

# National Youth Brass Band of Great Britain

## Safeguarding and Child Protection Policy

<b>Designated Safeguarding Officer (Head of House Staff):</b>	Lorraine Childs
<b>Policy Lead (Administrator):</b>	Philip Biggs
<b>Chairman National Youth Brass Band of Great Britain</b>	Robert Childs
<b>Responsible Committee:</b>	Trustees of NYBBGB
<b>Date:</b>	October 2017
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### **The Designated Safeguarding Officer**

The Designated Safeguarding Officer for Child Protection is the Lead for House, Lorraine Childs. The Administrator Philip Biggs has ultimate responsibility for decision making regarding safeguarding. [philipbiggs@bandstand.demon.co.uk](mailto:philipbiggs@bandstand.demon.co.uk) In the rare event of both these members of staff being absent concerns should be reported to any other named designated staff member in charge.

NSPCC Adult Helpline 080 8800 5000 If you have any concerns and need some advice on what to do.

### **The NYBBGB Safeguarding Committee**

The NYBBGB Safeguarding Committee includes the Chair, The Administrator, The Head of House Staff and two members of the Board of Trustees. This committee will meet annually to assess the safeguarding Policy and address any issues.

### **Training**

Safeguarding Child Protection training will be undertaken every 2 years. All staff will sign a contract agreeing to all the principles in the Safeguarding and Child Protection Policy every NYBBGB course. They will also receive a live safeguarding brief at the beginning of every course from the Designated Safeguarding Officer. New members of the House Staff will have one-to-one training before their first course with the Head of House Staff, and the Head of House Staff will deliver a safeguarding brief at the beginning of every residential course for new and returning members of the House Staff Team to ensure they understand how to respond to disclosures and the reporting processes.

## **Introduction**

This policy has been developed in accordance with the principles established by the Children Act 1989, the Education Act 2002 and the Children Act 2004 and in line with Government publications –

- Keeping Children Safe in Education, Statutory Guidance April 2014
- Working Together to Safeguard Children 2006, 2010 and 2013
- Guidance for Safer Working Practice for Adults, DFES Guidance 2009
- The Teaching Standards 2012

The NYBBGB recognises that effective child protection work requires sound procedures, good inter-agency co-operation and a workforce that is competent and confident in responding to child protection situations.

This procedures document provides the basis for good practice within The NYBBGB for Child Protection work. It should be read in conjunction with other Local Safeguarding Board Child Protection Policies and Procedures. These are in keeping with relevant national procedures and reflect what the Board considers to be safe and professional practice in this context. Child Protection has to be considered within professionals' wider "safeguarding" responsibilities that include a duty to cooperate under the Children Act 2004. Within the context of Every Child Matters, this takes account of the need for children "being healthy and staying safe."

These procedures aim to provide a framework which ensures that all practice in the area of child protection is consistent with stated values and procedures that underpin all work with children and young people.

This document also seeks to make the professional responsibilities clear to all staff to ensure that statutory and other duties are met in accordance with Safeguarding Child Protection requirements and procedures.

## **Underpinning values**

Where there is a safeguarding issue, the NYBBGB will work in accordance with the principles outlined in the Safeguarding Children Board Child Protection procedures:

- A child's welfare is paramount. Each child has a right to be protected from harm and exploitation and to have their welfare safeguarded.
- Each child is unique. Action taken by child welfare organisations should be child-centred, taking account of a child's cultural, ethnic and religious background, their gender, their sexual orientation/transgender, their individual ability and any special needs.
- Children, parents and other carers should be made aware of their responsibilities and their rights, together with advice about the power of professionals to intervene in their family circumstances.
- Each child has a right to be consulted about actions taken by others on his/her behalf. The concerns of children and their families should be listened to and due consideration given to their understanding, wishes and feelings.

- Individual family members must be involved in decisions affecting them. They must be treated with courtesy and respect and with due regard given to working with them in a spirit of partnership in safeguarding children’s welfare. Explanations by professionals to children, their families and other carers should be plainly stated and jargon-free.
- Open-mindedness and honesty must guide each stage of assessment and of operational practice and each organisation should follow inter-agency protocols. The strengths of individual family members, as well as their needs, should be given due consideration.
- Personal information is usually confidential. It should only be shared with the permission of the individual concerned, or unless the disclosure of confidential personal information is necessary in order to protect a child. In all circumstances, information must be confined to those people directly involved in the professional network of each individual child and on a strict “need to know” basis.
- Sound professional practice is based upon positive inter-agency collaboration, evidence-based research and effective supervision and evaluation.
- Early intervention in providing support services under the Children’s Trust arrangements is an important principle of practice in inter-agency work for safeguarding the welfare of children.

**The NYBBGB will foster an ongoing culture of vigilance to maintain a safer environment for all young persons by:**

- Checking the suitability of all prospective staff and volunteers during the recruitment process by checking the Independent Safeguarding Authority register of people cleared to work with children as well as carrying out a Disclosure and Barring Service check.
- Formulating an induction policy and programme for new staff and volunteers with the emphasis on Safeguarding Children.
- Ensuring that the Designated Safeguarding Officer for Child Protection has undergone suitable training for their role and that this training is refreshed as appropriate.
- Arranging staff training in Child Protection every 2 years. This training to include all staff and anyone else that has regular contact with the young people.
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe.
- Supporting young people who have been abused by co-operating with other professionals (as recommended by ‘Working Together’ 2009.) to carry out our responsibilities outlined in any Child protection Plan issued at a Child Protection Case Conference.
- Establishing a safer environment in which children can learn and develop.

## **Establishing a Safer Environment**

### **The NYBBGB will:**

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
- Ensure children know that there are adults in the NYBBGB whom they can approach if they are worried.
- Include opportunities for children to develop the skills they need to recognise risks and stay safe from abuse.
- Ensure every member of staff (including temporary, supply staff and volunteers) knows the name of the Designated Safeguarding Officer responsible for child protection and their role in helping staff to safeguard young people.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and their responsibility for referring any concerns to the Designated Safeguarding Officer responsible for child protection.
- Work with parents and carers to ensure that parents have an understanding of the responsibility placed on the NYBBGB and staff for child protection by setting out its obligations on the website. This means that this may occasionally require cases to be referred to other investigative agencies as a constructive and helpful measure.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences and core groups.
- Keep written records of concerns about children to enable appropriate support to be targeted effectively.
- Ensure all records are kept securely.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer by contacting the Local Authority Designated Officer for allegations.
- Ensure that all staff are fully DBS checked.

### **The NYBBGB will endeavour to support young people through:**

- The NYBBGB ethos which promotes a positive, supportive and secure environment and gives young people a sense of being valued.
- Notifying any concerns about a child who has a Child Protection Plan or is known to have an allocated social worker, to the child's social worker or, in his/her absence the manager or a duty officer in the team.
- Ensuring it discusses with Central Advice and Duty Team (CADT) any significant concerns about a child which may indicate physical abuse, emotional abuse, sexual abuse or neglect in accordance with the LSCB child protection procedures.
- Require each member of staff to sign a specific register to indicate that they have read the policy in its entirety and that they accept their duties to:
  - a. be familiar with this policy
  - b. implement the policy and cooperate with management in promoting Child Protection.

- This policy will be reviewed annually by the Designated Safeguarding Officer and other nominated persons, in addition to annual review and ratification undertaken by the NYBBGB Trustees Board.

### **Good Practice Guidelines**

To meet and maintain our responsibilities towards young people we need to agree standards of good practice.

Good practice includes:

- treating all young people with respect
- setting a good example by conducting ourselves appropriately
- involving young people in decisions that affect them
- encouraging positive and safe behaviour among young people
- being a good listener
- being alert to changes in young people's "behaviour"
- recognising that challenging behaviour may be an indicator of abuse
- reading and understanding the child protection policy and guidance documents on wider safeguarding issues, for example bullying, physical contact and information-sharing
- asking the young person's permission before doing anything for them of a physical nature, such as assisting with dressing, physical support during activities or administering first aid
- maintain appropriate standards of conversation and interaction with and between young people and avoiding the use of sexualised or derogatory language being aware that the personal and family circumstances and lifestyles of some young people lead to an increased risk of abuse

### **Abuse of Trust**

All staff are aware that inappropriate behaviour towards young people is unacceptable and that their conduct towards young people must be beyond reproach. In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of staff and a young person under 18 may be a criminal offence, even if that young person is over the age of consent.

### **Children Who May Be Particularly Vulnerable**

Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur.

To ensure that all of our young people receive equal protection, we will be particularly aware of children who are:

- disabled or have special educational needs
- living in a domestic abuse situation
- affected by parental substance misuse

- asylum seekers
- living away from home
- vulnerable to being bullied, or engaging in bullying
- living in temporary accommodation
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- involved directly or indirectly in prostitution or child trafficking
- do not have English as a first language

### **Support for Those Involved in a Child Protection Issue**

Child abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support young people and their families and staff by:

- taking all suspicions and disclosures seriously
- nominating a link person who will keep all parties informed and be the central point of contact.
- Where a member of staff is the subject of an allegation made by a young person, separate link people will be nominated to avoid any conflict of interest
- responding sympathetically to any request from young people or staff for time out to deal with distress or anxiety
- maintaining confidentially and sharing information on a need-to-know basis only with relevant individuals and agencies
- storing records securely
- offering details of helplines, counselling or other avenues of external support
- following the procedures laid down in our whistleblowing, complaints and disciplinary procedures
- cooperating fully with relevant statutory agencies
- ensuring that all staff with child protection responsibilities within the organisation meet for supervision meetings regularly

### **Complaints Procedure**

Our complaints procedure will be followed where a young person or parent raises a concern about poor practice towards a young person that initially does not reach the threshold for child protection action. Complaints are managed by the Chair, Head of House Staff, Administrator and Trustees.

### **If you have Concerns about a Colleague**

Staff who are concerned about the conduct of a colleague towards a young person are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardize their colleague's career. All staff must remember that the welfare of the child is paramount. The whistleblowing policy enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place. All concerns of poor practice or

possible child abuse by colleagues should be reported to the Administrator. Complaints about the Administrator should be reported to the Chair.

### **Staff who are the Subject of an Allegation**

When an allegation is made against a member of staff, set procedures must be followed. It is rare for a child to make entirely false or malicious allegation, although misunderstandings and misinterpretations of events can and do happen. A child may also make an allegation against an innocent party because they are too afraid to name the real perpetrator. Even so, we must accept that some professionals do pose a serious risk to young people and we must act on every allegation. Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not mandatory, nor is it automatic but, in some cases, staff may be suspended where this is deemed to be the best way to ensure that children are protected.

Allegations against staff should be reported to the Administrator. Allegations against the Administrator should be reported to the Chair. The full procedures for dealing with allegations against staff can be found in Safeguarding Children and Safer Recruitment in Education (p 57-67).

### **Safer Recruitment**

The NYBBGB endeavours to do our utmost to employ “safe” staff. All are checked through the Disclosures and Barring service and have an enhanced certificate. All new members of staff will undergo an induction that includes familiarisation with the child protection policy and identification of their child protection training needs. All staff resident on each course sign to confirm they have read, understood and will engage with the child protection policy.

### **Photography and Images**

The vast majority of people who take or view photographs of videos of children do so for entirely innocent, understandable and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

To protect young people we will:

- seek their consent for photographs to be taken or published (for example, on our website or in newspapers or publications).
- seek parental consent.
- ensure young people are appropriately dressed.
- encourage young people to tell us if they are worried about any photographs that are taken of them.

### **E-Safety**

Most of our young people will use mobile phones and computers at some time. They are a source of fun, entertainment, communication and education. However, we know that some men, women and young people will use these technologies to harm children. The harm might range from sending



hurtful or abusive texts and emails, to enticing children to engage in sexually harmful conversations, webcam photography or face-to-face meetings. The National Youth Brass Band of Great Britain as a safeguarding child protection issue to try to keep young people safe.

Bullying via texts and emails, will be treated as seriously as any other type of bullying and will be managed through our anti-bullying procedures.

## **Child Protection Procedures**

### **Recognising abuse**

To ensure that our young people are protected from harm, we need to understand what types of behaviour constitute abuse and neglect. Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone, or leaving knives or matches within reach of an unattended toddler. There are four categories of abuse; physical abuse, emotional abuse, sexual abuse and neglect.

### **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 their symptoms of, or deliberately induces illness in a child (this used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness).

### **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 for meeting the needs of another person. 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, 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, although it may occur alone.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (for example, rape, buggery or oral sex) or non-penetrative acts. This may include noncontact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, meeting a child following "sexual grooming" or preparation with the intention of abusing them.

## **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 misuse. Once a child is born, neglect may involve apparent or carer failing to provide adequate food and clothing or shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions taken from Working Together to Safeguard Children (HM Government, 2006)

For further information and explanation of types of abuse and their symptoms see Appendix 1

## **Bullying**

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying is thought to result in up to 12 child suicides each year. All incidences of bullying should be reported and will be managed through our anti-bullying procedures. If the bullying is particularly serious, or the anti-bullying procedures are deemed to be ineffective, the Administrator and the DSO will consider implementing child protection procedures.

## **Impact of abuse**

The impact of child abuse should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach, and the rest of their childhood and their adulthood may be characterised by anxiety or depression, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships and long-term medical or psychiatric difficulties.

## **Procedures**

Key points for taking action are:

- Any member of staff who has concerns about a child relating to Child Protection (it should be made clear to students that CONFIDENTIALITY CANNOT BE guaranteed in respect of CHILD PROTECTION ISSUES) must report their concerns to the Designated Safeguarding Officer.
- If in the unlikely circumstances the DSO is unavailable the member of staff directly concerned must make direct contact with the Administrator and inform the DSO at the earliest possible opportunity.
- In accordance with the Local Safeguarding Children Board procedures, the agreement of the family for a referral to Children's Services Emergency Duty Team should be sought where possible. However, if it is felt that any such agreement seeking would increase the level of significant risk to the child, the matter should be discussed with Central Advice and Duty Team and their advice sought. All referrals need to be confirmed in writing within 48 hours.
- All staff must protect themselves against allegations especially when meeting on a 1 to 1 basis with students.
- If the suspicions in any way involve another member of staff the matter needs to be brought

to the attention of the Administrator who will act in accordance with safeguarding procedures and the LSCB procedures.

- If the suspicion in any way involves the Administrator advice needs to be sought from the LA Child Protection Representative on the LSCB. The Chair is to be informed immediately.
- In an emergency take the action necessary to help the child, for example call 999.
- Report your concern to the DSO by end of the day.
- Do not start your own investigation.
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- Complete a record of concern.
- Seek support for yourself if you are distressed.

### **If you suspect a young person is at risk of harm**

There will be occasions when you suspect that a young person may be at risk, but you have no “real” evidence. The young person’s behaviour may have changed, their artwork could be bizarre, they may write stories or poetry that reveal confusion or distress, or you may have noticed physical but inconclusive signs. In these circumstances, you should try to give the young person the opportunity to talk. The signs you have noticed may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill. It is fine to ask the young person if they are OK or if you can help in any way.

Use the record of concern form (see Appendix 6) to record these early concerns. If the young person does begin to reveal that they are being harmed you should follow the advice in the section “if a young person discloses to you”. If, following your conversation, you remain concerned, you should discuss your concerns with the Designated Safeguarding Officer.

### **If a young person discloses to you**

It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual, their abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

If a young person talks to you about risks to their safety or wellbeing you will need to let them know that you must pass the information on – you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the young person may think that you do not want to listen, if you leave it till the very end of the conversation, the young person may feel that you have misled them into revealing more than they would have otherwise.

During your conversation with the young person:

- Allow them to speak freely
- Remain calm and do not over react – the young person may stop talking if they feel they are upsetting you. Give reassuring nods or words of comfort – “I’m sorry this has happened”, “I want to help”, “This isn’t your fault”, “You are doing the right thing in talking to me.”
- Do not be afraid of silences – remember how hard this must be for the young person.
- Under no circumstances ask investigative or leading questions – such as how many times this has happened, whether it happens to siblings too, or what does the young person’s mother think about all this.

- At an appropriate time tell the young person that in order to help them you must pass the information on.
- Do not automatically offer any physical touch as comfort. It may not be comforting to a child who has been abused.
- Avoid admonishing the child for not disclosing earlier. Saying “I do wish you had told me about this when it started” or “I can’t believe what I’m hearing” may be your way of being supportive but the child may interpret it that they have done something wrong.
- Tell the young person what will happen next. The young person may agree to go with you to see the Designated Safeguarding Officer. Otherwise let them know that someone will come to see them before the end of the day.
- Report verbally to the DSO.
- Write up your conversation as soon as possible on the record of concern form, sign and date, and hand it to the designated person.
- Try to write the exact language the young person has used where possible.
- Seek support if you feel distressed.
- Report the disclosure to the DSO as a priority.

### **Notifying parents/carers**

The NYBBGB will normally seek to discuss any concerns about a young person with their parents. This must be handled sensitively and the DSO or Administrator will make contact with the parent in the event of a concern, suspicion or disclosure. However, if the NYBBGB believes that notifying parents could increase the risk to the child or exacerbate the problem, then advice will first be sought from children’s social care.

### **Referral to children’s social care**

The DSO will make referral to children’s social care if it is believed that a young person is suffering or is at risk to suffering significant harm. The young person (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

### **Children with Sexually Harmful Behaviour**

Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the anti-bullying procedures where necessary. However, there will be occasions when a young person’s behaviour warrants a response under child protection rather than anti-bullying procedures. In particular, research suggests that up to 30 per cent of child sexual abuse is committed by someone under the age of 18.

The management of children and young people with sexually harmful behaviour is complex and the NYBBGB will work with other relevant agencies to maintain the safety of the whole community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator.

## **Monitoring and Record Keeping**

It is essential that accurate records be kept where there are concerns about the welfare of a child even where there is no need to refer the matter immediately. These records will be kept in secure confidential files, which are separate from the child's other records.

Staff should keep the DSO informed of:-

- Concerns about appearance and dress
- Changed or unusual behaviour
- Concerns about health and emotional wellbeing
- Deterioration in educational progress
- Discussion with parents about concerns relating to the child
- Concerns about home condition or situations
- Concerns about young person on young person abuse

Reports may be needed for Child Protection Case conferences or the criminal/civil courts. Consequently records and reports should be:

- Factual (no opinions)
- Non-judgemental (no assumptions)
- Clear
- Accurate
- Relevant
- When a child who has a child protection plan leaves the NYBBGB and/or transfers to another organisation the designated person for child protection will inform the new organisation immediately and discuss with the child's social worker the transfer of any confidential information the NYBBGB may hold.

### **Reporting directly to child protection agencies**

Staff should follow the reporting procedures outlined in this policy. However, they may also share information directly with children's social care, police and the NSPCC if:

- The situation is an emergency and the DSO, their deputy, the Administrator and the Chair are all unavailable
- They are convinced that a direct report is the only way to ensure the young persons' safety.

## **Appendices**

- 1. Guidance on Child Protection matters**
- 2. Allegations against staff guidance**
- 3. Multi-agency Referral Form**
- 4. Record of Concern Form**

**Any other Policies mentioned in the body of the policy or that the organisation feels comes under the remit of safeguarding children.**

## **Appendix 1**

### **Guidance on 'Whether this is a Child Protection Matter'**

**If staff have significant concerns about any child they should make them known to the organisation's Designated Safeguarding Officer or the Administrator. These concerns may include:**

#### **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:**

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 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 over protection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious 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.

#### **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)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

#### **FGM (Female Genital Mutilation)**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long term health consequences, including difficulties in childbirth also causing dangers to the child.

It is not possible to rely on one absolute criterion when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the extent of the harm suffered, the context within which it occurred and its duration.

Significant harm may also arise from a combination of significant events which are both acute and long standing and which may impair the child's physical, psychological and social development. In order to both understand and establish significant harm, it is necessary to consider the family context, together with the child's development within their wider social and cultural environment. It is also necessary to consider any special needs, e.g. medical condition, communication difficulties or disability that may affect the child's development and care within the family. The nature of harm, in terms of ill-treatment or failure to provide adequate care also needs consideration alongside the impact on the child's health and development and the adequacy of care provided.

### **Confidentiality**

Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of child protection. This is a complex area and involves consideration of a number of pieces of legislation.

You can never guarantee confidentiality to a child as some kinds of information may need to be shared with others. A suggested form of words that may help when talking to children is as follows:

*"There are some secrets I can't keep; but I promise that if someone is hurting or frightening you I will help keep you safe. I cannot do that on my own and will need to talk to ..... about it"*

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. However, any disclosure of personal information to others, included social service departments, must always have regard to both common and statute law.

Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998 European Convention on Human Rights, Article 8). Wherever possible consent should be obtained before sharing personal information with third parties. In some circumstances, however, consent may not be possible or desirable but the safety and welfare of the child dictate that the information should be shared.

The law requires the disclosure of confidential information necessary to safeguard a child or children. Under Section 47 of the Children Act 1989 statutory agencies have a duty to co-operate. Therefore, if the Police or Social Care/Services are conducting a Section 47 investigation under the 1989 Children Act, staff must share requested information relevant to the investigation. Legal advice should be sought if in doubt from the Legal Services Department.

### **Talking to and listening to children**

If a child chooses to disclose, you SHOULD:

- be accessible and receptive;
- listen carefully and uncritically at the child's pace;
- take what is said seriously;
- reassure the child that they are right to tell;
- tell the child that you must pass this information on;
- make a careful record of exactly what was said.



You should

NEVER:

- take photographs or examine an injury;
- investigate or probe aiming to prove or disprove possible abuse – never ask leading questions;
- make promises to children about confidentiality or keeping ‘secrets’;
- assume that someone else will take the necessary action;
- jump to conclusions or react with shock, anger or horror;
- speculate or accuse anybody;
- confront another person (adult or child) allegedly involved;
- offer opinions about what is being said or about the persons allegedly involved;
- forget to record what you have been told;
- fail to pass the information on to the correct person;
- ask a child to sign a written copy of the disclosure.

For children with communication difficulties or who use alternative/augmented communication systems, you may need to take extra care to ensure that signs of abuse and neglect are identified and interpreted correctly, but concerns should be reported in exactly the same manner as for other children.

### **Record keeping**

Well kept records are essential in situations where it is suspected or believed that a child may be at risk from harm.

Records should:

- state who was present, time, date and place;
- use the child’s words wherever possible;
- be factual/state exactly what was said;
- differentiate clearly between fact, opinion, interpretation, observation and/or allegation;
- be written in ink and signed by the recorder.

## **Appendix 2**

### **Protecting yourself against allegations of abuse**

You should seek to keep your personal contact with children under review and seek to minimise the risk of any situation arising in which misunderstandings can occur. The following sensible precautions can be taken when working alone with children:

- work in a room where there is a glass panel in the door or leave the door open.
- make sure that other adults visit the room occasionally.
- avoid working in isolation with children unless thought has been given to safeguards.
- should not give out personal mobile phone numbers or private e-mail addresses.
- should not give young people lifts home in your cars.
- should not arrange to meet them outside of organisation hours.
- should not chat to young people on the social websites.

Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in an educational setting to have a sexual relationship with a young person even when the young person is over the age of consent.

Any use of physical force or restraint against young people will be carried out and documented in accordance with the relevant physical restraint policy. If it is necessary to use physical action to prevent a child from injury to themselves or others parents will be informed.

Children will not be punished by any form of hitting, slapping, shaking or other degrading treatment.

### **Allegations of abuse against a professional**

Children can be the victims of abuse by those who work with them in any setting. All allegations of abuse of children carried out by any staff member or volunteer should therefore be taken seriously.

If an allegation is received by the Administrator or Chair the following should be considered

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

Allegations of abuse made against staff, whether historical or contemporary, should be dealt with by the Administrator; not the DSO in cases where this role is not undertaken by the Administrator (if the allegation is against the Administrator then it should be dealt with by the Chair). The Administrator / Chair should contact the Local Authority Designated Officer (LADO) to discuss the allegation.

This initial conversation will establish the validity of any allegation and if a referral is needed to CADT. If this is the case a strategy meeting will be called that the Administrator / Chair should attend.

The decision of the strategy meeting could be:

- investigation by children's social care
- police investigation if there is a criminal element to the allegation
- single agency investigation completed by the organisation which should involve an HR advisor

The fact that a member of staff offers to resign should not prevent the allegation procedure reaching a conclusion.

**Appendix 3**

**MULTI-AGENCY REQUEST FOR SERVICES FORM**

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This form is to ensure that you provide the necessary information to make a request for service and to aid your decision, in making that request to the Children and Young People's Department.

Do you have consent to make this request for service - YES / NO

Whilst professionals should seek, in general, to discuss any concerns with the family and where possible seek their agreement to make referrals to LA children's Social Care, this should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm. (Working Together to safeguard children 2006)

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Section 1 - CHILD / FAMILY DETAILS

Name of child / children: .....

Date of Birth: .....

Address: .....

.....

Ethnicity:

Communication needs:

Name of parents: .....

Parents /Carers contact numbers; .....

Parents Date of Birth: .....

Do the parents live with the child / children: YES / NO

If NO what address do they reside at: .....

Schools attended: .....

GP details: .....

Health Visitor details: .....

Are any other professionals involved with the family? YES / NO

If YES please detail: .....

2

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SECTION 2 - REFERRER DETAILS

Name of Referrer: .....

Date: .....

Agency: .....

Address .....

Telephone number .....

E-mail address .....

Is this child subject to TAF: YES / NO

Are you the lead professional within TAC If NO who is (person and agency name):

.....

Please detail why you are requesting a service from Children's Social Care:

.....

.....  
.....  
.....  
.....

**If you have completed a CAF please attach**

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**SECTION 3**

**Childs Needs**

Please comment on each of the following: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills.

.....  
.....  
.....  
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**Parenting Capacity**

Please comment on each of the following: basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.

**Summarise detail of previous Children’s Services’ involvement**

Child/ren subject to Child Protection Registration? Yes \_ No \_  
Child/ren previously on Child Protection Register? Yes \_ No \_  
Child/ren previously Looked After? Yes \_ No \_  
Child/ren on Disability Register? Yes \_ No \_

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**Family & Environmental Factors**

Please comment on each of the following: family history, wider family, housing, employment, income, community integration and community services.

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**Please detail any additional services that are already provided or have been attempted:**

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**Consent**

I agree with this referral being made and I am aware that the information is being shared

**Name of family member/person** .....

**with Parental Responsibility:**

**Signed:** .....

**Date:** .....

**If consent has NOT been obtained have you advised the parents of the request for service  
YES/ NO**

If not

Requests for service can only be accepted if it is deemed that to seek parental/ Carers agreement “would place the child at increased risk of significant harm”.

(Working Together to Safeguard Children 2006)

.....  
.....

You will receive confirmation of the action taken by the Children’s Social Care within one working day based on the attached form

\_\_\_\_\_

**REFERRER FEEDBACK FORM FROM CADT**

\_\_\_\_\_

Name of Referrer: .....

Date of referral: .....

Name of child/children: .....

Address: .....

.....

Date of feedback: .....

**Outcome Detail**

Sent to District office Assessment team for a decision Provision of advice and information

Advice Team Around Family

Meeting to be held

Advice and Information given

Signed..... Dated.....

Contact Number.....

If you disagree with the decision please see the LSCB Escalation Process

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**Appendix 4**

**RECORD OF CONCERN**

Child's Name :			
Child's DOB :			
Male/Female :	Ethnic Origin :	Disability Y/N :	Religion :
Male			
Date and Time of Concern :			
Your Account of the Concern : (what was said, observed, reported and by whom)			
Additional Information : (your opinion, context of concern/disclosure)			
Your Response : (what did you do/say following the concern)			
Your Name :			
Your Signature :			
Your Position in organisation :			
Date and Time of this Recording :			
Action and Response of DSP / Administrator			
Name: .....Date:.....			

### When and what might I be concerned about?

At any time you may be concerned about information which suggests a child is being neglected or experiencing physical, emotional or sexual harm.

You may observe physical signs, notice changes in the child's behaviour or presentation, pick up signs of emotional distress or have a child disclose a harmful experience to you.

#### **Harm to a child can be caused by:**

- A parent/carer
- A family member/friend
- Another child
- A stranger
- A member of staff/volunteer \*

### What should I do if a child discloses that s/he is being harmed?

#### **1. Listen**

Listen carefully to what is being said to you, do not interrupt.

#### **2. Reassure**

Reassure the young person that it is not their fault. Stress that it was the right thing to tell. Be calm, attentive and non-judgemental. Do not promise to keep what is said a secret. Ask non-leading questions (TED) to clarify if necessary:

- Tell me more...
- Explain that to me...
- Describe what happened...

#### **Then follow the steps in the flowchart to the right.**

The information you have may not be enough on its own for a Child Protection referral, however it will help your DSO to make a decision about risk of harm to the child.

### What must I do?

Recognise your concern

Respond - inform your DSO without delay (or Administrator/ Chair where appropriate\*)

Make a written record (using the child's own words), sign and date it

Pass the record to the DSO (or Administrator/ Chair where appropriate) \*

### \*What should I do if the alleged abuser is a member of the NYBBGB staff?\*

If your concern is about a staff member or volunteer, you should report this to the Administrator. If your concern is about the Administrator, you should report such allegations to the Chair. Contact details can be found on the back of this leaflet.

### How do I ensure my behaviour is always appropriate?

Please ask a member of staff for guidance regarding Safer Working Practice. Guidance can be found in 'Safer Working Practice for Adults who work with Children and Young People in Education Settings' (2009). **Keeping children safe in education** (2014), also gives explicit guidelines on your role in keeping children safe within our community.

### CONTACTS

The organisation has a Child Protection Policy and a copy is available from:

Website: [www.nybbgb.com](http://www.nybbgb.com)

In line with this, regardless of the source of harm, you **MUST** report your concern.

DSO is: Lorraine Childs

Administrator: Philip Biggs

Chair is : Robert Childs

### **SAFEGUARDING CHILDREN QUICK REFERENCE FOR NEW STAFF or VOLUNTEERS**

Everyone at the NYBBGB shares an objective to help keep children and young people safe by contributing to:

- providing a safe environment,
- identifying children and young people who are suffering or likely to suffer significant harm and taking appropriate action.

This leaflet has been given to you to make sure you understand what is expected of you. Please seek advice from your **Designated Safeguarding Officer** for Child Protection if you are unclear about anything in this leaflet and keep it in a safe place.