

Child Protection and Safeguarding Policy for LSE widening participation (WP) activities

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INTRODUCTION

Scope

The London School of Economics and Political Science (LSE) takes its responsibilities regarding child protection seriously. All children have the right to protection and the welfare of children attending WP activities is of paramount importance. A clear set of procedures exists covering all children participating in such activities¹.

Terminology

The term 'children' here refers to children and young people under 18 years of age. The term 'staff' here refers to all people who represent LSE in a professional capacity, whether engaged on permanent, fixed-term or casual contracts, or are student volunteers.

Widening Participation may also be referred to as WP. The DSO = the Designated Safeguarding Officer. LADO = Local Area Designated Officer. LA = Local Authority Named coordinator refers to the member of staff in charge of the specific activity.

Exclusions

¹ Widening Participation activities included in this policy are: Moving On, ACE Days, ACE High Days, Summer Schools, LSE Choice, Student Shadowing, organised school/college visits to LSE.

The reporting procedures contained in this policy only apply to activities taking place at LSE. Where activities take place within a school or college staff must refer to that institutions own safeguarding practices.

Staff training

All staff working within the Widening Participation remit will be made aware of our child protection procedures. These procedures are based on the principles of UK legislation and current child protection best practice.

In conjunction with this policy, all LSE representatives who work directly with children and young people are expected to undergo a Disclosure and Barring Service (DBS) check at the appropriate level. Should a representative of LSE have a disclosure pending the Head of WP reserves the right to restrict their work with children and young people to protect all parties concerned.

Child protection training is an essential part of the training programme for LSE staff who work with children and young people. This training is revised on a regular basis, and is financed and delivered by the Widening Participation Team.

When new staff are recruited (October) training is provided en masse, and on an ad hoc basis thereafter. It is the responsibility of the DSO to ensure that appropriate methods of identifying ongoing staff training requirements are undertaken and that such requirements are met. Training records are retained alongside DBS registration details and a copy of the training plan can be obtained from the DSO. The training is evaluated by attendees and lessons logged for continuous learning.

Review

This policy will be reviewed on an annual basis by the DSO.

FORMS OF ABUSE

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them; or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children².

Four main forms of abuse identified are:

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 includes things like not providing adequate or appropriate clothing, food and/or shelter, adequate supervision, protection from emotional or physical harm.

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 child².

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children². This can involve physical contact or non-contact acts (such as looking at, or the production of sexual images, or grooming). It is also important to remember that it not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

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 include shouting, threatening or taunting children, constant criticism, bullying, deliberately silencing or making fun of how they communicate, or inappropriate age or developmental pressure to perform. It may involve seeing or hearing the ill-treatment of another. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.²

² NSPCC Child Protection Factsheet – definitions and signs of abuse 2010

SIGNS OF ABUSE

Recognising child abuse is not easy. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do however, have both a responsibility and duty, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

The following information should help you to be more alert to the signs of possible abuse.

Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children. Physical signs can include constant hunger, constantly dirty, inappropriate clothing for the conditions. Behavioural changes can include complaining of being tired all the time, having few friends or mentioning being left alone or unsupervised.

Physical abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body. Important indicators of abuse are injuries that are unexplained or inconsistent with the explanation given or visible of the soft parts of the body where accidental injuries are uncommon. Changes in behaviour may include fear of parents being approached for an explanation, withdrawn behaviour, flinching when approached or touched, aggressive behaviour or severe temper outbursts.

Sexual abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously².

The physical signs of sexual abuse may include stomach pains or discomfort when walking or sitting down. Changes in behaviour may include sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn or sexual knowledge which is beyond their age.

Emotional abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include neurotic behaviour e.g. sulking, hair twisting, rocking, fear of making mistakes, self-harm, or fear of parent being approached regarding their behaviour².

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context².

RESPONDING TO THE DISCLOSURE OF A CHILD

It takes a lot of courage for a child to talk to an adult about their abuse. Children often learn to be very good at covering up the abuse and are able to give believable explanations for what has happened. In talking about the abuse, the child may have to betray someone who is not only close to them but someone they love. They are risking a great deal in the hope that you will believe what they say. If you feel that a child is about to disclose something that may be a child protection issue please let them know as early on as possible in the conversation that you may not be able to keep the conversation confidential.

If a child says or indicates that he or she is being abused, or information is obtained which gives concern that a child is being abused, even if no specific allegation is made, the person receiving this information should:

- Remain calm, accessible and receptive
- Listen carefully without interrupting
- Communicate with the child in a way that is appropriate to their age, understanding and preference – this is especially important for disabled children and for children whose preferred language is not English
- Be aware of the non-verbal messages you are giving
- Take what the child says seriously, recognising the difficulties inherent in interpreting what is said by a child who has a speech disability and/or differences in language
- Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said: listen and be supportive. Any questions that are asked should be open questions, and not leading
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish
- Reassure the child, but do not make promises of confidentiality which might not be feasible in light of subsequent developments
- Tell the child that he/she is not to blame and that it was right to tell someone
- Disclose the DSO and disclose to others on a need to know basis only
- Record the conversation immediately
- Let them know what the next steps will be as far as possible.

Do not:

- Allow your shock or distaste to show
- Probe for more information that the child offers
- Attempt to investigate the allegation yourself
- Speculate or make assumptions
- Make any promises that you cannot keep – e.g., that "everything will be all right"
- Agree to keep the information a secret
- Delay getting emergency help if needed – e.g., medical help.

Confidentiality cannot be guaranteed when dealing with cases of suspected or alleged abuse. If a young person discloses information about abuse or which you suspect amounts to abuse, they must be made aware of the fact that the person responsible for child protection will be informed. If a child discloses abuse, this may be the beginning of a legal process, as well as a process of recovery for the child. Legal action against a perpetrator can be seriously damaged by any suggestion that a child has been led in any way.

RECORDING THE DISCLOSURE

Using a Child Protection Report Form, or if not available a piece of paper:

If a child tells you they have been abused you should make a note of exactly what they said, as soon as possible after they have spoken to you. Try to take down what they say as they have said it as words such as “laying into her” can be interpreted in different ways. You can take note of the child’s demeanour but you must state that it is exactly this – distinguish between fact and opinion.

- **Be specific** – what is the exact nature of the concern and what category of abuse does it suggest
- **Show the evidence** – what did you see, hear, were told? Who said what, when, how? Was anyone else present? Include all dates and timings including the time lag between the disclosure and the writing of the report
- **Be precise** – with time words – what does always, frequently, never, mean?
- **If there are physical signs** – body map the visible injuries by drawing a representation of the body with injuries marked, but do not ask the child to remove any clothing
- **Sign and present it immediately** or certainly within 24 hours of the disclosure to the named co-ordinator of DSO.

Date and sign the record. The DSO will contact the Children’s Services Team and will store the record securely and separately from the child’s other records. Any amendments to the record can be made by adding any additional information to the record and noting the date and time of the amendment.

EMERGENCY TREATMENT

If, at the point of disclosure, it becomes clear that immediate and emergency medical treatment is required arrange this by calling 666 internally which will put you through to security. Inform the named coordinator/DSO at the earliest possible opportunity who will provide any necessary information to the accompanying staff member.

If parental consent has not been provided for emergency medical treatment or circumstances prevent permission being obtained the medical practitioner may:

- Regard the child to be of an age and level of understanding to give their own consent
- Decide to proceed without consent

In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time. Parents must not be informed if this would put the child at risk of significant harm.

It is entirely within a child’s right (if of sufficient age and understanding) to refuse medical treatment. Should this be the case, if the child’s parents are not already present, they should be informed by the medical practitioner of this decision at the earliest possible opportunity, and a full record made.

WORKING WITH STRONG SUSPICIONS

Sometimes you will be concerned about a child’s behaviour or injuries but the child may not have said anything to suggest they have been abused. This can be very difficult for you. You can help by being someone to turn to by being available and willing to listen and not relying on someone else to take action. Again, where children have been abused, it often turns out that the people in contact with them had been suspicious for some time but did not do anything about their concerns. Sometimes, this has resulted in a tragedy that could have been avoided.

Remember that once you have reported your concerns, professionals trained in identifying child abuse will make many other checks. They will not blame you or think that you have wasted their time if the reasons for your concerns turn out to have been caused by something other than abuse. They would far rather be alerted unnecessarily than fail to protect a child who was being abused.

If you see, hear or are told something that makes you concerned about a child's safety or welfare, record it and report it to the DSO or named coordinator. They will contact the Children's Services Team if they believe that the child may be in need or at risk of significant harm and will follow this up with a written referral.

If you have concerns but the child has not talked to you about abuse you should discuss your concerns with the DSO or project coordinator. They may consult with children's social services. Sometimes they will ask you to monitor the situation over an agreed time and to keep a record.

CODE OF PRACTICE

To avoid any possibility of claims of abuse against staff the following notes are provided to give general operational guidance. If any member of staff has any uncertainty whether they are using good practice they should seek guidance from the named coordinator.

- Avoid doing anything that is not totally open
- Do not put yourself in a position where you might find yourself alone with a child: keep in view, leave doors open, invite staff or other children to stay close
- Colleagues should watch out for each other. Are colleagues being drawn into situations that could be misinterpreted?
- Where a private conversation is absolutely necessary inform another member of staff of your whereabouts and approximately how long you will be with the child
- Do not contact young people outside of LSE activities
- Do not develop social relationships with young people using the service. If you come into contact with a service user in a social setting try to move away, if this is not possible try to maintain a professional distance. Pay attention to your own behaviour in such a setting.
- Treat all children in the same way; avoid favouritism
- If possible avoid physical contact
- Avoid fitting any specialised equipment. Try to get the child to put their own equipment on themselves
- If you have to assist a child to put on specialist clothing get them to agree that you will fit it and explain what you are doing as you are assisting them
- If you assist a child put on specialist clothing make sure you do so openly and in sight of other participants
- Avoid making contact with any child's genitalia and in the case of girls their chests as well
- If you are required to lift, carry or support children, avoid making contact with sensitive parts of the body and explain what you are doing while you are doing it and where possible gain their consent
- Do not make any sexually suggestive comments to any child
- Do not engage in rough physical or provocative games or horseplay with any child
- If physical contact is inevitable it is essential that participants consent to the methods of lifting, carrying and contact that will take place
- Never leave a group of children unsupervised
- Do not take or borrow money or take gifts from a child or give either in a personal capacity (prizes as part of activities are acceptable, personal gifts/presentations of money are not). Tell people of the project policy and ensure the service user does not feel offended.
- Do not give children personal details such as mobile phone numbers and email addresses. Where children require a mobile phone number to phone in case of emergency, provide the WP mobile number (if in operation). Do not engage with children through social networking sites e.g. Facebook.
- If children have a query please encourage them to contact us through widening.participation@lse.ac.uk
- Ensure that you are aware of all emergency contact details and procedures.

Toilets and changing rooms

- Male staff should not enter female toilets or changing rooms unless there is an emergency.
- Female staff should not enter male toilets or changing rooms unless there is an emergency.

Being approached by a student

- If a child is overly familiar you should remove yourself from the situation and report the matter to the named coordinator/DSO as soon as possible.

Supervision

- During academic sessions led by an academic/teacher or other full-time member of LSE staff it is the responsibility of these staff to supervise children. During activities, the activity lead and student ambassadors are responsible for supervision and at all other times the student ambassadors are responsible for supervision.
- All staff working on Widening Participation activities should wear a lanyard with their official identity card clearly displayed, and children should be told that it is safe to approach those wearing this form of identification around the School.
- All staff should have the Widening Participation mobile phone number (if operational) and the number of the named coordinator.
- In case of a lost child whilst on campus – a safe and public meeting place should be identified where children can present themselves and be directed back to the group.
- If activities take place off campus, children should be given the Widening Participation mobile number and a public meeting point where they can await collection, if separated. A designated staff member should have a copy of all child contact and emergency details. All staff members should have the mobile phone number of the designated staff member in charge of group safety and student information.
- If a young person becomes separated for a prolonged period of time (30 minutes) the police may be summoned and in this event, the parents/guardians informed.

Emergency contact details

Emergency contact details should be available to the DSO, named coordinators and lead LSE staff (e.g. course directors) at all times, and should be accessible in cases of fire. As all such details are kept electronically, paper copies of these details should be given to lead staff, the named coordinator and the DSO, and kept to hand at all times and for the duration of the activity. Care should be taken with these documents, however, as the information contained within is confidential.

Exceptions

ACE/ACE HIGH Sessions / Moving On / Student Shadowing / Introduction to the Social Sciences

Due to the nature of the above programmes, which is done by school teachers within individual schools the Widening Participation Team do not possess contact/medical or emergency details for the children. In such situations it is up to the accompanying school staff to gather, retain and organise appropriate access to this data.

Given this, school staff should remain with their school-group for the duration of the session and should not leave the safety of the group solely to LSE staff.

DBS CHECKS

All staff that come into regular contact with young people (i.e. Student Ambassadors, Tutors, Mentors, Administrators, Officers, and Co-Ordinators working in schools or children on a regular basis) will be required to undertake a DBS check. They will be required to report their disclosure number and show their certificate to their manager or the Child Protection Officer once received. DBS checks must be conducted every three years.

CHILDREN WHO ARE UNWELL - FIRST AID AND EMERGENCY PROCEDURES

Non-emergency medical treatment

If a child becomes unwell, and the parent has consented to allow us to provide medical treatment staff should take the student to:

- St Philips Medical Centre London School of Economics and Political Science, Tower 3, 2nd Floor, Clement's Inn, London, WC2A 2AZ.
- If this service is unavailable the nearest NHS Walk-In Centre is located at 1 Frith Street, W1D 3HZ.
- The nearest A&E Department can be found within St Thomas' Hospital, Westminster Bridge Road, SE1 7EH.

Medical consent details will be held by lead LSE staff, named coordinators and the DSO.

Where possible, before seeking medical assistance for a child whose parents have provided consent to medical treatment, staff should inform the named coordinator/DSO who will direct the most appropriate member(s) of staff to accompany the child to seek medical attention and will provide any necessary medical information we hold on the child. Where medical treatment is sought, parents should be informed at the earliest opportunity, even where consent is provided. Should it prove impossible to notify the named coordinator before seeking treatment staff should ensure that the named coordinator is informed at the earliest possible opportunity post treatment.

If the parent has not consented, the named coordinator/DSO should phone and inform the parent that the child is unwell and ask the parent to collect the child, or if not possible, inform the parent that appropriately trained members of staff will take the child home/to the parent in a taxi (at the expense of the WP Team).

First Aid

If the situation requires immediate action qualified staff member(s) should administer first aid and request a member of staff call security on 666 should an ambulance or further assistance be required. If security are to be reached via a phone not connected to the LSE network the emergency number is 0207 9556 555. Staff should not contact the emergency services themselves as porters/security staff will be required to direct the ambulance appropriately.

If there is no qualified First Aider available then a member of staff should call security on 666 and request a First Aider immediately.

Although the Widening Participation Team will make every effort to ensure that there are qualified staff First Aiders in attendance at events, and that such staff identify themselves at the commencement of activities, we are not in a position to guarantee this. We may have to make use of qualified First Aiders around the school who may not have DBS disclosures. Should this be the case an appropriately vetted member of staff will remain with the child whilst the child is being treated. Staff must also take into consideration the gender of the child and First Aider when choosing an appropriately vetted member of staff to remain with the child.

Emergency procedures

All staff and children should be briefed on emergency procedures and emergency numbers should be readily available with immediate telephone availability (fixed or mobile). Staff and children should be familiar with the fire alarm system and staff familiar with the method of organising and recording a fire drill. Staff and child data must be accessible at all times.

Accident reporting and investigation

All accidents or 'near misses', however minor, must be reported to the named co-ordinator. Written details of the accident or 'near miss' should be recorded on an incident report form or in an incident report book. The named coordinator with responsibility should investigate the accident or 'near miss'. Details of the action to be taken to try to prevent a recurrence of the incidence should then be recorded on the incident report form or in the incident report book.

A 'near miss' is an accident/incident not resulting in injury at the time of occurrence.

MANAGEMENT RESPONSE TO SUSPECTED ABUSE OR POOR PRACTICE

All cases of suspected or alleged abuse should immediately be recorded and reported to the named coordinator or the DSO. The record will be entered into a child protection folder kept in a secure place by the DSO for 10 years or until the child is 18 years of age. As previously discussed, the record should include the time and data of disclosure, and all details relating to the incident: date, time, location of suspected or alleged abuse, suspected or alleged perpetrator, whether anyone else was present or may have witnessed the incident, and anything else that is known or may be relevant. This should be done immediately and certainly within 24 hours of the incident and must be followed up in writing.

The DSO will then take steps to ensure that the young person concerned is safe and to ascertain whether, when the child is released from the care of the WP team, they are at immediate risk of harm. The DSO must also ascertain whether it is safe to discuss concerns with parents or whether this will place the child at risk of further harm. If not, it is usual practice to inform the parent of any actions taken by the DSO.

When the DSO has been informed of the suspected abuse or poor practice via the Child Protection Report Form the DSO must list all background information known about the child. This includes as much of the following as is known:

- Full name and address
- Date of birth and gender
- Identity of those with parental responsibility
- Ethnicity/first language of children/parents
- Special needs of children/parents
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional/physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator if relevant
- Referrers relationship and knowledge of child/parents
- GP details
- Information regarding parental knowledge of and agreement to the referral

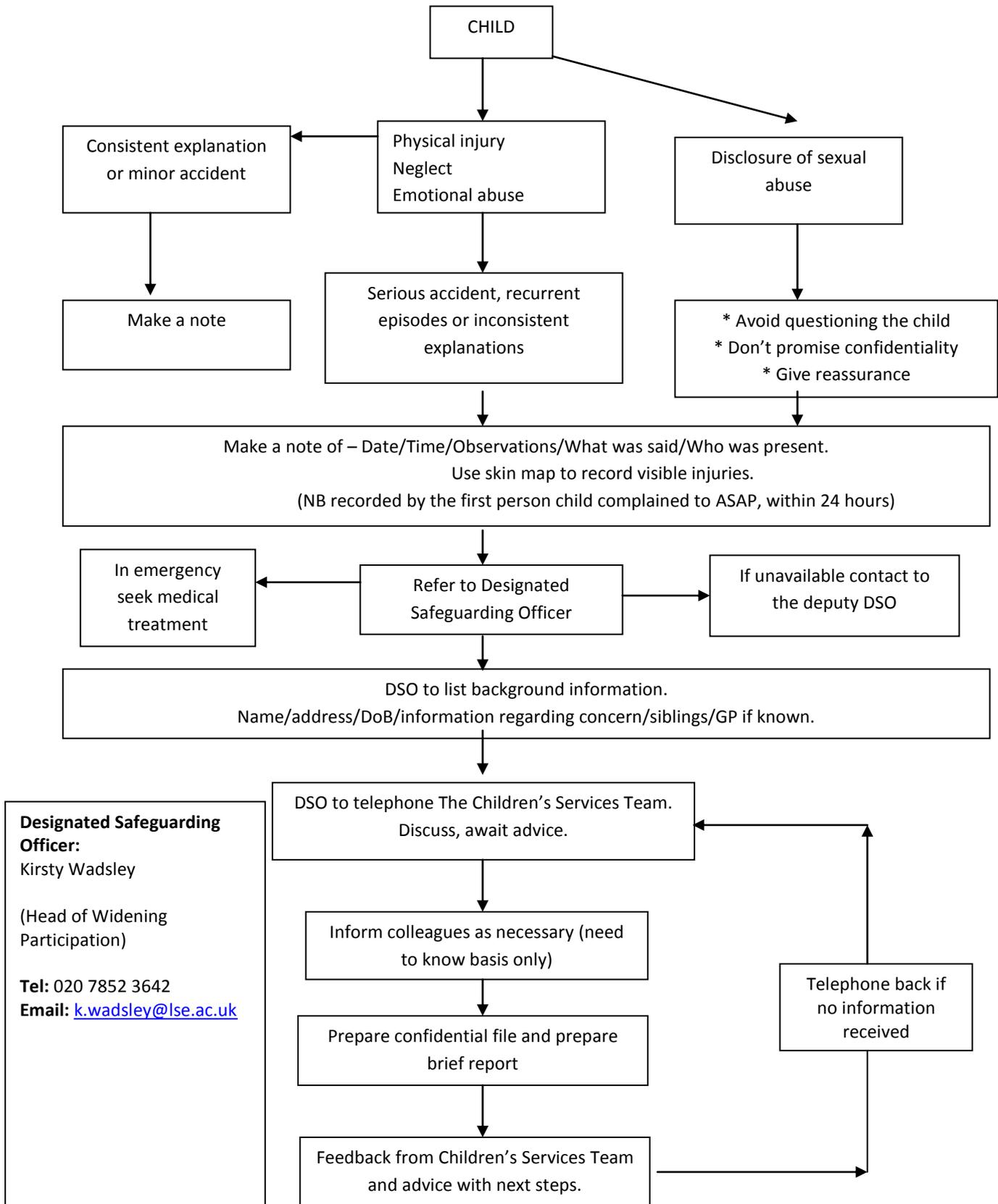
Information the DSO is unable to give will be sought by Social Services.

The DSO must then telephone the relevant Social Care Department, discuss the incident with them, and seek their advice. At the end of the referral discussion the DSO and the LA children's social care should be clear about the proposed action, timescales and who will be taking it, or that no further action will be taken.

The DSO should confirm the referral in writing within 48 hours. If the DSO has not received an acknowledgment within three working days they should contact Local Authority children's social care again. It is worth noting that when the alleged abuser and abused are both children, each will be independently referred to Social Services. Referrals should be made to the host LA children's social care, i.e. the LA in which the child is found, not the one in which they live.

When LA advice is given this will be shared with colleagues on a need to know basis and the DSO will prepare a confidential file and brief report. This will be submitted to Social Services who will feedback on this documentation and provide advice about any further steps to be taken, including the co-operation of the DSO in any Social Service or police inquiries.

WHAT TO DO WITH A DISCLOSURE AND NEXT STEPS



WHISTLE BLOWING POLICY – REPORTING AN ISSUE ABOUT AN ADULT WHO IS WORKING WITH CHILDREN AND YOUNG PEOPLE

It is the duty of every member of staff to speak up about genuine concerns in relation to the welfare of children and young people at LSE (including physical or sexual abuse, neglect or danger to health and safety) and the cover up of this in the workplace.

LSE is committed to the highest possible standards of openness, honesty and accountability. In line with that commitment, staff are encouraged, if they have serious concerns about any aspect of a child's safety and welfare to voice these concerns.

This section of the LSE child protection policy makes it clear that individuals can raise matters of concern without fear of victimisation, subsequent discrimination or disadvantage. The policy is intended to encourage and enable individuals to raise serious concerns within LSE rather than overlooking a problem or blowing the whistle outside.

The whistle blowing policy should only be followed if the person raising the concern feels unable to follow the standard reporting procedures as set out elsewhere in this Child Protection Policy.

Safeguards

LSE recognises that the decision to report a concern can be a difficult one to make. LSE will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect individuals who raise a concern in good faith.

Any investigation into allegations of alleged poor practice will not influence or be influenced by any disciplinary procedures that already affect individuals.

All reported incidents will be investigated. The individual raising the concern will be advised of the outcome of the investigation as soon as possible, normally within two weeks of the conclusion of the investigation.

To ensure that this policy is adhered to, and to assure staff that their concerns will be taken seriously, LSE will:

- Not allow the person raising the concern to be victimised for doing so;
- Treat victimisation of whistle blowers as a serious matter that may lead to disciplinary action;
- Not attempt to conceal evidence of poor or unacceptable practice;
- Take disciplinary action if an employee destroys or conceals evidence of poor or unacceptable practice or misconduct.

Untrue Allegations

If an individual makes an allegation in good faith, but it is not confirmed by the investigation, no action will be taken against them. If, however, it is established, that they have made malicious, frivolous or vexatious allegations, or allegations for personal gain, disciplinary action may be taken against them.

Confidentiality

All concerns raised will be treated in confidence and every effort will be made not to reveal the identity of the informant if that is their wish. However, in certain cases, it may not be possible to maintain confidentiality if the individual is required to come forward as a witness.

How to raise a concern

Any individual who has reasonable suspicions of malpractice should initially take their concerns to the named coordinator or DSO. If they do not feel that this is the appropriate person they should approach the deputy DSO.

Reasonable concerns can be defined as:

- Behaviour which has harmed a child, or may have harmed a child
- Possible committal of a criminal offence against or related to a child
- Behaviour towards a child/children in a way that indicates they are unsuitable to work with children

These behaviours should be considered within the context of the four categories of abuse.

The person to whom the allegation or concern is first reported (which may not be the DSO) should follow the same advice as in 'responding to the disclosure of a child' on page 4.

The DSO / deputy DSO should:

- Obtain written details of the concern/allegation, signed and dated by the person receiving it if not DSO (not the child/adult making the allegation)
- Approve and date the written details
- Record any information about times, dates and location of incidents/names of any potential witnesses
- Record discussions about the child and/or member of staff, any decision made and the reason for those decisions.

If the allegation meets the reasonable concerns criteria (above) the DSO should report to the LADO within one working day.

Information sharing

The LADO will advise the employer whether or not informing the parents of the child/children will impede the disciplinary or investigative process. Acting on this advice, if it is agreed that the information can be fully or partially shared, the DSO should inform the parents. In some circumstances, however, the parents may need to be told straight away (e.g. if the child is injured and requires medical treatment).

The employer should seek advice from the LADO, the police and/or LA children's social care about how much information should be disclosed to the accused person.

Subject to restrictions on the information that can be shared, the employer should, as soon as possible inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome.

LADO advice

Within three working days the LADO must advise the DSO / Deputy DSO (and other relevant individuals). This advice will indicate whether internal action should be taken. This may take the form of informal internal action or disciplinary warning.

If the LADO reports that further investigation is required then this and a report should be undertaken / provided within 10 days. After this a decision to hold a disciplinary hearing should be made within 2 working days and held within 15 working days.

As a result of this:

- No further action may be taken
- Professional advice may be sought
- A formal warning may be given
- The employee may be asked to resign/released and if so the DSO / Deputy DSO must report to list 99/POCAL and any other relevant regulatory bodies within one month.

The accused member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and the processes involved
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process
- If suspended, be kept up to date about events in the workplace

Suspension

Suspension is a neutral act and it should not be automatic. It should be considered in any case where:

- There is cause to suspect a child is at risk of significant harm
- The allegation warrants investigation by the police
- The allegation is so serious that it might be grounds for dismissal

Self-reporting

There may be occasions when a member of staff has a personal difficulty which they know to be impinging upon their professional competence. Staff have a responsibility to discuss such a situation with their line manager/project coordinator so professional and personal support can be offered to the member of staff concerned. Confidentiality cannot be guaranteed where the personal difficulties raise concerns about the welfare or safety of children.

MONITORING, REVIEWING AND DISSEMINATING THE CHILD PROTECTION POLICY / WHISTLE BLOWING PROCEDURE

- All members of staff involved in Widening Participation activities in any way will be given the Child Protection Policy and Code of Practice
- Copies of the LSE Child Protection Policy and Code of Practice will be made available to parents on request.
- Monitoring and review of the policy will take place in light of any cases of suspected or alleged abuse and/or changes to existing legislation.

SUPPORT

If after having read this document and/or having received the appropriate training you have any queries then please do not hesitate to contact a member of the Widening Participation Team – we would be happy to help.

Issues surrounding child protection and safety can sometimes raise anxieties or bring back memories for those working to safeguard the children of others. If you do not feel able to talk to a member of the WP team, then you may wish to talk to one of LSE's counsellors:

LSE Counselling Service

St Philip's Medical centre

Appointments: 0207 955 7016

Emergency drop in: 3pm week days.

IMPORTANT CONTACT DETAILS

Kirsty Wadsley

0207 852 3642

k.wadsley@lse.ac.uk

Head of Widening Participation and Designated Safeguarding Officer

Sophia Mousoulides

020 7955 7003

S.Mousoulides@lse.ac.uk

Widening Participation Coordinator and Deputy Designated Safeguarding Officer

Widening Participation Team

London School of Economics and Political Sciences

5th Floor

Tower 1

Houghton Street

London

WC2A 2AE

Phone: 020 7955 6613

Widening Participation mobile number: 07964255505 (only active during WP activities)

Widening Participation Email: widening.participation@lse.ac.uk

Security

Security Number – internal phone – 666

Security Number – external phone – 0207 955 6555

Medical Assistance

St Philips Medical Centre London School of Economics, Tower 3, 2nd Floor, Clement's Inn, London, WC2A 2AZ

NHS Walk-In Centre is located at 1 Frith Street, W1D 3HZ.

An A&E Department can be found within St Thomas' Hospital, Westminster Bridge Road, SE1 7EH

Social Services

If you are concerned about the immediate safety of a child, call 666 from an LSE campus phone or 999 from an outside phone and ask for the police.

If you are concerned that a child or young person is being harmed through abuse or neglect or for advice and guidance on all child protection issues please telephone:

Children's Services Team: 0207 641 4000

For advice and guidance and to report an issue about an adult who is working with children and young people please contact:

Local Authority Designated Officer (LADO)

Jane Foster, Safeguarding in Employment Manager, Westminster City Council, 020 7641 6108 jfoster1@westminster.gov.uk

City of Westminster Local Safeguarding Children Board

The LSCB Team can be contacted on: **020 8753 3914**. or accesstochilrens-services@westminster.gov.uk or tel: 020 7641 4000

Local Safeguarding Board Dedicated Website: <https://www.rbkc.gov.uk/subsites/lscb/aboutus.aspx>