, threatening behaviour or harassment on the organisation's premises or when working on the organisation's business off site.
- Provide personal telephone numbers/ contact details to any child/young person encountered through work.
- Communicate with any child encountered through work through social networking sites (with the exception of official or approved social network channels, e.g. HRP's Facebook page).
- Provide lifts in a personal vehicle to children.
- Put yourself in a position where you take on the role of being the individual with primary responsibility for the care, safety or welfare of a child.
- Do things of a personal nature for children/young people that they can do for themselves or their supervising adult can do for them, e.g. taking them to the toilet.
- Allow or engage in inappropriate touching of any kind. The main principles of touch are:
 - The desired touch should always be initiated by the child
 - Touch should always be appropriate to the age and stage of development of the child

Lost/Found Children

The procedure for dealing with lost/found children is specific to the palace you are working in. Any person on site under the age of 16 who is not accompanied by an adult should be treated as a lost/found child.

Photography

HRP regularly takes photographs and film of children and young people who are participating in organised activities for publicity purpose (including use online via official HRP channels).

Permission will be sought from the supervising adult with parental responsibility for the child/young person who will be asked to sign a photo/filming release form, in the case of pre-booked groups (e.g. school groups) this will be done in advance of the visit. Where permission is denied the child/young person will be given a sticker and will not be photographed or filmed.

Where general photography is being taken – for example crowds gathered at an event or in an exhibition, signage should be placed alerting the public that photography is taking place.



Any visitor or member of the public who appears to be taking photographs in suspicious or inappropriate circumstances should be challenged by a member of HRP staff and asked to delete the photographs containing children. Additional support from another member of HRP staff or the security team may be appropriate in some circumstances. Volunteers are not expected to challenge a visitor or member of the public but do have a responsibility to report suspicious or inappropriate behaviour to a member of HRP staff.

Work experience

HRP currently welcomes students on work experience placements, some of whom will be under the age of 18. Enquiries regarding work experience should be referred to HR and the procedures for your site/palace followed. Any concerns relating to the welfare and safety of a child participating in a work experience activity should be referred to the DSL.

E-safety

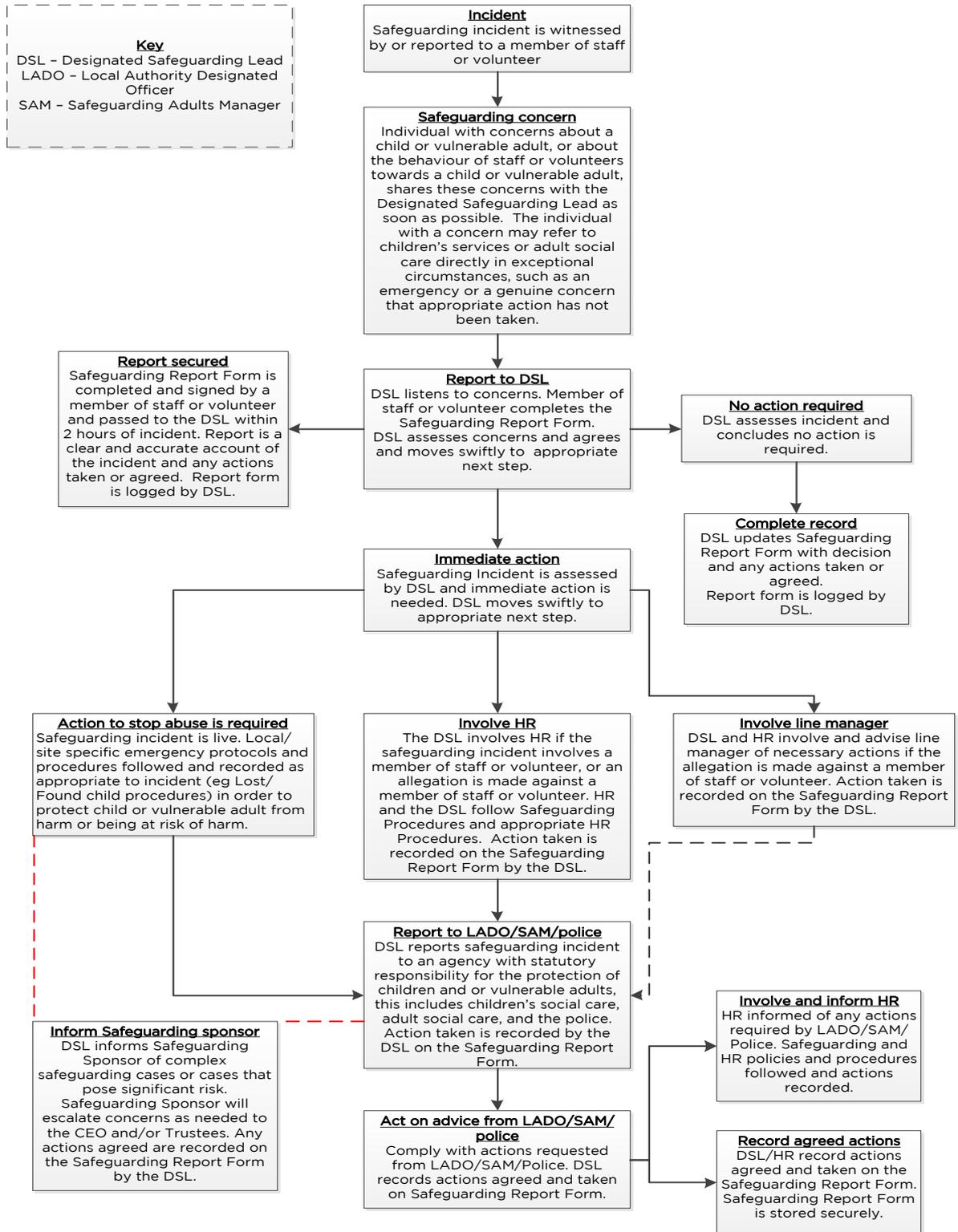
HRP is committed to the safety of children and young people engaging in online and digital activities with HRP and online activity. Guidance appropriate to the digital activity will be available to children and their parents/carers and the CEOP internet safety link will be provided on a relevant webpage to enable members of the public to report concerns directly to CEOP (Child Exploitation and Online Protection Centre). All digital and online activity will be developed in accordance with the following HRP policies:

- Use of Information Systems and the Security of Electronic Data
- Use of Office and Mobile Phones
- Use of Mobile Phones
- Information Security
- Data Security
- Sensitive Data Security Policy
- Information Systems Security
- Social Media policy

Policy owner:	Chief Executive
Approved by:	Board of Trustees
Date policy reviewed:	October 2015
Date Policy to be reviewed	October 2017



**Appendix 1:
Raising and Reporting a Concern - Flow Chart**



Appendix 2

Definition of cases which are complex or pose significant risk

In this context 'significant' or 'complex' means that the DSL has reported a matter where the actual or suspected concern relates to an actual or suspected perpetrator who is a servant of HRP (employee, volunteer, trustee, contractor), and or where the concern relates to both a Safeguarding and a possible criminal matter, and or where the incident giving rise to the concern has attracted media interest, and or where the concern has attracted official external scrutiny such as the Health and Safety Executive or equivalent. It also refers to a reported concern where a DSL and/ or other servant of HRP will be required to attend a formal Strategy meeting, or where the Children's Social Care Department/ Adult Safeguarding team officially request that the investigation into the concern is undertaken in house by HRP.

Appendix 3

Definitions of abuse and recognising signs and indicators of abuse

Keeping Children Safe in Education 2015 para 29 sets out the following specific safeguarding issues and in the electronic version of the guidance each category has a hyperlink to a detailed definition and description:

- Child sexual exploitation
- Bullying including cyber bullying
- Domestic abuse
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender based violence/violence against women and girls (VAWG)
- Mental health
- Private fostering
- Preventing radicalisation
- Sexting
- Teenage relationship abuse
- Trafficking

The following define the categories of abuse most commonly encountered in more detail:

Physical Abuse

Physical abuse 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 children 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 the 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, whether or not the child is aware of what is happening and whether or not violence is involved. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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.

Recognising signs and indicators of abuse

The biggest block to identifying abuse rests with assumptions many make about abuse and disabled children. Those assumptions must be overcome if staff and volunteers are going to be able to identify abuse. Studies of the prevalence of abuse of children with autism suggest that levels are comparable with children with physical disabilities. One detailed study concluded that 31% of disabled children had been abused prior to reaching adulthood compared to a prevalence rate of 9% among non-disabled children.

Evidence suggests that many working with children with a disability do so with the attitude and assumption that abuse is less likely to happen and should it happen, it would be less likely to be harmful. Another significant factor is the reluctance of professionals to raise concerns about parents or carers as they have a tendency to empathise with the pressures and stress of caring for a child with a autism in a manner that can exclude the need to take action to protect; this is then used as a reason for not taking the appropriate steps when signs and indicators exist.

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or already be taking place. It is acknowledged that staff and volunteers are not experts in such recognition. Therefore any concerns should be discussed as detailed within these procedures. The guidance on the recognition of signs and indicators of abuse given below is not an exhaustive list of concerns, and the presence of one or more of the indicators is not proof abuse has taken place. Staff must however be open to the possibility that something may have occurred and may require further action.



Generally, in an abusive relationship a child may appear frightened of the abuser and act in a way that is inappropriate to his/her age and development (although full accounts need to be taken of different patterns of development and different ethnic groups).

Staff should always be sensitive to the adverse impact on children's development of parental difficulties such as domestic abuse, substance misuse or mental health problems. The presence of these factors combined should raise concerns.

Staff should be aware of the potential risk to children when individuals previously known or suspected to have abused children are moving to, or have contact with, the household in which the child lives.

Signs and Indicators of Physical Abuse

The following may be indicators of concern:

- An explanation which is inconsistent with an injury
- Unexplained and/or suspicious injury i.e. abuse, cut or burn particularly if situated in a part of the body not normally prone to such injuries.
- Different explanations provided to different professionals for an injury.
- Unexplained delay in seeking treatment.
- Parents/carers are uninterested or undisturbed by an accident or injury.
- Parents/carers are absent without good reason when a child is presented for treatment.
- Presentation of minor injuries which may represent a "cry for help" and if ignored could lead to more serious injuries or may represent fabricated or induced illness.
- Families using different doctors, hospitals, or any minor injury units 'walk in' centres, and other direct access health provisions.
- Reluctance to give information concerning previous injuries.
- Children can have accidents or bruising, but the following must be considered as highly suspicious of a non-accidental injury unless there is an adequate explanation provided:
 - Any bruising or other soft tissue injury to a pre crawling or pre-walking infant or non-mobile disabled child
 - Bruises seen away from bony prominences.
 - Simultaneous bruises to both eyes without bruising to the forehead.
 - Bruising on sites less commonly injured accidentally.
 - Clusters of bruising may indicate defensive injuries on the upper arm, outside of a thigh or adjacent limbs.
 - Multiple bruising of uniform shape
 - Bruises that carry the imprint of an implement i.e. belt mark, hand print, glass mark or hair brush handle.
 - Linear pink marks – pale scars caused by gripping especially at wrists, ankles, necks or male genitals.
 - Bruising or tears around or behind the earlobes indicating an injury by pulling, twisting or slapping.
 - Broken teeth and mouth injuries
 - Bite marks showing clear impressions of the teeth
 - Bite marks of 3 centimetres in diameter are more likely to be caused by an adult or older child.
- It can be difficult to establish accidental or non-accidental burns and scars and proof will always require experienced medical opinion. Any burns with a clear outline may be suspicious i.e. Circular burns from cigarettes are characteristically punched out lesions 0.6 to 0.7cm in diameter and healing usually leaves a scar.
- Friction burns result from being dragged.
- Linear burns from hot metal rods or related to coal fire elements.



- Burns of uniform depths over a large area
- Scars which have a line indicating immersion or poured liquid; a child getting into water of their own accord would struggle to get out and cause splash marks instead.
- Fractures may be causing pain and swelling, and discoloration over a burn or joint; the possibility of this should be considered carefully for all fractures in non-mobile children.

Fractures are grounds for concern if:

1. An unexplained fracture occurs in the first 18 month of life.
2. The history provided is not very common, non-existent or inconsistent with the fracture type.
3. They are associated with old or notable fractures.
4. Medical attention is sought after delay when the fracture has caused symptoms of swelling, pain or loss of movement.

Signs and Indicators of Emotional Abuse

- Emotional abuse may be difficult to recognise as signs are usually behavioural rather than physical. The indicators of emotional abuse are often associated with other forms of abuse.
- Children with Autism are likely to exhibit some of these signs and indicators as a part of their condition; therefore the recognition of abuse is much more challenging.
- Recognition of emotional abuse is usually based on observations over time and the following are some associated indicators;

Parent/Carer and Child Relationship Factors

- Abnormal attachment between child/parent and carer e.g. anxious, indiscriminate or no attachment; although this can appear to be the case with children with Autism and therefore the attitudes and responses of the parent to this situation become more salient.
- Parent frequently complains about/to the child or fails to provide attention or praise (high criticism/low warmth environment)
- Conveying to a child that he/she is worthless or unloved, inadequate or only valued in so far as meeting the needs of another person e.g. Persistent negative comments about the child or “scapegoating” within the family.
- Developing inappropriate or inconsistent expectation e.g. overprotection, limited exploration or learning interaction beyond child’s developmental capability. Prevention of normal social interaction.
- Causing a child to feel frightened or in danger through witnessing domestic abuse, seeing or hearing ill-treatment of another.

Child’s presenting concerns

- Delay in achieving developmental cognitive and/or educational mile stones.
- Failure to thrive or faltering growth.
- Behavioural problems e.g. aggression or attention seeking.
- Frozen watchfulness, particularly in preschool children.
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour (again with children with Autism this indicator should be treated with caution and related to how the child has previously presented).



Parent/Carer Related Issues

- Dysfunctional family relationships including domestic abuse
- Parental problems that may lead to lack of awareness of child's needs e.g. their mental health, substance misuse, learning difficulties.
- Parental/Carer emotionally or psychologically distancing the child.

Sexual Abuse

- Boys and girls of all ages may be sexually abused and are frequently too scared to say anything due to guilt and or fear. This abuse is particularly difficult for a child to talk about.
- Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indicators are likely to be emotional/behavioural.

Behavioural Indicators of Sexual Abuse

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxiousness and unwillingness to remove clothing for sports events (but this may be related to cultural norms or physical difficulties).
- Running away.

Physical Indicators of Sexual Abuse

- Pain in the genital area, vaginal discharge
- Sexually transmitted diseases
- Blood on underclothes
- Pregnancy
- Symptoms e.g. injuries to genital or anal area
- Bruising to buttocks, abdomen and thighs
- Presence of semen on vagina, anus or external genitals.

Signs and Indicators of Neglect

Evidence of neglect builds up over a period of time and it is the one type of abuse where early intervention is most successful.

Child Related Indicators of Neglect

- A child who is unkempt or inadequately clothed or dirty or smells
- A child perceived to be frequently hungry
- A child who seems to be listless, apathetic and unresponsive with no apparent medical cause or displaying anxious attachment, aggression or indiscriminate friendliness (again with a child with Autism this should be considered as a factor when there is a detrimental change in a child's behaviour)
- Failure to grow or develop within normal expected patterns with accompanying weight loss or speech/ language delay.
- Recurrent/untreated infection or skin conditions. e.g. severe nappy rash, eczema, or persistent head lice/scabies
- Unmanaged/untreated health or medical conditions including poor dental health



- Frequent accident or injuries
- Child frequently absent or late at school
- Poor self esteem
- Child thrives away from the home environment.

Indicators of Neglect in the Care Provided

- Failure by parents or carers to meet the basic and essential needs such as food, clothing, warmth and hygiene.
- Failure by parents or carers to meet the child's health and medical needs i.e. poor dental health, failure to attend appointments with health visitors, GP or hospitals or lack a GP registration, failure to seek or comply with appropriate medical treatment.
- A dangerous or hazardous home environment including failure to use home safety equipment or risk from animals.
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation including passive smoking, lack of adequate heating.
- Lack of opportunities for a child to play and learn.
- Child left with adults who are intoxicated, misuse substances or are violent.
- Child abandoned or left alone for excessive periods.

Increased Vulnerability of Some Disabled Children

Evidence cited in Safeguarding Disabled Children Practice Guidance. (DCSF 2009) suggests disabled children are at increased risk of abuse and the presence of multiple disability increases the risk of both abuse and neglect.

A disabled child may be especially vulnerable because of:

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers/Staff lacking ability to communicate adequately with her/him
- A lack of continuity in care leading to increased risk that behavioural changes may go unnoticed
- Carers working with the disabled child in isolation
- Physical dependency with consequent reduction in the ability to be able to resist abuse
- Increased likelihood that she/he is socially isolated
- Lack of access to "keep safe" structures available to others
- Communication or learning difficulties preventing disclosure
- Lack of advice e.g. due to hearing impairment
- Parent/Carers own needs and ways of coping may conflict with the needs of the child
- Bullying and intimidation
- Abuse by peers
- A fear of complaining in case services are withdrawn
- Some sex offenders may target disabled children in the belief that they are less likely to be detected.
- Some disabled children are highly adept in the use of social media and other on line tools but lack the social awareness to be able to protect themselves from online grooming or abuse.

In addition to the universal indicators of abuse/neglect mentioned previously the following abuse behaviours must be considered:

- Force-feeding
- Unjustified or excessive physical restraint
- Rough handling



- Extreme behaviour modification ‘techniques’ including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquilization
- Invasive procedures against the child’s will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill-fitting equipment, which may cause injury or pain or inappropriate splinting.

Listening to Children

One of the key indicators of abuse and neglect is a direct allegation from a child that they are being abused. The disclosure of abuse is often frightening and can awake painful memories, the strong emotions felt can be very difficult to express. If the child alleges that she/he is being abused or information is received which causes concern that she/he may be being abused or has some knowledge of an abusive situation, the person receiving this information from the child should:

- React calmly so as to not frighten the child.
- Listen to what the child is saying and recognise difficulties; avoid interpreting what is being said by the child, he may have a speech disability and or difficulties with language.
- Keep open to the fact that the child may not have the necessary vocabulary for describing what has happened to them - remember that disclosure does not have to be verbal.
- Avoid direct questions*, ensure a clear and accurate understanding of what is being said, use minimal prompts and where appropriate repeat back what is being said to clarify.
- Do not ask leading questions as these could jeopardise the investigation or the outcome of any criminal proceedings*
- It is important to reassure the child but not make promises of confidentiality which might not be sustainable in the light of subsequent investigations.
- It is imperative that a full record of what is being said, heard and seen is made as soon as possible.
- Consult with managers in line with these procedures
* unless the nature of the child’s disability or preferred communication method means that this is the only way to ascertain whether the child is at risk.

Essential safeguards for disabled children

Safeguards for disabled children are essentially the same as for non-disabled children and should include enabling them to:

- Make their wishes and feelings known
- Receive appropriate personal, social and health education
- Raise concerns
- Have an effective means of communication and range of adults with whom they can communicate.



Appendix 4

Safeguarding Report Form

Use this form to record any concern about the welfare of a child or vulnerable adult.

Before completing the form contact your Designated Safeguarding Lead (details can be found in the Safeguarding policies on the intranet).

If you suspect a child or adult may be at risk of abuse or neglect, or you have received a disclosure of abuse from a child or adult, or you have heard about an allegation of abuse or witnessed abuse, you must report it to the Designated Safeguarding Lead at your location as soon as possible, where possible within 1 hour.

Full name of individual you are concerned about (if known)

If you don't have details of the individual please give any useful information you have - consider whether CCTV or colleagues may be able to help

Date and time of this record



Why are you concerned?

What have you been told, heard or observed, by who and when?
Please give a detailed and clear description, distinguishing fact from opinion and outlining the following:

- anything you have personally witnessed
- information from a third-party that is relevant but as yet unsubstantiated
- anything you have been told by the child or any other person. Be clear about who has said what



If an allegation has been made, give any details.

Have you spoken to the child / vulnerable adult? Yes No

What did they say? Use their own words

Have you spoken to anyone else about your concern? Yes No

Who?

Is this the first time you have been concerned about this individual?

Yes No



Further details

Has any action already been taken in relation to this concern? (for example first aid)

Name and position of the person this record was handed to:

If this record has been handed to anyone other than the DSL please explain why

Date and Time this form was completed:

Date and Time this form was completed and handed to the DSL:

Your details

Full name

Position

Signature



If you have used additional sheets to complete this record of concern please staple them to this form and write the number of additional sheets here

This form should be completed with the Designated Safeguarding Lead.

Action Taken by Designated Safeguarding Lead

Name of DSL

Signature

Date and Time



Appendix 5:

External Contact details

Tower of London

Tower Hamlets Council children's social care department

020 7364 5006 (Monday – Friday 09:00-17:00)

020 7364 7070 (out-of-hours emergency duty team)

Brick Lane Police Station

25 Brick Lane

E1 6PU

Phone number: 101

Opening hours: Wednesday – Sunday 12:00- 20:00

Hampton Court Palace

Surrey County Council children's social care department

0300 200 1006 (Monday – Friday 09.00-17.00)

01483 517898 (out-of-hours emergency duty team)

Kingston Police Station

5-7 High Street

Kingston upon Thames

Surrey

KT1 1LB

Phone number: 101

Opening hours: 24 hours

Kensington Palace

Royal Borough of Kensington and Chelsea children's social care department

020 7361 3013

All calls to this number outside of normal office hours will be automatically transferred to an out-of-hours service

Kensington Police Station

72 Earl's Court Road

Kensington

W8 6EQ

Phone number: 101

Opening hours: Monday – Friday 10:00 – 18:00



Kew Palace

Richmond Council children's social care department

020 8891 7969 (Monday - Thursday 09.00-17.15; Friday 09:00 - 17:00)

020 8744 2442 (out-of-hours emergency duty team)

020 8247 6331 (local specialist Police child protection team - out-of-hours)

Richmond Police Station - Sovereign Gate

Sovereign Gate

18-20 Kew Road

Richmond

Surrey

TW9 2NA

Phone number: 101

Opening hours: Monday - Friday 12:00 - 20:00

Banqueting House, Whitehall

City of Westminster children's social care department

0207 641 7560 (Monday - Friday 09:00-17:00)

020 7641 6000 (out-of-hours emergency duty team)

Charing Cross Police Station

Agar Street

WC2N 4JP

Phone number: 101

Opening hours: 24 hours

Hillsborough Castle, Northern Ireland

Gateway Service - South Eastern Health and Social Care Trust

0300 100 0300 (Monday - Friday 09:00 - 17:00, excluding public and bank holidays)

(028) 9056 5444 (out-of-hours emergency duty team)

Castlereagh Police Station

2 Alexander Road

Belfast

BT6 9HH

Phone number: 101

Opening hours: Monday - Friday 08:00 - 22:00; Saturday - Sunday 08:00 - 20:00



General numbers

If you suspect someone is in immediate danger, please dial the emergency number 999 straightaway

NSPCC (help for adults concerned about a child)

0808 800 5000

ChildLine (help for children and young people)

0800 1111

Designated Safeguarding Leads

Site/Area	Name	Contact Details (ext & email)
Hampton Court Palace	Christian Lax	020 3166 6509 Christian.Lax@hrp.org.uk
Hampton Court Palace	Lucy Hutchings	020 3166 6502 Lucy.hutchings@hrp.org.uk
HR	Kate Morris	020 3166 6169 Kate.Morris@hrp.org.uk
Hillsborough Castle	Sandra Pryce	028 9268 1312 Sandra.Pryce@hrp.org.uk
Kensington and Kew Palaces	Gina Grubb	020 3166 6125 Georgina.Grubb@hrp.org.uk
Kew Palace	Rachel Mackay	020 3166 6143 Rachel.Mackay@hrp.org.uk
Public Engagement	Alison Lightbown	020 3166 6692 Alison.Lightbown@hrp.org.uk
Public Engagement	Lotty Englishby	020 3166 6758 Lotty.englishby@hrp.org.uk
Tower of London and BHW	Debra Whittingham	020 3166 6220 Debra.Whittingham@hrp.org.uk
Tower of London and BHW	James Murly-Gotto	020 3166 6260 James.murly-gotto@hrp.org.uk

Safeguarding Sponsor contact details:

Name	Contact Details
Tom O'Leary	020 3166 6363 Tom.OLeary@hrp.org.uk



Appendix 6:

Everyone's Responsibility Organogram (Lead DSL's for each palace and department)

