

**NORTHAMPTONSHIRE COUNTY COUNCIL**

**Child Protection Policy for Children Centres December 2017**

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| **CHILD PROTECTION POLICY**  **……………………………………………Centre** |

Policy Review

This document must be reviewed in full by Northamptonshire County Council. Reviews to take place whenever information updates are required, or annually at a minimum.

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| Reviewer name | Title / Responsibility | Date | Version |
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Approved by

All reviews and changes to this document must be approved.

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| 1. **INTRODUCTION** |

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Reference: *Working together to Safeguard Children DfE2015*

**This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the Children’s Centre.**

**In particular this policy should be read in conjunction with all EH policy documents. Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, Code of Conduct/Staff Behaviour Policy, Online Safety Policy and ICT Acceptable Usage Policy, whistle blowing policy**

**Safeguarding is everyone’s responsibility**

Safeguarding and promoting the welfare of children is **everyone’s** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children

Reference: Working together to Safeguard Children DfE2015

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| **Purpose of a Child Protection Policy** | To inform staff, families, volunteers, students, Advisory board and partners about the children’s centres responsibilities for safeguarding children.  To enable everyone to have a clear understanding of how these responsibilities should be carried out. |
| **Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures** | The Children Centre follows the procedures established by the Northamptonshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Northamptonshire working with children and their families: [www.northamptonshirescb.org.uk](http://www.northamptonshirescb.org.uk) |
| **Children centre Staff & Volunteers** | All Children centre staff have a responsibility to provide a safe environment for children and their families.  Children centre staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.  All staff members must receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. This will ensure that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.  Temporary staff, volunteers and students will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead - including Child Protection Policy and staff behaviour policy (code of conduct). |
| **Mission Statement** | Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.  Establish and maintain an environment where staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.  Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.  Staff members working with children are advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child. |
| **Implementation, Monitoring and Review of the Child Protection Policy** | The policy will be reviewed annually by NCC and updates disseminated. It will be implemented through the Children Centre induction and training programme. New members of staff, Volunteers and students will be requested to sign to agree that they have read and understood its content. The policy will form part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead. The policy is to be a standing item once a quarter in EH team meetings and any required changes or updates be made and any revised version provided to Northamptonshire County Council’s Policy and Procedure Officer |
| 1. **LEGISLATION** | | |

[Section 11](http://www.legislation.gov.uk/ukpga/2004/31/section/11) of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

This policy has been drawn up on the basis of law and guidance that seeks to protect children. In order to safeguard and promote the welfare of children, the Centre will act in accordance with the following legislation and guidance:

* Children centre statutory guidance 2013
* Working Together to Safeguard Children (DfE 2015) The Children Act 1989
* The Children Act 2004
* Safeguarding Vulnerable Groups Act 2006
* Protection of freedoms Act 2012
* Sexual Offences Act (2003)
* Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
* Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)
* Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

Links to guidance found in Appendix 1

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| **3. THE DESIGNATED SAFEGUARDING LEAD (DSL)** |

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The Designated Safeguarding Lead for the centre will be the area’s Early Help Team Manager.

They should have the status and authority within the centre to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

There should be a Deputy Designated Safeguarding Lead in the absence of the lead. This role will be filled by the area’s Early Help Senior Practitioner(s).

The Designated Safeguarding Lead and or a deputy will always be available to discuss any safeguarding concern.

**The Designated Safeguarding Lead (DSL) for Child Protection in this Centre is:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Deputy Designated Safeguarding Lead for Child Protection in this centre is:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any deputies should be trained to the same standard as the designated safeguarding lead.

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead; this **lead responsibility** should not be delegated.

**Training for the DSL**

The Designated Safeguarding Lead should undergo training every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed, (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually.

**Areas of responsibility for the DSL**

* Liaise with the centre manager to inform him/her of issues
* Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
* Support staff who make referrals.
* Ensure staff have supervision
* Ensure all staff and volunteers have induction training in child protection policy and procedures and receive regular updates.
* Share information with appropriate staff in relation to a child’s looked after (CLA) legal status (whether they are Looked After under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
* Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments. Have a working knowledge of the latest Thresholds and Pathways document
* Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
* Understand and support with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
* Be able to keep detailed, accurate, secure written records of concerns and referrals
* Encourage a culture of listening to children and taking into account the voice of the child.
* Ensure all staff are aware of Online Safety and that the relevant policies are in place regarding mobile phones, cameras and use of social media.
* Ensure that staff read and understand all relevant ‘Staff Codes of Conduct’/’Staff Behaviour’ policies, inclusive of clear procedures in relation to the use of mobile phones, cameras and social networks as well as online conduct.

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| 1. **WHEN TO BE CONCERNED** |

**A child centred and coordinated approach to safeguarding:**

Safeguarding and promoting the welfare of children is **everyone’s responsibility.** In order to fulfil this responsibility effectively, all professionals should make sure their approach is **chi**ld centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children

Reference: Working together to Safeguard Children DfE2015

Staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

Staff/volunteers should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

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| **Physical abuse**  ***Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.*** *Working Together to Safeguard Children (DFE 2015)* | |
| **Child –Indicators of Physical abuse** | |
| Bruises – shape, grouping, site, repeat or multiple | Withdrawal from physical contact |
| Bite-marks – site and size  Burns and Scalds – shape, definition, size, depth, scars | Aggression towards others, emotional and behaviour problems |
| Improbable, conflicting explanations for injuries or unexplained injuries | Frequently absent from school |
| Untreated injuries | Admission of punishment which appears excessive |
| Injuries on parts of body where accidental injury is unlikely | Fractures |
| Repeated or multiple injuries | Fabricated or induced illness |
| **Parent** | **Family/environment** |
| Parent with injuries | History of mental health, alcohol or drug misuse or domestic violence. |
| Evasive or aggressive towards child or others | Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Explanation inconsistent with injury | Marginalised or isolated by the community. |
| Fear of medical help / parents not seeking medical help | Physical or sexual assault or a culture of physical chastisement. |
| Over chastisement of child |  |

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| **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, not giving the child opportunities to express their views, ‘making fun’ of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).*** *Working Together to Safeguard Children (DFE 2015)* |
| **Child - Indicators of Emotional abuse** |

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| Self-harm | Over-reaction to mistakes / Inappropriate emotional responses |
| Chronic running away | Abnormal or indiscriminate attachment |
| Drug/solvent abuse | Low self-esteem |
| Compulsive stealing | Extremes of passivity or aggression |
| Makes a disclosure | Social isolation – withdrawn, a ‘loner’ Frozen watchfulness particularly pre school |
| Developmental delay | Depression |
| Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking) | Desperate attention-seeking behaviour |
| **Parent** | **Family/environment** |
| Observed to be aggressive towards child or others | Marginalised or isolated by the community. |
| Intensely involved with their children, never allowing anyone else to undertake their child's care. | History of mental health, alcohol or drug misuse or domestic violence. |
| Previous domestic violence | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| History of abuse or mental health problems | Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Mental health, drug or alcohol difficulties | Wider parenting difficulties |
| Cold and unresponsive to the child’s emotional needs | Physical or sexual assault or a culture of physical chastisement. |
| Overly critical of the child | Lack of support from family or social network. |

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| **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.*** *Working Together to Safeguard Children (DFE 2015)* | |
| **Child - Indicators of Neglect** | |
| Failure to thrive - underweight, small stature | Low self-esteem |
| Dirty and unkempt condition | Inadequate social skills and poor socialisation |
| Inadequately clothed | Frequent lateness or non-attendance at school |
| Dry sparse hair | Abnormal voracious appetite at school or nursery |
| Untreated medical problems | Self-harming behaviour |
| Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold | Constant tiredness |
| Swollen limbs with sores that are slow to heal, usually associated with cold injury | Disturbed peer relationships |
| **Parent** | **Family/environment** |
| Failure to meet the child’s basic essential needs including health needs | Marginalised or isolated by the community. |
| Leaving a child alone | History of mental health, alcohol or drug misuse or domestic violence. |
| Failure to provide adequate caretakers | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| Keeping an unhygienic dangerous or hazardous home environment | Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Unkempt presentation | Lack of opportunities for child to play and learn |
| Unable to meet child’s emotional needs | Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals |
| Mental health, alcohol or drug difficulties |  |
| **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 or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.*** *Working Together to Safeguard Children (DFE 2015)* | |
| **Child - Indicators of Sexual abuse** | |
| Self-harm - eating disorders, self-mutilation and suicide attempts | Poor self-image, self-harm, self-hatred |
| Running away from home | Inappropriate sexualised conduct |
| Reluctant to undress for PE | Withdrawal, isolation or excessive worrying |
| Pregnancy | Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit |
| Inexplicable changes in behaviour, such as becoming aggressive or withdrawn | Poor attention/concentration (world of their own) |
| Pain, bleeding, bruising or itching in genital and /or anal area | Sudden changes in school work habits, become truant |
| Sexually exploited or indiscriminate choice of sexual partners |  |
| **Parent** | **Family/environment** |
| History of sexual abuse | Marginalised or isolated by the community |
| Excessively interested in the child | History of mental health, alcohol or drug misuse or domestic violence |
| Parent displays inappropriate behaviour towards the child or other children | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| Conviction for sexual offences | Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Comments made by the parent/carer about the child | Grooming behaviour |
| Lack of sexual boundaries | Physical or sexual assault or a culture of physical chastisement. |

* Please refer to the NSCB website for specific guidance on identification of neglect (including roles and responsibilities for interventions. Please use the full suite of documents and guidance contained within the NSCB webpages - including the [Neglect Toolkit](http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/neglect-tookit/), which includes the [Graded Care Profile](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADMANQB8AHwAVAByAHUAZQB8AHwAMAB8AA2) and [Neglect Screening Tool](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADMANgB8AHwAVAByAHUAZQB8AHwAMAB8AA2)**,** the agreed assessment tools for identifying neglect in Northamptonshire

**Children with Special Educational Needs and Disabilities:**

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

* Assumptions that indicators of possible abuse such as behaviour; including for example: ADHD or other specific behavioural problems/diagnosis, mood and injury relate to the child’s impairment without further exploration;
* Assumptions that children with SEN and disabilities can be disproportionally impacted by things like bullying - without outwardly showing any signs;
* Communication barriers and difficulties;
* Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child);
* Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased;
* A disabled child’s understanding of abuse;
* Lack of choice/participation;
* Isolation.

**Child Sexual Exploitation**

* Child sexual exploitationis a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:
  + Children who appear with unexplained gifts or new possessions;
  + Children who associate with other young people involved in exploitation;
  + Children who have older boyfriends or girlfriends;
  + Children who suffer from sexually transmitted infections or become pregnant;
  + Children who suffer from changes in emotional well-being;
  + Children who misuse drugs and alcohol;
  + Children who go missing for periods of time or regularly come home late; and
  + Children who regularly miss school or education or do not take part in education.

**Private Fostering**

* The nationally accepted definition of Private Fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'.
* This is a private arrangement made between a parent and a carer for 28 days or more.
* Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).
* Many private fostering arrangements remain unknown to the local authority. This is a cause for concern as privately fostered children and young people, without the safeguards provided by law, are a particularly vulnerable group.
* All staff should be alert to the definition and wider aspects relating to private fostering.
* Northamptonshire Children’s Services must be informed of all private fostering arrangements.
* If professionals become aware of a child who is being privately fostered they should encourage the parent/carer to inform Children’s Services of the arrangement or contact Children’s Services themselves if they think parents/carers may not have done so already.
* Further information on private fostering can be found on the NSCB website: [www.northamptonshirescb.org.uk/health-professionals/taking-action/private-fostering/](http://www.northamptonshirescb.org.uk/health-professionals/taking-action/private-fostering/)

**Preventing Radicalisation**

* The Counter-Terrorism and Security Act, 2015 places a duty on authorities ‘to have due regard to the need to prevent people from being drawn into terrorism’.
* Protecting children from the risk of radicalisation should be seen as part of wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.
* As with other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.
* In addition centres should refer to the following DfE Guidance:
  + The Prevent Duty Guidance for England and Wales places requirements on the school under four themes: risk assessment, working in partnership, staff training and IT policies: [www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance)
  + The use of social media for online radicalisation
  + [www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation](http://www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation)

**Honour Based Violence (HBV)**

* So-called ‘honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing.
* All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.
* Staff who have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care.
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**Female Genital Mutilation (FGM)**

* Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.
* It is carried out on children between the ages of 0-15, depending on the community in which they live.
* There is a statutory duty for professionals in England and Wales to report ‘known’ cases of FGM in under-18s to the police which they identify in the course of their professional work.
* Where FGM has taken place, since 31st October 2015 there has been mandatory reporting duty placed on teachers that requires a different approach: Guidance: ‘Mandatory reporting of female genital mutilation: procedural information’ [www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information](http://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information)

**Domestic Violence (DV)**

* Domestic violence is defined as 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
    - Emotional

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| 1. **DEALING WITH A DISCLOSURE** |

If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:

* Listen to what is being said without displaying shock or disbelief
* Accept what is being said
* Allow the child to talk freely
* Reassure the child, but not make promises which it might not be possible to keep
* Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
* Reassure him or her that what has happened is not his or her fault
* Stress that it was the right thing to tell
* Listen, only asking questions when necessary to clarify
* Not criticise the alleged perpetrator
* Explain what has to be done next and who has to be told
* Make a written record (see Record Keeping)
* Pass the information to the Designated Safeguarding Lead without delay.

**Support**

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead Person.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Lead.

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| **6. RECORD KEEPING** |

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Lead.

When a child has made a disclosure or a member of staff observes signs of abuse the member of staff/volunteer should:

* Record the information as soon as possible. Use the centre record of concern sheet. Do not destroy the original notes in case they are needed by a court
* Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
* Draw a diagram to indicate the position of any injuries
* Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

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| **7. CONFIDENTIALITY** |

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers.

* All staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children’s Services and the Police).
* If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child’s age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This may ultimately not be in the best interests of the child.
* Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts in line with policy and procedure.

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| **8. REFERRAL PROCEDURES** |

*Please see Appendix 3: What to do if you are worried a child is being abused flowchart.*

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead. The Designated Safeguarding Lead will decide whether the concerns should be referred to Children’s Services. If it is decided to make a referral to Children’s Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern. **Safeguarding Referrals must be made in one of the following ways:**

* By telephone contact to the Multi-Agency Safeguarding Hub (MASH): **0300 126 1000 (Option 1)**
* By e-mail to: [MASH@northamptonshire.gcsx.gov.uk](mailto:cypsnccinitialcontact@northamptonshire.gcsx.gov.uk)
* By using the online referral form found at <http://www.northamptonshirescb.org.uk/more/borough-and-district-councils/how-to-make-an-online-referral/>
* In an emergency outside office hours, contact children's social care out of hours team on 01604 626938 or the Police

**Multi-Agency Safeguarding Hub (M.A.S.H)**

The Multi-Agency Safeguarding Hub (MASH) deals with referrals from professionals and members of the public who may have concerns about a child’s welfare following contact with the helpline that is now also based in the Multi-Agency Safeguarding Hub. It makes the process of dealing with referrals quicker and more effective by improving the way county council: Children’s Social Care, Northamptonshire Fire and Rescue Service (NFRS), Youth Offending Service (YOS) and education, work alongside other partner agency colleagues including Northamptonshire Police, Northamptonshire Health partners, National Probation Service, and the East Midlands Ambulance Service (EMAS) to share information.

* **If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999.**

Whilst it is the DSLs role to make referrals, **any staff member** can make a referral to Children’s Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children’s Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

The member of staff must record information regarding the concerns on the same day.

When making a referral, the relevant procedure must be read. It is important to establish when the need for a referral to MASH is necessary. There are a number of tools available to help decide when a referral is needed. Tools covering the following areas of concern are available below – click links;

[Child Sexual Exploitation](http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/cse-assessment/)

[Bruising / Marks in Non-Mobile Infants](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADYANQB8AHwAVAByAHUAZQB8AHwAMAB8AA2)

[Domestic Abuse](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAxADcAOQB8AHwAVAByAHUAZQB8AHwAMAB8AA2)

[Dangerous Dogs](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADcAMAB8AHwAVAByAHUAZQB8AHwAMAB8AA2)

[Female Genital Mutilation](http://www.proceduresonline.com/northamptonshire/scb/user_controlled_lcms_area/uploaded_files/FGM_screening_tool.docx)

[Neglect](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADMANgB8AHwAVAByAHUAZQB8AHwAMAB8AA2)

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| **9. COMMUNICATION WITH PARENTS/CARERS** |

The centrewill ensure the Child Protection Policy is available publicly either via the [Northamptonshire Children’s Services Procedures Manual](http://northamptonshirechildcare.proceduresonline.com/index.htm) or by other means.

Parents/carers should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

* The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed;
* Leading to an unreasonable delay;
* Leading to the risk of loss of evidential material.

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| --- |
| **10. ALLEGATIONS INVOLVING STAFF/VOLUNTEERS** |

An allegation is any information which indicates that a member of staff/volunteer may have:

* Behaved in a way that has, or may have harmed a child
* Possibly committed a criminal offence against/related to a child

Behaved towards a child or children in a way which indicates she/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community

* All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the centre safeguarding arrangements.
* Appropriate whistle blowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the centre manager or DSL as appropriate.
* Where a staff member feels unable to raise an issue with their employer/through the whistle blowing procedure or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them:

Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**

NSPCC whistle blowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: **0800 028 0285** – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: **help@nspcc.org.uk**

* [NCC whistle blowing policy](http://hrhandbook.northamptonshire.gov.uk/HRPoliciesLibrary/E09.%20%20Whistleblowing%20Policy%20(NCC).doc)

To make a referral to the Designated Officer the Centre Manager or DSL should contact:

Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**

Designated Officers (formerly LADO):

[doreferral@northamptonshire.gov.uk](mailto:doreferral@northamptonshire.gov.uk)

For referrals regarding adults and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer (formerly LADO) without delay.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the internal procedures

**Appendix 1**

**Essential Links:**

**Children centre guidance**

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273768/childrens_centre_stat_guidance_april_2013.pdf>

**NSCB**

* NSCB Home Page  
  <http://www.northamptonshirescb.org.uk/>
* NSCB Procedures Manual  
  <http://northamptonshirescb.proceduresonline.com/>
* Reporting Concerns and Inter-Agency Referral Form (Referral to MASH)  
  <https://northamptonshire.firmstep.com/default.aspx/RenderForm/?F.Name=a4NtwT46Fcm>

**Contact a Family – for families with disabled children:**

https://www.cafamily.org.uk/

**Northamptonshire’s Local Offer:**

http://www3.northamptonshire.gov.uk/councilservices/children-families-education/SEND/local-offer

**Working Together to Safeguard Children** (DfE, March 2015) <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf>

**Information Sharing Guidance for practitioners and managers** (HM Government, March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/419628/Information\_sharing\_advice\_safeguarding\_practitioners.pdf

[**What to do if you're worried that a child is being abused**](http://northamptonshirescb.proceduresonline.com/pdfs/What_to_do_if_youre_worried_a_child_is_being_abused.pdf)(HM Government March 2015)

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf>

**Help and Protection for Children**

<http://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/Pages/default.aspx>

**Early Help Assessment**   
<http://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/protecting-children-information-for-professionals/Pages/early-help-assessment.aspx>

**The Northamptonshire Thresholds and Pathways** (2015)   
[www.northamptonshire.gov.uk/tap](http://www.northamptonshire.gov.uk/tap)

**National Society for Prevention of Cruelty to Children (NSPCC):**

**http://**[www.nspcc.org.uk/](http://www.nspcc.org.uk/)

**0808 800 5000**

**Childline:**

<https://www.childline.org.uk/>

**0800 1111**

**Child Exploitation and Online Protection (CEOP):**

<http://ceop.police.uk/>

**0870 000 3344**

**Online safety training and advice contact:**

[e-safety@northamptonshire.gov.uk](mailto:e-safety@northamptonshire.gov.uk)

**Online safety policy examples:**

<http://swgfl.org.uk/products-services/esafety/resources/online-safety-policy-templates>

**Multi-Agency Practice Guidelines: Female Genital Mutilation: guidelines to protect children and women (**2014)

<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

**Prevent Duty Guidance**

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf>

**Appendix 2**

**WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2015)**

**Flowchart**



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