



**Safeguarding
Children**
Everybody's Business

Safeguarding Children: Practice Guidelines for Voluntary and Private Organisations

**The aim of this document is to provide assistance to
Voluntary and Private Organisations in developing a
Policy on Safeguarding Children.**

This guidance has been produced by DSCB to assist organisations in writing and implementing appropriate safeguarding children policies and procedures. Any organisation using this guide is responsible for writing and implementing a rigorous policy that suits their work.

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1. Introduction

These practice guidelines are intended to support voluntary sector and private organisations to develop a comprehensive child protection policy.

It is essential that any child protection policy conforms to DSCB policies which can be found on www.derbyshirescb.org.uk

In addition “What to do if you are worried a child is being abused” gives guidance and it is essential that all staff and volunteers working within all organisations which offer services to children, young people, carers and parents are familiar with this summary document which can be found on: www.everychildmatters.gov.uk

This guidance will cover the following aspects of safeguarding children:

- Ensuring staff are aware of how to safeguard and promote the welfare of children and know how to respond if they suspect that a child is being, or is at risk of being, harmed;
- Where and how records of concern should be kept
- Who to contact if you have questions about safeguarding children
- How your group can safely recruit new workers and volunteers
- What your procedures for dealing with allegations against staff or volunteers should include
- How staff can be best prepared to handle issues of child protection through induction, training, monitoring and supervision?
- Appropriate behaviours for workers and volunteers
- How your group aims to respond to complaints?
- The requirements for information sharing in the context of child protection.

2. Child Protection Statement

All organisations must have a statement which illustrates their commitment to safeguarding children:

Organisations/Groups should demonstrate commitment to:

Safeguarding and promoting the welfare of children and expect all their staff and volunteers to share this commitment.

This commitment includes accepting a responsibility for the protection of children and ensuring that all concerns about a child's safety or well being which come to the attention of staff or volunteers in the course of their work, will be followed up and dealt with as quickly and as sensitively as possible.

3. Principles

1. All organisations must be committed to provide high quality services to children and families.
2. All organisations must place the needs of a child as a first concern and always act to ensure their safety and protection.
3. The best results for children are achieved in partnership with their parents/carers and all organisations must be committed to working in this way at all times, unless this would cause a child further harm.
4. All staff and volunteers will work to Derbyshire Safeguarding Children Board Policies and Practice Guidelines. If staff/volunteers are concerned that a child is being abused or harmed or that a child and their family would benefit from additional services, they must refer them to Children's Services or to the Common Assessment Framework process.
5. Any help offered should be the best for that child or family and all organisations must agree to work openly and flexibly with parents/carers, children and other agencies to ensure that this happens.
6. Organisation's must recognise that some groups of children may be more vulnerable to abuse, for example disabled children, and that the organisation's policies and procedures apply to all children irrespective of gender, ethnicity, disability, sexual orientation or religion. This should be set out in an equal opportunities statement.

7. Safeguards will be put in place to maximise a child's right to protection and children will know that they have the right to:

To be safe:	Teach children that everyone has rights. Tell children that no one should take away their right to be safe.
Bodies:	Particularly their private parts covered by their swimsuits.
To say NO:	Tell children it is alright to say no to anyone if that person tries to do something to them which they feel is wrong. Most children are taught to listen and to obey adults and older people without question. Disabled children in particular are taught to be compliant.
To get help against bullies:	Bullies usually pick on younger children. Tell children to enlist the help of friends or say no without fighting – and to tell an adult. Bullies are cowards and a firm, loud “no” from a gang of children with the threat of adult intervention often puts them off.
To tell:	You must assure children that no matter what happens you will not be angry with them and that you want them to tell you of any incident that frightens or confuses them or makes them unhappy.
To be believed:	When children are told to go to an adult for help they need to know they will be believed and supported. This is especially true in the case of sexual abuse which children very rarely lie about. If the child is not believed when he or she tells, the abuse may continue for years and result in suffering and guilt of the child.
Not to keep secrets:	Teach children that some secrets should never be kept, no matter if they promised not to tell. Child abusers known to the child often say that a kiss or touch is “our secret”. This confuses the child who has been taught to keep secrets.

4. Child Protection Policy

4.1 Introduction

The purpose of any child protection policy is:

- To ensure that all children and young people attending services are kept safe and that concerns about a child are followed up in the right way and to ensure that everyone including parents/carers, staff, volunteers and children know what should happen and what is expected of them.

4.2 Dealing with Concerns

Many concerns about children and young people arise on a day to day basis, and in most cases these can be dealt with quickly and easily by discussions between staff and parents/carers where further advice or help may be offered, if needed.

These discussions and actions must be recorded by each of the relevant organisations.

In most circumstances it is seen as best practice to consult with parents and to seek their consent to make a referral for additional services for their child. It is only in circumstances where there are concerns that this would place the child at risk of further harm that information should be shared without consent.

Further details of Derbyshire's Information Sharing Protocol can be accessed through the DSCB child protection procedures.

Sometimes concerns can be more worrying because it is clear that the child may be affected by what is happening to them. The child may be harmed or hurt in some way.

There are many ways in which children can be harmed;

- **Physical Abuse**

Physical abuse can include, hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns symptoms or deliberately causes ill health to a child.

- **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious

impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetration for example, rape or buggery, or none penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities or encouraging children to act in a sexually inappropriate ways.

- **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Concerns about a child may come to the attention of staff/volunteers in a number of ways;

- Through observation of the child. A child's behaviour may indicate that it is likely that he/she is being abused.
- The child may disclose abuse.

- Information may be given by parents, other people or agencies.
- A child may show some signs of physical injury of which there seems to be no satisfactory explanation.
- Something in the behaviour of one of the workers or young person, or in the way the worker or young person relates to a child, alerts them or makes them feel uncomfortable in some way.
- Observing one child abuse another.

There may be barriers to children telling, the power of relationships between adults and children should not be underestimated nor should the deliberate and skilled way that abusers target their victims. Children may not tell because;

- They are scared because they have been threatened.
- Believe they will be taken away from home.
- Believe they are to blame.
- Think it happens to all children.
- Feel embarrassed.
- Feel guilty.
- Don't want to get the abuser into trouble.
- Have communication or learning difficulties.
- May not have the vocabulary to say what happened.
- Are afraid they won't be believed.
- Believe they have told, maybe by dropping hints, but haven't been believed so don't bother to try again.

Child abuse thrives on secrecy and needs to be handled in a sensitive, accepting way. In order to achieve this adults may have to overcome certain barriers also as;

- Sometimes it may be hard to believe what the child is saying.
- It may be difficult if the suspicion is about someone that is known.

- The fear of 'getting it wrong'.
- The fear of what consequences there may be for 'getting it wrong' for the child, for the family and for themselves.
- Worry that it may make things worse for the child.
- Belief that the services are stigmatising.
- Simply do not want to become involved.
- Do not have the necessary information on what to do or who to contact.

4.3 Responding to a Concern

It is the role of Children's Social Care and/or the Police to investigate allegations or concerns. The role of staff/volunteers in other organisations is to help identify concerns and pass them onto the relevant agency. All staff and volunteers working in partnership with Derbyshire Safeguarding Children Board have a duty to follow DSCB procedures.

If a worker or volunteer has a concern about a child, they should;

- Take appropriate action if the child is in need of urgent attention.
- Collect as much information as possible about the situation – this may be from the child, parent, carer or other workers and should include date and time of the incident or disclosure, parties who were involved, what was said or done and by whom and any further actions. It may also be helpful to record perception of emotional and physical presentation.
- Be open about the concern and make it clear that the member of staff/volunteer will have to tell others.
- Take their concerns to their line manager as soon as possible and within the same working day. Further advice about specific situation can be sought from Derbyshire Children's Social Care.
- Complete the appropriate organisation form after discussion with the manager to ensure a record of the concern is maintained. Appendix 1 highlights what information this type of form needs to include.

It is the responsibility of the manager to consider the information and to decide what action needs to be taken. This should be clearly recorded on the form and if the manager needs help in making a decision, they

should speak with a senior manager or with Children's Social Care. If no further actions is considered necessary the reason why should be documented and the form should be placed on file. Wherever possible, parents should be made aware of this record.

4.4 Referral to Social Care

- When a decision is made that concerns about a child's welfare are such that it is necessary to make a referral to Children's Social Care it is important for the referrer to be clear about
 - the nature of the concerns
 - how and why they have arisen
 - The apparent needs of the child.
- The referrer will be asked to provide basic information in relation to the child and, if known, about any previous (e.g. CAF) assessments that have been completed. The referrer will be asked if there are urgent concerns about the immediate safety of the child.
- A referral can be made by phone to Children's Social Care on 08456 058 058
- The referral should be followed up in writing (Pro forma available in DSCB Procedures) and sent to the relevant Social Care Office within 24 hours of the telephone referral. A copy should be placed in the relevant organisation file.
- The referrer and the duty social worker should both be clear about any decisions made and what will happen next.
- Formal acknowledgement of the referral should be received within three working days of receipt of the written referral. If no response is received the referrer has a responsibility to re-refer the matter to Children's Social Care
- The parents/carers of the child should be involved as far as possible, unless it has been decided that this would put the child at further harm.
- The manager should support the worker in making decisions and be available to give advice and guidance, as necessary.

5. Safe Staffing

5.1 Recruitment

There are several aspects to protecting children from unsuitable people. These include safe recruitment practices, procedures for dealing with allegations against staff and guidance about appropriate behaviour. An organisation policy on safeguarding children must ensure that all these important safeguards are in place.

It is best practice that all volunteers and staff, including temporary workers and helpers, should be subject to a careful selection and vetting process that includes the following:

- Completion of an application form
- Checking the person's identify by their birth certificate and passport, or other document with a photograph.
- Taking up to 2 references, which are seen before the interview and verified by follow up phone call
- Checking qualifications
- A face to face interview preferably by two people
- Identifying reasons for gaps or inconsistencies in employment
- Require applications to complete a self-disclosure about previous conviction(s) and follow this up with appropriate safeguarding checks
- Obtain full disclosure through checks from Criminal Records Bureau (CRB) where required (Checks should be carried out on all people applying to work with children, including volunteers) where they will have unsupervised and or regular contact. The CRB will provide checks of:
 - Police criminal records via Police National Computer
 - PoCA list (The Protection of Children Act List) and List 99 – lists of people who are disqualified from working with children and young people.

All organisations will need to check if their workers or volunteers meet the criteria to be checked by the CRB and if they do not consider using a self disclosure form.

Information and guidance on which staff legally require a CRB check along with general information on the CRB is available at www.crb.gov.uk.

In most cases, an application for a check will need to be put through a local 'Umbrella Body' registered with the CRB. For information on local agencies that act as 'Umbrella Bodies' provider, contact www.disclosure.gov.uk. There is likely to be a small administrative fee to the agency carrying out the checks.

- Allowing no unsupervised access to children and young people until this has been completed (e.g. no appointment until references have been reviewed)
- Seeking advice about recruiting someone with a criminal record or other types of offences if you are concerned.
- A supervised probationary period for new people to the project and a comprehensive induction period that includes training in your child protection procedures.

5.2 Procedures for Dealing with Allegations Against Staff

All organisations must have in place procedures for dealing with allegations made against any adults. This will show your organisation is taking its safeguarding concerns seriously. Procedures for dealing with allegations against staff should comply with Derbyshire Safeguarding Children Board procedures.

If you receive an allegation against a member of staff who works with children that causes concern that they have:

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

You must contact the Location Authority Designated Officer (LADO) for managing allegations through Derbyshire Children's Services.

Suspension should not be an automatic response to an allegation, but organisations will need to consider the seriousness and plausibility of the allegation, the risk of harm to children and the possibility of tampering with evidence, as well as the interest of the person concerned and your organisation. The decision about whether or not to suspend are for the organisation but must be made in consultation with the LADO.

6. Induction and Training

6.1 Induction

All staff and volunteers should be provided with an induction that includes making them aware of the organisation's procedures for safeguarding and promoting the welfare of children. All groups/organisations should also ensure that staff receive basic training for staff and volunteers. Training should cover:

- What is significant harm?
- What is abuse and neglect?
- Behaviours of abusers.
- What to do if someone tells you they are being abused.
- What to do if you suspect abuse and details of your child protection policy.

Details basic child protection training for the voluntary, community and independent sector is available on www.derbyshirescb.org.uk

6.2 Training for Designated Child Protection Representative

In addition, it is very important that the nominated child protection representative receives special training because he/she is the person with the responsibility for making sure any child protection issues are responded to properly.

In particular, the representative should:

- Be checked by the Criminal Records Bureau if eligible otherwise complete a disclosure
- Know about signs and symptoms of abuse
- Know about how abusers (perpetrators) behave
- Know about the Local Safeguarding Children's Board guidelines for dealing with concerns about abuse.
- Know who to contact in Children's Social Care to ask for advice and to refer a case without delay where there are child welfare concerns.
- Relevant training can be accessed through Derbyshire Safeguarding Children Board

7. Safe Environment

All premises and equipment used will be assessed to ensure safety and suitability.

Where appropriate, provision will be registered through OFSTED and their guidelines followed.

When children are looked after in crèches or play activities, the level and quality of staffing will conform to the regulation of the Children Act 1989 and to national standards. Staffing ratios vary depending on the service and the ages of children being cared for. DfES guidance on a typical school trip to a museum or historical site are:

- 1 adult to 6 pupils for under-eights (more adults if under-fives).
- 1 adult to 10-15 pupils for eight to eleven year olds.
- 1 adult to 15-20 pupils for over elevens.

When transport is organised consideration will be given to the appropriate provision of safety seats or belts for children within the vehicle. Activities should be planned to take account of the age, ability and needs of the children attending and to ensure safety and supervision at all times. When organising trips for children and young people, ensure children and young people understand what standard of behaviour is acceptable through a behaviour policy, get written consent from parents and, if necessary, hold a meeting for parents to give them a briefing on the outing. Two publications in particular provide more detailed information on planning trips away, these are:

- Safe Sport Away, produced jointly by the Amateur Swimming Association and the NSPCC.
- Health and Safety of Pupils on Educational Visits, published by the Department for Education and Skills, available free or to download from www.dfes.gov.uk.

Before a child is left without their parent or carers, organisations must ensure that they have necessary information about the child, including contact number for emergencies, allergies, health and other special needs etc and parents/carers will also be given information about the service. When children are collected, organisations must ensure they have procedures in place which will ensure children are only handed over to the named adult, unless alternative arrangements have been agreed beforehand.

These guidelines will compliment the organisation's Health and Safety procedures.

Child protection legislation covers all children and young people up to the age of 18 and all groups working with older children are still required to have a child protection policy and procedures.

Where use of the internet by children and young people is permitted the following procedures are recommended:

- Place the computer where everyone can use it and where everyone can see it, rather than out of sight in another room;
- Supervise use of the internet;
- Suggest sites that could be visited by children and young people, e.g. those connected with children's TV programmes;
- Talk to children and young people about that sorts of sites they can and cannot visit;
- Ensure children are aware that chat sites are open to misuse and they should be as cautions of people they meet on the internet as adults they may meet in real life;
- Ensure that children and young people do not give out personal details over the Internet, e.g. surname, address, phone number or e-mail address;
- Ensure children never arrange a face-to-face meeting with anyone they come into contact with on the internet;
- Encourage children to report anything they come across which they feel is abusive or offensive;
- Limit the amount of time children spend online;
- Explore the use of filters, which block access to certain sites (although remember that these are unlikely to be foolproof and cannot replace proper supervision);
- In addition, groups should not publish recognisable photographs of children on there own websites.

8. Codes of Behaviour

8.1 Codes

A code of behaviour is for all volunteers and staff involved in an organisation. It should include statements about appropriate boundaries to behaviour and should make it clear that discriminatory, offensive or violent behaviour is unacceptable and that complaints will be acted upon.

A code of behaviour may state that the following specific behaviours should not be allowed:

- Sexual conduct.
- Lending or borrowing of money or property.
- Giving or receiving gifts.
- Exclusive or secretive relationships.
- Taking people who use your services to your home.
- Physical restraint – what are acceptable forms of restraint and in what circumstances these can be used.

8.2 Relationships between Personnel

A code of behaviour should state that relationships between personnel (both paid workers and volunteers) should be based on mutual respect. All employees should be expected to contribute and take responsibility to ensure a positive working environment and to conduct themselves accordingly.

- Treat all children and young people with respect.
- Provide an example of good conduct you wish others to follow.
- Ensure that whenever possible there is more than one adult present during the activities with children and young people or at least that the member of staff working on their own are within sight or hearing of others.
- Respect a young person's right to personal privacy/encourage young people and adults to feel comfortable and caring enough to point out attitudes or behaviour they do not like.
- Remember that someone else might misinterpret your actions, no matter how well intentioned.
- Be aware that even physical contact with a child or young person may be misinterpreted.
- Recognise that special caution is required when you are discussing sensitive issues with children or young people.
- Operate within the organisation's principles and guidance and any particular procedure of affiliated organisations.
- Challenge unacceptable behaviour and report all allegations/suspensions of abuse.

Staff and volunteers must not:

- Have inappropriate physical or verbal contact with children or young people.
- Allow yourself to be drawn into inappropriate attention seeking behaviour/make suggestive or derogatory remarks or gestures in front of children and young people.
- Jump to conclusion about others without checking facts.
- Either exaggerate or trivialise child abuse issues.
- Show favouritism to any individual.
- Rely on your name or that of the organisation or charity to protect you.
- Believe 'it could never happen to me'
- Take a chance when common sense, policy or practice suggests another more prudent approach.

As an organisation, you should advise staff that they can reduce likely situations for abuse of children and help protect themselves from accusations by making sure that everyone is aware that, as a general rule, **it doesn't make sense to:**

- Spend excessive amounts of time alone with children, away from others.
- Take children to your home.

When it is unavoidable that these things happen, they should only occur with the full knowledge and consent of someone in charge of the organisation and/or the child's parents.

8.3 Intimate Care

It may sometimes be necessary for your organisation's staff and volunteers to do things of a personal nature for children, particularly if they are very young or disabled. These tasks should only be carried out with the full understanding and consent of parents. In an emergency situation that requires this type of help, parents should be fully informed, as soon as reasonably possible.

In such situations, it is important that you ensure that all staff are sensitive to the child and undertake personal care tasks with the

utmost discretion and that they are trained to undertake this type of care and that there are robust recording arrangements in place.

9. Complaints

A complaints procedure allows people a safe way of voicing complaints or concerns. Complaints procedure should also incorporate the idea of “whistle blowing”. “Whistle blowing” is used to describe incidents where people report an alleged wrong doing within an organisation, further guidance on this is given below. An open, publicised complaints policy can encourage children and adults to voice concerns about abusive or unethical behaviour. A written, implemented complaints procedure will also aid respectful responses to all complaints that are voiced.

Your complaints procedure should have three parts:

- Introduction to the procedure.
- How to make a complaint.
- How your group with respond to the complaint.

9.1 Introduction to the Procedure

The organisation’s complaints procedure should make it clear what is intended to provide and whom it is intended for. You may wish to state that:

- Complaints are any clear expression of dissatisfaction with the group, its personnel or its services that calls for a response.
- The procedure deals with specific concerns including: a risk to the health or safety of any individual or improper conduct or unethical behaviour or inappropriate behaviour in relation to children.
- Anyone may make a complaint including children, parents/carers, and volunteers, paid workers or other people outside the group.
- Complaints are treated seriously whether it is made in person, by telephone, letter, and fax or by e-mail.
- Complaints will be dealt with promptly, politely and with respect as well as timescales to resolve.

- The group learns from complaints and uses them to improve its services.

9.2 How to Make a Complaint

The organisation should decide the most appropriate procedure for making complaints. Below are a number of options:

- People may make a complaint anyway including in person or in writing, fax, e-mail or telephone.
- You may be able to resolve your complaint by taking it up immediately with the individual concerned or with his/her immediate manager.
- If you cannot resolve your complaint in this matter, you should approach a member of the management committee.

9.3 A formal Complaint Should Include

- Their name and contact details (though in some cases, you may allow anonymous complaints).
- Copies of any relevant correspondence.
- Name of people they have written to or spoken to up to this point about the complaint.
- Details about what has gone wrong or has been handled improperly.
- An explanation of how they would like the complaint resolved.

9.4 How your Group will Respond to Complaints

The complaints procedure must outline a clear process by which complaints are handled. You might state:

- Who will respond to the initial complaint and within how many days.
- What happens if the complaint is not satisfied with the initial response.
- What will happen if the complaint has still not been resolved – this may include calling in an independent body to assess the complaint.

Each response should include who to contact next if the person believes that the complaint has not been dealt with properly. Organisations must also have a process for reviewing and incorporating what has been learnt from complaints.

9.5 What is Whistle Blowing at Work

Staff have the right and individual responsibility to raise any matters of concern regarding poor practice at work. Staff are responsible for the welfare and safety for those they care for on the organisations behalf and this comes above and before feelings of loyalty towards colleagues. It is a means whereby staff have an immediate opportunity to express their concerns regarding poor practice at work at the highest level should they wish to do so.

Whistle blowing guidelines are written for staff to encourage them to take action if they have a reasonable suspicion of serious poor practice at work or have been informed about serious poor practice from service users and to reassure them that they will be both protected and supported if they 'Whistle blow' in line with these guidelines. They are designed to reduce worries of reprisals.

You may want to include whistle blowing guidance advising staff to do this through their normal line management and the second through an independent person where staff feel that the normal line management route is, for whatever reasons, too difficult for them to handle.

10. Information Sharing Arrangements

"No inquiry into a child's death or serious injury has questioned why information was shared. It has always asked the opposite" G Nunnery, Solicitor Lewisham.

Sharing information amongst professionals is essential to safeguarding and promoting the welfare of children. There are legal restrictions regarding when information can be shared without the consent of families or young people and it is essential your agency complies with these. It is important to remember that no individual or organisation is likely to hold all the information about a child's situation and that it is only by sharing information that agencies can work together to safeguard and protect individual children.

Effective arrangements for safeguarding and promoting the welfare of children should have in place agreed systems, standards and protocols for sharing information about a child and their family within each organisation and between organisations. Your policy will need to set out what families can expect regarding confidentiality and the circumstances in which this may be breached. "What to do if you are worried a child is being abused" (Appendix 3) contains good advice on Information Sharing and you may wish to refer to this in drawing up your policy.

Derbyshire Information Sharing Protocol can be accessed through WWW.derbyshirescb.org.uk

Appendix 1

Information that may be useful if referring a child to Children's Social Care

1. Name and date of birth (or age) of child
2. Child's address
3. Name of parent/carer(s)
4. Phone numbers for parent/carer(s)
5. What is said to have happened or what was seen?
6. When and where did it occur?
7. Who else, if anyone, was involved and how?
8. What was said by those involved?
9. Were there any obvious signs e.g. bruising, bleeding, changed behaviour?
10. Was the child able to say what happened, if so, how did they describe it? and record using their words.
11. Do the parents know? (It is good practice to share with parents your concerns and to inform them that you are making a referral unless to do so would place a child at increased risk or if you are concerned about risk to yourself).
12. Are there any concerns about the immediate safety of the child
13. Signature of person filing in the record.

CHILD REFERRAL FORM Sent to:.....Children's Social Care

REFERRED BY: (print)			Status				
Address:							
Postcode:		Telephone:					
Confirmation of verbal referral: Yes / No		If Yes Date:		Receiving Worker:			
Child / Young Person / Expected baby details							
Family Name:			Forename:		DOB:		
Gender: M / F	Disability:			Ethnic Origin:			
Address:							
Postcode:		Telephone:			Mobile:		
Main Address if different from above:							
Postcode:		Telephone:					
Child / Young Person's principal carers / expectant mother							
Name	Relationship to child	Address		Tel No:	Parental responsibility	Ethnic Origin	Disability
					Yes / No		
					Yes / No		
Other household members (including children and non family members)							
Surname	Forename	DOB	Relationship to child	Concerns	Ethnic Origin	Disability	
				Yes / No			
				Yes / No			
				Yes / No			
				Yes / No			
Other contact addresses & Tel No (e.g. Grandparents)							
Agencies Involved							
GP:			Base:		Tel No:		
Health Visitor:			Base:		Tel No:		
School Nurse			Base:		Tel No:		
School / Day care							
Others Agencies Involved							
Is parent / carer aware of referral?		Yes / No		Re referral		Yes / No	
Has consent been obtained to refer?		Yes / No		Date discussed			
If No Reason:							

Has a Common Assessment (CAF) been completed	Yes / No Date	Lead Professional details:	
Is an Interpreter / Signer required?	Yes / No	Language / method required:	
Additional Information			

Additional Information

According to YOUR current knowledge of the family, complete where possible each section with information you currently hold. Be clear and specific about why you feel Children's Social Care involvement is warranted now.

CHILDS NAME:
Child's Developmental needs (may include health, education, emotional and behavioural development, family and social relationships, social presentation, self-care skills):
Parenting Capacity (may include basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability):
Family and Environmental Factors (may include wider family, housing employment, social/community integration – include any worker safety issues):

Do you believe the information is sufficient to warrant enquiries under the safeguarding children procedures? Is the child at risk of significant harm?

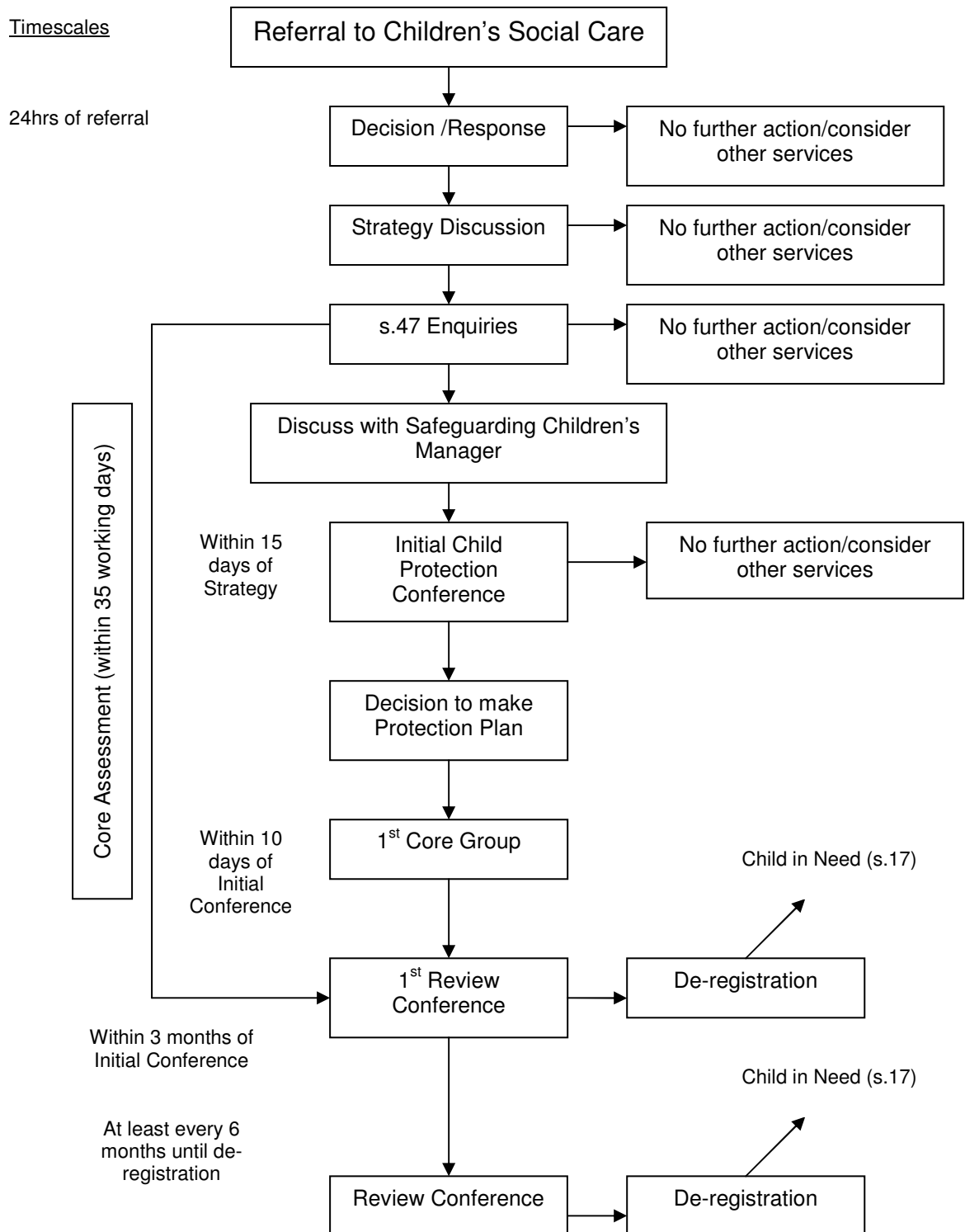
Reason for request for Children's Social Care Assessment:

Signature:

Date:

How Children's Social Care manage serious allegations

Timescales



Definition of Abuse

Recognising Child Abuse

Recognising child abuse is not easy, and it is **NOT** your responsibility to decide whether or not child abuse has taken place or if a child is significantly at risk. You do, however, have a responsibility to act if you have a concern.

The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse.

1. Physical Abuse

Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins.

Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely, e.g. cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body.
- Bruising which reflects hand marks or fingers (from slapping or pinching).
- Cigarette burns
- Bite marks
- Broken bones
- Scolds

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation.
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example wearing long sleeves in hot weather.
- Depression.
- Withdrawn behaviour.
- Running away from home

2. Emotional Abuse

Emotional abuse can be hard to measure and often children who appear to be well cared for may be emotionally abused by being taunted, putdown or belittled. They may receive little or no love, affection or attention from parents or carers. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- A failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. hospital or away from parents care.
- Sudden speech disorders.
- Development delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- Neurotic behaviour e.g. hair twisting, rocking.
- Being unable to play.
- Fear of making mistakes.
- Self harm.
- Fear of parents being approached about their behaviour

3. Sexual Abuse

Adults who use children to meet their own sexual needs abuse both boys and girls of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Pain or itching in the genital/anal areas.
- Bruising or bleeding near genital/anal areas.
- Sexually transmitted diseases.
- Vaginal discharge or infection.
- Stomach pains.
- Discomfort when walking or sitting down.
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn.
- Fear or being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond their age or development level.
- Sexual drawings or language.
- Bedwetting.
- Eating problems such as overeating or anorexia.

- Self harm or mutilation, sometimes leading to suicide attempts.
- Saying they have secrets that they can't tell anyone about.
- Substance or drug abuse.
- Suddenly having unexplained sources of money.
- Not allowed to have friends (particularly in adolescence).
- Acting in a sexually explicit way towards adults.

4. Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of abuse may be:

- Constant hunger, sometimes stealing food from other children.
- Constantly dirty or 'smelly'.
- Loss of weight or being constantly underweight.
- Inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments.
- Having few friends.
- Mentioning their being left alone or unsupervised.

The above list is not meant to be a definite but as a as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour, such as death or the birth of a new baby in the family, relationship problems between their parents/carers etc.

Facts about abuse

- Most children are abused by adults they know and trust.
- The reported cases of child abuse are just the tip of the iceberg of the cruelty, exploitation and neglect to which children in our society are subjected.
- Disabled children are more vulnerable to abuse. They are more dependent on intimate care and sometimes less able to tell anyone or escape from abusive situations.
- Children very rarely make false accusations that they have been abused and in fact frequently deny the abuse or take back an accusation after they have made it.
- Children who talk about the abuse fear the consequences of telling – if things are bad, perhaps they may get worse.
- Children and young people who are abused can be very good at hiding their unhappiness and distress.
- Abuse has serious long term effects on children and young people. If untreated, the effects of abuse on children can be devastating and continue into adulthood.
- Social services will only remove children where there is actual, or a risk of, significant harm and if the child is in real danger of further abuse.
- Child sexual abuse is equally as common among all social classes, professions, cultures and ethnic groups.
- Child sex abuse is an abuse of power – it is an abuse of power adults have over children.
- In most reported incidents of sexual abuse the abuser is someone known to the child.
- It is not only men who sexually abuse children – women also abuse but the most commonly quoted figure is that around 90% of all child sex abuse is by men, most of whom are heterosexual.
- A child is never to blame for sexual abuse.

- There are rarely any obvious signs that a child has been sexually abused. Child abuse is very hard to 'diagnosis', even for professionals.
- The majority of calls to helplines from children relate to bullying.
- If unchecked, bullying can be profoundly damaging to the victim in both the short and the longer term, emotionally, physically or both.
- Bullying can leave children with feeling of worthlessness and self hatred; of isolation and loneliness.
- At its worst, bullying can result in a child attempting suicide.
- Violence between parents (domestic violence) can have a profoundly diverse affect on children, causing intense anxiety, fear and occasionally physical injury.
- Recent research has shown that children's development can be adversely affected by serious parental mental illness without appropriate or effective treatment, and by problem alcohol or drug abuse.