

# Safeguarding our Children

A child protection guide for all  
early years and childcare providers

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## Basic Principles

The child's welfare is paramount.

Safeguarding children and young people is the responsibility of everyone.

All children and young people have the right to protection from abuse regardless of their race, ethnicity, immigration status, religion or belief, sex, gender identity, sexual orientation or disability. This includes unborn children and children aged 0-18years.

All allegations and suspicions of abuse will be taken seriously and responded to swiftly and appropriately. This must not be ignored.

If somebody believes that a child may be suffering, or is at risk of suffering significant harm, they should always refer the concern to Children's Social Care or the Police.

All voluntary, community, faith and private organisations/service providers working with children and their families must take all reasonable measures to ensure that risks of harm to children and young people are minimised.

Every early years setting **MUST** select a senior member of staff or manager who has specific responsibility for safeguarding and child protection issues (this would usually be someone working on site).

For the purpose of this document we refer to this person as the '**Nominated Safeguarding Person**'

# Safeguarding Children- The 5 R's

## **Recognise:**

- Be Vigilant
- Know the children you work with
- Be familiar with the types and indicators of abuse

## **Respond:**

- Never ignore concerns, signs or reports related to children's wellbeing and safety
- Do not delay your response

## **Report:**

- Always report your concerns to the Nominated Safeguarding Person (NSP) or their Deputy
- Ensure every member of staff/ volunteer is aware of who the NSP and Deputy NSP are

## **Record:**

- Always make a record of what happened – the incident or concern, the exact words of the child where possible, if they made a disclosure and any immediate actions taken
- Use your settings standard recording log
- Don't delay it – record information as soon as possible

## **Refer:**

- In all cases where there is a concern about significant harm or risk this must be referred to LBBB Multi Agency Safeguarding Hub (MASH) team using the Multi-Agency Referral Form (MARF). Referrals can be sent via the email [childrenss@lbbd.gov.uk](mailto:childrenss@lbbd.gov.uk)
- MASH can be contacted on 02082273811.
- This should be completed by Nominated Safeguarding Person but all staff should be familiar with the process too.

## Key Definitions

Term	Definition
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Child	A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in a secure estate for children and young people, does not change his or her entitlement to services or protection (Working Together to Safeguard Children 2013)
Child in need	Under Section 17 (10) of the Children's Act 1989, a child is in need if without the provision of local authority services: <ul style="list-style-type: none"> <li>• He or she is unlikely to achieve or maintain a reasonable standard of health or development;</li> <li>• His or her health or development is likely to be significantly impaired; or</li> <li>• He or she has a disability</li> </ul>
Child Protection	Under Section 17 (10) of the Children's Act 1989, a child is in need if without the provision of local authority services: <ul style="list-style-type: none"> <li>• He or she is unlikely to achieve or maintain a reasonable standard of health or development;</li> <li>• His or her health or development is likely to be significantly impaired; or</li> <li>• He or she has a disability</li> </ul>
Child deemed as 'different'	Research indicates that children who may be perceived as 'different' e.g. disabled children, children from minority ethnic groups or cultures and children with differing sexual orientations are vulnerable to abuse. It is therefore vital that all agencies promote equality of opportunity and anti discriminatory practice. Failure to do so may expose particular children to significant harm.
Children's Social Care	Within local authorities, Children's Social care Staff (including social workers) act as the main point of contact for children with welfare concerns. They may

	<p>be contacted directly by children, parents or family members seeking help, by concerned friends and neighbours, or by professionals and other statutory and voluntary organisations.</p> <p>Where a child or young person is suffering or likely to suffer significant harm, children's social care staff have lead responsibility for undertaking an assessment of the child's needs, the parent's capacity to meet these needs and to keep the child safe and promote their welfare within the wider family and environment.</p>
Common Assessment Framework (CAF)	<p>The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners and across children's services in England. The CAF is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development.</p>
Disclosure and Barring Service (DBS)	<p>The DBS is designed to help prevent unsuitable people from working with children and vulnerable adults. This is done via:</p> <ul style="list-style-type: none"> <li>• Criminal record checks for all prospective staff (previously CRB checks managed by the Criminal Records Bureau)</li> <li>• Barring individuals who pose a risk of harm from working with children and vulnerable adults (previously managed by the Independent Safeguarding Authority)</li> </ul>
Local Authority Designated Officer (LADO)	<p>A senior member of staff situated within the Local Authority Children's Services who should be alerted to all cases in which it is alleged that a person who works with children has:</p> <ul style="list-style-type: none"> <li>• Behaved in a way which has harmed or may have harmed a child</li> <li>• Possibly committed a criminal offence against children</li> <li>• Behaved towards a child in a way that indicates they are unsuitable to work with children.</li> </ul>
Nominated Safeguarding Officer (NSP)	<p>There must be a person in each organisation who has responsibility for child protection issues and provides child protection advice to other staff and volunteers (this role has a variety of different names)</p>
Parents	<p>Parent or carer including a person with a Special Guardianship Order or Child Arrangement Order. The</p>

	term can include foster parents acting on local authority's behalf for children in care.
Risk to Children	Description of an adult or child who has been identified (by probation services/ youth offending team, police or health services, individually or via the Multi-Agency Public Protection Arrangements) as posing an ongoing risk to a child (replaces the term Schedule 1 offender).
Safeguarding and Promoting the Welfare of Children	The process of <ul style="list-style-type: none"> <li>• Protecting children from maltreatment.</li> <li>• Preventing impairment of children's health or development.</li> <li>• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.</li> <li>• Taking action to enable all children to have the best life chances.</li> </ul>
Significant Harm	A situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection services. The Children Act 1989 introduced the concept of significant harm as the threshold level that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm
Staff	Any individual/s working in a voluntary, employed, professional or unqualified capacity including foster carers.
Third Sector	Non- governmental organisations that are value driven and which principally reinvest their surpluses to further social or cultural objectives e.g. voluntary and community organisations, charities, social enterprises, co-operatives and mutual's
Well-being	The achievement of the best outcome for children. That is, for every child to: <ul style="list-style-type: none"> <li>• Be healthy</li> <li>• Stay safe</li> <li>• Enjoy and achieve</li> <li>• Make a positive contribution</li> <li>• Achieve economic well-being and</li> <li>• Not to cause harm to others.</li> </ul>

## Keeping the child at the centre of your work

It is essential that those who work directly with children get to know them as individuals and regularly consider how their situation feels to them. Settings should prioritise direct communication with children and develop positive and respectful relationships with them ensuring the child's wishes and feelings are the basis of your setting's approach, plans and or activities.

Children need to feel they are respected and understood as individuals and to have their wishes and feelings consistently taken into account.

Effective action to keep the child/young person in focus includes:

- Being vigilant and noticing when children appear troubled or anxious
- Developing a direct and stable relationship based on trust and understanding with the child
- Obtaining information from child and or parents about his or her needs
- Finding out about the child's wishes and feelings about their situation now as well as plans and hopes for the future.
- Involving the child in key decision-making (appropriate to age and level of understanding)

## Some key legislation

### The Children's Act 1989

The Children Act 1989 reinforces

1. The autonomy of families through definition of parental responsibility
2. Provides for support from local authorities, in particular for families whose children are in need
3. Legislation to protect children who may be suffering or are likely to suffer significant harm.

#### **Key principles and concepts include:**

##### **Welfare of the child**

When a court determines a question with respect to the upbringing of a child the child's welfare shall be the court's paramount consideration. Regard must also be given to: the ascertainable wishes and feeling of the child: their physical, emotional and educational needs; any harm that the child has suffered or is at risk of suffering; and how capable the parent/s is of meeting the child's needs.

##### **Parental responsibility**

Parental responsibility is defined as all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation the child and his property. More than one person may have parental responsibility for the same child at the same time.

Parental responsibility is given to both the child's father and mother where they are married to each other at or after the child's conception. In the case of unmarried parents, the mother has parental responsibility and the father does not have parental responsibility unless he:

- acquires it by a court application;
- there is agreement between both parents or
- if the father's name is on the child's birth certificate. A guardian appointed by the court or by a parent also acquires parental responsibility.

##### **Child in Need (section 17)**

A general duty is placed on local authorities to safeguard and promote the welfare of children in their area who are in need and to promote the upbringing of such children by their families by providing a range of services.

A child is in need if:

- He/she is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by a local authority
- -His/her health or development is likely to be significantly impaired or further impaired without the provision of such services
- He/she is disabled.

##### **Definition of harm**

Harm means ill treatment (including sexual abuse and non physical forms of abuse) or the impairment of health (physical or mental) or physical, intellectual, emotional, social or behavioural development.

### **Duty to investigate (section 47)**

Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer significant harm, the authority shall make such enquires as they consider necessary to enable them to decide whether there should take any action to safeguard or promote the child's welfare.

### **The Children's Act 2004**

The Children's Act 2000 does not replace or amend Children's Act 1989. Instead it supplements the 1989 Act by setting out the process for improved multi-disciplinary working and integrated planning, commissioning and delivery of services in order to better safeguard and promote the welfare of children. Key principles and concepts introduced by the Children Act 2004 include:

#### **A duty on agencies to cooperate to improve the well-being of children and young people (section 10)**

This duty makes it compulsory for local authorities to promote co-operation between various statutory and non statutory agencies. These arrangements are to be made with a view to improving the well-being of children in the authority's area so far as relating to:

- Physical and mental health and emotional well being
- Protection from harm and neglect
- Education, training and recreation
- The contribution made by them to society
- Social and economic well-being

Arrangements for co-operation must take account of the importance of parents and carers in improving the well being of children.

#### **Arrangements to safeguard and promote the welfare of children (Section 11)**

This duty requires all agencies with responsibilities towards children to discharge their functions with regard to the need to safeguard and promote the welfare of children. They must also ensure that anybody providing services on their behalf does the same. The purpose of this duty is that agencies give appropriate priority to safeguarding children and share concerns at an early stage to encourage preventative action.

#### **Local Safeguarding Children Board**

Each local authority in England must establish a Local Safeguarding Children Board (LSCB) for their area. LSCB's bring together a range of local partners' representatives, including health, education, children's services, police, probation, youth offending, the voluntary and community sector and others. LSCB's main function is to co-ordinate and quality assures the safeguarding children activities of member agencies.

## **A Children's Commissioner for England**

The Children's Commissioner for England has responsibility for promoting awareness of the views and interests of children, giving due regard to the United Nations Convention on the Rights of the Child.

## **Working Together to Safeguard Children 2015**

This guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children and their needs.

### **Who is this guidance for?**

This statutory guidance should be read and followed by local authority Chief Executives, Directors of Children's Services, LSCB Chairs and senior managers within organisations who commission and provide services for children and families, including the voluntary and community sector who have contact with children and families.

### **A child-centred and coordinated approach to safeguarding**

Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part;
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Everyone who works with children - including teachers, GPs, nurses, midwives, health visitors, early year's professionals, youth workers, police, A&E staff, paediatricians, voluntary and community workers and social workers - has a responsibility for keeping them safe.

### **Assessing need and providing help**

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the early years through to the teenage years.

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help;
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities have a responsibility to promote inter-agency cooperation to improve the welfare of children.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence;

- is showing early signs of abuse and/or neglect.

The provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families.

## **Information Sharing**

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe.

## **Organisational responsibilities**

Private Voluntary and Independent early years providers play an important role in delivering services to children. They need to work effectively with the LSCB. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and make a referral to local authority children's social care or the police if necessary.

These organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including

- a clear line of accountability for the provision of services to children;
- a senior leadership responsibility for safeguarding;
- a culture of listening to children and considering their wishes and feelings;
- arrangements which set out clearly the processes for sharing information;
- a designated professional lead for safeguarding;
- safe recruitment practices;
- appropriate supervision and support for staff, including safeguarding training;
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children.

## **The United Nations Convention on the Rights of the Child 1989**

The UN Convention on the Rights of the Child (CRC), ratified by the UK in 1991, sets out the civil, economic, social, cultural and political rights of every child. The CRC is the most comprehensive statement of children's rights and it is the most-widely ratified international human rights convention in history. Some of the key principles of the CRC include

### **Safety and protection**

- Everyone under the age of 18 enjoys all the rights set out in the CRC
- The Convention applies to everyone: whatever their ethnicity, gender, religion, abilities, whatever they think or say, whatever type of family they come from
- The best interests of the child must be a top priority in all matters that affect children.

### **Parent and carers**

- Governments must respect the rights and responsibilities of parents and carers to direct and guide their child as they grow up
- Children must not be separated from their parents unless it is in the best interests of the child (risk of harm)
- Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents.

### **Views of the child and access to information:**

- Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously
- Every child must be free to say what they think and to seek and receive all kinds of information, as long as it is within the law
- Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights
- Every child has the right to privacy. The law should protect the child's private, family and home life.

### **Children in specific circumstances**

- If a child is a refugee or seeking refuge, governments must ensure that they have the same rights as any other child
- A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community.

### **Rights to leisure, play and cultural activities:**

- Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

## Types and indicators of abuse

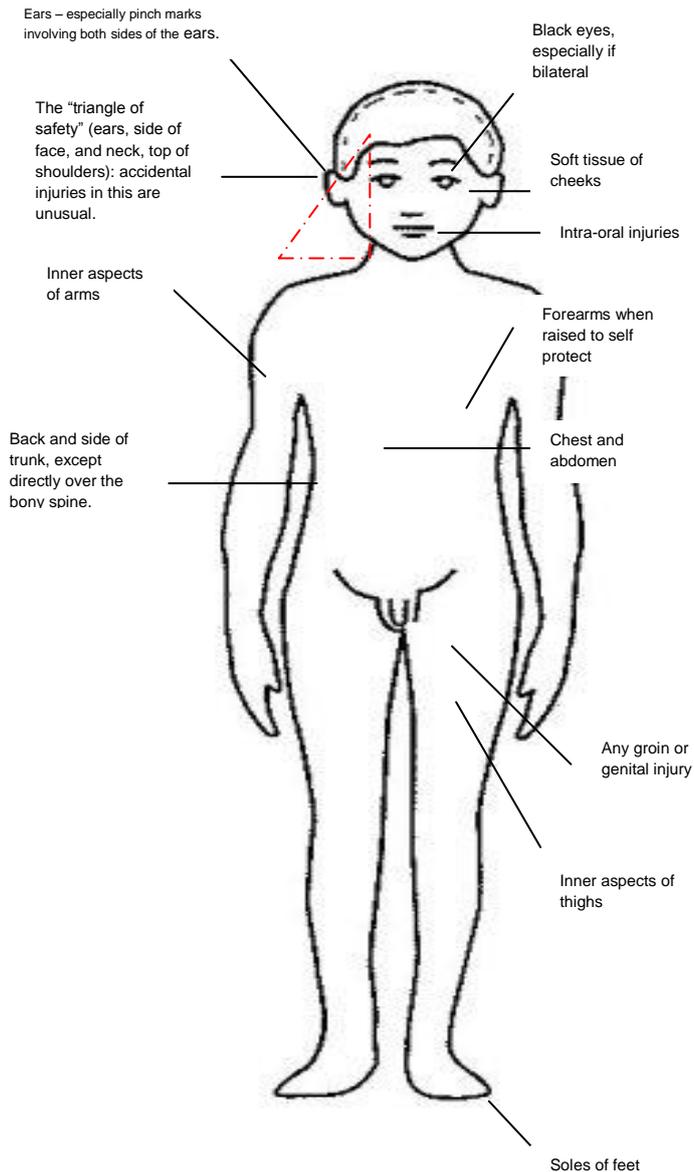
### Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child (including Female Genital Mutilation/female circumcision). Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

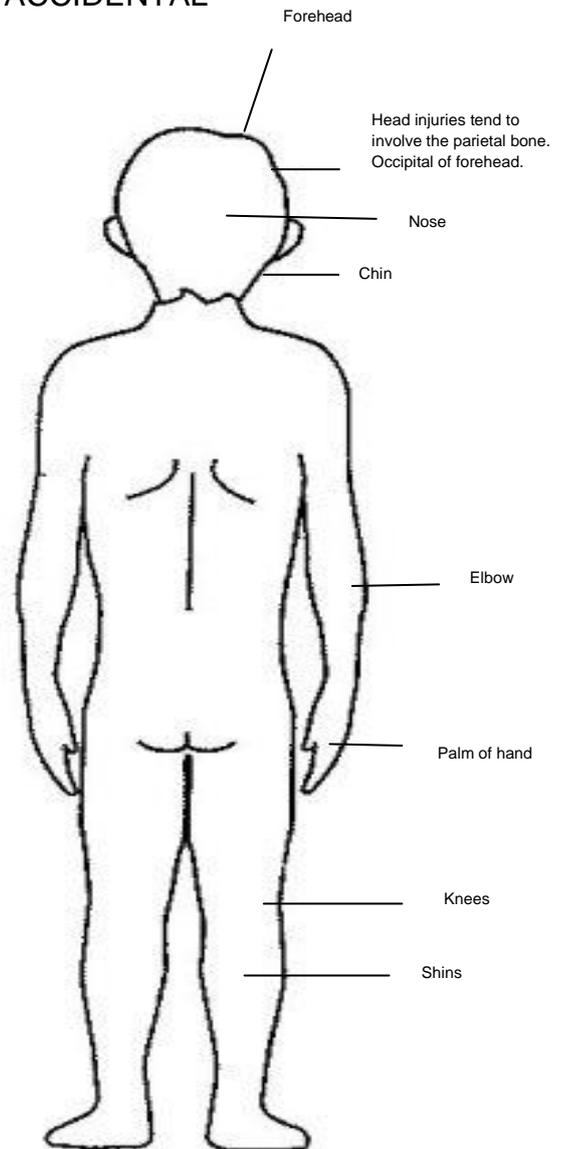
Physical signs	Behavioural signs
<ul style="list-style-type: none"> <li>• injuries which the child cannot explain, or explains unconvincingly</li> <li>• untreated injuries or injuries that have been treated inadequately</li> <li>• injuries on parts of the body where accidental injury is unlikely, such as the cheeks, chest or thighs</li> <li>• bruising in babies and in children who are not independently mobile</li> <li>• bruising to the face, back, abdomen, arms, buttocks, ears and hands</li> <li>• bruising which reflects an imprint of an implement or cord, or hand or finger marks</li> <li>• multiple bruises – in clusters or of uniform shape</li> <li>• human bite marks</li> <li>• fractures in children under 18 months</li> <li>• fractures that are inconsistent with the child's developmental stage</li> <li>• scalds, especially those with upward splash marks where hot water has been deliberately thrown over the child, or tide marks – rings on the child's arms, legs or body where the child has been made to sit or stand in very hot water</li> </ul>	<ul style="list-style-type: none"> <li>• reluctance to have their parents contacted</li> <li>• aggressive behaviour or severe temper outbursts</li> <li>• running away or showing fear of going home</li> <li>• flinching when approached or touched</li> <li>• reluctance to get undressed for sporting or other activities where changing into other clothes is normal</li> <li>• covering arms and legs even when hot</li> <li>• depression or moods which are out of character with the child's general behaviour</li> <li>• unnatural compliance with parents or carers</li> </ul>

- multiple burns, burns with a clearly defined edge and burns affecting unusual areas of the body such as the back, shoulders or buttocks

### NON ACCIDENTAL



### ACCIDENTAL



#### REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation

#### REMEMBER

Accidental injuries typically:

- involve bony prominences
- match the history
- are in keeping with the development of the child

## Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child/young people which can have severe and persistent effects on the child's emotional development. It can include:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability
- Overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another such as witnessing domestic violence (DV) in the home.
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Physical signs	Behavioural signs
<ul style="list-style-type: none"><li>• a failure to grow or thrive</li><li>• sudden speech disorders</li><li>• delayed development-physical or emotional</li><li>• stress related illnesses e.g. eating disorders</li><li>• over reaction to mistakes</li><li>• continually putting themselves down</li><li>• fear of new situations</li></ul>	<ul style="list-style-type: none"><li>• the child seeing themselves as unworthy of love and affection</li><li>• excessive lack of confidence (not just shyness) or low self esteem</li><li>• compulsive nervous behaviour</li><li>• self harming</li><li>• wetting or soiling</li><li>• excessive need for attention, approval or affection</li></ul>

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or emotional needs, which is 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.

Physical signs	Behavioural signs
<ul style="list-style-type: none"><li>• abnormal growth including failure to thrive</li><li>• underweight or obese</li><li>• recurring infection</li><li>• unkempt dirty appearance</li><li>• smelly</li><li>• inadequate and/or unwashed clothes</li><li>• hunger</li><li>• lack of adequate supervision</li></ul>	<ul style="list-style-type: none"><li>• attachment disorders</li><li>• indiscriminate friendliness</li><li>• poor social relationships</li><li>• poor concentration</li><li>• developmental delays</li><li>• low self esteem</li></ul>

## Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve:

- physical contact, including assault by penetration (for example, rape or oral);
- non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing;
- non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Physical signs	Behavioural signs
<ul style="list-style-type: none"> <li>• pain, itching, bruising or bleeding to genital or anal areas</li> <li>• STDs, recurrent genital discharges or urinary tract infections without apparent cause</li> <li>• stomach pains or discomfort when the child is walking or sitting</li> <li>• unexpected pregnancy, especially in very young girls</li> </ul>	<ul style="list-style-type: none"> <li>• sexual knowledge inappropriate for age</li> <li>• sexualised behaviour in young children</li> <li>• sexually provocative behaviour or promiscuity</li> <li>• sudden or unexplained changed in behaviour</li> <li>• nightmares, bedwetting, eating disorders, hysteria attacks, self harms or suicide attempts</li> <li>• reluctance to change for sports</li> <li>• sexual bullying of other children</li> </ul>

## Children in specific circumstances

Listed below are some areas which may or may not apply to your setting. They are listed here because **children affected by these areas might be more vulnerable to harm or abuse and significant harm is always a very real risk for these children**. A high degree of awareness and co-operation between professionals is essential in recognising and identifying their needs and in acting to meet those needs.

### **Bullying**

Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for the victims to defend themselves.

The damage inflicted by bullying is often underestimated. It can cause considerable distress to children, to the extent that it affects their health and development and can be a source of significant harm, including self-harm and suicide. Professionals should be aware that bullying can rapidly escalate into sexual or serious physical or emotional abuse.

Bullying can take the following forms: physical abuse (e.g. hitting or kicking); verbal or mobile telephone / online (internet) message abuse (e.g. racist, sexist or homophobic name-calling or threats); mobile telephone or online (internet) visual image abuse – these can include real or manipulated images; emotional abuse (e.g. isolating an individual from the group or emotional blackmail).

More Information:

#### Safe Network:

[http://www.safenetwork.org.uk/help\\_and\\_advice/pages/antibullying.aspx](http://www.safenetwork.org.uk/help_and_advice/pages/antibullying.aspx)

LSCB: <http://www.bardag-lscb.co.uk/childrens/Pages/Home.aspx>

### **Disabled children**

Any child with a disability is by definition a 'child in need' under section 17 of the *Children Act 1989*. This means that Local Authorities have a legal duty to support them and their families to ensure that they are safeguarded and that their needs are met.

Research suggests that children with a disability are three to four times more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability (Ofsted 2012). The increased vulnerability is attributed to risk factors such as:

- increased likelihood of being socially isolated;
- dependency on parents and carers for practical assistance in daily living, including intimate personal care;
- an impaired capacity to resist or avoid abuse; possible communication barriers, such as speech impairments;
- limited access to someone they can trust to disclose that they have been abused.

Evidence also indicates that disabled children are especially vulnerable to bullying and intimidation.

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness

of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves.

More Information:

Safeguarding Disabled Children: Practice guidance, DfE:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/190544/00374-2009DOM-EN.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf)

Contact a Family: <http://www.cafamily.org.uk/professionals>

## **Female genital mutilation/cutting (FGM)**

Female genital mutilation (FGM) is a collective term for procedures that remove part or all of the external female genitalia for cultural or other non-medical reasons. The age at which girls are subjected to female genital mutilation varies greatly, from shortly after birth to any time up to adulthood, with the average age being 4 to 13 years.

A child for whom FGM is planned is at risk of significant harm through physical abuse and emotional abuse. Health implications can range from severe pain and emotional / psychological trauma to death from blood loss or infection. Depending on the type of FGM carried out, girls and women can also experience urinary problems, difficulty with menstruation, pain, vaginal infections and specific problems during pregnancy and childbirth.

Female genital mutilation is a **criminal offence in the UK**. The Female Genital Mutilation Act (2003) makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

More Information:

Safeguarding children at Risk of Abuse through Female Genital Mutilation (LSCB 2007):

[http://www.londonscb.gov.uk/procedures/supplementary\\_procedures.html](http://www.londonscb.gov.uk/procedures/supplementary_procedures.html)

[LSCB Website:](http://www.londonscb.gov.uk/procedures/supplementary_procedures.html)

[http://www.londonscb.gov.uk/procedures/supplementary\\_procedures.html](http://www.londonscb.gov.uk/procedures/supplementary_procedures.html)

## **Private Fostering**

A private foster carer is someone other than a parent or a close relative (including grandparent/s, brother or sister, aunt or uncle, or a step parent) who cares for a child for a period of 28 days or more, in agreement with the child's parent. It applies only to children under 16 years, or under 18 if they are disabled. This does not include children who are being looked after by the local authority.

Private fostering can place a child in a vulnerable position as the carer may not provide the child with the protection that an ordinary parent might provide. In many cases, the child is also looked after away from a familiar environment in terms of region or country. Therefore, private foster carers and those with parental responsibility are required to notify LA children's social care of their intention to privately foster or to have a child privately fostered. This is necessary to ensure that child is properly safeguarded. If you suspect or doubt that Children's Social Care have been informed about a private fostering situation that you are aware of, you must call and advise them.

More Information:

Somebody Else's Child: <http://www.privatefostering.org.uk/public>

DfE:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/274414/Children\\_Act\\_1989\\_private\\_fostering.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274414/Children_Act_1989_private_fostering.pdf)

LSCB: <http://www.bardag-lscb.co.uk/Pages/CultureandFaithCommittee.aspx>

## **Sexual Exploitation**

The sexual exploitation of children is a form of child sexual abuse which includes some combination of:

- Pull factors - children exchanging sex for attention, accommodation, food, gifts or drugs
- Push factors - children escaping from situations where their needs are neglected and there is exposure to unsafe individuals
- Control, brain washing, violence and threats of violence by those exploiting the child. Increasingly, victims are identified under-16 years of age, across all cultures.

Sexually exploited children commonly have low self-esteem and typical vulnerabilities include:

- living in a chaotic or dysfunctional household;
- history of abuse;
- living in residential care or supported accommodation;
- recent bereavement or loss;
- learning disabilities;
- homelessness;
- attending school or association with children who are being exploited;
- gang association.

Sexually exploited children also suffer physical and emotional abuse and often neglect.

Professionals should be aware that sexually exploited children are rarely visible on the streets, and grooming children for abuse via the internet has contributed to the invisibility of the sexual exploitation of children.

More Information

Safeguarding sexually exploited Children:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278849/29](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/29)

LSCB: <http://www.bardag-lscb.co.uk/Pages/Child.aspx>

## **Spirit Possession or Witchcraft**

Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This 'evil' is variously known as 'black magic', 'kindoki', 'ndoki', 'the evil eye', 'djinn', 'voodoo', 'obeah'. Children are called witches or

sorcerers. A belief in spirit possession is not confined to particular countries, cultures, religions/faiths or communities.

A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. The forms of abuse that acts of 'exorcism' can take include physical, emotional and sexual abuse and neglect.

Common factors that put a child at risk of harm include:

- Belief in evil spirits (this is commonly accompanied by a belief that the child could 'infect' others with such 'evil')
- Scapegoating because of a difference
- Rationalising misfortune by attributing it to spiritual forces and when a carer views a child as being 'different' (for instance because of a disability, bedwetting or rebelliousness)
- Changes and / or complexity in family structure or dynamics
- Change of family circumstances for the worse; and parenting difficulties.

More Information:

National Action Plan to tackle child abuse linked to faith or belief, DfE 2012:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/175437/Action\\_Plan\\_-\\_Abuse\\_linked\\_to\\_Faith\\_or\\_Belief.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Action_Plan_-_Abuse_linked_to_Faith_or_Belief.pdf)

What is Witchcraft Abuse, AFRUCA: [http://www.afruca.org/wp-content/uploads/2013/06/SACUS05\\_What-is-witchcraft-abuse.pdf](http://www.afruca.org/wp-content/uploads/2013/06/SACUS05_What-is-witchcraft-abuse.pdf)

## Safeguarding children from minority ethnic, culture and faith communities

For children and families whose faith, culture, nationality and possibly recent history differs significantly from that of host nation families, there is a range of issues which can potentially obstruct their ability to seek help, protect themselves or fulfil their roles as protective adults.

- Children and their parents may be unable to speak, read or write English, at all or well
- Children and their parents who are newly immigrant are likely to have weak or non-existent social networks
- Newly immigrant families may be reluctant or averse to engaging with statutory services. This may be due to a lack of confidence in navigating the UK public services system or due to bad experiences in their home country
- The parent/s may have a perspective on child rearing practices underpinned by culture or faith which are not in line with UK law.

Safeguarding issues most commonly occurring in the context of ethnically, culturally or faith diverse communities includes:

- Female Genital Mutilation (FGM)
- Honour-Based Violence (HBV)
- Forced Marriage
- Harm to children linked to beliefs in witchcraft and spirit possession
- Trafficking
- Private fostering
- Domestic abuse
- Physical chastisement of children

However, it is important to remember that all types of abuse, physical, emotional, sexual and neglect, happen in all communities and professionals must avoid rigid associations between specific cultures/faiths and specific safeguarding issues.

### REMEMBER

When family circumstances appear complex, clarity of purpose comes from keeping the child and his or her needs in focus. To do this, professionals must:

- Be able to distinguish a healthy child from one whose health and development is being impaired due to abuse or neglect
- Be able to see past the child's culture to identify actual or potential impairment to health and development.

For more information visit: [http://www.londonscb.gov.uk/culture\\_and\\_faith/](http://www.londonscb.gov.uk/culture_and_faith/)

<http://www.bardag-lscb.co.uk/Pages/CultureandFaithCommittee.aspx>

## **Unaccompanied Asylum-Seeking Children**

These are children under the age of 18 years who are seeking asylum, but not living with their parents, relatives or guardians in the UK. Most come from countries which are in a state of chaos, including war and endemic violence.

Unaccompanied asylum seeking children (UASC) require a broad package of support, including legal advice, advocacy, emotional and/psychological support, language support, help with adapting to a different culture and other basic needs such as health, education, housing and general care.

Evidence indicates that some children trafficked into the UK apply for asylum following instructions received by the traffickers. Research and evidence also show higher vulnerability of unaccompanied asylum seeking children to sexual exploitation and going missing from care, home and/or school.

All UASC should be referred to LA's children's social care as there is a statutory duty of care towards them.

# Framework of competencies for effective safeguarding children practice

In order to effectively safeguard children living in ethnically, culturally and faith diverse communities, professionals must be competent in:

## **1. Knowing how a healthy child presents and behaves**

When family circumstances appear complex, clarity of purpose comes from keeping the child and his or her needs in focus. To do this, professionals must be able to distinguish a healthy child from one whose health and development is being impaired due to abuse or neglect.

## **2. Listening to children and taking what they say seriously**

There is evidence from research that one of the reasons why children fail to disclose abuse is not being asked the question. Research also indicates that children fear not being believed. It is therefore crucial that children are listened to and taken seriously and that they have their views taken into account by professionals who support them.

## **3. Knowing how to undertake really good holistic assessment**

Depending on the circumstances it can be brief or in-depth, but it must address all three assessment domains: child's growth and development; parental ability to meet the child's needs and to keep the child safe from harm; and the amount of support available from child's wider network and environment.

## **4. Cultural competence**

The professional is self-aware enough not to alienate the child or family and avoids being blinded or prejudiced by faith or cultural practices.

Cultural competence is respectful of and responsive to the beliefs, practices and cultural and linguistic needs of diverse communities. Professionals must accept and respect diversity and think about how their actions may affect people from other cultures.

## **5. Knowing, learning about or seeking expert advice on the particular culture and or faith by which the child and family live their daily life**

Professionals may choose to educate themselves about particular faith or culture (e.g. by accessing relevant safeguarding training) or seek expert advice from specialist sources.

## **6. Knowing what services are available locally to provide relevant cultural and faith-related input**

Professional must take personal responsibility for utilising the third sector specialist knowledge to inform their practice.

## Domestic Abuse

The term 'domestic abuse' is increasingly used to refer to domestic violence to reflect the non-physical forms of abuse it can take.

### **What constitutes domestic abuse?**

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological;
- physical;
- sexual;
- financial and
- emotional.

This includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage.

The main characteristic of domestic abuse is that it is intentional and is calculated to exercise power and control within a relationship.

Examples include:

- slapping;
- pushing;
- physical restriction of freedom;
- intimidation and threats;
- constant criticism;
- damaging property or items of sentimental value;
- stalking;
- non-consensual sex;
- refusing safe sex;
- depriving or taking control of money.

### **Who are the perpetrators?**

Although both men and women can be victims, a greater proportion of women experience all forms of domestic abuse and are more likely to be seriously injured or even killed.

Domestic abuse may be perpetrated by a partner or a spouse, as well as extended family members, such as parents or parents-in-law.

### **Why is it a child protection issue?**

Children are at risk of physical injury during an incident. Research shows that this happens in up to 60% of cases.

- Children who witness (see or hear) domestic violence, suffer emotional and psychological maltreatment. This is proven to cause various psychological and behavioural problems in children, such as anxiety, withdrawal, lack of empathy, lack of conflict resolution skills, propensity for violent or anti-social behaviour and others.

- Domestic abuse rarely exists in isolation. Many parents also misuse substances and experience mental ill health. One or a combination of these factors can significantly impact on parental capacity to protect children and meet their needs
- Research shows that violence towards women increases both in severity and frequency during pregnancy. Babies under 12 months old are particularly vulnerable to violence. Nationally, over 50% of child protection cases involve domestic violence.

### **Responding to domestic violence:**

Professionals in all agencies are in a position to identify or receive a disclosure about domestic violence. Professionals should be alert to the signs that a child or mother may be experiencing domestic violence, or that a father/partner may be perpetrating domestic violence.

Professionals in all voluntary, community and faith groups should take the following steps to enable identification and ensure correct responses to domestic violence:

- Be familiar with signs and indicators of domestic violence in both children and mothers. This can be best achieved by attending domestic violence training via LBBB Safeguarding Children Board or referring to the Domestic & Sexual Violence Guidance
- The issue of domestic violence should only ever be raised with a child or mother when they are alone, in a safe space and away from the abuser/s
- Information about domestic violence should be available in English and relevant community languages, giving information about domestic violence, inviting children and mothers to seek help and giving contact details of local support services
- Listen to children and take what they say seriously
- Be aware of the additional vulnerabilities experiences by victims from Black and Minority Ethnic communities.

### **REMEMBER**

**If there is a concern about the risk of significant harm to the child, then every professional's overriding duty is to protect the child.**

## What to do if you think a child is being abused

If you think a child is being abused, inform your Nominated Safeguarding Person (or Deputy if NSP unavailable) who should contact LBBB MASH on 0208273811 without delay (or Emergency Duty Team during out of hours: 02085948359).

**In emergencies /if immediate action is required call the Police on 999.**

### **Do I inform the parents/carers about contacting MASH?**

Unless you feel it could place the child at risk, you should inform the parents/carers. Although you do not need parental/carer consent to make a referral, parental cooperation will almost always benefit the child and ease the investigative process. However, make sure you discuss with the MASH Team what – if anything – you should say to the child's parents/carers.

Once you have referred to MASH your concerns are known as a 'referral'.

### **What happens once you have contacted MASH?**

- Child's Case is referred to local authority (LA) Children's Social care
- MASH manager/Social worker/ manager reviews the referral and acknowledges receipt of referral and decides on next course of action within 24 hours
- Feedback to referrer on next course of action

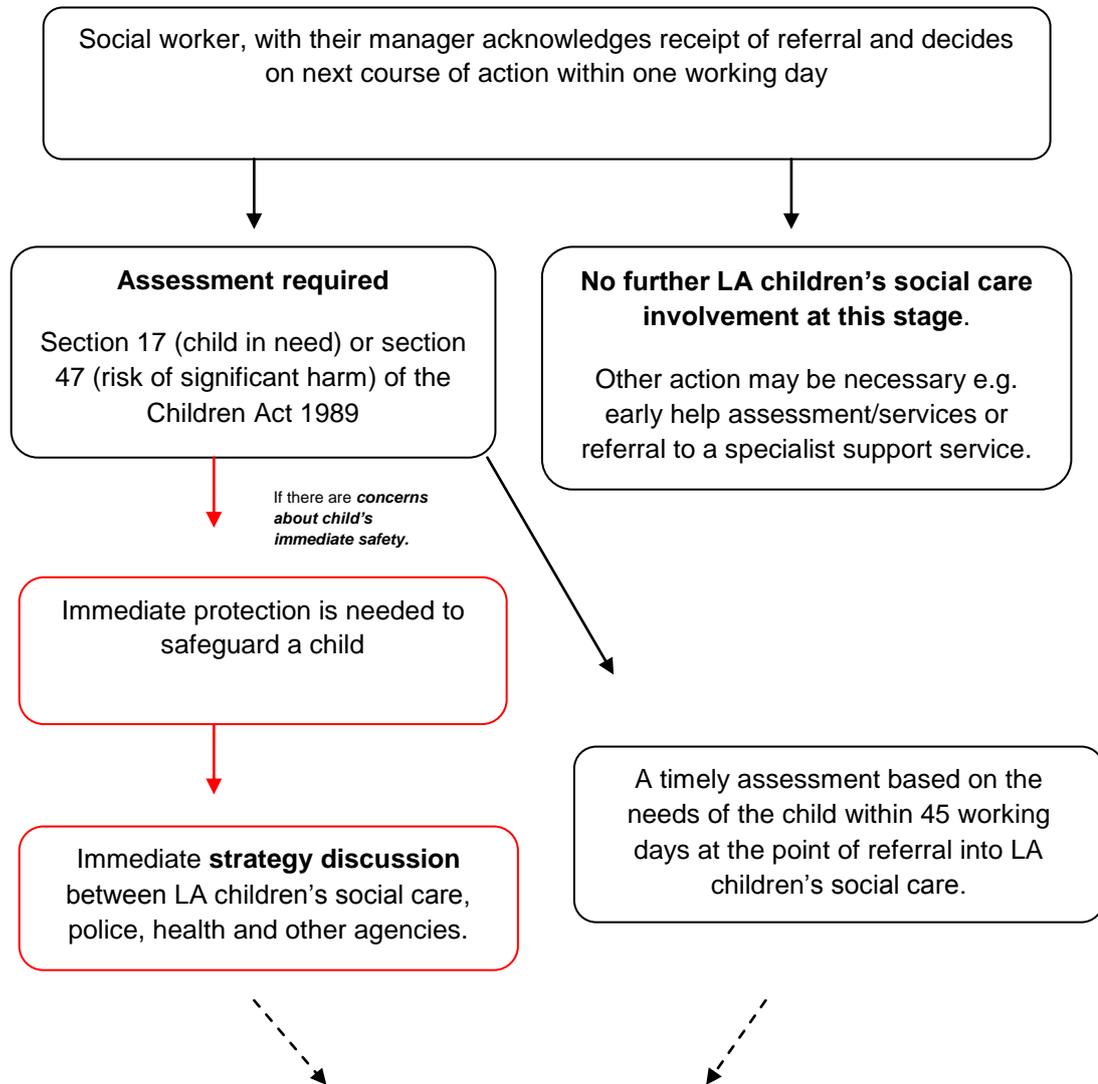
### **REMEMBER**

**It is your responsibility as the referrer to ensure that your referral has been received and recorded by LBBB MASH team. If you do not receive a confirmation of referral, contact MASH again.**

Social workers then have a duty by law to investigate the situation or circumstances that have led to the referral. They will:

- Complete an assessment/child protection investigation and talk to the child/young person, family members and visit the family home
- Contact all agencies that are directly involved with the child and ask them for information about the child's welfare
- In some situations involve the police who also have a duty to investigate circumstances where it is believed a child has been harmed.

## Possible outcomes of a referral to Children's Social Care



Following a strategy meeting or an assessment, a child protection conference may be called and the child may be subject to a child protection plan.

### Child Protection Conferences

If the assessment indicates that the child is at risk of significant harm a child protection conference may be called. This is a meeting attended by the parents of the child, the child (where appropriate) and all key agencies involved with the child.

A child under 12 would normally not attend, though an older child may do. However, the social worker will speak to the child before the conference and will present their views during the conference. The conference will be chaired by an independent person.

**The aim of the conference is to bring together and analyse, in an interagency setting, all relevant information and plan how best to safeguard and promote the welfare of the child.** It is the responsibility of the conference to make recommendations as to how agencies work together to safeguard the child in future. More information <http://www.workingtogetheronline.co.uk/>

## What to do if your concerns are not about abuse

Sometimes concerns about a child/young person may not be about abuse. You may be concerned that a child or family need some help in making sure all the child's needs are met to address a particular problem or a family situation that may affect the child's wellbeing in the future. Examples of this might be where a child is suffering due to poverty, difficulties at school, witnessing relationship breakdown in the home, needing support with a disability, etc. In these cases, where multi-agency help and support may be needed – the **Common Assessment Framework (CAF)** should be used.

It is important to remember that even when your concerns are not about child's safety you should **monitor the situation** and **keep a record of all actions** taken to support the child/family, including any observations and discussions with the child/family and/or professionals from your or other agencies. Your records can be crucial if the situation escalated in the future and action is required to safeguard the child. Your notes can also help your setting learn from experience by allowing you to 'go back' and analyse what works well in your work with children and families. Remember to keep all records confidential and secure. Only the Nominated Safeguarding person and the Deputy NSP should have access to them.

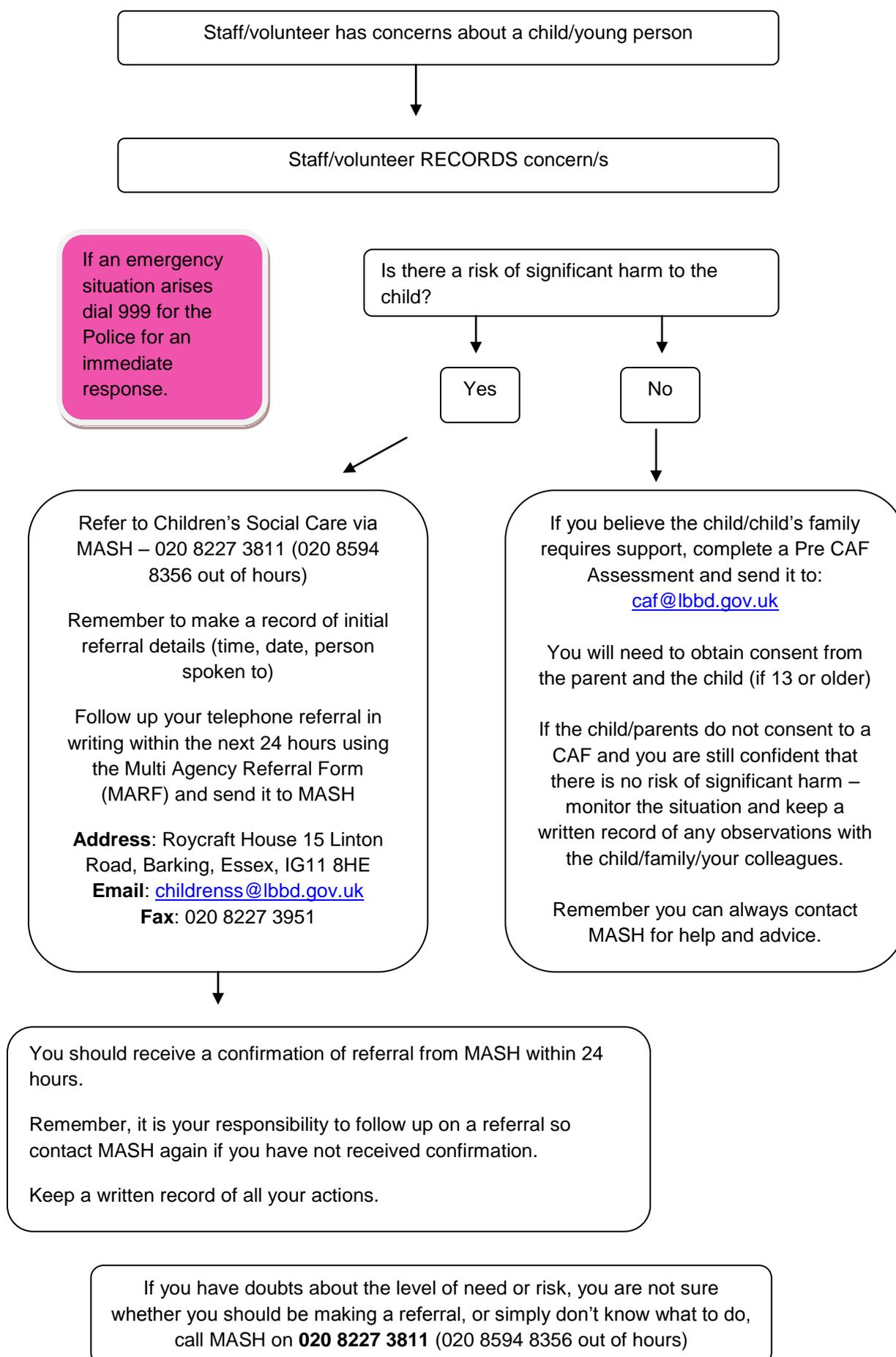
### **What is the Common Assessment Framework (CAF)?**

The Common Assessment Framework (CAF) is a tool enabling different services and agencies to work together to better understand the needs of a child/young person and their family, and to ensure those needs are met – keeping the child at the heart of the process at all times.

### **How does it work?**

The child and their parent/carer meet with key professionals to discuss their needs and undergo a single assessment of need (common assessment). An action plan is agreed and each service engaged then works to fulfil their commitment to the child and their family until the desired results are achieved. This ensures that children and their families are able to access the help and support they need without having to undergo numerous assessments.

## Dealing with concerns about a child/young person



## LBBD'S Multi-Agency Thresholds of Need

LBBD's Multi-Agency Thresholds of Need Guidance is a document aimed at every agency, including statutory, voluntary, private and independent, which works directly or indirectly with children, including the families of these children.

In order to help agencies assess and identify a child's level of need, a Threshold Document, broken down into four levels is available for all individuals, practitioners and staff.

It helps staff and volunteers to:

- understand and assess levels of need and make judgement about risks;
- understand consent issues;
- consider the type of services that should be involved to support a child/family.

### **Level 4 – Acute/Child Protection**

- Requires statutory intensive support as there is “reasonable cause to suspect that a child is suffering or likely to suffer significant harm” (Children Act 1989 Sect 47)
- In need of Child Protection by Children's Social Care intervention and other statutory services
- Child at risk of abandonment or homelessness because of family breakdown.

### **Level 3 – Complex/Child in Need**

Complex needs that are likely to need longer term intervention from statutory or specialist services. A targeted integrated response is needed. This is the threshold for a child who needs Children's Social Care intervention under Section 17, Children Act 1989:

- “a child whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services. This includes the provision of services to children who are disabled.”

### **Level 2 – Vulnerable**

These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs.

### **Early Help – Common Assessment Framework (CAF)**

CAF and Family CAF (FCAF) are Barking and Dagenham's primary assessment and service coordination delivery tools for Early Help. They support inter-agency working through holistic assessment, improved coordination, cooperation and effective information sharing between agencies through the Team alongside the Family (TAF) approach.

Early Help and prevention intervention is vital to safeguarding children. In Barking and Dagenham our Early Help and prevention work continues to evolve with integrated pathways established across the partnership.

Barking and Dagenham have adopted a clear vision for CAF and that is one of holistic assessment of strength and need leading to evidence of services required to support a child or family. These services are brought into the TAF to ensure a fluid and joint up approach to supporting families is taken.

TAF is an embedded concept in Barking and Dagenham. This is the approach used by all professionals using either CAF or Family CAF where a family require multi agency support. Regular TAF Reviews are held to ensure the Delivery Plan is on track and to collectively review progress made.

## Responding to a Child/Young person (allegations of abuse)

If a child/young person says that he or she is being abused or provides information that suggests that they are being abused ('allegation of abuse'), the person receiving that information should:

- remain calm, accessible and receptive;
- listen carefully without interrupting or asking leading questions;
- communicate with the child/young person in a way that is appropriate to their age, understanding and preference;
- be aware of the non-verbal messages you are giving;
- make it clear that you are taking them seriously;
- acknowledge their courage and reassure them that they are right to tell;
- reassure them that they should not feel guilty and say that you're sorry that this has happened to them;
- let them know that you are going to do everything you can to help them and what may happen as a result;
- make a note of what was said and who was present, using the child/young person's actual words wherever possible.

### You should NEVER

- investigate or seek to prove or disprove possible abuse;
- make promises about confidentiality or keeping 'secrets' to children/young people;
- assume that someone else will take the necessary action;
- jump to conclusions, be dismissive or react with shock, anger, horror etc
- speculate or accuse anybody;
- investigate, suggest or probe for information;
- confront another person (adult or child/young person) allegedly involved;
- offer opinions about what is being said or the persons allegedly involved;
- forget to record what you have been told;
- fail to pass this information on to the correct person.

Remember to always  
**RECORD** what has happened and  
**REPORT** to the Nominated  
Safeguarding person.

## The role and responsibilities of the Nominated Safeguarding Person

There must be someone in your setting who will take action if there is a concern, a report of abuse/risk of harm, or if an allegation is made against a member of staff or volunteer in relation to maltreatment of a child.

Different titles for this role can be used, including Child Protection Officer, Designated Safeguarding Children's Officer or Children's advocate/representative. It is not the role title that matters but the scope of this person's responsibilities.

For the sake of simplicity, the term '**Nominated Safeguarding Person**' is used in this document.

### **What does the Nominated Safeguarding Person (NSP) do?**

The Nominated Safeguarding Person has a specific responsibility for safeguarding and child protection matters within an organisation.

The NSP's role includes:

- Overseeing the preparation and implementation of the safeguarding policy and ensuring that it is regularly reviewed, and that the policies and procedures are followed
- Liaison with the Council and other child protection agencies (i.e. Police) and making referrals
- Reporting any concerns to Children's Services or the police (urgent concerns must be reported immediately even if the NSP is not available)
- Acting as the lead person in circumstances where an allegation has been made against a member of staff/volunteer within their agency
- Acting as a source of advice on all child protection matters within their organisation and seeking further advice and guidance from other agencies as needed e.g. LA, LADO
- Ensuring that confidential records are kept of any concerns about a child or young person and of any conversation or referrals to statutory agencies
- Ensuring that any such records are kept safely and securely
- Making sure that staff/volunteers receive adequate child protection training
- Promoting the needs of children and young people in the workplace and keeping the staff and volunteers informed on good practice.
- Attending meetings following disclosures or investigations, including case conferences, giving either support to a child or family members (not both at the same time)
- **Being available!**

### **Need for a Deputy**

There needs to be at least one Deputy NSP. If an allegation is made against the NSP, there must be someone else that the person/s complaining can go to. If a concern of possible abuse is raised and the NSP was on holiday or unavailable then having a Deputy NSP overcomes this.

### **Working as part of a team**

As well as informing the statutory agencies, you may also be required as a condition of your insurance to inform your insurer of any safeguarding concern. In addition, if your setting is part of a denomination or other umbrella organisation there may be an expectation that you inform them, e.g. within an Anglican Diocese you may need to contact the Bishop's Adviser for child protection. Familiarise yourself with the process within your organisation and note relevant telephone numbers or contact names and addresses.

Safeguarding concerns within an organisation can be emotionally demanding, so it's important to ensure that you have support in place for yourself. Also remember that confidentiality is important for all concerned.

### **What should the NSP do if they have/receive a child protection concern?**

It is likely that you could be contacted by a child who may disclose abuse directly to you, a worker may approach you with a concern, or a parent may want help or advice. Where there is a concern of physical, emotional abuse or neglect the following general guidelines should be followed:

- If deliberate injury is suspected, there is a concern for a child's safety or they are afraid to return home Children's Social Care should be contacted without delay. Do not discuss with parents/carers
- Seek medical help if needed urgently advising doctor of suspicions
- If a child isn't in immediate risk e.g. the concern is poor parenting, encourage parent/carer to seek help themselves, refer to Children's Social Care and monitor the situation.

### **Where sexual abuse is suspected or disclosed;**

- Always contact Children's Social Care or the police immediately
- Never tell the parents
- Follow up the telephone referral with a written referral and ask for confirmation.

### **What should the NSP do if they receive an allegation against a member of staff or volunteer?**

The NSP must contact the Local Authority Designated Officer (LADO) immediately if an allegation or concern has been made about a staff member/volunteer who has:

- Behaved in a way that has harmed a child
- May have harmed a child
- Possibly committed a criminal offence against or related to a child; and/or
- Behaved towards a child or children in a way that indicates they are unsuitable to work with children.

If the NSP feels that the allegation does not meet the above criteria, s/he should carefully record why this is so that, along with any decisions s/he has made regarding any further action needed. The person about whom the allegation has been made should be kept informed, as well as the child/young person's parents and the child/young person themselves.

If the NSP is unsure about this, s/he should discuss the case with the LADO to consider how to move forward.

There will be occasions when urgent action is needed to safeguard the child/children (e.g. police contact in an emergency situation or medical attention for the child following an incident). In all cases, however, the LADO must be contacted without delay and all decisions should be made in consultation with the LADO.

Steps must be taken to fully support anyone who, in good faith, reports his or her concerns about a colleague and every effort must be made to maintain confidentiality for all parties whilst the allegation is considered.

### **Managing the member of staff against whom the allegation has been made**

It may be necessary to suspend or remove from duties involving children the person about whom the allegations have been made. This decision should be made in liaison with the LADO and a senior manager (where available) and any decision should be carried out so that it is consistent with the organisation's disciplinary and staff procedures. Remember that those being accused must be treated fairly and with an open-mind during any investigations.

Where suspension is the next step, it will usually be necessary to tell the person why they are being suspended. Details of the allegation should not be shared until this is agreed by the LADO as part of the investigation process. It is enough to simply say that an allegation has been made.

Suspension protects the individual concerned as well as the child as it can prevent further allegations or any recriminatory behaviour.

If the person is a member of the union or professional association, s/he should be advised to seek support from that organisation. The NSP must also consider whether the person has children or has access to children in another setting and through consultation with the LADO, decide whether those organisations/agencies need to be informed.

All agencies should carry out internal disciplinary/investigative processes according to their own procedures, alongside an on-going consultation with the LADO. This ensures that the matter is handled in line with legal processes, including the child protection process. Internal processes are usually carried out following the conclusion of the child protection investigation and are informed by the findings of that investigation.

### **Finally....**

Being a Nominated Safeguarding Person may seem very daunting but remember you are not meant to be an expert in child protection; leave that to the statutory agencies.

You should however, equip yourself with certain skills and knowledge by undertaking child protection training and reading your organisations requirements to better understand your role.

By creating an environment that is conducive to effective safeguarding and the promotion of children/young people's rights and welfare, you

- Ensure that only suitable people are working with children/young people
- Promote an environment of vigilance
- Protect and enforce the rights of children and young people.

## Allegations against Staff/Volunteers

All concerns, complaints and allegations must be recorded and brought to the attention of the Nominated Safeguarding Person. There are circumstances when allegations are about bad practice rather than child abuse, but it is important that all allegations are investigated so that bad practice can be addressed.

If the information relates to the harm of a child/young person or the risk thereof then the Nominated Safeguarding Person must contact the Local Authority Designated Officer (LADO) immediately, no later than within one working day.

### LADO

Every local authority has a LADO to whom allegations must be reported and with whom plans should be made about how matters are progressed. The LADO is a senior member of staff who;

- Is involved in the management and oversight of individual cases which meet a certain threshold
- Provides advice and guidance to employers and voluntary organisations
- Liaises with the police and other agencies
- Monitors the progress of cases to ensure that they are dealt with as quickly as possible, following a consistent, thorough and fair process and
- Makes referrals to the Disclosure And Barring Services.

Though allegations of abuse can be made to anyone in an organisation, it is the role of the Nominated Safeguarding Person to take these forward and to be the link between the organisation and the LADO until the matter is resolved.

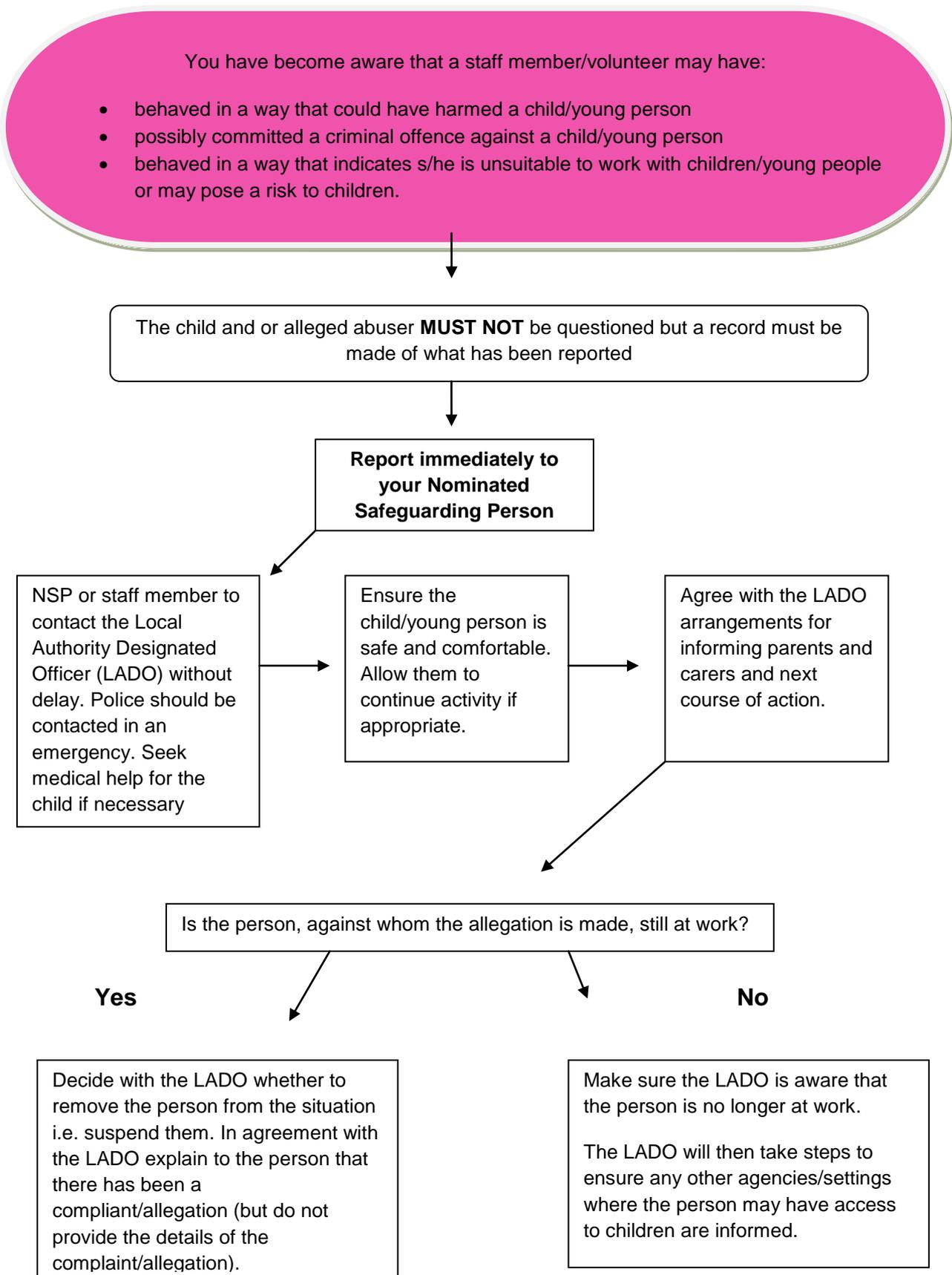
It is important to bear in mind that children/young people can be abused in all kinds of settings and therefore all allegations must be taken seriously. This should not be ignored but should be acted on immediately.

### **Role of Staff member/volunteer to whom allegations is made.**

Allegations may be made directly by the child/young person, a parent, a friend of the child or indeed by another staff member/volunteer. It is important to listen to what is said to reassure the person that what they have said will be taken seriously but that you need to report the matter to the person nominated to deal with such matters.

**It is extremely important that all aspects of any allegation and following investigation are carefully recorded, these records will be helpful if any future allegations arise, and to ensure transparency and accountability when dealing with complex and emotive issues.**

## Allegations against Staff/Volunteers Flowchart



## Information Sharing

With regards to the welfare of children, information sharing is key to enabling early intervention and preventative work. By sharing genuine concerns about a child or family, professionals can construct a more accurate picture about a child/young person's safety and well-being.

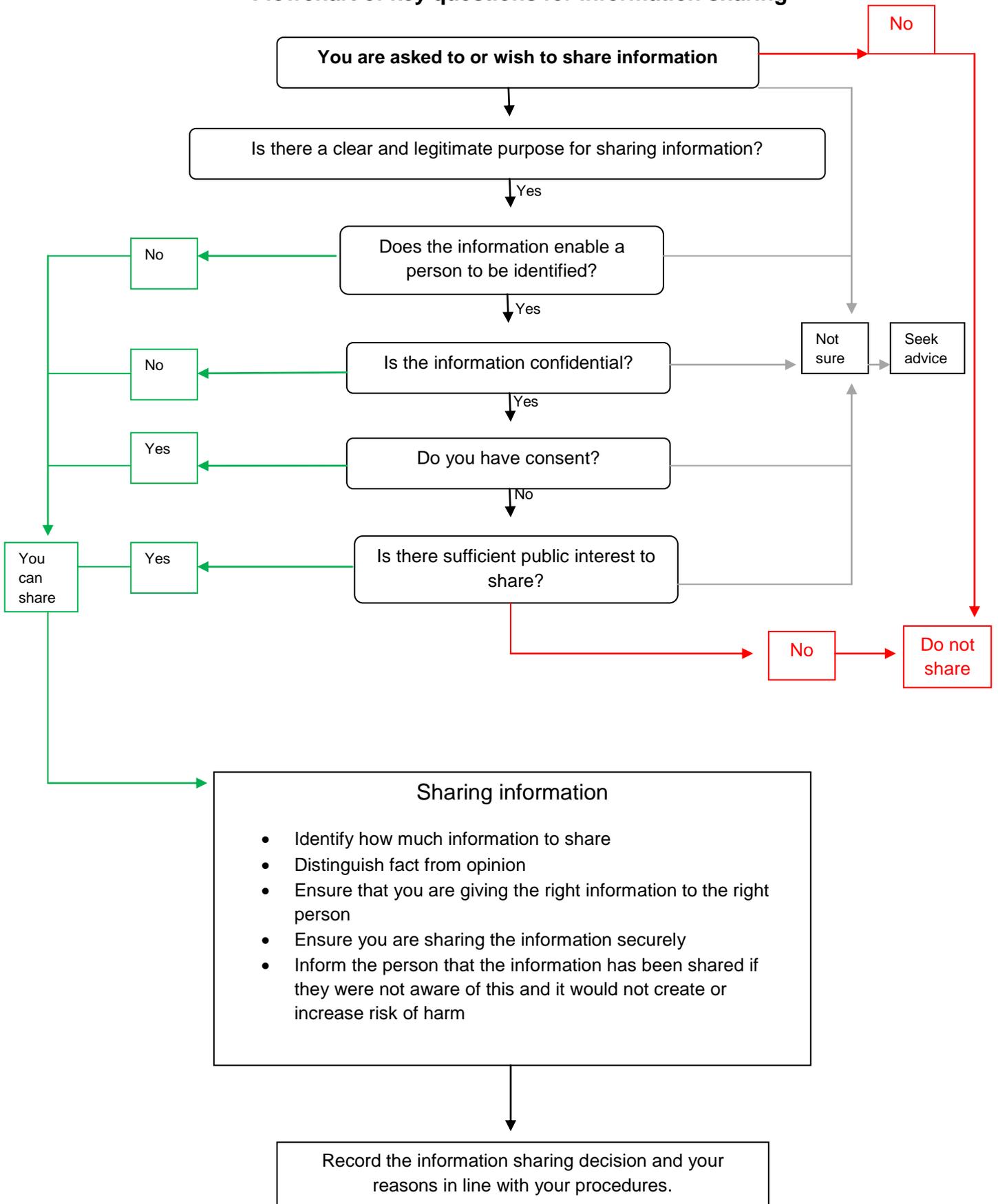
### **Seven golden rules for information sharing**

- 1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- 2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- 4. Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- 5. Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Use the flowchart on the next page to help determine whether or not to share information or not about a child and /or family you are working with.

**Remember, data protection should never be used as an excuse for failure to protect a child/young person from a real risk of harm. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.**

## Flowchart of key questions for information sharing



## Online/E-Safety

The internet, mobile phones, social networking and other interactive tools and spaces have transformed the way in which we live. Children and young people are among the early adopters of the new technologies and move effortlessly between the various interactive services and devices to communicate, create and share content with family and friends.

Whilst most children and young people use the internet responsibly and safely, it is essential that all potential risks are recognised, identified and mitigated and that staff and volunteers feel confident about evaluating e-safety and seeking help when needed.

### **Supporting children and young people to stay safe online**

All staff and volunteers have the responsibility to support children and young people to stay safe and use internet responsibly by:

- Educating children and young people about the potential risks and ways of avoiding/mitigating them
- Raising awareness of issues such as grooming, bullying, IT based sexual exploitation and pornography
- Providing children and young people with information about expert organisations and sources of help and advice
- Supporting parents and carer to effectively monitor their children's access to and use of internet and help their children stay safe online

For dedicated recourses for professionals, parents/carers and children can visit CEOP ThinkUKnow: <http://www.thinkuknow.co.uk/>

### **Creating and managing an E-safe environment within your organisation**

It is the responsibility of the Nominated Safeguarding Person and the management to ensure your organisation has an e-safety policy and clear rules regarding the use of the internet, social media, mobile phones and other modern technology tools within the workplace.

The rules that staff and volunteers should follow are:

- Do not take photographs of children on your mobile phone or personal camera
- Do not accept or invite children as 'friends' or contacts on social networking sites
- Ensure your personal profile on websites such as Facebook is not visible to 'strangers' and that it does not contact any inappropriate content e.g. pictures of you while drunk or wearing revealing clothing
- Make all children and young people aware of the meaning and importance of professional boundaries and how they impact on the child/young person to professional relationship.

## Recruitment and Selection

Settings employing staff to work with children should have a consistent and thorough process of recruitment that reduces the risk of selecting those who may pose a risk to children/young people.

In the recruitment of staff, organisations must ensure that:

- Recruitment documentation (application, form and adverts) contain reference to the organisations commitment to safeguarding children and young people
- DBS checks are undertaken
- A minimum of two references are obtained, including one from the applicant's current or most recent employer. Where possible one reference should be from a person who has experience of the applicants worker with children/young people
- Wherever possible references should be obtained before the interview so that any issues of concern can be taken up beforehand
- Referees are asked questions relating to the applicant's suitability to work with children/young people, including whether the applicant has been subject of any disciplinary sanctions and where there has been any allegations made against him/her which relate to the safety and welfare of children and outcome of these
- Applicants should be asked to bring original or certified copies of documents confirming any necessary or relevant educational and professional qualifications
- All applicants should be asked to bring interview evidence of their identity, which could include a full birth certificate, passport or photo card driving license and additionally a document such as a utility bill that verifies the candidate's name and address
- Applications should be scrutinised for any anomalies or discrepancies in the information provided. Any gaps in the applicant's history should be explored
- Interviews should be rigorous in addressing safeguarding issues

The same processes should apply to volunteers who have unsupervised or regular contact with children/young people. However, where volunteering activity is unplanned and does not include unsupervised contact e.g. one-off day trip, a DBS check is not required.

## Disclosure and Barring Service (DBS)

### The role and remit of the DBS

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) in December 2012.

The DBS is responsible for:

- Processing request for criminal records checks (DBS checks, formerly CRB checks)
- Deciding whether it is appropriate for a person to be placed on or removed from a barred list (that is a list of people who are barred from working with children or/and vulnerable adults because they pose too great a risk to them)
- Placing or removing people from the DBS; there is a children's barred list and adults' barred list for England, Wales and Northern Ireland.

### Criminal Record Checking

Under the Rehabilitation of Offenders Act 1974, a person with a criminal record is not required to disclose any spent convictions unless the position they are applying for, or are currently undertaking, is listed as an exception under the act (Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975).

Where an exception to the Rehabilitation of Offenders Act exists, the post/role is eligible for Disclosure and Barring Service (DBS) checks containing individual's full criminal record, including spent cautions and convictions.

The minimum age at which someone can be asked to apply for a DBS check is 16 years old.

<b><i>Type of check</i></b>	<b><i>Type of Information included in the disclosure</i></b>
Standard Check	Spent and unspent convictions, cautions, reprimands, final warnings.
Enhanced check	Spent and unspent convictions, cautions, reprimands, final warnings.
Enhanced check with children's or adults barred list check	As above (enhanced) – plus a check of the appropriate DBS barred list(s) (children, adults or both)

**Whilst DBS checks are a valuable tool in identifying unsuitable staff, they form only one element of safe recruitment practice. For example, the majority of child sex offenders have no relevant criminal record. It is therefore essential that DBS checks supplement and not replace safe recruitment and employment elements such as reference checking,**

exploring any gaps in employment, conducting interviews, induction, supervision or training.

**It is a statutory requirement that all early years settings and childcare providers hold a Single Central Record (SCR). This is a list of all staff and volunteers and their DBS number and the date it was issued. This SCR can be expanded to include more essential staff related information. (See appendix 5).**

### **Referrals to Disclosure and Barring Service**

It is important that staff and volunteers have a sound understanding of the type of behaviours and situations that justify a DBS referral so that they can recognise those behaviours/situations and alert the Nominated Safeguarding Person or the LADO directly. The LADO will support you in cases where a referral to the DBS has to be made.

Two main conditions must be met for a DBS referral:

1. Staff/volunteers has:

- engaged in relevant conduct (e.g. conduct that endangers or is likely to endanger a child, for instance smacking a child or coming to work under the influence of alcohol) OR
  - satisfied the harm test (where an individual may harm a child, cause a child or to be harmed; put a child at risk of harm; attempt to harm a child; or incite another to harm a child), OR
  - received a caution for, or been convicted of, a relevant offence
- AND

2. Staff/volunteer has:

- been removed from working with children or would have been removed had he/she not resigned, left etc).

**In all cases where you believe a staff member or volunteer has engaged in relevant conduct, has satisfied the harm test or has been cautioned or convicted of a relevant offence, you should speak to your Nominated Safeguarding Person or the LADO immediately.**

### **Barring**

The barring side of the DBS provides expert caseworkers who process referrals about individuals who have harmed or pose a risk of harm to children and/or vulnerable groups. They make decisions about who should be placed on the child barred list and /or adults' barred list and are prevented by law from working with children or vulnerable groups.

**An employer or volunteer manager is breaking the law if they knowingly employ someone in a regulated activity with a group from which they are barred from working.**

A barred person is breaking the law if they seek, offer or engage in regulated activity with a group from which they are barred from working, be it paid or voluntary.

For most cases, the DBS only has the power to bar a person who is, has been or might in future engage in regulated activity.

**Regulated activity in relation to children**

- Unsupervised activities (e.g. teaching/instruction, supervision of children)
- Work for a limited range of establishments (e.g. children's homes)
- Healthcare / relevant personal care (e.g. washing, dressing)
- Registered child minding and foster carers
- Regulated activity providers (employers or voluntary organisations who are responsible for the management or control of regulated activity and make arrangements for people to work in regulated activity)
- Personnel suppliers (an employment business, employment agency or an educational institution that makes arrangements with a person with a view to supplying that person to employers to undertake regulated activity).

**When making barring decisions, the DBS will rely on information provided by the referring party as it does not have investigative powers. Therefore, it is essential that you work closely with the LADO to ensure all necessary information is gathered and that any other relevant agencies are involved in the process (e.g. the police).**

## Managing Staff and Volunteers

All staff, both paid and voluntary, should receive an induction, support and supervision throughout their employment/volunteering and appropriate training in the recognition and response to potential child protection concerns and the operation of safeguarding policy and procedures.

Paid and voluntary appointments should be conditional on successful completion of a probationary period.

### Induction

Induction in organisations working with children/young people and families should clearly define the expectation of commitment to safeguarding and the requirement to comply with the organisation's safeguarding policies and procedures and the code of conduct.

This should include being explicit about:

- Role boundaries and professional propriety
- Individual safeguarding responsibilities, including what to do if concerns about a child's welfare arise
- Providing the name, contact details and responsibilities of Nominated Safeguarding Person and their Deputy within the organisation
- Providing a copy of your organisation's safeguarding children policy statement
- Providing a copy of your organisation's code of conduct and
- Undertaking relevant training related to the post.

### Supervision

- The work that both paid staff and volunteers take on can be difficult and demanding. This can have an unexpected impact on staff members themselves, placing them in potentially sensitive or risky situations that even the most experienced person will need help in dealing with
- Supervision is essential in organisations providing services to children/young people, as it allows staff and volunteers to reflect on their own practice and their relationship with children, and to raise concerns or difficulties
- It also enables the organisation to ensure that staff and volunteers are always clear about professional standards, boundaries and organisational objectives.

Though supervision may be more formal for paid staff than for volunteers, it should always:

- Follow a standard format
- Clarify the objectives of your organisation and the expectations on the individual and their role in meeting those objectives
- Support the individual in fulfilling their role and responsibilities
- Ensure an anti-discriminatory approach to practice which puts the welfare of children/young people first
- Be clear about confidentiality and its limits
- Be appropriately recorded

- Ensure that standards, content, storage, and status of records are agreed by both parties
- Be jointly reviewed and evaluated
- Ensure both parties share responsibility for ensuring supervision is regularly undertaken and outcomes acted upon
- Ensure both parties share responsibility for being open and honest in raising concerns about practical, developmental or emotional blocks to effective delivery of service, and work together to identify solutions.

### **Training**

- All staff working with children/young people should have basic safeguarding/child protection training that equips them to recognise and respond to child welfare concerns
- Ideally all staff and volunteers should receive initial basic training (Level 1) when they are first appointed. This is either provided externally or through in-house training provided by an external organisation
- Where that is not immediately possible, due to shortage of available courses, the organisation should make alternative arrangements. This might include providing appropriate guidance/literature, regular safeguarding briefing session or basic safeguarding awareness packs
- Having undertaken the basic awareness course, staff and volunteers should undertake refresher courses **every 2 years** thereafter to keep their knowledge and skills up-to-date.

## Protect yourself when working alone

Working on your own with a child, in your setting or as a childminder, could mean that you are more vulnerable to allegations as there is no one to witness what happens in the setting/home. Because of this, it makes sense to take steps to protect yourself, particularly when many of these steps are simply good practice.

You should:

- Report suspicious injuries or your concerns promptly
- Keep a diary or daily record. As well as noting all the activities that happen during the day, you can record details of any behaviour that is different in the child
- Keep a record of any accidents and make sure parents/carers know about them – this makes explanations easier if questions are raised
- Always keep parents/carers fully informed of things that happen during the day
- Get parents/carers' written permission before photographing or filming children
- Attend training to update your understanding of child protection
- Familiarise yourself with these child protection procedures.

If you are a childminder, you should also make sure that everyone else in your home is aware that they are also open to allegations. Explain that, while you are working and have children in your home, some things could be misinterpreted. For example, would it be suitable for your teenage son to “just nip downstairs” in his underwear to get some jeans out of the tumble dryer? Think about how a young child might tell their parents about this.

If you are employing another childminder, or an assistant, then follow safe recruitment and employment processes, to ensure that they are suitable to work with children.

## Good practice in your setting

This section focuses on the practices that should be implemented in the day to day running of your settings activities with children/young people. By applying these processes, you keep children safer and reduce the risk of allegations against staff/volunteers being made due to poor practice.

### Safety tips for outings and trips

Many of you take your children out on trips, below are some top tips on keeping your children safe whilst out and about:

- Ensure you have written parental permission to take the children on outings
- Visit each specific location before taking the children, to identify any potential risks. Carry out a full risk assessment and produce an action plan
- Will you use public transport? What are the risks? Stairs, lifts, escalators, etc
- Check the public transport timetable
- Are you using a coach or minibus?
- Do you have a back-up plan in the event of a breakdown?
- Have you got a named driver? Do you have adequate vehicle insurance?
- Consider your adult to child ratios; do you need to exceed the normal ratio requirements?
- Are you able to identify all of your children whilst out and about? Do they wear a coloured tabard/ vest, hat, coloured strip etc?
- Can the children identify you if they get lost? Do you wear a uniform?
- Is there a lost child point?
- Check the weather report, are the children dressed appropriately?
- Create sticky labels with the organisation's mobile number on for each child.

### Reducing the risk of children going missing

Discovering that a child in your care has gone missing is one of the most traumatic situations staff and volunteers may have to deal with. Settings must take necessary steps to safeguard and promote the welfare children.

Legal requirements specific to premises and security are:

- The premises - both indoors and outdoors - must be safe and secure
- Providers must only release children into the care of individuals named by the parent/carer
- Providers must ensure that children do not leave the premises unsupervised
- Providers must take steps to prevent intruders from entering the premises.

The safety checklist provided below should help you evaluate your security systems to determine future improvements, and form part of your regular self-evaluation processes.

- All gates and doors into the setting well secured and child proof
- Visitors cannot enter your premises unnoticed
- Children cannot leave your premises unnoticed

- All staff and children are signed in, with actual times recorded for arrival and departure
- All visitors including prospective parents sign your visitors' book, and are asked for proof of identity
- There is a list of adults other than parents who are authorised to collect children
- Notices are displayed to reinforce security where necessary
- There is a system for monitoring children e.g. headcounts
- Ratios are always maintained
- Children are adequately supervised
- Regular risk assessments are carried out
- A robust missing child procedure is in place, and all staff are inducted into the procedure.

It is good practice to regularly check all entry and exit points. Wooden doors and gates for example can expand or contract with changes in the weather making a gate that could shut securely in the summer unable to shut in the winter.

Regularly review your procedures for recording all arrivals and departures, and monitor the whereabouts of other users of the premises.

### **Photographing and recording children**

It is important that children feel happy with their achievements and have visual aids to reinforce their special moments. The majority of occasions when people take photographs of children and young people are appropriate and do not provide any cause for concern.

Unfortunately there are occasions when this is not the case and these are some of the risks associated with photographing children:

- The collection and passing on of images which may be misused
- The identification of individual children to facilitate abuse and
- The identification of children in vulnerable circumstances.

There are several issues to be aware of:

- Permission (verbal or written) of all the people (children and adults) who will appear in a photograph, video or web cam image must be obtained before the photograph is taken or footage recorded
- It must be made clear why that person's image is being used, what you will be using it for, and who might want to look at the pictures
- If images are being taken at an event attended by large crowds, such as a sports event, this is regarded as a public area and permission from a crowd is not necessary
- If photographs or recordings of children are made and individual children can be easily identified, practitioners must find out whether any parents do not want their children to be in the photograph
- Children and young people under the age of 18 should not be identified by surname or other personal details. These details include e-mail or postal addresses, telephone or fax numbers.

- When using photographs of children and young people, it is preferable to use group pictures
- Obtain written and specific consent from parents or carers before using photographs on a website

### **Use of mobile phone guidance**

Nearly all mobile phones now have cameras and access to the Internet. It has therefore become necessary to introduce some safeguarding measures to reduce the risk of potential allegations against staff and volunteers.

The following recommendations have been developed to assist you in putting together a mobile phone policy for your organisation

- Staff and volunteers must not have their phone on their person whilst on duty with the children
- All mobile phones must be switched off and locked away at the beginning of each shift in a secure designated area, which is not accessible to children
- Phones may be used away from the children during scheduled breaks, but must be switched off and returned to the secure designated area before returning to duty
- In case of emergencies that may require staff to keep their phone switched on, it will be a management responsibility to assess and manage the risk
- All staff should provide the landline phone numbers of the setting for friends and family to contact them in an emergency
- A mobile phone with no camera or access to the Internet can be used during outings. Staff mobile phones should remain locked securely in the centre during outings
- Staff should be reminded of their responsibility to report to management any breaches of agreed procedures
- Any substantiated breaches of procedure should lead to disciplinary action, according to your setting's disciplinary procedures.

## APPENDIX 1

### Safeguarding Procedures Checklist

Answer each question to determine if your organisation has key safeguard processes in place. Use this document to list the action you will take if questions have been answered with a 'no'

<b>Nominated Safeguarding Person (NSP)</b>	<b>Yes</b>	<b>No</b>	<b>Action</b>
Has an NSP has been appointed in your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it clear to all staff and volunteers who the NSP is and what their role is?	<input type="checkbox"/>	<input type="checkbox"/>	
Have your staff and volunteers undertaken basic child protection training?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a Deputy NSP been appointed for when the NSP is not available?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the NSP/Deputy NSP follow LBBB's Early Years Safeguarding Children Guidance in relation to child protection matters?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Information to Staff</b>	<b>Yes</b>	<b>No</b>	<b>Action</b>
Does the setting have a child protection policy statement?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the setting have a code of behaviour for staff and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	
Are staff and volunteers familiar with LBBB's safeguarding Children Guidance?	<input type="checkbox"/>	<input type="checkbox"/>	
Is key child protection documentation readily available to all staff and volunteers within your setting?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have arrangements in place for training staff and other adults within your setting on child protection issues?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Children and Young People</b>	<b>Yes</b>	<b>No</b>	<b>Action</b>
Is the ethos of your setting one in which children are always valued, respected, listened to and taken seriously?	<input type="checkbox"/>	<input type="checkbox"/>	
Do staff and volunteers create and use opportunities to encourage children to communicate about issues that concern them?	<input type="checkbox"/>	<input type="checkbox"/>	
Is appropriate support available to children , including any who are at particular risk or who have disclosed abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Record Keeping</b>	<b>Yes</b>	<b>No</b>	<b>Action</b>

Is there a system for staff to log their concerns with the NSP?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the NSP have an established system for recording and storing confidential child protection information?	<input type="checkbox"/>	<input type="checkbox"/>	
Are staff/volunteers fully aware that from time to time they may be required to monitor particular children or young people with regard to child protection concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Information to parents/carers</b>	<b>Yes</b>	<b>No</b>	<b>Action</b>
Is information about the setting's role in safeguarding children available to parents/carers?	<input type="checkbox"/>	<input type="checkbox"/>	
Are concerns about children shared and discussed with parents/carers (unless doing so would place a child/young person at risk of harm)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Recruitment and Selection of Staff</b>	<b>Yes</b>	<b>No</b>	<b>Action</b>
Does your setting have procedures for safe recruitment?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Allegations against Staff and Volunteers</b>	<b>Yes</b>	<b>No</b>	<b>Action</b>
Are procedures in place regarding what to do when an allegation of abuse has been made against a member of staff or a volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your setting been pro-active in making arrangements to reduce the likelihood of allegations against staff, for example through appropriate policies on physical intervention, intimate care and professional behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	

## **Appendix 2:**

Guidance on developing a safeguarding children policy statement

### **Why does every early years and childcare setting need a safeguarding policy?**

- There is a legal requirement (Section 11 of the Children Act 2004)
- To effectively protect children from harm and abuse to promote their welfare
- To set out clear rules for all staff and volunteers to follow
- To help parents/carers make informed decisions about trusting you with their children
- To make it harder for risky/unsuitable individuals to get access to children and young people
- To evidence your organisation's commitment to safeguarding to the Local Authority, the Charity Commission, funders, commissioners and other strategic partner and stakeholders

### **Safeguarding children policy should contain the following elements:**

- The purpose of your policy
- Statement of commitment
- Definitions of safeguarding and child protection
- Scope of the policy/who does it apply to (staff, trustees, volunteers, sessional workers etc). Underlying principles (welfare of the child is paramount, working in partnership)
- Legislative framework (Children Act 1989, Working Together 2015)
- Details of your NSP and their Deputy (name, job/role, title, contact details)
- Date when adopted and review arrangements (how often you plan to review it).

#### **Remember:**

#### **A good safeguarding children policy statement**

- Is clear
- Clearly communicates the key messages
- Reflects the particular nature and needs of your setting
- Contains all core elements (see above)
- Does not contain professional jargon or vague/unclear statements that are subject to individual interpretation

**You staff and volunteers must be able to understand and follow your policy in order to effectively safeguard children!**

# Model Policy Statement

## Safeguarding Children Policy Statement

### Statement of commitment

We are aware that many children are victims of different kinds of abuse. This includes children who live or access activities in LBB. We are also aware that many families in LBB experience hardship and various difficulties and they need support in order to provide adequate care for their children.

At [name of your setting] we aim to create an environment that is safe and we are committed to doing everything in our power to protect children, promote their welfare and support their families.

### Purpose of this policy

The purpose of this policy is to:

- Effectively safeguard children and promote their rights and welfare
- Provide all staff and volunteers with clear rules to follow
- Make all staff and volunteers aware of what is expected of them in terms of their approach, behaviour and actions
- Evidence to [name of your setting] users, parents and carers, the local community, partner organisations, the Local Authority and funding and commissioning bodies that [name of your setting] is committed to safeguarding.

### Scope of this policy

This policy applies to all [name of your setting] staff and volunteers, including trustees, sessional workers, students on work placements and anyone working on behalf of [name of your setting]

### Definitions

Safeguarding and promoting the welfare of children is the process of:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best life chances.

Child protection is the process of protecting individual children identified as either suffering or at risk of suffering significant harm as a result of abuse or neglect.

### Legislative Framework

At [name of your setting] we recognise our legal responsibility to safeguard children and promote their welfare. We will therefore act within the framework set by the Children Act 1989 and The Children Act 2004. We will also follow the Working Together to Safeguard Children 2015 guidance.

## **Underlying principles**

At [name of your setting] we will endeavour to safeguard children by:

- Following the Green Book LSCB and Early Years Guidance in our day-to-day work
- Listen to children and respect and value them at all times.
- Challenge discrimination and promote the right to equal protection regardless of race, ethnicity, culture, religion, faith, gender, sexual orientation, disability, social or immigration status or any other element of diversity
- Provide effective management to staff and volunteers through support, supervision and training
- Recruit staff and volunteers safely, ensuring that all necessary checks are made and safe recruitment good practice guidelines are followed
- Respond to both child protection and non-child protection concerns immediately.
- In cases of doubt, questions or need for guidance, always seek advice by calling the MASH number (020 8 227 3811), or, in cases involving staff/volunteers, the Local Authority Designated Officer (LADO) via MASH.
- Working in partnership with children, their parents and carers, members of the local community and local statutory and voluntary organisations
- Adhering to your settings Code of Behaviour for staff at all times.

## **Details of the Nominated Safeguarding Person and their Deputy**

The Nominated Safeguarding Person for [name of your setting] is:

Name:

Job/Role Title

Contact Tel: Email:

The Deputy Nominated Safeguarding Person for [name of your setting] is

Name:

Job/Role Title

Contact Tel: Email:

Review Arrangements

[Name of your setting] will review this policy annually. In cases of relevant legal or local procedures changes, we will review this policy accordingly.

## Appendix 3:

# Code of Behaviour for Staff and Volunteers

Below is a sample 'Code of Behaviour' for staff and volunteers. It is not an exhaustive list and can be added to and adapted to suit the needs of your setting. When developing a Code of Conduct for your setting, follow these two simple rules:

- Consider the type of activities you provide, age of children and any specific cultural issues of relevance to your work and reflect these in you Code of Conduct.
- Keep it succinct and straightforward; avoid vague statements

Codes of Behaviour outline good and desirable behaviours and actions towards children and young people, as well as unacceptable and wrong behaviours that put children, young people and staff/volunteers.

All staff and volunteers are expected to follow their settings Code of Behaviour at all times and must contact the Nominated Safeguarding Person or their Deputy if they have any questions or if they are unclear about any of the points include in the Code.

### **Staff and Volunteers SHOULD AT ALL TIMES:**

- Be aware that your main priority is the child in your care
- Listen to children and young people and talk to them about their right to be kept safe from harm
- Be respectful towards the children in your care, their parents/carers and fellow workers
- Seek advice and support from your colleagues, activity leaders or supervisors and your Nominated Safeguarding Person
- Report all concerns, disclosures or allegations (made by children, parents/carers or colleagues) to the Nominated Safeguarding Person or their Deputy

### **Staff and Volunteers SHOULD NOT:**

- Ever use any kind of physical punishment or chastisement such as smacking or hitting.
- Give individual children presents
- Invite children or their parents to your home or arrange to see them outside set activity times
- Use social media to contact parents
- Engage in any sexual activity (this would include using sexualised language) with a child you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
- Add children or parents onto social networking sites e.g. Facebook, MySpace. Also be aware of your online profile and check your privacy settings
- Investigate any concerns or reports. Instead, you should contact your Nominated Safeguarding Person or the Deputy immediately.

- Let allegations, made by anyone, go unacknowledged, unresolved or not acted upon. Talk to your Nominated Safeguarding Person or Manager
- **Staff and volunteers should also follow the following GOOD PRACTICE GUIDELINES:**
- Be careful about forming personal relationships with parents/carers. This could make it difficult to report allegations/suspicions of abuse. Remember your duty of care is to the child
- Physical contact should be open and initiated by the child's needs, e.g. for a hug when upset or help with toileting. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help
- Exercise caution about being alone with a child. In situations where this may be needed (for example where a child needs their nappy changing) think about ways of making this seem less secret. For example by telling another worker or volunteer what you are doing and where you are or leaving a door open.
- Remember you set an example to children - dress appropriately, use appropriate language and show respect to your colleagues, parents/carers, children at all times.

Appendix 4:

## Incident Recording Log

<b>Section 1: Details of the child and their parent/carer</b>			
Name of child:			
Male	Female	Age	Date of birth
Parent/carers name(s)			
Home address including postcode			
<b>Section 2: Your details</b>			
Your name	Your position	Date and time of incident	
<b>Section 3: Your report</b>			
<b>Are you recording your own concerns or those reported by someone else?</b>			
Responding to my own concerns	Responding to concerns raised by someone else	If responding to concerns raised by someone else please provide their name and position within the setting	
Please provide details of the incident or concerns you have including times, dates or other relevant information (such as a description of any injuries, whether you are recording fact, opinion or hearsay):			

The child's account (if it can be given) of what happened and how

Please provide details of the person alleged to have caused the incident/injury including where possible their name, address and date of birth (or approximate age):

Please provide details of any witnesses to the incident(s)

Date incident recorded:

Time recorded:

Name of person recording  
the incident:

Signature:

Appendix 5:

# Single Central Record Template

<b>Staff name</b>	<b>Date started in setting</b>	<b>DBS number</b>	<b>DBS issue date</b>	<b>References received</b>	<b>Right to work in UK checked</b>	<b>Qualifications</b>	<b>Safeguarding training</b>	<b>First Aid training</b>	<b>Date probation period passed</b>

## Appendix 6:

# Multi Agency Referral Form (MARF)

### **Guidance Notes LBBB (Multi Agency Referral Form)**

The more information that is available when discussions are taking place about concerns about a child, the more likely it is that the most appropriate services will be delivered at the earliest opportunity to best meet the child's needs with the least delay.

When using the MARF, please ensure that it is as fully completed as possible and contains some analysis of both the needs of the child/ren, what support has already been provided to the family and desired outcomes, as this will inform initial decision making about the priority of the response and the appropriate response.

Where concerns and information sharing indicates likely significant harm a response will be triggered from Children's Complex Needs & Social Care Children's Services), including through an assessment and s47 enquiries as appropriate.

Where information sharing indicates that other issues are emerging about a child the focus will be on ensuring that a CAF will be completed and targeted services are meeting the child's needs effectively

Child protection referrals – if there are concerns that a child may be suffering significant harm (for a definition of significant harm please refer to Chapter 4, p2, 4.1 in the London Child Protection Procedures) the information must be telephoned directly to the MASH Team. The MARF must then be completed and forwarded to the MASH Team within 24 hours as a written confirmation of the referral details.

Children in Need Referrals- Referrals of children with high levels of need and/or have a disability.

Your MARF needs to be faxed to 0208 227 3951 after consultation with the MASH Team or emailed [Childrenss@lbbd.gov.uk](mailto:Childrenss@lbbd.gov.uk).

Non child protection concerns - where concerns about children do not indicate an immediate risk of significant harm a MARF will trigger information sharing between professionals to evaluate the concerns and agree an appropriate response. This will include consideration of whether a CAF has been completed and whether all preventative/targeted services have been utilised to address the child's needs. Where a CAF has been completed it should be shared between professionals when concerns about a child are being discussed.

For a definition of a child in need please refer to section at chapter 6, 6.6.17 in the London Child Protection Procedures.

The decision about the planned response to a concern about a child will be made within 24 hours and will be communicated to the referrer within 3 days of the concern being shared. It is the referrer's responsibility to ensure that the referral has been received and contact should be made with the MASH to confirm.

Confidentiality – As a professional you cannot remain anonymous if you make a referral to Children's Social Care the parent/carer will be informed that information has been received; this is a requirement of Children's Social Care under the Data Protection Act 1989.

Consent – in most circumstances the agreement of the parent / legal guardian of the child must be sought before a referral is made if providing this will not place the child at an increased risk of harm. If a professional has any concern that informing a parent may place a child at risk or may compromise Police evidence, immediate advice must be sought from the MASH team. Should a parent or guardian refuse their agreement to a referral being made, consideration should be given to the impact this may have on the level of concern you have for the child's welfare, and the parents or guardian's ability to meet the child's needs. You may wish to discuss these issues with the MASH Team. If the parents have not been approached in Children in Need cases then the referral may not be accepted. The MASH reserves the right to notify the Safeguarding Lead for the organisation concerned to reiterate the expectation that consent should be sought for Child in Need cases.

Common Assessment Framework (CAF) - when considering a referral with concerns about a child it will be useful to consult the CAF continuum of needs and threshold descriptors. The aim of the CAF is to identify at the earliest opportunity a child's or young person's personal additional needs and co-ordinate support from universal and targeted services. Written consent is given by the parent(s)/carer and/or young people before the CAF processes are undertaken.

Reports – any additional detailed reports that provide useful additional information to the concerns should be attached to the form. If reports are attached please ensure that the consent of the author has been obtained.

Observation of the child- when completing these forms it is important to record your observation of the child. If you have specific expertise in a given area this should be clearly stated.

Third parties – information about third parties should only be included if it is directly relevant to the referral and there is consent unless this is a Child Protection referral.

Parent's and child's views – may be included if they are volunteered but care must be taken not to interview either parents or children about the substance of any concerns

where is possible that a criminal offence may have been committed unless advised to do so by the MASH Team.

Legal Proceedings – those completing the form and any accompanying documents, should be aware that the contents of the form may be used in legal proceedings should proceedings follow the referral.



## **REFERRAL INFORMATION**

### **1. Child/young person's details:**

<b>Child's first name/s:</b>		<b>Child's surname:</b>			
<b>Any alternative name:</b>					
<b>Date of birth/EDD:</b>	<b>Gender (M/F)</b>	<b>Religion:</b>	<b>Child's age:</b>	<b>Child's first language:</b>	<b>Disability:</b>

### **2. Parent/Carers details:**

<b>Name of parents/carers:</b>	
<b>Home address:</b>	<b>Any other relevant addresses:</b>
<b>Post code:</b>	<b>Post code:</b>
<b>Telephone numbers:</b>	

**Young person's personal telephone number if applicable:**

**3. Child/Young Person's ethnicity**

In addition to helping us to consider the particular needs of the child / young person referred, this information will allow better planning of our services.

<b>White British</b>	<input type="checkbox"/>	<b>Caribbean</b>	<input type="checkbox"/>	<b>Indian</b>	<input type="checkbox"/>
<b>White Irish</b>	<input type="checkbox"/>	<b>African</b>	<input type="checkbox"/>	<b>White and Caribbean</b>	<input type="checkbox"/>
<b>Any other background (please specify)</b>	<input type="checkbox"/>	<b>Any other background (please specify)</b>	<input type="checkbox"/>	<b>White and African</b>	<input type="checkbox"/>
<b>Bangladeshi</b>	<input type="checkbox"/>	<b>Chinese</b>	<input type="checkbox"/>	<b>Any other background (please specify)</b>	<input type="checkbox"/>
<b>Any other background (please specify)</b>	<input type="checkbox"/>	<b>Not stated</b>	<input type="checkbox"/>	<b>Any other ethnic group (please specify)</b>	<input type="checkbox"/>
<b>Any other ( please specify)</b>					
<b>Religion:</b>					

**4. Other significant family members; other adults or children also living in the home or living elsewhere**

Name:	D.O.B:	Relationship:	Contact Details:	Household Members:

**5. Have you had any consultation in relation to this referral? State who?**

**What advice were you given? When?**

**6. Has a CAF been completed in respect of this child? If not why not?**

**If so please attach or specify date and outcome?**

--

**7. Is an interpreter needed? If so please detail requirements:**

--

**8. Agency contact information:**

<b>8. Agency contact information:</b>			
GP			
Health Visitor			
School	UPN (Unique Pupil Number)	CONTACT PERSON	
School Nurse			
Other Agency			

**9. Do you believe the child or young person to be at risk of significant harm, please specify?**

--

--

**10. Your reasons for making a referral in this case?**  
What are your concerns? What outcomes would you like for the child?  
What else has been tried to prevent this referral?

--

--

<b>11. Have you spoken to the child?</b>	<b>Yes/No</b>
<b>What is the child's account?</b>	

<b>12. Child's current whereabouts:</b>
<b>When were they last seen?</b> Please supply all emergency contact numbers.

<b>13. Supporting Information:</b>
<b>Child development; what information do you know about the child?</b>
Please include all relevant information regarding their development in terms of their

health, education, attendance, social relationships, emotional well being,  
self-esteem and self care skills.

**14. Supporting Information:**

**Parents and carers; what information do you know about the child's  
parent(s)/carer and wider family?**

Please include information regarding parent/carers strengths and difficulties in terms  
of relationships, friendships, behaviour, support, stability, safety and boundaries.

Do the parents have any particular needs, e.g. learning disability, mental health  
issues, substance misuse or domestic violence.

**15. Supporting Information:**

**Environmental factors; what information do you know about the  
wider environmental factors which may impact on the child?**

Consider for example, housing issues, who is working in the household, financial  
situation, community and social involvement.

--

**16. History of Intervention?**

Please provide a brief chronology of significant events and service interventions:

--

**17. Any other relevant information?**

(including previous referrals)

--

**18. Is there a perceived risk of violence or other matters that could place making contact with this family, in danger (such as an unsafe neighbourhood, persons of violent nature, an unrestrained dog, etc)?**

**Please tick Yes/No**

**If yes, please specify what the identified risk is?**

--

**19. In circumstances where there is a risk of violence (such as domestic abuse) please provide details regarding a safe way to contact the victim and/or child?**

**20. Have you spoken to the parent/carer about making this referral?**

**If so please detail comments.**

**If not please explain why.**

**Parental Agreement** (See Guidance Notes)

**If you are making a referral of child protection concern** and are unsure about whether to advise the parent/carer of concerns and intention to make a referral (i.e. due to evidence being compromised, or someone being place at risk) you should consult within your own agency about this issue. If you remain unsure about whether the parent/carer should be consulted/informed about the referral please consult with Children’s Social Care in the first instance.

**If you are making a Child in Need referral** agreement **must** be sought from the parent/carer (and where appropriate the young person) to making the referral. When you have not obtained parental agreement it will not be possible to progress a child in need referral. Where appropriate, the parent/carer should be asked to sign the referral form.

I agree to the information in this referral being shared with other agencies, including children's social care.

<b>Name of parent/Legal Guardian/Young Person (please print ):</b>
--

<b>Signature of Parent/Legal Guardian/Young Person:</b>
---

<b>Date:</b>
--------------

**21. Referrer's Details**

<b>Name(Print):</b>
<b>Job title:</b>
<b>Agency:</b>
<b>Work address:</b>

<b>Contact Telephone number:</b>
<b>Fax number:</b>
<b>Email address:</b>
<b>Name of Safeguarding Lead in agency?</b>
<b>In what capacity and for how long have you known the child/young person?</b>
Have you consulted the parents and child appropriately before making the referral Yes/No

<b>Signature.....</b>	<b>Date.....</b>
-----------------------	------------------

<b>22. Confirmation of receipt of referral.</b>	
<b>To be faxed back to referrer:</b>	
<b>Children and Young People’s Services received your referral about:</b>	
<b>Name:</b>	<b>D.O.B</b>

**Address:**

**Your referral was received on / /**

The decision made regarding further action:

<b>Priority for action:</b>		<b>Response:</b>	
<b>High</b>		<b>Service with 24 hours</b>	
<b>Med</b>		<b>Service in 48 hours</b>	
<b>Low</b>		<b>CAF</b>	
<b>No further action (NFA)</b>			
<b>Allocated worker:</b>		<b>Lead Professional:</b>	

**Advice and Action taken/Reason for NFA:**

**Decision taken by:**

**Signed: Job Title:**

**Date: / /**

**UNDER NO CIRCUMSTANCES SHOULD REFERRERS REMOVE CLOTHING TO OBSERVE DESCRIBED INJURIES UNLESS AUTHORISED TO DO SO AS PART OF A MEDICAL EMERGENCY.**

NAME OF CHILD:

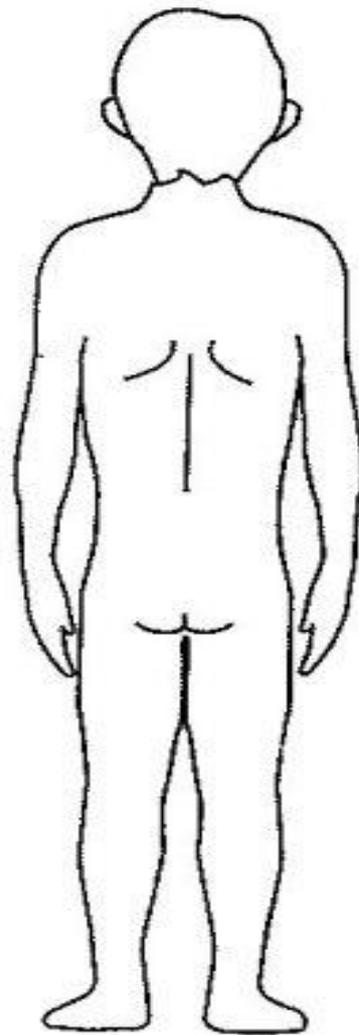
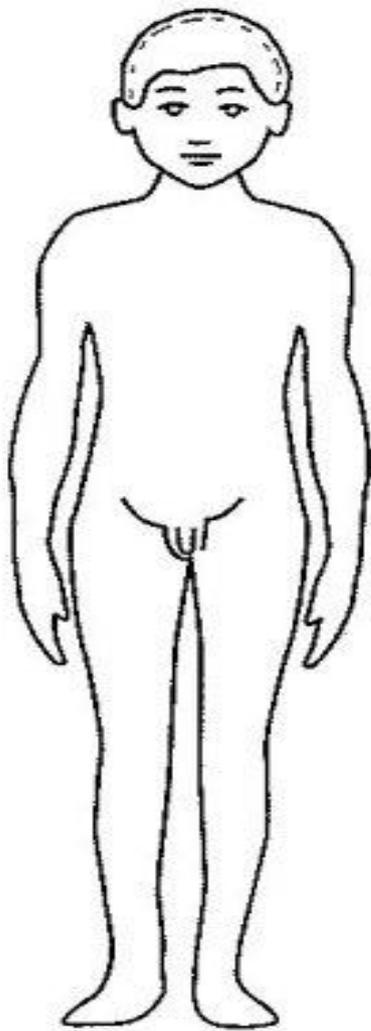
DATE OF BIRTH:

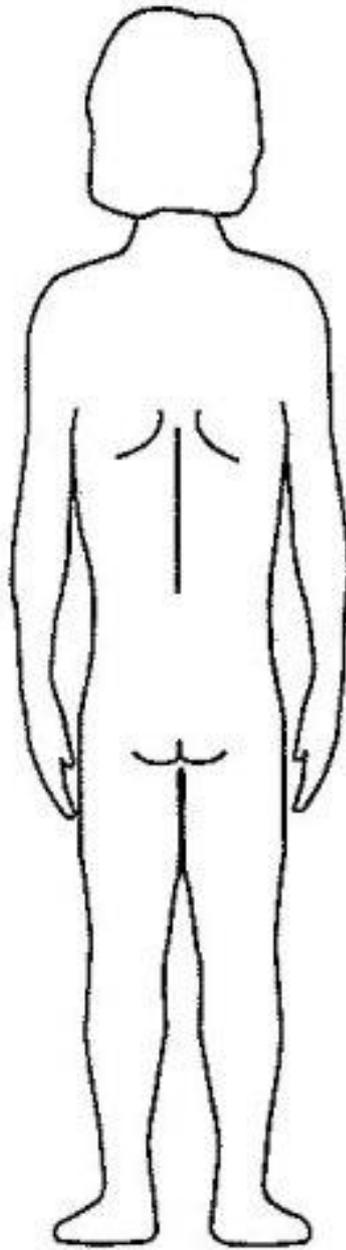
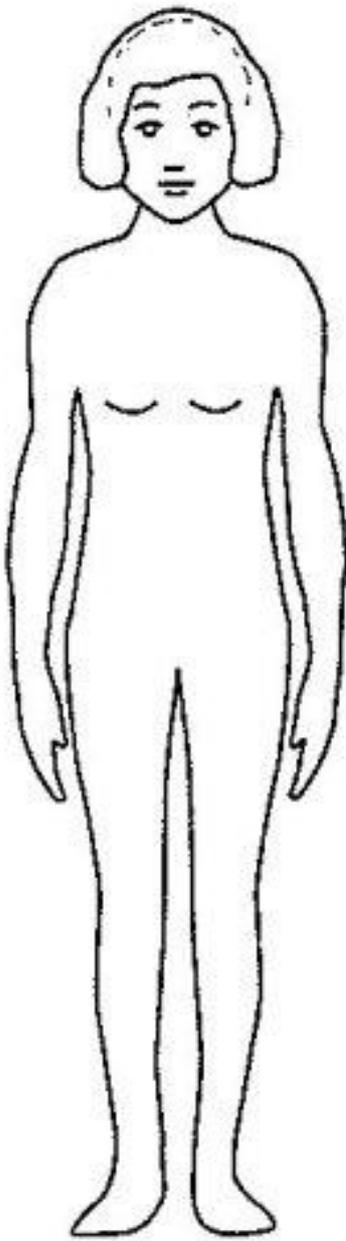
DOCTOR'S NAME

DATE:

GENDER:

SIGNATURE:





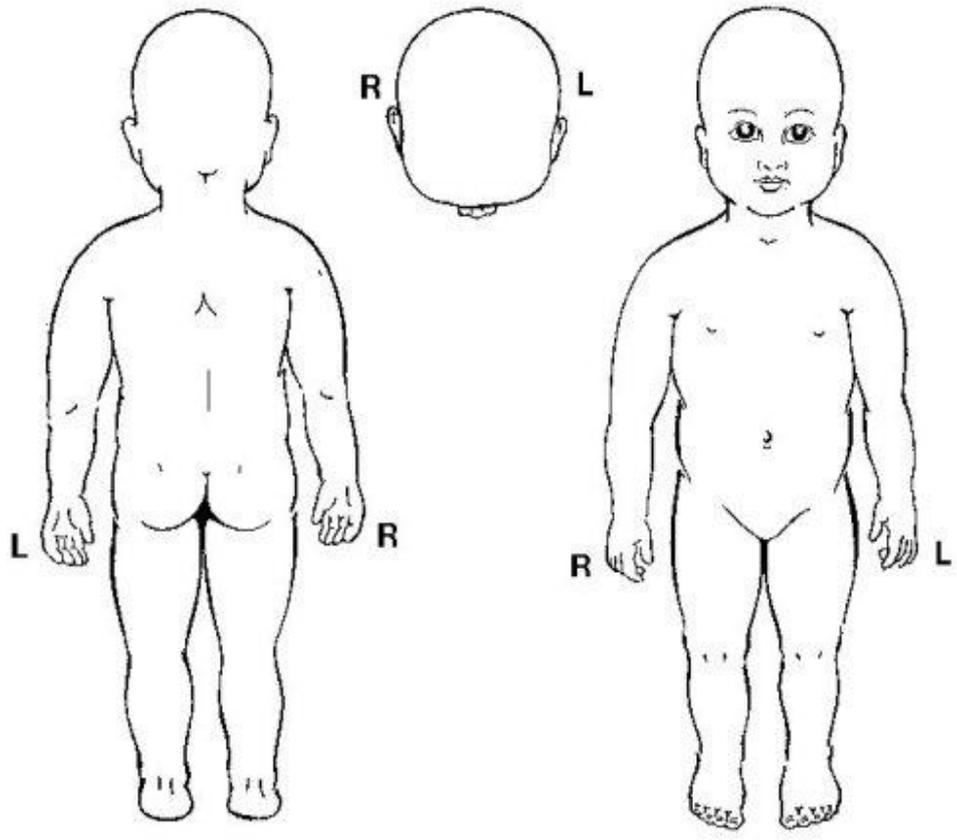
NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



NAME OF CHILD:

DATE OF BIRTH:

DOCTOR'S NAME

DATE:

GENDER:

SIGNATURE:

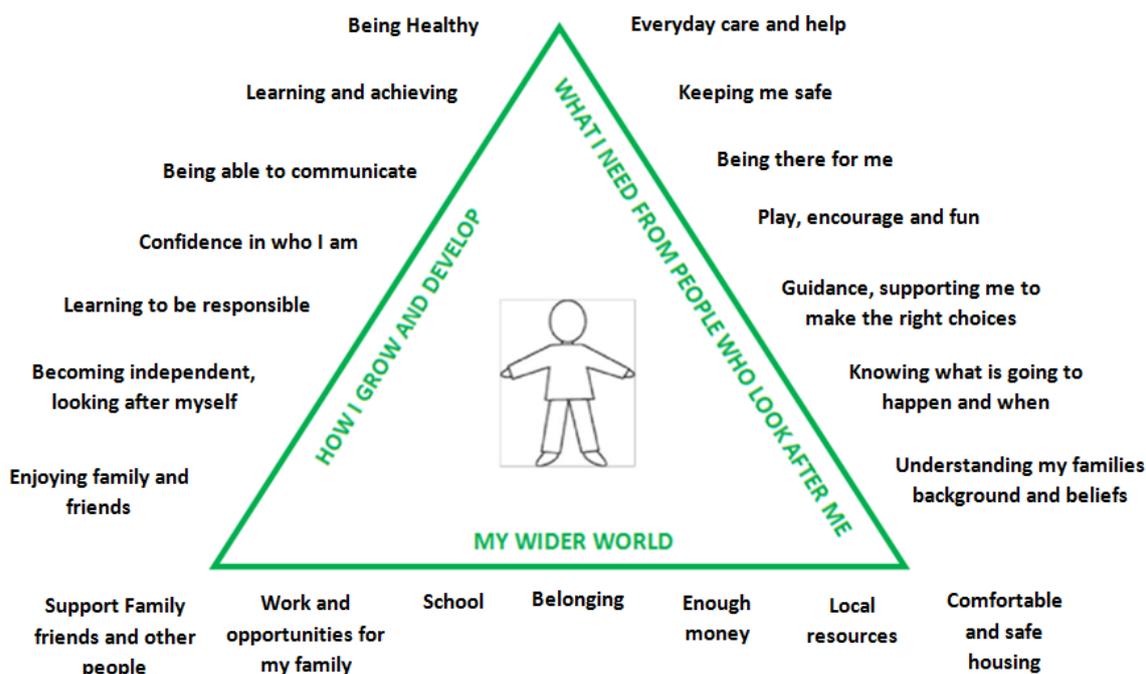
## Appendix 7:

### Assessment Framework

Practitioners seeking to promote a child's wellbeing and those responding to concerns that a child may be experiencing or be at risk of significant harm, need to base their judgements and decisions on a sound holistic assessment. Assessment is a process, not a one-off event, and crucially it needs to focus on the risks of harm to the child while identifying family strengths which work as protective factors.

**Regardless of how in-depth the assessment is, professionals should consider three areas in a child's life:**

- The child's growth and development
- The parent(s) ability to meet the child's needs, including their capacity to keep the child safe from harm through abuse and or neglect
- The amount of support the child can get from his or her wider networks and environment



## Appendix 8:

# Barking and Dagenham's Local Safeguarding Children Board: role and remit

Barking and Dagenham's Local Safeguarding Children Board (LSCB) brings together professionals and all the main organisations who work with children and families in Barking and Dagenham to ensure that they all work together to keep children and young people safe.

Our LSCB coordinates local safeguarding activity and drives improvements to safeguard and promote the welfare of children more effectively by:

- Developing multi-agency safeguarding procedures
- Raising awareness of safeguarding issues
- Monitoring and evaluation of what is done in Barking and Dagenham to safeguard children
- Managing multi-agency safeguarding training and development
- Collecting and analysing information about all child deaths in Barking and Dagenham
- Undertaking Serious Case Reviews
- Supporting statutory and voluntary agencies in Barking and Dagenham to manage allegations against people who work with children
- Supporting safer recruitment practice
- Undertaking work on specific safeguarding issues such as domestic violence, E-safety, anti-bullying, child trafficking, forced marriage, Female Genital Mutilation and others.

**Barking and Dagenham Safeguarding Children Board (LSCB)**

Room 119, Town Hall

Barking

IG11 7LU

Tel: 020 8227 3578

Email: [lscb@lbbd.gov.uk](mailto:lscb@lbbd.gov.uk)

For more copies of this booklet contact:

Barking and Dagenham Family Information  
Service

e-mail: [fis@lbbd.gov.uk](mailto:fis@lbbd.gov.uk)

telephone: 020 8227 5395