



SAFEGUARDING CHILDREN POLICY

Introduction

This policy is based on the Nottingham City Safeguarding Children Board's Safeguarding Children Procedures (June 2012 – Republished September 2012)

The procedures match the inter-agency arrangements in Nottinghamshire and Nottingham City to make sure all agencies, across statutory, voluntary and private sectors, work together to safeguard children and young people and promote their welfare.

The protection of children and young people from harm, including physical, emotional and sexual abuse and neglect, is part of a broader remit in relation to overall safeguarding and these procedures reflect this context.

These procedures apply to all children and young people up to the age of 18 years, including unborn babies, who live permanently in Nottinghamshire or Nottingham City or are temporarily resident here. Within the document the terms "children" or "child" refer to all children and young people up to the age of 18 years. The fact that a child has become sixteen years of age, is living independently or is in further education, is in the armed forces, in hospital, or in prison or a young offender's institution, does not change their status or their entitlement to services or their protection under the Children Act 1989, (Working Together 2010).

Shared Responsibility

Safeguarding and promoting the welfare of children is everyone's responsibility, including all those who work with children, young people and families; those who manage staff within this work; staff who work with mothers, fathers, carers and other adults who have contact with children; staff who have both direct and indirect contact with children, including administration, support and back office staff; volunteers, community groups and the general public. The complexity of the work relies upon effective inter-agency working.

Key Definitions

The following definitions are taken from Working Together 2010.

Safeguarding and Promoting Welfare is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child Protection is part of safeguarding and promoting welfare. The term is used to refer to the activity that is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

Children in Need are children who are defined as being 'in need' in accordance with Section 17 of the Children Act 1989, whose vulnerability is such that they would be unlikely to reach or maintain a satisfactory level of health or development, or their health or development would be significantly impaired, without the provision of services (Section 17(10) CA 1989), including children who are disabled. This also includes Children who are Looked After and children who are the subject of a Child Protection Plan.

Alerter

Person who passes on concerns of suspected or alleged abuse to a person identified as responsible for referring to Children's Social Care such incidents (Referrer).

Referrer

Referring is the responsibility of the nominated person for the organisation (for JRH Support this is the Operations Manager – Paul Battershall). The referrer must gather the relevant information and establish whether they believe there is an allegation of abuse. The referrer then has a duty to make a referral to the relevant Children's Social care Service.

Definitions of Abuse and Neglect

Recognising when a child is experiencing abuse or neglect can be complex. It is essential practitioners receive the appropriate level of training and support required for them to be able to identify and act on issues of possible abuse or neglect. Working Together 2010 provides the following definitions of abuse and neglect.

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capacity, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve hearing or seeing the ill treatment of another. It may involve 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, although it may occur alone.

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 (e.g. rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities or 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.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care givers)

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Recognising Abuse: General Considerations

Child abuse occurs to children of both sexes and all ages, in all cultures, religions, and social classes and to children with and without disabilities. All staff should be alert to signs that a child may be at risk of significant harm, which includes considering the following:

- Identification of child abuse may be difficult; it normally requires both medical and social assessment.
- Avoid making assumptions about a situation and ensure a thorough assessment informs their judgement.
- Gather information in relation to an incident, including the explanation provided by the parents/carers; any injuries sustained; medical advice or assistance sought by the family and whether there was any delay in this; inconsistencies in information provided; and responses to the child by the parent or carers.
- Different types of child abuse may be present at the same time, e.g. a child who is being sexually abused may also be being physically abused. When enquiring into one type of abuse staff need to be alert to potential signs of other abuse.
- Always listen carefully to the child – pay particular attention to any spontaneous statement. In the case of children without speech or with limited language, pay attention to their signing or other means of expression, including behaviour and play.
- Any delay in seeking medical assistance or indeed none being sought at all, could be an indicator of abuse.

- Beware if explanation of an accident is vague, lacking detail, is inconsistent with the injury, or varies with each telling.
- Take note of inappropriate responses from parents or carer.
- Observe the child's interaction with the parents – particularly wariness, fear or watchfulness.
- Any history or patterns of unexplained injury/illness requires careful scrutiny.
- The fact that the parent/carer appears to be highly attentive and concerned should not divert attention from the assessment of risk.
- Beware if the child's injury is inconsistent with the child's development and mobility
- Beware if there are indications of or a history of domestic violence. Violence towards adults may also indicate violence towards children and is itself be experienced as emotionally abusive.
- Children who are being abused often do not say and tend to perceive themselves as deserving of ill treatment. This is particularly so for children who are being emotionally abused.

Bruising in Infants

Several studies have increased our knowledge about the age, frequency, site and association with developmental stage in relation to infant bruising. (Welsh Child Protection Systematic Review Group. 2008)

- Bruising in young infants is uncommon. "Those who don't cruise rarely bruise".
- Patterns and sites of bruising in children that are suggestive of abuse have been well documented.

There is good evidence that babies less than 9 months of age rarely have bruises related to accidental injury.

Based on this evidence there should be a heightened awareness of non-accidental injury in babies less than nine months of age who are found to have bruising. This is particularly true of those less than 6 months of age. Accidental injuries rarely occur in children who are not yet mobile and so it will be essential to establish information about the child's gross motor skills (larger movements).

When there are unexplained or suspicious marks or bruising on a baby less than 9 months old, further assessment will need to be undertaken. Bruising or marks in this age group, even if the bruising or injury is apparently small in size, is highly likely to be indicative of non-accidental injury. Any staff observing such bruises or marks should refer into social care.

Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies the compulsory intervention in family life in order to promote the best interests of the child. However even where this threshold has been reached, the act emphasises that parents or carers should be informed of, and if possible, should give their consent to this

intervention unless it is clear that to do so would further increase the risk to the child. The Adoption and Children Act 2002 amended the definition of harm to include:

- The ill treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- 'Development' means physical, intellectual, social or behavioural development
- 'Health' means physical or mental health; and
- 'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

There are no absolute criteria to rely on when deciding what constitutes significant harm. Deciding whether a child has been significantly harmed should also include a judgement based on consideration of the:

- Nature of the abuse.
- The effects of the abuse on the individual child.

Duty to Report

All staff have a duty to report suspicions or disclosures of abuse, and failure to do so is a failure of their duty of care. This can lead to disciplinary action being taken.

Alerting

The timescale for alerting is **immediately!**

Alerting occurs when a member of staff is informed, or has concerns, that abuse or neglect of a child has occurred, or is suspected. The member of staff becomes the 'Alerter'.

Sharing Information

Alerters have a duty to share the information with the person within their organisation responsible for referring (and their line manager if this is different), but should not discuss their concerns with anyone else.

Having a 'duty to share information' means; you are not at liberty to keep concerns to yourself and you should never promise to keep secrets.

If you feel that you are not able to share information with your manager, the person responsible for referring, or another manager within the organisation, as you believe that they are implicated or colluding with the alleged abuse, you should, in the first instance, follow the 'Whistleblowing Policy'. If you are unable to follow this because of those implicated in the alleged abuse you should contact the Care Quality Commission (CQC).

If your manager or the person responsible for making a referral makes a decision not to refer and you are unhappy with this decision you still have a duty to share information. This should be done by speaking to the next senior person in your organisation.

When acting in the role of Alerter you should:

- Always take any concerns seriously, however insignificant they may seem to you.
- Where the concern comes directly from the child allegedly abused, accept it and avoid making comments other than to comfort or be sympathetic.
- Ensure the immediate safety and welfare of the child allegedly abused. (This may include urgent medical attention)
- Report the concerns **urgently** to your line manager who is responsible for referring to Children's Social Care - **always report, don't assume someone else already has**. If the allegation concerns a member of staff with the responsibility of 'referrer', the next senior member of management should be informed.
- State your concerns clearly - don't use euphemisms;
- Keep a careful, detailed record of the concerns, clearly separating fact from opinion (bear in mind that the record may be required later as part of any legal proceedings).

All staff have a duty to report suspicions or disclosures of abuse, and failure to do so is a failure in their duty of care. However difficult it may seem, staff must make known their concerns of abuse.

Checklist for Alerters

Do:

- Remain calm and try not to show any shock or disbelief.
- Listen very carefully to what you are being told.
- Demonstrate a sympathetic approach by acknowledging regret and concern that this has happened to them.
- Reassure the child by telling them they have done the right thing by sharing the information with you, you are treating the information seriously and the abuse is not their fault (if the information is being shared by the 'victim')
- Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident.
- Explain that you are required to share the information with your line manager, but not with other staff or service users. Your line manager will also need to inform others.

- Reassure the child that any further investigation will be conducted sensitively and with their full involvement, wherever possible.
- Reassure the child that steps will be taken to support and, where appropriate, protect them in the future.
- Alert your line manager, or the person acting in this role in their absence, immediately.
- Refer to the organisation's 'Whistleblowing Policy' or contact the Regulatory Body (CQC) if you believe that management within the organisation are implicated or colluding with the alleged abuse, or are not taking it seriously.
- Make a written record of what the child has told you. Bear in mind that you may feel the need to air your feelings about what you have reported. Your line manager will advise you about available support.
- Report any comments made about your own conduct to your line manager – do not confront the person making them.

Do Not:

- Stop someone who is freely recalling significant events; allow them to share whatever is important to them.
- Ask questions or press the child for more details (this may be done during any subsequent investigation, so it is important to avoid unnecessary stress and repetition for the person concerned). This may also invalidate any evidence if required for a prosecution.
- Promise to keep secrets.
- Make promises you are unable to keep.
- Contact the alleged 'perpetrator' or alleged 'victim' (unless you have no choice because they make contact with you)
- Be judgmental (e.g. 'Why didn't you try and stop them?')

Break the confidentiality agreed between the child disclosing the information, yourself and your line manager. Do not talk to anyone else about the information shared with you (e.g. 'It's awful, you'll never guess what I've just been told').

Making a Safeguarding Referral

Referring is the responsibility of the manager who receives information from the Alerter. The manager becomes the 'Referrer'.

Before making a safeguarding referral, you should:

- Consider the immediate health/welfare needs of the alleged victim or anyone else who may be affected.

- Consider whether emergency services are required (ambulance, police)
- Gather information to clarify the facts. This will include speaking to the 'Alerter'
- Ensure that the 'Alerter' and the child who raised the original concern are fully supported
- Keep detailed records, separating fact from opinion, direct evidence from hearsay
- Inform and seek advice from more senior managers if necessary
- Based on the work you carry out and utilising the relevant guidance sections, make a decision on whether a **Referral** to the relevant Children's Social Care Service is required. If in doubt, make a referral using the procedure below.

Referral process

Once you have gathered the relevant information and established that you believe there is an allegation of abuse, you have a duty to make a referral to the relevant Children's Social Care Service, or to the allocated Social Worker.

Prior to making a referral you will need to gather as much information as you can about the allegation, which you will be asked to provide once you telephone the Children's Social Care Service or allocated Social Worker.

When you have the information, make a referral by contacting:

Nottingham City: **Children and Families Direct – 0115 8764800**

Notts County : **Multi-Agency Safeguarding Hub – 0300 500 8090**

Explain to the call taker that you wish to make a '**SAFEGUARDING CHILDREN REFERRAL**'.

It is important to provide contact details about yourself, as the Safeguarding Manager may need to contact you for further details and, should contact you in any event to offer feedback about the safeguarding assessment.

Decision NOT to make a referral

If, after assessing all the information available to you decide that there is no allegation of abuse you do not need to make a referral to the relevant Children's Social Care Service.

You should fully document any such decision and it would be good practice to discuss and agree this action with your line manager.

You should fully document any decision made, and it would be good practice to discuss and agree this action with your line manager.

Any decision not to refer does not mean that the incident should be left or that other actions do not need to take place. Consideration still needs to be given to the needs of the child and to any other actions such as the complaints process, training needs, disciplinary or regulatory action if appropriate.

Record Keeping

All records taken of any allegation will be kept securely at the office. Records will include actions taken in response to any allegation. All records should be made on People Planner software, or signed and dated if written.