

National Youth Brass Band of Great Britain

Child Protection Policy

Version:	1
Ratified by:	
Date ratified:	
Policy Lead:	Philip Biggs
Name of responsible committee:	Trustees of NYBBGB
Date issued:	Easter 2015
Review Date:	Easter 2016 – done Next review – Easter 2017
Target Audience:	Whole organisation
Equality Impact Assessment	Complete on Policy

Version Control Sheet:

Record of changes to this document

Changes approved in this document by:	Date:
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Consultation with Stakeholders

List of key individuals/committees or groups this policy has been for consultation

Name(s)	Stakeholder involvement	Date
All staff of the NYBBGB	Review of procedures against current practice and viability of changes	Easter 2015

Record of changes to this document

Changes approved in this document by:	Date:
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Section Number	Amendment (<i>shown in Bold italics</i>)	Deletion	Addition	Reason

Safeguarding/Child Protection Policy

The Designated Senior Person for Child Protection is: Mrs Lorraine Childs

In his/her absence the role will be undertaken by: **Mr Philip Biggs**

In the rare event of both these members of staff being absent concerns should be reported to any other designated staff member in charge.

Record of training

Date Completed

Safeguarding Training	
Senior Designated Person Level 2	
Senior Designated Person Level 2	
Safer Recruitment Training Name & Date of training Due every 5 years	Mr Daniel Stenhouse March 2015

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 organisation 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 organisation 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 Wirral Local Safeguarding Children Board requirements and procedures. All procedures can be found on the LSCB websites.

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

- Ensuring that some members of staff have undertaken the National College for School Leadership ‘Safer Recruitment’ course and are committed to working to the guidelines recommended.
- 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 Senior Person for Child Protection has undergone suitable training for their role and that this training is refreshed every 2 years.
 - Arranging staff training in Child Protection every 3 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 organisation 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 organisation 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 Senior Designated Person 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 senior person responsible for child protection.
- Work with parents and carers to ensure that parents have an understanding of the responsibility placed on the organisation and staff for child protection by setting out its obligations in 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 eg 'Team Around the Family' meetings.
- Ensure all records are kept securely, separate from the main young person file, and in locked locations.
- 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 organisation will endeavour to support young people through:

- The organisation 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 nominated persons.

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 senior staff, the Administrator and Council. An explanation of the complaints procedure is included in the Safeguarding Information Booklet for Parents. Complaints from staff are dealt with under the complaints and disciplinary and grievance procedures.

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 jeopardise 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 (pp 57-67).

Safer Recruitment

Our organisation endeavours to ensure that we do our utmost to employ “safe” staff by following the guidance in Safeguarding Children and Safer Recruitment in Education (pp20-54) together with the organisations individual procedures.

Safer recruitment means that all applicants will:

- complete an application form
- provide two referees, including at least one who can comment on the applicant’s suitability to work with children
- provide evidence of identity and qualifications
- be checked through the Disclosure and Barring Service as appropriate to their role
- be interviewed

All new members of staff will undergo an induction that includes that includes familiarisation with the child protection policy and identification of their child protection training needs. Supply staff and other visiting staff will be given a visiting staff leaflet. All staff sign to confirm they have received a copy of 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 organisations e-safety policy explains how we 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. The subject of bullying is addressed at regular intervals in the personal, social and health education (PSHE) curriculum. If the bullying is particularly serious, or the anti-bullying procedures are deemed to be ineffective, the Administrator and the DSP 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 member of staff for child protection.

- If in the unlikely circumstances no senior member of staff is available the member of staff directly concerned must make direct contact with the duty social worker and inform the child protection co-ordinator at the earliest possible opportunity.
- If a situation arises outside normal office hours the matter must be referred to the Children's Service Emergency Duty Team.
- 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 procedures (the management of allegations and concerns regarding the professional conduct of staff – Sept 2004 and also the LSCB procedures chapter 4).
- 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 DSP 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 welfare 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 person.

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 person. Otherwise let them know that someone will come to see them before the end of the day
- Report verbally to the designated person
- 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 a senior designated member of staff for child protection as a priority.

Notifying parents/carers

The organisation will normally seek to discuss any concerns about a young person with their parents. This must be handled sensitively and the DSP will make contact with the parent in the event of a concern, suspicion or disclosure. However, if the organisation 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 DSP 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 organisation 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 designated person for child protection 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 organisation 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 organisation 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 designated senior person, 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. Telephone numbers for referral**
- 3. Useful telephone numbers**
- 4. Allegations against staff guidance**
- 5. Multi-agency Referral 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 or Deputy Designated Child Protection persons. 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.

There are three thresholds for and types of referral that need to be considered:

Is this a child with additional needs where their health, development or achievement may be adversely affected? Wirral Children and Young People's Framework says practitioners should complete a Common Assessment Framework (CAF) when:

- Age appropriate progress is not being made and the causes are unclear or
- The support of more than one agency is needed to meet the child or young person's needs.

If this is a child with additional needs discuss the issues with the CAF trained practitioner in your organisation, the child and parents. You will need to obtain parental consent for a CAF to be completed.

Is this child in need? s17 of the Children Act 1989 says:

- they are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority.
- their health or development is likely to be impaired, or further impaired without the provision of such services.
- they are disabled.

Is this a child protection matter? s47 of the Children Act 1989 says:

- children at risk or who are suffering significant harm.
- children suffering the effects of significant harm
- serious health problems.

If this is a child in need, discuss the issues with the designated child protection person and parents. Obtain their consent for referral to First Response (see below) or any other agency.

If this is a child protection matter, this should be discussed with the designated person and will need to be referred to CADT by the organisation as soon as possible.

It is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a child protection referral under S.47 must therefore provide information which clearly outlines that a child is suffering or likely to suffer significant harm.

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.

All staff will have training on all the above issues on induction to the organisation and every 3 years via a Safeguarding Children Board validated basic 'Safeguarding Children' course.

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;

Attendance at Child Protection Conferences

The Senior Designated Person for Child Protection or their deputy will be expected to attend the initial Child Protection Conference.

If a child is made subject to a Child Protection Plan it may be more relevant for the class teacher or head of year to attend the subsequent core group meetings.

Appendix 2

Making a referral to Social Care:

This will depend upon the area being stayed in for the duration of the course.

Appendix 3

Other useful telephone numbers.

Appendix 4

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.
- must not give out personal mobile phone numbers or private e-mail addresses
- must not give young people lifts home in your cars
- must not arrange to meet them outside of organisation hours
- must 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 education 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 designated child protection person 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 5

MULTI-AGENCY REQUEST FOR SERVICES FORM.

MULTI-AGENCY REQUEST FOR SERVICES FORM

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)

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

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

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.

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

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 _

3

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.....
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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.

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

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

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

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

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 DSP to make a decision about risk of harm to the child.

What must I do?

Recognise your concern

Respond - inform your DSP/Deputy DSP 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 DSP/deputy DSP (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 Head Teacher. If your concern is about the Head Teacher, you should report such allegations to the Chair of Governors. 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. An 8 page summary is available at reception.

CONTACTS

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

Website

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

Administrator:

Philip Biggs

Your DSP is :

Lorraine Childs

Your Chair is:

Robert Childs

SAFEGUARDING CHILDREN QUICK REFERENCE FOR NEW STAFF or VOLUNTEERS

Everyone in the education service 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 Senior Person** for Child Protection if you are unclear about anything in this leaflet and keep it in a safe place.