



Child Protection Procedure

This procedure sets out what to do if any member of staff, councillor, volunteer or member of the public has concerns that a child is suffering or likely to suffer significant harm.

This procedure is based on information from Child Protection procedures agreed by the West Mercia Consortium see <http://westmidlands.procedures.org.uk/> for more information.

Where possible concerns should be discussed with the Designated Safeguarding Officer (DSO). A referral or any urgent medical treatment must not be delayed by the unavailability of the DSO.

1. Duty to refer

Councillors, staff and volunteers **must** make a referral to Children and Young People's Services:

- If it is believed or suspected that a child is suffering or is likely to suffer significant harm; or
- Where a professional has identified unmet need in relation to a child in need

A referral must be made as soon as possible when any concern of significant harm becomes known – the greater the level of perceived risk, the more urgent the action should be.

If you are worried or concerned that a child or young person is being abused or neglected then the following contacts apply:

Family Connect:	01952 385385	Monday to Friday 9am to 5pm
Emergency Duty Team:	01952 676500	Out of normal office hours (after 5pm, weekends and bank holidays)

Referrals can be made on line: <http://www.telfordsafeguardingboard.org.uk/lscb/>

If a child is in immediate danger phone 999

The belief or suspicion about significant harm may be based on information which comes from different sources. It may arise in the context of the Early Help Assessment where the lead professional becomes concerned about the extent of the child's unmet needs and the risk of harm to the child. It may come from a member of the public, the child concerned, another child, a family member or other professional staff. It may relate to a single incident or an accumulation of lower level concerns.

The information may also relate to harm caused by another child, in which case both children, i.e. the suspected perpetrator and victim, must be referred.

The suspicion or allegation may relate to a parent or professional or volunteer caring for or working with the child.

A referral must be made even if it is known that Children and Young Peoples' Services are already involved with the child/family.

Advice and consultation may be sought about the appropriateness of the referral by contacting the local Children and Young peoples' Services or, if the case is open, from the allocated social worker. Alternatively advice may be sought from the Police or the Nominated Safeguarding Officer.

If in doubt, share your concerns, confidentially, with the Nominated Safeguarding Officer

2. Urgent Medical Treatment

If the child is suffering from a serious injury or requires urgent medical treatment medical attention must be sought immediately by calling an ambulance.

Where abuse or neglect is suspected as a possible cause, a referral must be made to Children's and Young People's Services as soon as practically possible and advice sought on the arrangements for informing the child's parent or carer

3. Ensuring Immediate Safety

The safety of children is paramount in all decisions relating to their welfare. Any action taken by staff should ensure that no child is left in immediate danger.

When considering if immediate action is required to protect a child, staff should also consider if action is required to safeguard and protect the welfare of any other children in the same household or related to the household or the household of an alleged perpetrator or elsewhere (e.g. work environment).

The law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare (section 3(5) of the Children Act 1989).

The police have powers to place a child in Police Protection.

4. Confidentiality

The safety and welfare of the child overrides all other considerations, including:

- Confidentiality
- Gathering of evidence
- Commitment or loyalty to relatives, friends or colleagues

In deciding if there is a need to share information, staff should consider their legal obligations, including whether they have a legal duty of confidentiality towards the child. Where there is a duty, information may be shared if the child consents or if it is in the public interest to do so, for example to protect the child from harm.

The overriding consideration must be the best interests of the child – for this reason absolute confidentiality cannot and should not be promised to anyone.

If suspicions or allegations are about relatives, friends or colleagues, the concerns must **not** be discussed with them before making the referral.

5. Responding to a Child's Information

If a child makes an allegation or discloses information which raises concern about Significant Harm, the initial response should be limited to listening carefully to what the child says to:

- Clarify the concerns
- Offer reassurance as far as possible; and
- Explain that the information will be passed to the Children and Young People's Services and/or the Police

If a child is freely recalling events, the response should be to listen, rather than stop the child; however, it is important that the child should not be asked to repeat the information to a colleague or asked to write the information down.

If a child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury happened.

The child must not be pressed for information, led, or cross examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice a police investigation.

A record of all conversations, (including time, the setting, those present, as well as what was said by all parties) and actions must be kept.

No enquiries or investigations may be started without the authority of Children and Young People's Services or the Police.

If the child can understand the significance and consequence of making a referral, he/she should be asked her/his views. Whilst the child's views should be considered it remains the responsibility of staff to take whatever action is required to ensure the safety of that child and any other children.

You should ensure that any language or communication difficulties are taken into account when responding to the child.

6. Parental Consultation

Concerns should be discussed with the family and agreed sought to make a referral unless this may:

- Place the child at increased risk; or
- Place any other person at risk of injury; or
- Obstruct a Police investigation

IF IN DOUBT, CONSULT

You should record:

- The outcome of the consultation and any further advice
- Parental agreement to a referral
- Any decision not to seek parental approval and why

If after consultation, it is decided to seek parental agreement but this is withheld and it still considered that there is a need for a referral, the reason for proceeding without parental agreement

must be recorded and Children and Young People's Services told that the parent has withheld permission.

7. Recording

Written records should be kept of:

- Discussions with the child
- Discussions with the parent
- Discussions with managers
- Information provided to the duty social worker
- Decisions taken (clearly times, dated and signed)
- Any emergency action taken.

8. Making a Referral

Referrals must be made in one of the following ways:

- In writing , using the appropriate Referral Form addressed to the relevant Children and Young People's Services Office
- On line <http://www.telfordsafeguardingboard.org.uk/lscb/>
- In person or by telephone contact Family Connect 01952 385385 during office hours
- Out of office hours contact the emergency duty team 01952 676500
- Contacting the Police

All professional must confirm verbal and telephone referrals in writing within 2 working days of being made.

If the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in their absence, the manager or duty officer in that team.

If it is not possible to contact the relevant Children and Young People's Services office, the concern must be reported to the Police Public Protection Unit or if not available the Duty Inspector at the nearest police station.

The person making the referral should complete the referral form with as much information as possible.

9. How referrals will be received

The Children and Young People's Services should acknowledge receipt of a written referral within ONE working day. If the referrer has not received an acknowledgment with THREEE working days they should make contact with the relevant manager in the Children and Young People's Service.

10. Where There is or may be a Crime Committed

If the referral relates to a situation in which a crime has or may have been committed the worker receiving the referral must discuss the referral with the Police at the earliest opportunity and make arrangements for a strategy discussion/meeting to take place.

11. The Outcome of a Referral

Children and Young People's Services will decide upon and record their next steps of action within one working day of receiving a referral.

Appendix One

Significant Harm

The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children. Section 47 of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm.

There are no absolute criteria for establishing significant harm. Whether the harm, or likely harm, suffered by the child is significant is determined by comparing the child's health or development with that which could reasonably be expected of a similar child.

'Harm' can include the effect of seeing or hearing the ill-treatment of someone else, for example where there are concerns of domestic violence and abuse.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events which interrupt, change or damage the child's physical and psychological development.

When considering the severity of ill-treatment, it can be useful to consider:

- the degree and the extent of physical harm
- the duration and frequency of abuse and neglect
- the extent of premeditation, and
- the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent that it constitutes significant harm.

To understand and establish 'significant harm', professionals should consider a range of factors including:

- the family context, including protective factors
- the child's development within the context of his or her family and wider social and cultural environment
- any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- the nature of harm, in terms of ill-treatment or failure to provide adequate care
- the impact on the child's health and development
- the capacity of the parent or carer to adequately meet the child's needs.

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 misuse, maternal mental ill health or learning difficulties or a cluster of such issues.

Once a child is born, neglect may involve a parent failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

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

Physical Observations may include:

- Poor personal hygiene
- Poor state of clothing
- Poor growth pattern
- Untreated medical problems
- Non-organic 'failure to thrive'

Behavioural Observations include

- Constant hunger or tiredness
- Frequent lateness or non-attendance at school
- Arrive early or leaving late from school
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing or scavenging

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 feigns the symptoms of, or deliberately causes, illness in a child. This is known as fabricated or induced illness.

Common sites for **non-accidental** injuries

Eyes, ears, mouth, cheek, side of face

Skull and neck, upper and inner arm, chest and shoulders, back

Inner thighs, backs of knees, genitals, buttocks

Signs of non-accidental injuries

- Burns and scalds
- Cigarette burns
- Swelling and lack of normal use of limbs
- Human bite marks
- Untreated injuries
- Any serious injury with no explanation or conflicting explanations
- Ligation marks

Behavioural Observations may include

- Unusually fearful with adults
- Unnaturally compliant to parents
- Refusal to discuss injuries or a fear of medical help
- Withdrawal from physical contact
- Aggression towards others
- Wearing cover up clothing
- Behaviour that you would not expect to see in a children, at their age or stage in development

Common sites for **accidental** injuries

Nose, forehead, chin, elbows, knees, forearm, bony spine, hip

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- conveying to children that they are worthless or unloved, inadequate, or valued only if they meet the needs of another person
- imposing age or developmentally inappropriate expectations 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
- seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse
- serious bullying(including on line bullying), causing children frequently to feel frightened or in danger;
- exploiting and corrupting children.

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

Behavioural Observations include

- physical, mental and emotional developmental delays
- Acceptance of punishment which seems excessive
- Over reaction to mistakes
- Continual self-deprecation
- Sudden speech disorders/language delay
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (hair twisting, thumb sucking, rocking)
- Self-mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression
- Being the scapegoat in the family
- Coldness/hostility/constant criticism

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as: involving children in looking at or producing pornographic materials, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

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

Sexual abuse also includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape.

Physical Observations may include:

Behavioural Observations include

- Sexual knowledge inappropriate for age

<ul style="list-style-type: none"> • Damage/soreness in genital area, anus or mouth • Sexually transmitted infections • Unexpected pregnancy especially in young girls • Bruising giving the impression of sexual assault • Unexplained recurrent urinary tract infections and discharges or abdominal pain 	<ul style="list-style-type: none"> • Sexualised behaviour in young children • Sexually provocative behaviour/promiscuity • Hinting at sexual activity, and about secrets they cannot tell • Unexplained falling off in school performance • Sudden apparent changes in personality • Lack of concentration, restlessness, aimlessness • Low self-image /low self esteem • Socially withdrawn • Poor trust in significant adults • Regressive behaviour, onset of wetting (day or night) • Onset of insecure, clinging behaviour • Running away from home • Suicide attempts, self-mutilation, self-disgust • Eating disorders, hysteria attacks in adolescents • Substance, alcohol misuse • Severe sleep disturbance
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Children and young people are also at risk from other types of abuse these can include:

- Female Genital Mutilation (FGM)
- Forced Marriage
- Domestic Abuse
- Child trafficking and modern slavery
- Child sexual exploitation
- Harmful sexual behaviour (including viewing pornography and sexting)
- On line abuse



Details of child and parents/carers

Name of child:		
Gender:	Age:	Date of birth:
Ethnicity:	Language:	Additional needs:
Name(s) of parent(s) / carer(s):		
Child's home address and address(es) of parents (if different from child's)		

Your details

Your name:	Your position:	Date and time of incident (if applicable):
Are you reporting your own concerns or responding to concerns raised by someone else? (delete as appropriate) Reporting own concerns Responding to concerns raised by someone else		
If you are responding to concerns raised by someone else please provide their name and position within Stirchley and Brookside Parish Council.		
Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the accounts of others, including any other relevant details: (use additional sheet if necessary)		

The child's account / perspective:

Please provide details of anyone alleged to have caused the incident or to be the source of any concerns:

Provide details of anyone who has witnessed the incident or who share the concerns:

Please note: concerns should be discussed with the family **unless**:

- The view is that a family member might be responsible for abusing the child
- Someone may be put in danger by the parents being informed
- Informing the family might interfere with a criminal investigation

If any of these circumstances apply, consult with Family Connect (01952 385385) or if out of hours the emergency duty team (01952 676500) to decide whether or not discussion with the family should take place.

Have you spoken to the child's parents/carers? If so, please provide details of what was said. If not, please state the reason.

Are you aware of any previous incidents or concerns relating to this child and of any current risk management plan/support plan? If so please provide details:

Summary of discussion with team leader (Funzone)

Has the situation been discussed with the designated safeguarding officer?

YES/NO

If so, please summarise the discussion:

After discussion with the supervisor/line manager and DSO, do you still have child protection concerns?

YES/NO

Have you informed the statutory child protection authorities?

Police: Yes/No

Date and time:

Name and phone number of person spoken to:

Family Connect / Emergency Duty Team: Yes/No

Date and time:

Name and phone number of person spoken to:

Action agreed with child protection authorities:

What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates:

If the concerns are not about child protection, details of any further steps taken to provide support to child and family, and any other agencies involved.

Signed	Date and time	Name and position