CHILD PROTECTION PROCEDURES

THE NEXT REVIEW DATE FOR THIS POLICY: 25TH SEPTEMBER 2020

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1) What is Child Protection?

1.1 Child protection is one very important aspect of safeguarding. It refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm.

2) What is significant harm?

2.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention by statutory agencies in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes it might be a single traumatic event but more often it is a compilation of significant events which damage the child's physical and psychological development. Decisions about significant harm are complex and require discussion with the statutory agencies.

3) Scope and purpose of these procedures

3.1 These procedures should be read in conjunction with the Safeguarding Policy. They apply to all Innovate Dorset ltd staff including the Directors, Workers/Mentors, Volunteers or anyone working on behalf of Innovate Dorset ltd and explain what action should be taken if there are concerns that a child is or might be suffering harm. A child is a person under 18 years but the principles of these procedures apply also to vulnerable young adults over 18 years.

4) Responsibilities and roles

4.1 All those who come into contact with children and families in their work, including those who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

4.2 Innovate Dorset ltd has a Designated Safeguarding Officer and Deputy Designated Safeguarding Officer(s) with responsibility for child protection. After your line manager this is the person with whom you should normally discuss any concerns or allegations and s/he should be able to offer appropriate advice and refer to other agencies as necessary.

See Appendix 1 for useful contacts.

See Appendix 2 for The Role & Responsibilities of a Designated Safeguarding Officer

All action is taken in line with the following guidance:

- Bournemouth, Dorset and Poole Inter-Agency Safeguarding Procedures & Guidance ('Yellow File')
- DSCF Guidance (2006) - Safeguarding Children and Safer Recruitment in Education
- Working Together to Safeguard Children 2006 - Guidance published by HM Government
- What to do if you're worried a child is being abused - Government Guidance - DfES 31553

5) What is child abuse?

5.1 It is generally accepted that there are four main forms of abuse. The following definitions are based on those from Working Together to Safeguard Children (HM Government 2006).

i) Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse, as well as being a result of an act of commission (doing something), can also be caused through omission or the failure to act to protect.

ii) Emotional abuse

Emotional abuse is the persistent emotional ill-treatment 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 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 ill-treatment of a child, though it may occur alone.

iii) Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non¬penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

iv) 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 danger, failure to ensure adequate supervision including the use of adequate 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.

5.2 It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at anyone time. These four definitions do not minimise other forms of maltreatment.

6) Recognising child abuse - signs and symptoms

6.1 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 at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

6.2 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. The examples below are not meant to form an exhaustive list.

i) Physical abuse

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the 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 there are differing explanations. A delay in seeking medical treatment for a child 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.

Patterns of bruising that are suggestive of physical child abuse include:

- bruising in children who are not independently mobile
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non- accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.

Other physical signs of abuse may include:

- cigarette burns
- adult bite marks
- broken bones
- scalds

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
- running away from home.

ii) Emotional abuse

Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Children who live in households where there is domestic violence can often suffer emotional abuse. 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. in hospital or away from parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self harm
- fear of parents being approached.

iii) Sexual abuse

Adults who use children to meet their own sexual needs abuse both girls and boys 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, that 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 disease

- 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 of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental 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 they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

iv) 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 neglect may include:

- constant hunger, sometimes stealing food from other children
- being 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 being left alone or unsupervised

6.3 The above list is not meant to be definitive but 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.

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

7) Responding to the child who makes an allegation

- Listen carefully to what is said
- Stay calm
- Find an appropriate opportunity to explain that it is likely that the information will need to be shared with others - do not promise to keep secrets
- Allow the child to continue at her/his own pace and do not interrupt if the child is freely recalling events
- You do not need to find a 'witness'

- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer. Questions should be framed an open manner and not 'lead' the child in any way. For example say, "Tell me what has happened", rather than, "Did s/he do ... "
- Reassure the child that s/he has done the right thing in telling you
- Explain what you will do next and with whom the information will be shared
- Do not ask the child to repeat the disclosure to anyone else in school or ask him/her to write a 'statement'
- Contact the Designated Senior Person or deputy DSP in the child's school as soon as you can or, where such contact is not possible, ensure a referral is made without delay to the appropriate Social Care office
- Record in writing what was said, including the child's own words, as soon as possible - note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- Do not discuss with parents/carers. The Designated Senior Person will agree with the Social Care team when parents/carers should be contacted and by whom

7.1 **Remember**

It is important that everyone in the service is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish whether the child is telling the truth. That is a task for Social Care and the Police following a referral to them of concern about a child. Your role is to act promptly on the information you have received.

8) Responding to concerns or suspicions of abuse

8.1 Any suspicion or concern that a child or young person may be suffering or at risk of suffering significant harm, **MUST** be acted on. Doing nothing is not an option. Any suspicion or concerns should be discussed without delay with your Team Manager, the DSO or deputy DSO. If the child/young person is felt to be in immediate danger, the Police should be called.

8.2. A careful record should be made of what you have seen/heard that has led to your concerns and the date, time, location and people who were present. As far as possible, record verbatim what was said and by whom. Where physical injuries have been observed, these should be carefully noted but **should not be photographed**. Do not ask to see injuries that are said to be on an intimate part of the child's body.

See Appendix 3 for record keeping

8.3 If your Team Manager, the DSO or deputy DSO is not available you should discuss your concerns with either

- another senior member of Innovate Dorset Ltd staff or
- the Social Care team responsible for the area where the child lives or
- a Safeguarding Officer at the Safeguarding Unit

8.4 The Team Manager, the DSO or deputy DSO should telephone the referral to the appropriate Social Care duty team without delay, prior to any discussion with parents/carers. The DSO should keep a record of the conversation with Social Care, noting what actions will be taken and by whom, giving the date and time of the referral. The referral should be confirmed in writing on the inter-agency referral form as soon as possible and at least within 48 hours.

9) Responding to allegations or concerns about staff or volunteers

9.1 Rigorous recruitment and selection and other safeguarding procedures, and adhering to safer practice guidance will hopefully mean that there are relatively few allegations against or concerns about staff or volunteers. However, if there is any reason to believe that another member of staff or volunteer has acted inappropriately or abused a child or young person, you must take action by discussing your belief or concern with the Directors of Innovate Dorset ltd. Even though it may seem difficult to believe that one of your colleagues may be unsuitable to work with children, the risk is far too serious for any member of staff to dismiss such a suspicion without taking action.

9.2 If the concern is about a Director, it should be discussed with the Team Manager, the DSO or deputy DSO Safeguarding Officer at Innovate Dorset ltd.

9.3 In all cases of allegations against staff or volunteers, the Directors, will follow the correct procedure to the best of their ability.

10) What happens after a referral is made to Children's Services Social Care?

• Referral

Once a referral is received by the Social Care team, a manager will decide on the next course of action, within one working day. When there is concern that a child is suffering, or at risk of suffering significant harm, this will be decided more quickly and an initial assessment will be conducted

• Initial Assessment

The Initial Assessment must be completed at least within 7 working days of receiving the referral, and will determine what should happen next.

• Strategy Discussion

If there is reasonable cause to suspect actual or likely significant harm, the Social Care Manager and the Police (and other agencies as appropriate) will hold a Strategy Discussion or meeting to decide whether to initiate a child protection enquiry (S47 enquiry) and whether a joint criminal investigation is required.

• S47 Enquiries

The process of the investigation is determined by the needs of the case, but the child/young person will always be seen as part of that process. On occasions, this will mean the child/young person is jointly interviewed by the Police and Social Care, sometimes at a special suite where a video- recording of the interview is made.

• The Child Protection Conference

If, following the s47 enquiries, the concerns are substantiated and the child is judged to be at continuing risk of significant harm, a Child Protection Conference (CPC) will normally be convened. The CPC must be held within 15 days of the Strategy Discussion and staff invited to attend (normally the Headteacher or Designated Senior Person for child protection) should produce a written report in the correct format. (A pro forma is available from the Safeguarding Unit.) This must be shared with the child/young person and his/her family at least 24 hours before the initial CPC is held. A copy should also be sent to the person chairing the initial CPC at least 24 hours in advance.

See Inter-Agency Safeguarding Procedures ('Yellow File'), 2.133

11) Children who are disabled

11.1 Children who are disabled are especially vulnerable to abuse and adults who work with them need to take extra care when interpreting apparent signs of abuse or neglect.

11.2 These child protection procedures should be followed if a child who is disabled discloses abuse or there are indicators of abuse or neglect. There are no different or separate procedures for children who are disabled.

12} Safer Working Practice

12.1 All adults who come into contact with children in schools should behave at all times in a professional manner which secures the best outcomes for children and also prevents allegations being made. Advice on safer working practice can be found as an appendix to the Inter agency ('Yellow File') Safeguarding Procedures - from Spring 2008.

13) Training

13.1 Child protection is recommended as a must for all staff and volunteers new to this service, but ultimately at the discretion of the Innovate Dorset ltd directors.

We are committed to reviewing our policy and good practice annually.

This policy was created by Innovate Dorset on 07/01/2013

Last review of policy: Wednesday 17th February 2020

The next review date for this policy 25th September 2020

Signed on behalf of the Company by:

Signature: 

Name in Capitals: KEVIN TATCHELL

Appendix 2

The Role & Responsibilities of a Designated Safeguarding Officer

Innovate's Designated Safeguarding Officer is the person who has responsibility for ensuring a company's safeguarding policy is adhered to. The role isn't essential to the operation of the company. However, the safety of children and their wellbeing is of paramount concern to Innovate Dorset. And our work with children and/or vulnerable adults, the company insists that an officer position is in place to ensure that safeguarding efforts are as efficient and effective as possible.

Please note: Safeguarding children is everyone's responsibility, regardless of whether you have a Designated Safeguarding Officer or not.

THE ROLE

The Designated Safeguarding Officer is the first point of contact for all staff and volunteers to go to for advice if they are concerned about a child (this may also need to be out of hours, in which case a Deputy has also been appointed to share the responsibility.)

DSO and DDSO have a higher level of safeguarding training and knowledge than the rest of the staff and will have completed the appropriate training and update as required to act within this role.

- They ensure that they comply with safe recruitment procedures for new staff members and their induction.
- They support staff to assist in information regarding concerns and support decision making about whether staff concerns are sufficient enough to notify Children's Social Work Services or whether other courses of action are more appropriate.
- They make formal referrals to the Dorset MASH Team.
- They ensure that concerns are logged and stored securely
- They have joint responsibility with the management to ensure that the organisation's safeguarding policy and related policies and procedures are followed and regularly updated;
- They are responsible for promoting a safe environment for children and young people;

- They know the contact details of relevant statutory agencies eg Children's Social Work Services (CSWS), Police, Local Safeguarding Children Board, and the Local Authority Designated Officer (LADO) for allegations against staff.
- It is not the responsibility of the designated safeguarding officer to decide whether a child has been abused or not- that is the responsibility of investigative statutory agencies such as Children's Social Work Services or the police. However keeping children safe is everybody's business and all staff should know who to go to and how to report any concerns they may have about a child being harmed or at risk of being harmed.

RESPONSIBILITIES

- Drawing up and enforcing the company's safeguarding policy.
- Being alert to and recognising welfare issues, being sure to challenge poor practice.
- Sharing appropriate information with relevant people.
- Gathering any other relevant information and evidence.
- Consulting local safeguarding children board procedures for additional information and guidance if needed.
- Making referrals to social services when appropriate.
- Continue working with the family, sharing information and contributing to plans if the concern is investigated.
- Ensuring that all staff having contact with children, vulnerable adults and/or their families have received appropriate training on safeguarding issues.
- Being the first point-of-call for all staff who have safeguarding concerns.