

Safeguarding Procedure



**North Somerset Safeguarding
Procedure for Early Years
and Play Providers**

North Somerset Safeguarding Procedure for Early Years and Play Providers

This booklet should be kept in your setting and be easily accessible to parents/carers, staff and visitors.

Prepared in consultation with Children's Social Care.

This booklet gives advice and guidance on child protection matters for:

- Childminders and home childcarers

Leaders and staff of:

- Pre-schools and day nurseries
- Out of school provision, holiday schemes, breakfast, lunch and after school clubs and crèches operated by voluntary, private and independent organisations
- Personnel working in family resource or children's centres
- Other private or independent providers who choose to adopt these procedures
- Open Access Play Settings.

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You may wish to personalise your copy of these procedures

Name of setting:

Designated person:

Telephone number for designated person:

Essential Contact Numbers

Professional Guidance and referrals:

Children's Social Care

Referral and Assessment Team

01275 888 266

Email: duty.intake@n-somerset.gov.uk

Emergency Duty Team – Out of Hours Service

(Evenings, Bank Holidays and weekends)

01454 615 165

Police Child Protection Team

01934 638 171

Police – local station

0845 670 000

Emergency: **999**

Complaints to the Office for Standards in Education, Children's Services and Skills – (Ofsted)

Ofsted National Business Unit

Royal Exchange Building

St Anne's Square

Manchester M2 7LA

0300 123 1231

Email: complaints@ofsted.gov.uk

For General Guidance only:

North Somerset Family Information Service

(Office hours only 08.45 – 17.00)

01934 426 300

Somerset House

Third Floor, South Wing

Weston-super-Mare

BS23 1TG

Email: fis@n-somerset.gov.uk

Responsibility for registering day care providers?

Responsibility for registering and inspecting childminders and day care providers lies with the Office for Standards in Education, Children's Services and Skills – (Ofsted)

All communication with Ofsted should be addressed to:

Ofsted National Business Unit

Royal Exchange Building

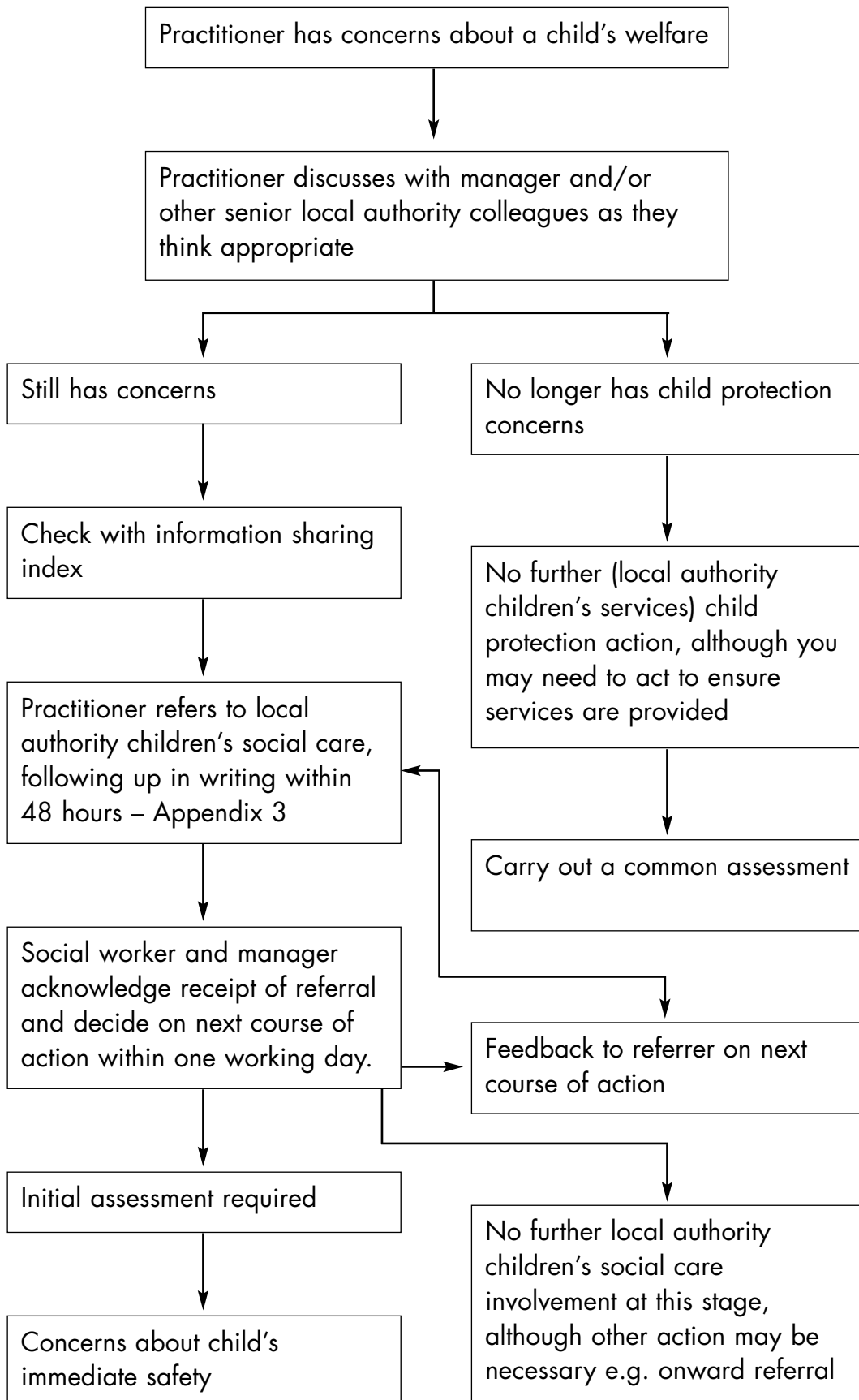
St Anne's Square

Manchester M2 7LA

0300 123 1231

<http://www.ofsted.gov.uk>

Guidance for Early Years and Play Providers Referral Flowchart



What is child abuse and neglect?

An abused child is anyone under the age of 18 who has suffered or is believed to be at risk of suffering significant harm from neglect, physical, emotional or sexual abuse.

Abuse and neglect can result in physical injury, disability, death, mental ill health, emotional damage, inappropriate sexual behaviour and/or use of sexual language and impairment of physical or intellectual development.

The Department of Health publication, "What to do if you're worried a child is being abused" (December 2006) uses the following definitions of child abuse:

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child
- **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; age or developmentally inappropriate expectations being imposed on children; causing children frequently to feel frightened, or the exploitation or corruption of children
- **Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways

- **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, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

More information is provided in the Appendices to this booklet

Appendix 1.1	Common sites for non-accidental injury
Appendix 1.2	Common sites for accidental injury
Appendix 1.3 – 1.5	Signs and symptoms of abuse – By category/indicators
Appendix 1.6	Signs and symptoms of abuse – the child and the carer

How is child abuse recognised?

It is not possible to give a comprehensive answer. This booklet includes some possible signs, which help you to recognise if a child is being abused. In brief:

- You may see or find an injury which arouses your suspicions
- Your observations of the child at play or your interactions with the child may give you reason to suspect that the child has been abused
- A slow but definite change in the child's behaviour, from an outgoing happy child to a withdrawn, passive personality, possibly with regressive toilet habits and/or poor eating, may cause you to be suspicious
- If the parent, when asked about an injury, is evasive or inappropriately hostile, or will say nothing at all, this may indicate that the injury was non-accidental.

Social factors

Child abuse occurs in all social classes and all income groups.

There is no set pattern to the family structure.

The baseline for assessing parenting capacity and the child's developmental needs should be the same irrespective of culture or ethnicity.

Assessing the developmental needs of children is a complex process, which requires all relevant aspects of a child's life experience to be addressed.

For children from minority ethnic groups, assessments should address the impact that racism has on a particular child and family and ensure that the assessment process itself does not reinforce racism through racial or cultural stereotyping.

Many abusing families do appear to have stress in common and this is an important factor in triggering child abuse. Several stress factors occurring in a short time can cause a breakdown in an otherwise competent family.

If you are concerned about possible child abuse, what should you do?

In an emergency

1. In some instances you may be the first person to recognise child abuse and the child may need immediate medical attention. This may need to be the first action. Depending on the circumstances you may need to:
 - Telephone for an ambulance
 - ask the parent to take the child to the doctor or to the hospital at once
 - offer to take the parent and the child to the hospital/surgery/clinic for immediate medical attention
 - take the child yourself to hospital/surgery/clinic.

The child is the legal responsibility of the parent or care-giver and that person must be involved in the matter as soon as practicable.

To enable you to seek medical treatment for the child if, for any reason, a child in your care needs immediate medical attention, the Children Act 1989 allows you to act temporarily in "loco parentis" to ensure the immediate welfare of the child is addressed.

2. Having taken the necessary emergency action it is important that you make immediate contact with the Children's Social Care Referral and Assessment team. (See contact details on Page 3.) Confirm the call to Children's Social Care within 48 hours using the Referral form, see Appendix 3.
3. When emergency action is taken to meet the immediate needs of a child, the principle that the child is the legal responsibility of the parent/carer must be adhered to at all times. Therefore, every effort must be made to contact parent/carer so that they can be with their child at the hospital or other medical setting, unless to do so could place the child at risk of further harm.

Specific suspected abuse

1. Where no emergency medical treatment is required but a specific incident gives you cause for concern, you should make immediate contact with Children's Social Care Referral and Assessment team. (See contact details on Page 3.)

- Ask for the Duty Social Worker (if the child's social worker is known to you by name ask for that person, but if he/she is not available, ask for their Manager)
 - Clearly state who you are and your reason for telephoning
 - Have the following details at hand to give when asked for:
 - Child's name
 - Address
 - Date of birth
 - Where parents or carers can be contacted
 - Information about the injuries or circumstances which cause you concern, and any explanation or comment the child or his/her parents or carer may have made, and the wording used by them.
2. If you are telephoning from a call box, ask the Duty Social Worker to make a note of the telephone number and call you back. Make a record of who you spoke to, name, date and time. When you have referred the matter to the Children's Social Care Department you have then passed the problem to an agency with statutory responsibility in law for the protection of children. The Children's Social Care Department has a duty to make enquiries into any notification of child abuse.
 3. If you believe that informing the parents/carers could place the child, a parent/carer or yourself at risk of harm, be clear about the information that has informed your decision.
 4. Confirm the call to Children's Social Care within 48 hours using the Referral form, see Appendix 3.
 5. The Children's Social Care Department will inform you of the outcome of your referral.

Non-specific abuse

1. Sometimes carers become concerned about a child without any specific incident having occurred. This can be a vital time for alerting professionals to pre-disposing factors, which could lead to child abuse if not identified early enough. Even if you are in doubt it is better to mention your concern than to keep silent. In these

circumstances contact the Children's Social Care Referral and Assessment team to talk through your concerns. (See Page 3.)

2. During your consultation with Children's Social Care, it may be decided that your concern does indicate that the child is at risk of harm. If this is the case, the social worker will inform you that this matter will be dealt with under Child Protection Procedures (Section 47 Enquiries) and you can, in these circumstances share all necessary details about the child and their family. There should also be a discussion about who, how and when the family will be informed that the referral has been made.
3. You will need to complete the Referral form and send it in within 48 hours, see Appendix 3.

Advice on good practice

Recording

You are required to keep a record of the observations of both the achievements and any concerns of the children in your care. Always keep a record of the observations that you make, particularly in the case of a gradual build up to a concern, noting the date and time, including any conversation you may have with a parent or other significant person. This will ensure that you will be able to pass on the information accurately during conversations with Children's Social Care and when you are completing the Referral form.

Parents/Carers should be made aware that records will be kept on every child in your care, of their entitlement to view that record, and of the possibility that the information in that record may be shared with other professionals.

These records should be kept in a safe and secure location until you are able to destroy the record confidentially in the timescales identified in the Registration requirements of the provision.

Relationship with parents and carers

Developing an open and honest relationship with the parents/carers of a child placed in your care and agreeing clear expectations at the outset will enable parents/carers to understand your wish to provide high quality care for their child, including making observations on their child. Developing an open and honest approach will help the parent/carer to be involved in discussions about making a

referral to Children's Social Care, to participate in the assessment process and to work in partnership to agree and receive services to meet the needs of their child and family.

Working in partnership with parents/carers does not mean always agreeing with them. The aim of a referral should be to take whatever action is believed, at that time, to be in the best interests of that child.

1. If you see an injury which you have suspicions about or you have concerns about a child's behaviour or welfare, you should approach the parent/carer about the concerns. There may be an appropriate explanation for the injuries and/or concerns. Any such explanations should be recorded and, where possible, witnessed by the parent/carer. It may be that your approach to a parent/carer about your concerns may lead to a parent/carer recognising that they are not managing and would like support.
2. If your concerns remain after an explanation is offered, you should contact the Children's Social Care Department. If the parent/carer does not accept or share your concerns about their child they should be reminded of the Registration requirements of the provision. These should clearly identify the expectations on childcare providers to adhere to the North Somerset Safeguarding Children Board approved Child Protection Procedures and to contact Children's Social Care about any child about whom they have a concern.
3. Where it is required that Children's Social Care are contacted, the parent/carer should be made aware that personal information will need to be shared.

(The contact with Children's Social Care may prompt an assessment of the child's needs by a social worker and a record of any contact made will be kept by Children's Social Care for no less than two years.

The information that Children's Social Care need should be kept to relevant information about the child and their family and the cause for concern. This information is held according to the legal requirements of the Data Protection Act 1998. In North Somerset, Children's Social Care have an open recording policy ensuring that any assessment completed as a result of this information is shared with families.

If you are unclear about whether your concerns justify involving Children's Social Care, you can seek advice or

guidance through consultation with Children's Social Care. If you have not yet shared your concerns with the parent/carer and therefore have not gained their consent to share information, this discussion should maintain the anonymity of the child and the family.)

Telling the parent that you are going to refer your concern (or, in the case of an emergency, that you have referred your concern) to the Children's Social Care Department can be difficult, especially if you have a close relationship with the child's parent or carer. You may feel unsure of yourself, uncertain about referring the matter, nervous about how the parent will react, worried whether what you have seen is really child abuse or not.

Please remember this. The child, especially a baby or a small child, is very vulnerable. She/he may have no one to take steps to ensure his/her safety and protection. In many incidents parents, particularly young parents need help with the many problems inherent in bringing up children. The injury to the child, which you have found, may represent very vividly the parents' or carers' need for help. Your telephone call to the Children's Social Care Department will be the means by which that help is arranged.

Tell the parents/carers that you are concerned. Say that injuries to children, particularly small children, must be investigated. Say that there is a procedure that you must follow. Tell the parent that the procedure is designed to provide protection for children and help to parents.

What is your responsibility in providing a service for a child on North Somerset's Child Protection Register?

Your service may work with some children placed on the Child Protection Register following a Child Protection Conference.

The Conference will put together a Protection Plan for the child that may include your service as a part of the support and monitoring of the child.

Children who receive services from a childcare provider and have a Protection Plan should have clear agreements between the parent/carer and provider. These agreements need to be clear that any concerns in relation to injuries, behaviour or the general well being of the child will be recorded and forwarded to Children's Social Care. This agreement will also include the necessity to inform Children's Social Care when a child fails to attend the Provision without explanation.

Protecting children is important

Everyone who works with children and young people has a significant role in both the prevention of abuse and the protection of children from abuse.

Information about the signs and symptoms of abuse are included in appendix 1. It should be noted that such lists are rarely comprehensive and on occasions can be misleading. If you have a suspicion that a child you care for is being harmed, or is at risk of being harmed, follow the guidance in this booklet.

For some children, the provision of your service will be essential in providing opportunities for them to achieve their developmental milestones and to potentially reduce some of the stresses within their family as part of a plan that promotes and/or safeguards the child's welfare.

All children, whatever age, are vulnerable. They may need you to act on their behalf, by contacting appropriate agencies and by providing relevant information towards prompting an assessment to identify the child's needs.

Other relevant publications, guidance and legislation:

For further information refer to:

- **South West Child Protection Procedures** – Agreed South West version of the Working Together to Safeguard Children 2006 manual and will progressively replace this guidance. <http://www.swcpp.org.uk>
- **What to do if you're worried a child is being abused – Department of Health 2006** Supersedes the document originally issued in 2003, developed to assist practitioners with Government guidance on safeguarding and promoting the welfare of children. <http://education.gov.uk/publications/standard/publicationdetail/page1/31981>
- **Information Sharing: Guidance for Practitioners and Managers:**
<http://media.education.gov.uk/assets/files/pdf/i/information%20sharing%20%20guidance%20for%20practitioners%20and%20managers.pdf>
- **'Statutory Framework for the Early Years Foundation Stage'**, as inspected by Ofsted, is applicable to Full Day Care, Childminding, Out of School Care, Sessional Care and Crèche work
- **North Somerset Council – Guidelines for Childcare Practitioners – Domestic Abuse** – available from Family Information Service (Contact details Page 3).

'The Statutory Framework for the Early Years Foundation Stage sets out the welfare requirements that all registered providers must adhere to. Providers *must* comply with the General and Specific legal requirements and have regard to the statutory guidance'

If Ofsted became aware of a child protection concern they would immediately contact Children's Social Care.

Safeguarding and promoting children's welfare

General requirement

The provider must take necessary steps to safeguard and promote the welfare of children.

Specific legal requirements

Safeguarding

An effective safeguarding children policy and procedure must be implemented. Providers must refer to paragraphs 3.8 – 3.9 of the Statutory Framework for the Early Years Foundation Stage for details of how to record and make available all of their policies and procedures.

All providers must inform Ofsted, within 14 days, of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises, and of the action taken in respect of these allegations. An early years provider who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Providers must also notify any child protection agency (usually local children's services or the police) previously

identified by the Local Safeguarding Children Board (NSSCB), without delay, of allegations of abuse as above.

Providers must ensure that they keep their concerns confidential.

The provider must ensure that all members of staff understand the procedures to be followed in the event of an allegation being made against a member of staff.

In group provision, a practitioner must be designated to take lead responsibility for safeguarding children within the setting, attend a child protection training course, and to liaise with local statutory children's services agencies as appropriate.

Statutory guidance to which providers should have regard

All practitioners should have an up-to-date understanding of safeguarding children issues and be able to implement the safeguarding children policy and procedure appropriately. Policies should be in line with NSSCB local guidance and procedures.

Staff should be able to respond appropriately to:

- significant changes in children's behaviour
- deterioration in their general well-being
- unexplained bruising, marks or signs of possible abuse
- neglect
- the comments children make which give cause for concern.

Suitable people

General requirement

Providers must ensure that adults looking after children, or having unsupervised access to them, are suitable to do so.

Specific legal requirements

Safe recruitment

Providers must obtain an enhanced Criminal Records Bureau (CRB) Disclosure, which includes a Protection Of Children Act

list/List 99 check, in respect of all people who work directly with children or who are likely to have unsupervised access to them.

Providers must allow only people who have undergone an enhanced CRB check to have unsupervised contact with children on the premises.

Providers must keep records to demonstrate to Ofsted that the checks have been done, including the number and date of issue of the enhanced CRB Disclosure.

Providers must have effective systems in place to ensure that practitioners and others likely to have unsupervised access to the children (including those living or working on the premises) are suitable to do so.

Statutory guidance to which providers should have regard

Disclosures should be handled in accordance with the CRB's *Code of Practice and Explanatory Guide*.

Providers should make decisions of suitability using evidence from:

- references
- full employment history
- qualifications
- interviews
- identity checks
- any other checks undertaken, for example medical suitability.

Providers should notify all people connected with their provision who work directly with children that they expect them to declare to them all convictions and/or cautions; as well as court orders which may disqualify them from working with children or affect their suitability to do so.

Providers will also have to have regard to any requirements made under the Safeguarding Vulnerable Groups Act 2006.

Specific legal requirements

Providers must notify Ofsted of:

- any change of provider or person with direct responsibility for early years provision
- any proposal of childminders to employ an assistant to look after children
- any change of persons of 16 years or over living or working on childminding premises
- any proposal to change the hours during which childcare is provided which will entail the provision of overnight care
- any change in their name or address
- any criminal offence committed by the registered provider after the time of registration.

An early year's provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Statutory guidance to which providers should have regard

Where there is a change of provider or person in charge, or any change in persons of 16 years or over living or working on childminding premises, the information provided should be the new person's date of birth, name, any former names or aliases and home address.

Accessible individual records are kept on the premises containing the name and address of the staff members, any volunteers and committee members, and information about recruitment, training and qualifications.

This extract is taken from the Statutory Framework for the Early Years Foundation Stage, copies are available from Dfe Publications:

Child protection procedures – responsibilities

General Principles

Everyone working with children should be alert to signs of abuse and neglect, and should know to whom they should refer concerns or suspicions. Through day to day contact with children, and direct work with families, everyone working with children has a crucial role to play in noticing indicators of possible abuse or neglect and are well placed to give a view on the impact of intervention on the child's care and development.

Everyone working in childcare settings should keep themselves updated on child protection issues and procedures by accessing appropriate advice and training.

Child protection raises issues of confidentiality, which should be clearly understood by all. Everyone should follow procedures for sharing and receiving information. Child protection records should be kept secure (see Information Sharing – Guidance for Practitioners and Managers).

The Ofsted 'registered person' has the responsibility to ensure that:

- There is a child protection procedure in place and that it is in accordance with the South West Safeguarding Child Protection Procedures
- In group childcare settings, a senior member of staff is designated for child protection to liaise with other agencies on suspected cases of abuse
- A member of the management committee is nominated to be responsible for liaising with the designated person over child protection matters (see Information Sharing – Guidance for Practitioners and Managers).

They should exercise their child protection responsibilities where:

- Allegations are made against a senior member of staff
- A disciplinary action against a member of staff is necessary following a child protection investigation
- An investigation of any complaint on noncompliance with child protection procedures is necessary
- To ensure that appropriate checks are made on all new staff and any volunteers who may have unsupervised access to children
- To ensure that the EYFS specific legal requirements under Safeguarding are followed. These call for Ofsted being notified within 14 days where allegations of abuse by a member of staff or volunteer, or any abuse which is alleged to have taken place on the premises.

N.B. The responsibility for investigating suspected cases of abuse lies with Children's Social Care and the Police. In the event of an allegation against a member of staff, the management is responsible for liaising closely with Children's Social Care and Police, including at strategy meetings when called.

Designated person

The designated person has specific responsibility for coordination of child protection procedures within the setting and for liaison with Children's Social Care, and other agencies, e.g. Police, Health Service, and Education Welfare Service. All staff need to be aware of who the Designated Person is, as all cases of suspected child abuse should be referred to him/her in the first instance.

The Designated Person must have appropriate, up to date training and should know and understand:

- How to identify and understand the signs and symptoms of abuse and when to make a referral
- The role and responsibilities of the investigating agencies and how to liaise with them
- The requirements of record keeping and sharing.

In addition, the Designated Person should:

- Ensure all relevant information about a child is disseminated to appropriate staff within the setting on a need to know basis and with regard to the child/family's right of confidentiality
- Ensure that attendance, welfare and development of children whose names are on the Child Protection Register are monitored and inform the child's social worker promptly of any cause for concern
- Liaise with the Inclusion Coordinators (INCCOs) to identify children with special needs and their communication needs, where appropriate.

Information sharing

The European Convention on Human Rights, the UN Convention for Children and the Data Protection Act 1998 set out the expectations for information sharing between professionals.

- For guidance, see Appendix 3 of 'What to do if you're worried a child is being abused'. Department of Health 2006. Copies available from Family Information Service
- Information Sharing – Guidance for Practitioners and Managers.

Procedures for managing allegations of abuse by a member of staff or management

General advice – All allegations of abuse of children by a professional or other staff member must be taken seriously and treated in accordance with the procedures described above and in addition to the procedures that follow here.

It is important that early action to establish the nature of the allegation should be undertaken in such a way that it does not prejudice any subsequent investigation by Children's Social Care or the Police. There must be no interference with evidence.

Any staff who hear an allegation of abuse against another member of staff or management should refer the matter immediately to the Designated Person or Manager, unless that is the person against whom the allegation has been made. In this event, the chair of the management committee should be consulted.

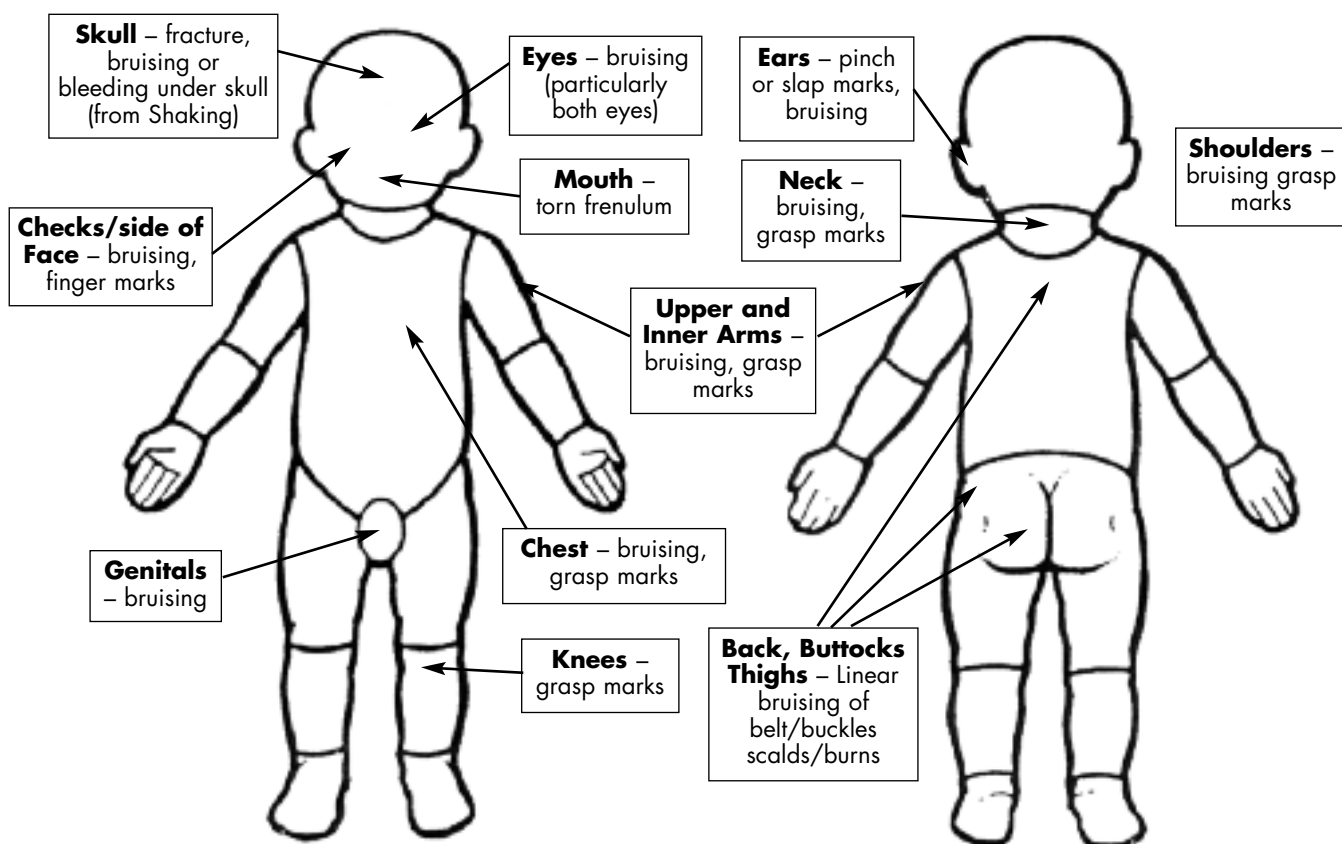
Allegations that call for an immediate referral – If the above is not practical or the child is at risk of significant harm and in need of protection, contact Children's Social Care (**See the contact numbers on Page 42**)

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Appendix 1.1

Common sites for non-accidental injury



Bruises are likely to be:

- Frequent
- Patterned (e.g. finger and thumb mark)
- Old and new in same place (note colour)
- In unusual position (see chart)

Consider:

- Developmental level of the child and their activities
- May be more difficult to see on darker skins.

Injuries are suspicious if they could be:

- Bite marks
- Fingernail mark
- Large and deep scratches
- Incisions (e.g. from razor blades).

Sexual abuse may result in:

- Unexplained soreness, bleeding or injury in the genital or anal area
- Sexually transmitted diseases (e.g. gonorrhoea).

Burns and scalds are likely to have:

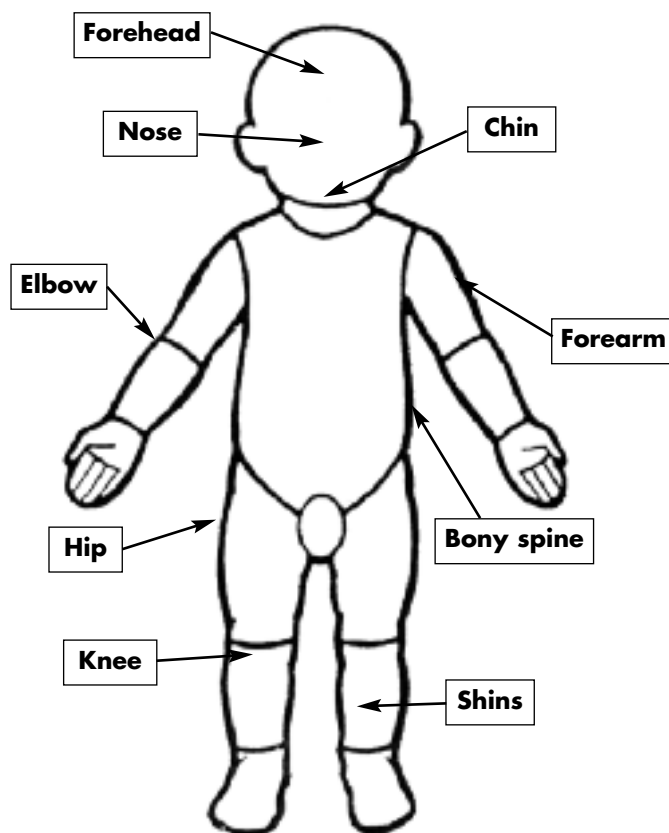
- Clear outline
- Splash marks around burn area
- Unusual position (e.g. back of hand)
- Indicative shapes (e.g. bar of electric fire).

Fractures are likely to be:

- Numerous – healed at different times
- Consider:**
- Age of child, always suspicious in babies under two years old
 - Delay in seeking treatment.

Appendix 1.2

Common sites for accidental injury



Bruises are likely to be:

- Few but scattered
- No pattern
- Same colour and age

Consider:

- Age and activity of child (e.g. learning to walk)
- May be confused with birthmarks or other skin conditions.

Injuries are likely to be:

- Minor and superficial
- Treated
- Easily explained.

Fractures are likely to be:

- Of arms and legs
- Seldom on ribs except for road traffic accidents
- Rare in very young children
- May rarely be due to brittle bone syndrome.

Burns and scalds are likely to be:

- Treated
- Easily explained
- May be confused with other conditions (e.g. Impetigo, nappy rash).

Genital area:

- Injury may be accidental (seek expert opinion)
- Soreness may be nappy rash or irritation (e.g. from bubble bath)
- Anal soreness may be due to constipation or threadworm infestation.

Appendix 1.3

Signs and symptoms of abuse

Physical abuse

History – Careful attention should be paid to the history, in particular the child's account, of the injury. Events coupled with an injury which may lead to suspicion are:

- Delay in seeking medical advice
- Changing explanations
- Inappropriate parental attitude
- Frequent attendance for medical attention
- Reluctance to allow the child to be examined
- Child unduly apprehensive or subdued
- Multiple injuries of different ages in the same or in unrelated parts of the body
- A third party, often another child, is blamed for the injury.

Bruises – Bruising should always be considered in the context of the age and developmental level of the child. Most falls or accidents produce one bruise on a single surface, usually a bony protuberance. Bruising in accidents is usually on the front of the body as children generally fall forwards.

Any bruising on a small non-mobile infant should be suspect.

Expert advice must be sought in any case of suspected non-accidental injury.

Bites – Human bites are oval or crescent shaped. It can be difficult to distinguish the bite of an adult from that of a child over 4 years. Seek expert advice.

Burns and scalds & scars – It is important to take a clear history in any case of burn, scald or scar, so that the injury can be matched to the explanation. Symmetrical scalds of both hands or feet are suspicious.

Seek medical advice if there is any level of concern.

Fractures – The most common non-accidental fractures are to the long bones, i.e. arms and legs and to the ribs, especially for children under 18 months of age.

Seek medical advice.

Injuries to the genital or rectal area – Any referred injuries, discharge or discomfort of the genital or rectal area should be taken seriously and referred for medical examination.

Poisoning – of children by their carers is unusual but if it occurs it may give rise to puzzling, often recurrent, episodes of illness.

Internal Injuries – may occur from shaking or poking. Fingertip bruises may be apparent. **Seek medical assistance.**

'Children in whom illness is fabricated or induced' (was sometimes known as Munchausen Syndrome by Proxy) – some parents may fabricate signs or symptoms of illness in their children. It also always involves emotional abuse of the child.

Appendix 1.4

Emotional abuse

May take the form of failure to meet a child's need for affection, attention and stimulation or there may be constant verbal abuse, rejection, scapegoating, and threats of violence or attempts to frighten the child.

Conversely some carers may be so over-protective and possessive that they prevent normal social contact or normal physical activity.

Both states can be difficult to document or evaluate, but may have crippling long-term effects on a child's development.

Children suffering from emotional abuse may exhibit these behavioural symptoms:

- a) Excessively clingy or attention – seeking behaviour
- b) Low self esteem
- c) Apathy
- d) Be tearful and withdrawn
- e) Constantly seek to please
- f) Be over-ready to relate to anyone, even strangers
- g) Poor school performance

Neglect and failure to thrive

Poor growth in height and weight that has no medical basis can be important signs of neglect, and all such children need medical assessment.

Indicators of food deprivation are:

- a) Stealing food or voracious appetite when offered food
- b) A child who thrives away from home
- c) An unresponsive child with poor growth

Sexual abuse

Recognition of sexual abuse generally follows either a direct statement from the child or suspicion based on the child's circumstances, behaviour or physical symptoms or signs.

The following indicators should alert professionals to the possibility of sexual abuse. Suspicion increases when several features are present together:

- Vaginal bleeding in prepubescent girls
- Genital lacerations or bruising
- Sexually transmitted disease
- Abnormal dilation of the vagina, urethra or anus
- Pregnancy, especially in younger girls or when identity of father uncertain
- Frequent sexual preoccupation in talk and play.

Appendix 1.5

- Sexually inappropriate relationships with adults or children
- Hinting at sexual activity or secrets through words, play or drawings
- Excessive awareness or knowledge of sexual matters inappropriate to age and development of child
- Sexual promiscuity
- Running away from home
- Suicide attempts and self mutilation
- Inappropriate displays of affections between parents or carers and children, e.g. flirting, seductive behaviour
- Undue fearfulness of men
- Child psychiatric problems including behaviour problems, withdrawal, onset of wetting or soiling, severe sleep disturbances
- Role reversal in the home
- Learning problems or poor concentration at school
- Marked reluctance to participate in physical activity at school
- Children who arrive early and are reluctant to leave school.

Any suspicion that a child is being sexually abused must be taken seriously.

Some signs or symptoms of physical or sexual abuse may seem insignificant in themselves but repeated injuries, even of a minor nature, may be symptomatic of family crises or more serious abuse.

Parent/carers should always be asked for an explanation of any injury that is observed. If there is any doubt, parents/carers should be told that the matter will have to be further explored.

Always pay attention to the child's account of the injury and record this accurately.

Appendix 1.6

The child

There is no stereotype of an abused child, although research has shown that the following characteristics may be found in young children who have been abused.

- Difficulties in parent/child relationship in the period immediately following birth
- The child was the result of an unwanted pregnancy
- The child is seen as a difficult or slow feeder or as a problem over toilet training
- The child cries a lot
- The child is unresponsive and has an expression of frozen watchfulness
- Speech is delayed or the child appears fearful of saying the wrong thing
- The child is over-anxious, fearful of failure or over-ready to relate to adults
- The child looks unkempt or dirty/clothing is inappropriate or nappies left unchanged for long periods
- Older children show role reversal and appear to be looking after or trying to protect the parent
- The child has a high level of activity, is always on the go, or has little sense of personal danger
- Children with disabilities and who have difficulty in communicating may be at risk of abuse.

Appendix 1.6 (cont)

The carers

- Loneliness or social isolation
- Own childhood was deprived and they were abused or rejected
- The mother was very young or failed to attend ante-natal clinic or prepare for birth
- There is jealousy and rivalry towards the child, they expect the child to meet their own emotional needs or find it difficult to make eye contact with the child or to show affection towards the child
- They have unrealistic and rigid ideas about the child's development and lack understanding of the child's needs and feelings
- Carer finds it difficult to cope with a crying baby, feed times or nappy changes
- There is a history of domestic abuse
- One partner is not the parent of the child
- Carers are antagonistic to authority, ultra sensitive to criticism or have an unmet need for approval
- There are problems of drug abuse, mental illness
- There is a known history of aggressive behaviour.

Appendix 2



Referral form for children in need of protection/children in need

Referral and Assessment Team: Fax **01275 884 821**

To:	North Somerset Referral and Assessment Team		
From:		Referrer tel. no.	
Setting:		Family GP/ Surgery:	
Family name(s)			
Family address and contact telephonenumber			
Other agencies involved			

Family composition: List child/ren who are main concern first

Surname	Forename	Relationship to child(ren)	DOB	Ethnicity
Significant others:				

Has verbal referral been made to Social Care Department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of referral / /	Name of person taking referral _____	
Reason for referral:		

Family informed of Referral: Yes No (If 'No' please state reasons below)

Please identify your concerns for the child(ren) / family:

Child's/children's development needs:

Parenting capacity:

Family and environmental factors:

Please identify any interventions that have been made to try to help lessen the concerns:

Please identify the desired interventions following referral:

Please identify expected outcomes to above intervention:

Are there any specific language/cultural/communication issues?

Signed:

Date:

Copies circulated: (Please tick accordingly)

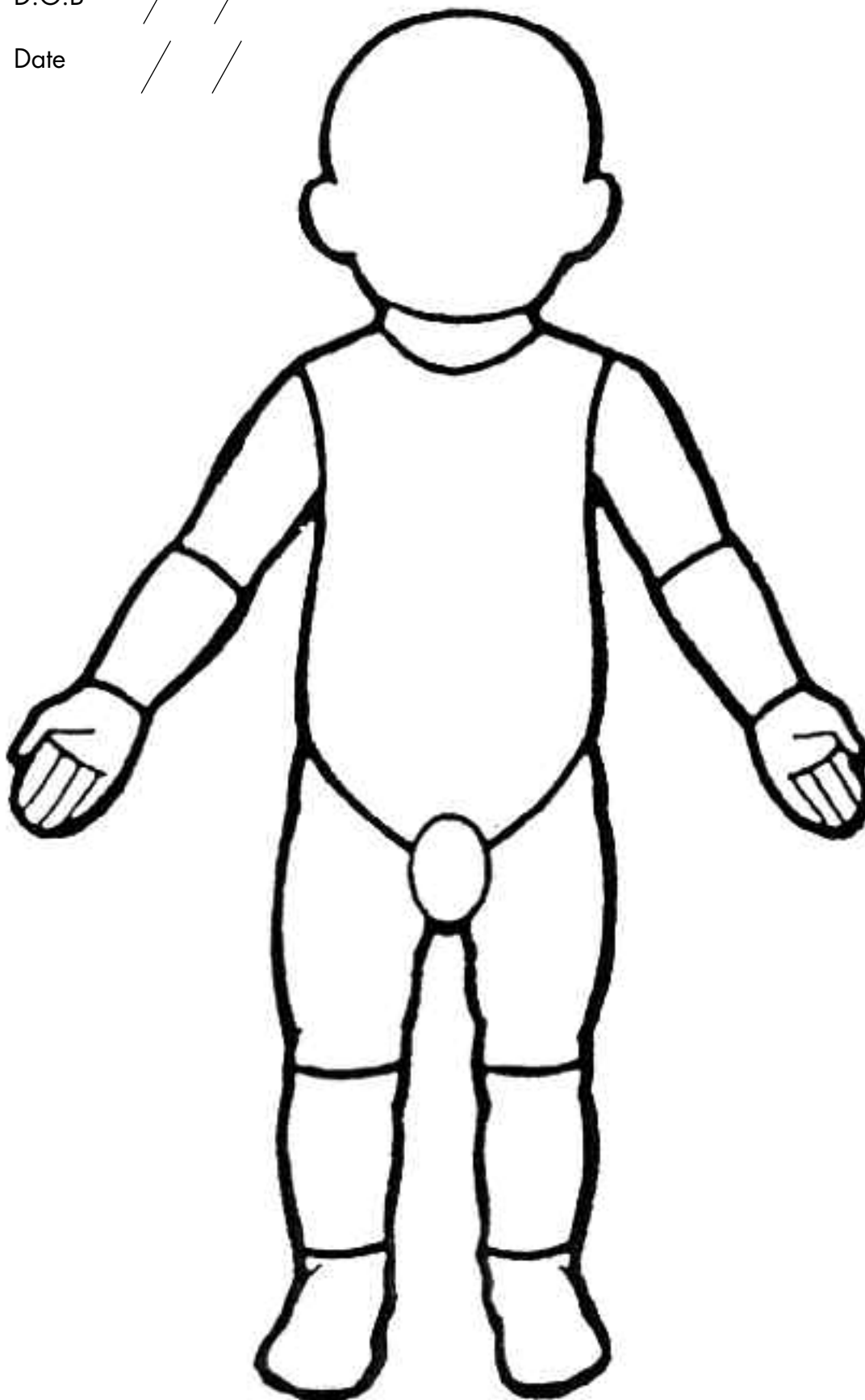
- | | |
|---|--|
| <input type="checkbox"/> Social Services Department | <input type="checkbox"/> Senior Nurse – Child Protection |
| <input type="checkbox"/> Cons. Comm Paediatrician | <input type="checkbox"/> Office-based records |
| <input type="checkbox"/> Family | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Health Visitor | <input type="checkbox"/> EWO |
| <input type="checkbox"/> School Head | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Other – please state _____ | |

Appendix 3

Child's name _____

D.O.B / /

Date / /



Please describe and indicate size, colour and location of injury/injuries.

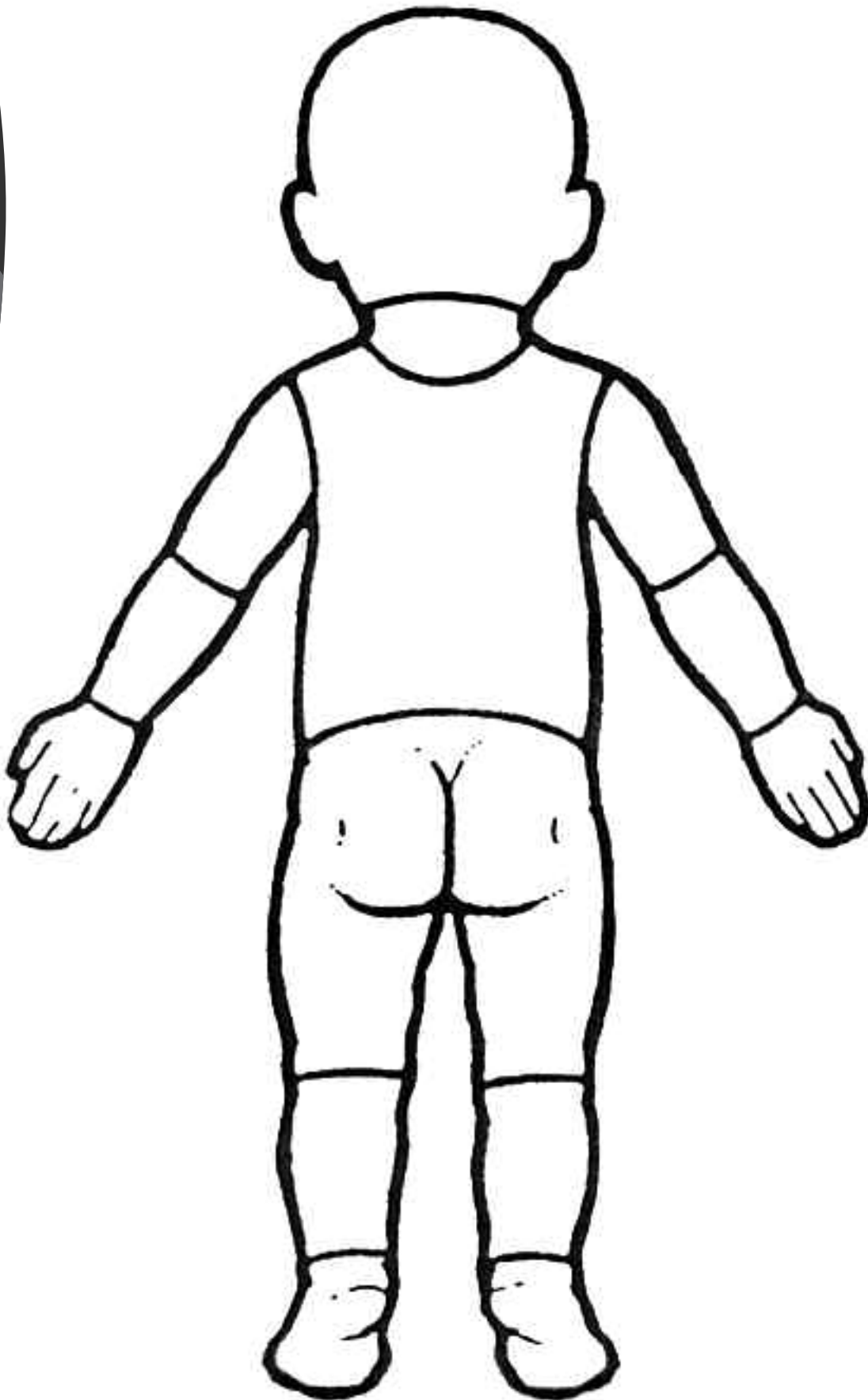
Child's name _____

D.O.B

/ /

Date

/ /



Please describe and indicate size, colour and location of injury/injuries.

Appendix 4

North Somerset Safeguarding Children Board



Policy and Procedures Guidance Paper

No1 Photographing of Children and Young People

The majority of occasions when people take photographs of children and young people are valid and do not provide any cause for concern. Unfortunately there are occasions when this is not the case and these are some of the risks associated with photographing children:

- The collection and passing on of images which may be misused
- The identification of individual children to facilitate abuse
- The identification of children in vulnerable circumstances.

There are six main points you should address in your own policies

1 Consent and permission

The consent of parents (and children/young people of appropriate age) should be sought before any photos are taken. An organisation may seek overall consent from its members for photography; however the guidelines should be clear about the reason and purpose for that decision.

2 Reason and purpose

Photos should only be taken by an authorised person who has a suitable reason related to the child or organisation i.e. they are a parent, a relative, a club member, a member of staff e.t.c. They should be used for an individual purpose not a public purpose e.g. not posted on the internet and not passed on to others unconnected with the child. Parents should be aware of these policies and agree to them.

3 Appropriateness of images

No images to be taken of children which capture them in what are commonly understood as non public activities like toileting or changing clothes., or which show body parts not usually visible in public settings. Images involving groups should be about the activity, not the individual child.

4 Identification of subjects

Any photograph should not allow an unauthorised person to identify a child or their whereabouts. So, if using a full name have no photo, if using a photo have no full name. Children in vulnerable circumstances like being in care, or victims of parental violence, should not be photographed at all unless there is clear consent and no risk.

5 Photography for public display

You can decide whether you want publicity photos and if so you should inform the press of your policies before they arrive. It is worth noting that it is not illegal to take photographs at a public event even if asked not to do so, but if your event is private then you can insist that your own policy is followed. Photos of children in activities should try to include a wide range of types of children, and not show them in breach of rules, or behaving in a reckless or dangerous fashion

6 Use of Mobile phones

Mobile phones are easily used without the subject being aware and their main function is to transmit images to others not to be retained by an authorised person as a keepsake. Their use should be discouraged however the spread of this technology does make this difficult.. This is something to be aware of when hosting any event. You may choose to ban the use of photo mobile phones at your event but this is difficult to police.

Sources of Information

This is outline guidance only more detailed guidance can be found at:

Teachernet for schools

www.teachernet.gov.uk/wholeschool/familyandcommunity/childprotection/usefulinformation/photosandvideos/

The child protection in sport Unit

www.thecpsu.org.uk/Scripts/content/Default.asp?Page=OrgsPhotography&MenuPos=Left&Menu=2346&Sel=0304

The FA and the RFU have sections on their websites about photography.

If you have any concerns about any person making or using images of children follow your child protection policies.

Appendix 5

North Somerset Early Years Learning Team Procedure for dealing with allegations and complaints about Childcare Providers.

All complaints relating to any childcare provider will be taken seriously and processed according to:

- South West Safeguarding and Child Protection Group Procedures, version 3.83 (October 2009) – <http://www.swcpp.org.uk/swcpp/swcpp-procedures.htm>
- Early Years Learning Team Complaints procedure.

North Somerset Council has a Local Authority Designated Senior Officers Allegation/Complaint Procedure in respect of all cases in which it is alleged that a person who works with children has:

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

This does not mean that it is only allegations of specific abuse but there may be inappropriate handling, inappropriate use of language etc or that information received may identify that a person is living with a registered sex offender.

Use of this procedure

This procedure is to be used by the the Early Years Learning Team in relation to allegations and complaints made against childcare settings in the private, voluntary and independent (PVI) sectors.

North Somerset Council Managed Settings

Complaints about staff employed in North Somerset Council managed childcare settings must follow South West Safeguarding and Child Protection Procedures Version 3.83 (October 2009) <http://www.swcpp.org.uk/swcpp/swcpp-procedures.htm>

Non-Council childcare settings – employment issues

For related employment issues in non-council childcare settings, including staff grievances, the setting manager, members of staff or designated committee officer must be referred to ACAS (Arbitration, Conciliation and Advice Service), the Pre-School Learning Alliance, the National Day Care Association or the National Childminding Association as appropriate.

Detailed procedures are available upon request from North Somerset Family Information Service or via North Somerset website.

Who to contact in the event of receiving a complaint or an allegation against a childcare provider.

Job Title	Tel Number
North Somerset Family Information Service	01934 426 300
Service Manager (Children's Social Care) Local authority designated officer – allegations procedure	01275 888 244
Children's Social Care Referral and Assessment Unit	01275 888 266

North Somerset Council Safeguarding Procedure For Early Years and Play Providers

Type of category	High/Medium or low Priority	Description of category	Actions
Category 1	<p>High (Immediate)</p>	<p>Safeguarding Abuse</p> <p>Covers any allegation that a person who works with children has</p> <ul style="list-style-type: none"> • behaved in a way that has harmed a child, or may have harmed a child • possibly committed a criminal offence against or related to a child or • behaved towards a child or children in a way that indicates s/he is unsuitable to work with children. <p>This covers both allegations of specific abuse as well as inappropriate handling, inappropriate use of language etc or that information received may identify that a person is living with a registered sex offender.</p>	<p>Refer to North Somerset Co-ordination and Joint Investigation Unit .</p> <p>Notify Ofsted within 14 days.</p> <p>Record details on appropriate documentation and save within Z Drive Early Years/FIS/Complaints</p> <p>Do not investigate in any way.</p>

Type of category	High/Medium or low Priority	Description of category	Actions
Category 2	<p>High (Immediate)</p>	<p>Safeguarding Welfare regulations</p> <p>High level of risk to the child or children in the care of the provider</p> <p>Examples</p> <ul style="list-style-type: none"> • Staff ratios do not meet Ofsted requirements • Electrical wiring is exposed in nursery / preschool • The provider is transporting children and not using appropriate car seats. 	<p>If unsure whether the complaint received falls into this category, refer to Senior Officers for advice.</p> <p>Notify Ofsted if breach of statutory requirement or registration.</p> <p>Record details on appropriate documentation and save within Z Drive/Early Years/FIS/Complaints.</p> <p>Complainant encouraged to put complaint in writing to provider and Ofsted.</p> <p>Do not investigate in any way</p>

Type of category	High/Medium or low Priority	Description of category	Actions
Category 3	Medium	<p data-bbox="432 987 472 1637">Safeguarding Quality of Practice</p> <p data-bbox="504 752 544 1637">Medium risk to the child or children in the care of the provider</p> <p data-bbox="632 1469 671 1637">Examples</p> <ul data-bbox="695 730 887 1637" style="list-style-type: none"> <li data-bbox="695 752 775 1637">• There is an inclusion issue for example regarding a disabled child attending the setting <li data-bbox="807 730 887 1637">• A child has been excluded from a session (s) due to behaviour issues. 	<p data-bbox="432 136 552 685">If unsure whether the complaint received falls into this category, refer to Senior Officers for advice.</p> <p data-bbox="584 181 695 685">Complainant encouraged to put complaint in writing to provider and Ofsted</p> <p data-bbox="727 203 767 685">Early Learning Team to investigate.</p> <p data-bbox="799 215 919 685">Record details on appropriate documentation and save within Z Drive/Early Years/FIS/Complaints</p>

Type of category	High/Medium or low Priority	Description of category	Actions
Category 4	Low	<p>Safeguarding Quality of Practice</p> <p>Low risk to child or children in the care of the provider</p> <ul style="list-style-type: none"> • The parent feels that their child is not challenged regarding learning • The provider is not passing on information onto the child's school • The provider is refusing to allow the child to drink squash that has been provided by the parent. 	<p>If unsure whether the complaint received falls into this category, refer to Senior Officers for advice.</p> <p>Complainant encouraged to put complaint in writing to provider</p> <p>Early Learning Team to investigate.</p> <p>Record details on appropriate documentation and save on Z Drive/Early Years/FIS/Complaints</p>

Practice Guidance

The following procedures must be followed in order to ensure all complaints are dealt with fairly.

- If Category one allegation or complaint is received an immediate referral will be made to Referral and Assessment Team and Ofsted. Referral form will be passed onto the Early Years Learning Team immediately
- If a complaint is received it will be referred to the relevant colleague within the Early Years Learning Team, the relevant officer must reply with two working days to the complainant
- All calls/correspondence received are responded to and (if possible) resolved immediately
- The complainant must be asked if they feel that the call made is an allegation or complaint
- The complainant must be asked if they wish the complaint to be referred to Ofsted
- All staff will deal with complaints in a professional and responsible manner. Personal opinions and viewpoints must not be aired
- All complaints/allegations must be recorded and saved in the appropriate files which will only be accessible to the Early Learning Team and Family Information Service staff members, for confidentiality purposes
- All complaints logged are kept for a period of five years to keep in-line with Ofsted procedures.

Useful links

South West Procedures

www.swcpp.org.uk

North Somerset Safeguarding Procedure for Early Years and Play Providers

www.n-somerset.gov.uk

What To Do If You're Worried about a child Is Being Abused Flow chart

<http://publications.education.gov.uk/eOrderingDownload/31981%20pdf.pdf>

What to do if you are worried a child is being abused book

<http://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-04320-2006&>

North Somerset Child Protection/ Safeguarding Children Board

<http://www.n-somerset.gov.uk/Social+care/Children+and+families/nsscib/>

Information Sharing - Guidance for Practitioners and Managers

<http://media.education.gov.uk/assets/files/pdf/i/information%20sharing%20%20%20guidance%20for%20practitioners%20and%20managers.pdf>

Essential contact numbers

Professional guidance and referrals:

Children's Social Care Referral and Assessment Team

01275 888 266

Email: duty.intake@n-somerset.gov.uk

Emergency Duty Team

Out of Hours Service

01454 615 165

(Evenings, Bank Holidays and weekends)

Police Child Protection Team

01934 638 171

Police – local station

0845 670 000

Emergency: 999

Complaints to Ofsted

Ofsted National Business Unit

Royal Exchange Building

St Anne's Square

Manchester M2 7LA

0300 1231 231

Email: complaints@ofsted.gov.uk

For general guidance only:

Family Information Service

01934 426 300 (Office hours only)

This publication is available in large print on request.
Help is also available for people who require council information in languages other than English.

Please contact: **01934 426 300**

