

# Safeguarding and Child Protection Policy

In line with OCC and the OSCB



## St. Leonard's C.E. Primary School

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This policy was adopted on January 2016

The policy is to be reviewed on January 2017

St. Leonard's C.E.Primary School recognises its responsibility for Safeguarding and Child Protection.

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## Introduction

- This policy has been developed in accordance with the principles established by the Children Act 1989; and in line with the following:
- “Working Together to Safeguard Children 2015”
- “Framework for the Assessment of Children in Need and their Families” 2000
- “What to do if you are worried a Child is being Abused” 2015 <sup>1</sup>
- “Keeping Children Safe in Education” 2015
- Oxfordshire Safeguarding Children Board guidelines

The Governing Body/management committee takes seriously its responsibility under section 11 of the Children Act and duties under “working together” to safeguard <sup>2</sup> and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements exist within our setting to identify, and support those children who are suffering harm or are likely to suffer harm.

We recognise that all staff<sup>3</sup> and governors have a full and active part to play in protecting our pupils from harm, and that the child’s welfare is our paramount concern.

Our school should provide a safe, caring, positive and stimulating environment that promotes the social, physical and moral development of the individual child free from discrimination or bullying where children can learn and develop happily.

This policy applies to all staff, governors and volunteers working in our school  
The aims of this policy are:

- To support the child’s development in ways that will foster security, confidence and resilience
- To provide an environment in which children and young people feel safe, secure, valued and respected, feel confident and know how to approach adults if they are in difficulties.
- To raise the awareness with all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.

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<sup>1</sup> What To Do If You Are Worried A Child is being Abused [https:// www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused](https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused)

<sup>2</sup> Safeguarding (as defined in the Joint Inspector’s Safeguarding report is taken to mean “All agencies working with children, young people and their families take all reasonable measures to ensure that the risk of harm to children’s welfare are minimised” and “where there are concerns about children and young people’s welfare, all agencies take all appropriate actions to address those concerns, working to agree local policies and procedures in full partnership with other agencies”

<sup>3</sup> “Staff” covers ALL adult staff on site, including temporary, supply and ancillary staff, and volunteers working with children

- To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we contribute to assessments of need and support plans for those children where appropriate.
- To acknowledge the need for effective and appropriate communication between all members of staff in relation to safeguarding children and young people.
- To develop a structured procedure within the school which will be followed by all members of the staff in cases of suspected abuse.
- To develop effective working relationships with all other agencies, involved in safeguarding children.
- To ensure that all adults within our school who have access to children have been checked as to their suitability. This includes other community users of our facilities, following correct staff recruitment and selection procedures

## **Procedures**

- Our school procedures for safeguarding children will be in line with Oxfordshire Local Authority (the LA) and Oxfordshire Safeguarding Children Board Child Protection Procedures, and “Working Together to Safeguard Children 2015”. We will ensure that:
  - The governing body and senior leaders understand and fulfil their safeguarding responsibilities.
  - We have Designated Members of staff who have undertaken appropriate training for the role, as recommended by the LA. Our Designated staff will update their training with LA approved training every two years. Our Senior Designated Person is Neil Blackwell (Headteacher). In his absence Sarah Moon, Linda Keane and Caroline Debus will assume this role.
  - All adults, (including volunteers) new to our school will be made aware of this policy and the procedures for child protection, the name and contact details of the Designated Person and have these explained, as part of their induction into the school.
  - All members of staff are provided with opportunities at least every three years to receive training in order to develop their understanding of the signs and indicators of abuse, how to respond to a pupil who discloses abuse and the procedure to be followed in appropriately sharing a concern of possible abuse or a disclosure of abuse.
  - Our lettings policy will seek to ensure the suitability of adults working with children on our site at any time.
  - Community users organising activities for children are aware of and understand the need for compliance with the schools child protection guidelines and procedures.

- The name of any member of staff considered not suitable to work with children will be notified to the DBS (Disclosure and Barring service), with the advice and support of Human Resources and or LADO.
- Our procedures will be annually reviewed and up-dated and a summary report of findings sent to our governing body and the local Authority Safeguarding Team.

## **Responsibilities**

Staff in St.Leonard's C.E.Primary School will follow the Oxfordshire Safeguarding Children Board Procedures /Local Authority guidance in all cases of abuse, or suspected abuse (these can be found at [www.OSCB.org.uk](http://www.OSCB.org.uk) ).

We will therefore:

- Understand that our responsibility to safeguard children requires that we all appropriately share any concerns that we may have about children.
- Ensure that we refer a child if there are concerns about a child's welfare, possible abuse or neglect to Social Care. A written referral using the Common Referral Form will be faxed/posted/e-mailed to Social Care as soon as possible within 24 hours.
- Ensure that detailed and accurate written records of concerns about a child are kept even if there is no need to make an immediate referral.
- Ensure that all such records are kept confidentially and securely
- Ensure that the Designated Person, or another appropriate member of staff, attends case conferences, family support meetings, core groups, or other multi-agency planning meetings, contributes to the Framework for Assessments process, and provides a report which has been shared with the parents.
- Establish and maintain links with relevant agencies and co-operate as required with enquiries of a child protection nature.
- Ensure that all school staff are aware of the CP policy and procedures, and understand their responsibilities in being alert to, and acting appropriately in cases of abuse, or suspected abuse, and know how to recognise and refer any concerns.
- Provide an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the Designated Person, and by all staff, number and type of incidents/cases, and number of children referred to Children's Social Care and subject to Child Protection Plans (anonymised). The committee will use this report to fulfil its responsibility to provide the LA with information about their Safeguarding policies and procedures when requested.
- Keep themselves up to date with knowledge to enable them to fulfil their role, including attending relevant training, at least every two years, provided by the Oxfordshire Safeguarding Children Board, or the Schools Safeguarding Team.

- Ensure that all staff and volunteers understand that there is a procedure to be followed in dealing with child protection allegations made against staff. This procedure must be followed on all occasions. All staff must be made aware of this process and how it differs from other concerns about children.
- Ensure that we have staff on all interview panels who are Safer Recruitment Trained.
- Ensure that all staff/volunteers are selected and recruited only after having gone through appropriate checks.
- All staff and volunteers working in early years or foundation stage (including before and after school provision for under 8's) will be expected to disclose to the Headteacher any circumstances which may indicate that the member of staff or volunteer could be barred from working with children under the terms of the Childcare Regulations 2006: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/409361/disqual\\_stat-guidance\\_Feb\\_15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409361/disqual_stat-guidance_Feb_15.pdf)
- Our setting will have regard to our obligations to prevent children from being drawn into extremism or terrorism. We recognise that this is our statutory duty under the Counter-Terrorism and Security Act 2015.

## Supporting Children

- We recognise that a child who is abused, who witnesses violence or who lives in a violent environment may feel helpless and humiliated, may blame him/herself, and find it difficult to develop and maintain a sense of self-worth.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our school will support all children and young people by:

- Encouraging the development of self-esteem and resilience in every aspect of life.
- Promoting a caring, safe and positive environment.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying Social Care as soon as there is a significant concern.
- Notifying Social Care when a child/young person attending the centre is privately fostered.
- Providing continuing support to a pupil (about whom there have been concerns) who leaves the school by ensuring that such concerns and school medical records are forwarded under confidential cover to the Designated Person at the pupil's new school immediately.

## **Confidentiality**

- We recognise that all matters relating to child protection are confidential.
- The Designated Person will disclose personal information about a child or young person to other members of staff on a need to know basis only.
- However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Schools Safeguarding Team or Social Care on this point.
- We will take no names consultations with our local Assessment/ MASH Teams to discuss concerns we may have, but we understand that if they then ask for a name we will disclose those details and it will become a referral.

## **Supporting Staff**

- We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the Designated Person and to seek further support. This could be provided by another trusted colleague, Occupational Health, and/or a representative of a professional body or trade union, as appropriate.
- We understand that staff should have access to advice on the boundaries of appropriate behaviour. Our safeguarding training ensures that all staff are aware of how to support children without putting themselves at risk.
- We recognise that our Designated Person(s) should have access to support and appropriate workshops, courses or meetings as organised by the LA.

## **Allegations against staff**

- All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

- We understand that a child or young person may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the most senior member of staff available.
- The manager on all such occasions will discuss the content of the allegation with the LADO (Local Authority Designated Officer) **before taking any action.** In our county contact should be made with Barry Armstrong LADO (01865 815956) or Alison Beasley, Safeguarding Coordinator (01865 323457)
- If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of the governing body who will consult with LADO without notifying the Headteacher first.
- The school will follow the procedures for managing allegations against staff, a copy of which can be accessed through the OSCB website.
- Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult with the LADO and Human Resources.
- Our lettings agreement for other users requires that the organiser will follow LA procedures for managing allegations against staff as outlined in Keeping Children Safe in Education, 2015.

### **Whistleblowing**

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues and appropriate advice will be sought from the LADO or Safeguarding Team where necessary.

### **Physical Intervention/Positive Handling**

Our policy on physical intervention/positive handling by staff is set out separately, as part of our Behaviour Policy. It complies with LA Guidance, 'The Use of Force to Control or Restrain Pupils' 2010. Such events should be recorded and signed by a witness. We recommend that staff who are likely to need to use physical intervention should be appropriately trained.

We understand that physical intervention of a nature which is both unreasonable and disproportionate to the circumstances and/or causes injury or distress to a child, may be considered under child protection or disciplinary procedures.

### **Anti-Bullying**

Our policy on the prevention and management of bullying is set out in a separate policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. Our setting will take seriously any bullying concerns and both investigate and take action to protect pupils where appropriate.

## **ESafety**

Our ESafety policy, set out in a separate document, gives guidelines to ensure safe and appropriate access to the Internet, both for staff and pupils.

## **Health & Safety**

Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment and, for example, when away from the school when undertaking school trips and visits.

## **Mobile Phones**

It is our policy that no mobile phones should be used at any time during teaching hours in the classroom. This has been implemented following recent cases, where young children have been abused and photographed and it is to safeguard staff against allegations as well as safeguarding pupils.

Staff should ensure that any dependants etc have the school telephone number and in most cases this is the number that should be rung in the case of an emergency.

There will of course be times of exceptional circumstances when it is crucial for staff to have their mobile phones switched on. In the event of the phone ringing in the presence of children, the member of staff should try to answer the call outside the classroom after ensuring that another member of staff is able to supervise the class.

## **Use of Cameras and Video Cameras**

St. Leonard's School encourages the use of cameras and video cameras when they are used to enhance the curriculum, as part of the curriculum, or used for assessment purposes. Only cameras purchased by school may be used. Personal cameras, including those on mobile phones, should not be used to photograph children at school.

In addition, all staff need to remember the school's policy of pupils being photographed/videoed by parents or the media; this is acceptable as long as parents are informed and where permission has not been granted, these children must be withdrawn.

No parents or other adults should be photographing children without permission of the Headteacher - where permission is granted, e.g. concerts and performances, no photographs should be shared on social network sites of children other than those of the parent taking the photograph.

## **Role of the Governing Body**

The Governing Body of St. Leonard's C.E. Primary School undertake the regular review of safeguarding related policies and procedures that operate in our school. The governing Body have a crucial role in monitoring and challenging staff on the effectiveness of safeguarding arrangements.

## Responding appropriately to suspicion of abuse

All staff have a responsibility for action in cases of suspected child abuse. This document outlines the procedures which should be followed if any member of staff suspects a student is being abused, or if a disclosure is made.

**Immediate action is required where there is concern about possible abuse, written records must be made at each stage of the process.**

All staff are asked to be alert to possible physical or emotional problems being experienced by children and young people.

**If a student asks to speak to you about a problem do not promise confidentiality but explain that it may be necessary to consult a colleague.**

## Categories of Abuse

The table below outlines the four main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children' document 2010. (Full definitions can be found in this document) Staff should be aware that the possible indicators are not definitive and that some children may present these behaviours for reasons other than abuse.

<b>Type of Abuse</b>	<b><u>Possible</u> Indicators</b>
<b>Neglect</b> The persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairments 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 food, clothing and shelter; protect a child from physical and emotional harm or danger; ensure adequate supervision; ensure access to appropriate medical care or treatment.	Obvious signs of lack of care including: Problems with personal hygiene; Constant hunger; Inadequate clothing; Emaciation; Lateness or non-attendance at school; Poor relationship with peers; Untreated medical problems; Compulsive stealing and scavenging; Rocking, hair twisting, thumb sucking; Running away; Low self-esteem.
<b>Physical Abuse</b> May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise	Physical signs that do not tally with the given account of occurrence, Conflicting or unrealistic explanations of cause repeated injuries,

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	Delay in reporting or seeking medical advice.
<b>Sexual Abuse</b> Forcing or enticing a child 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, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.	Sudden changes in behaviour Displays of affection which are sexual and age inappropriate Tendency to cling or need constant reassurance Tendency to cry easily Regression to younger behaviour – eg thumb sucking, acting like a baby Unexplained gifts or money Depression and withdrawal Wetting/soiling day or night Fear of undressing for PE
<b>Emotional Abuse</b> The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.	Rejection Isolation Child being blamed for actions of adults Child being used as carer for younger siblings Affection and basic emotional care giving/warmth, persistently absent or withheld.

### **Child sexual exploitation (CSE)**

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people, (or a third person or persons) receive something, (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidations are common, involvement in exploitative relationships being characterised in the main by the child's or young person's limited availability of choice, resulting from their social/economic and/or emotional vulnerability. (DCSF 2009)

### **Key facts about CSE**

- Sexual exploitation often starts around the age of 10 years old. Girls are usually targeted from age 10 and boys from age 8.
- It affects both girls and boys and can happen in all communities.

- Any person can be targeted but there are some particularly vulnerable groups: Looked After Children, Children Leaving Care and Children with Disabilities.
- Victims of CSE may also be trafficked (locally, nationally and internationally).
- Over 70% of adults involved in prostitution were sexually exploited as children or teenagers.
- Sexual violence or abuse against children represents a major public health and social welfare problem within UK society, affecting 16% of children under 16. That is approximately 2 million children.

### **Good practice – Individuals**

- Recognise the symptoms and distinguish them from other forms of abuse
- Treat the child/young person as a victim of abuse
- Understand the perspective / behaviour of the child/young person and be patient with them
- Help the child/young person to recognise that they are being exploited
- Collate as much information as possible
- Share information with other agencies and seek advice / refer to Social Care

### **Good practice – Organisations**

- Ensure robust safeguarding policies and procedures are in place which cover CSE
- Promote and engage in effective multi-agency working to prevent abuse
- Work to help victims move out of exploitation
- Cooperate to enable successful investigations and prosecutions of perpetrators

Link to guidance

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278849/Safeguarding\\_Children\\_and\\_Young\\_People\\_from\\_Sexual\\_Exploitation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/Safeguarding_Children_and_Young_People_from_Sexual_Exploitation.pdf)

### **Forced marriages (FM)**

FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

A FM is a marriage conducted without the valid consent of one or both parties, and where duress is a factor. Forced marriage is when someone faces physical pressure to marry (eg threats, physical violence or sexual violence) or emotional and psychological pressure (eg if someone is made to feel like they're bringing shame on their family). This is very different to an arranged marriage where both parties give consent.

FM is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Link to the guidance: <https://www.gov.uk/guidance/forced-marriage>

### **Female Genital Mutilation (FGM)**

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures.

FGM is illegal in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

Other than in the excepted circumstances, it is an offence for **any person (regardless of their nationality or residence status)** to:

- perform FGM in England, Wales or Northern Ireland (section 1 of the Act);
- assist a girl to carry out FGM on herself in England, Wales or Northern Ireland (section 2 of the Act); and
- assist (from England, Wales or Northern Ireland) a non-UK person to carry out FGM outside the UK on a **UK national or permanent UK resident** (section 3 of the Act).

Link to the guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf)

## **Prevent**

The Counter Terrorism & Security Act 2015

The Act places a Prevent duty for childcare settings to have “due regard to the need to prevent people from being drawn into terrorism”. The education and childcare specified authorities in Schedule 6 to the Act are as follows:

- The proprietors of maintained schools, non-maintained special schools, maintained nursery schools, independent schools (including academies and free schools) and alternative provision academies, PRUs, registered early years providers, registered late years providers and some holiday schemes.

Schools/settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas –

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism
- Expected to ensure children are safe from terrorist and extremist material when accessing the internet in school

- Referrals regarding Radicalisation should be made through the OSCB procedures as defined in Appendix 1

Please see Oxfordshire Early Years "British Values and the Prevent Duty" September 2015 for more information on how settings can demonstrate they are meeting the prevent duty

All our staff receive Prevent awareness training [http://course.ncalt.com/Channel\\_General\\_Awareness](http://course.ncalt.com/Channel_General_Awareness) . Any instances where there is cause for concern about a child are shared with the Designated Person who will make a referral to Channel if necessary, as follows:

Call MASH 0845 050 7666

Shaun Greenough, Channel Coordinator, 07900709126

Jo Physick at [Preventreferrals@thamesvalley.pnn.police.uk](mailto:Preventreferrals@thamesvalley.pnn.police.uk)

## Dealing with Disclosures

### Receive

Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. Listen quietly and actively, giving your undivided attention. Allow silences when needed. Do not show shock or disbelief but take what is said seriously.

### Reassure

Stay calm, no judgements, empathise. **Never make a promise that you can keep what a child has said a secret.** Giving reassurance that only those who need to know will be told. Reassure the young person that they were right to tell you.

### React

React to the student only as far as is necessary for you to establish whether or not you need to refer this matter, but don't interrogate for full details.

Don't ask leading questions – keep the open questions eg 'is there anything else you want to say?'

Do not criticize the perpetrator; the student may have affection for him/her.

Explain what you will do next – inform Designated Person, keep in contact.

### Record

If possible make brief notes about what they are actually telling you at the time. Keep these notes, however rough they are. If you are unable to make notes at the time write down what was said as soon as you can.

Try to record what was actually said by the student rather than your interpretation of what they are telling you.

Record the date, time, place and any noticeable nonverbal behaviour.

### **Report**

Report the incident to the Designated Person and do not tell any other adults or students what you have been told.

**Never attempt to carry out an investigation of suspected abuse by interviewing the young person or any others involved. This is a highly skilled role and any attempts by yourself could affect possible criminal proceedings.**

### **Record Keeping**

The Designated Persons for child protection are responsible for ensuring that the necessary paperwork is completed and sent to the relevant people and stored in a safe and confidential place. This means that the records will be a coherent factual record of the concerns that are stored on individual children in a clear chronological order.

## **Appendix 1 – How to make a referral to Children’s social care**

### **OSCB Contact Numbers and Procedures**

### **OSCB Guidance - Reporting Concerns**

## **To report a new concern**

To report a concern of abuse or neglect, please contact the Multi-Agency Safeguarding Hub (MASH) on 0845 0507666.

Or you can email an [enquiry form](#) to the MASH on [mash-childrens@oxfordshire.gcsx.gov.uk](mailto:mash-childrens@oxfordshire.gcsx.gov.uk)

## **To talk about an on-going concern**

If you want to speak to someone about an already open case, contact the relevant Children's Social Care Team;

- Oxford City – 01865 328563
- North Oxfordshire (including Banbury, Witney, Bicester, Carterton and Woodstock) – 01865 323039
- South Oxfordshire (including Faringdon, Wantage, Thame, Didcot and Henley) – 01865 323041
- Emergency Duty Team – 0800 833 408

John Radcliffe Hospital Assessment Team – 01865 221236 (for antenatal safeguarding concerns and issues concerning children in the hospital)

## **If you are unsure whether to make a referral**

You can contact your Locality Senior Social Worker and request a 'no names' consultation (meaning you don't give the child's name). You will either be referred directly to a Social Worker, or will be called back by one when they are available, and you can then discuss the situation with them and they will advise you on what to do next. If a referral needs to be made, they will advise you of this.

- Oxford City (Helen Barker) – 01865 328563
- North Oxfordshire (Jo Lloyd) – 01865 323039
- South Oxfordshire (Sue Butler) – 01865 323041

## **To report concerns about child sexual exploitation**

If a child or young person has made a disclosure regarding sexual exploitation or if you think a child may be at risk of being sexually exploited, please contact the Kingfisher Team on 01865 335276. Out of hours calls to this number will be diverted to the Thames Valley Police Referral Centre.

## **To report concerns about a professional or person in a position of trust**

Please contact the Local Authority Designated Officer (LADO) to report an allegation, on 01865 810603 or email [LADO.safeguardingchildren@oxfordshire.gov.uk](mailto:LADO.safeguardingchildren@oxfordshire.gov.uk)

## **To notify the local authority of a private fostering arrangement**

Please contact the Private Fostering Social Worker on 01865 323188.

A private fostering arrangement is one that is made without the involvement of the local authority for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more, in the carer's own home.

**OSCB Procedures – August 2015 – Next update Dec 2015**

(full procedures can be found at <http://www.oscb.org.uk/inter-agency-procedures/>)

### **Chapter 1.2 Referrals**

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## 1. Duty to Refer

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Professionals, employees, managers, helpers, carers and volunteers in all agencies **must** make a referral to Children, Education and Families if it is believed or suspected that a child is suffering or is likely to suffer **Significant Harm**. Any such 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.

The suspicion or allegation may be based on information, which comes from different sources. It may arise in the context of the **Common Assessment Framework**. It may come from a member of the public, the child concerned, another child, a family member or professional staff. It may relate to a single incident or an accumulation of lower level concerns.

Further professional guidance is available from “**What to do if you’re worried that a child is being abused**” revised by the Department for Education in March 2015.

The information may also relate to harm caused by another child, in which case both children, i.e. the suspected perpetrator and the victim, must be referred. See also **Children who Exhibit Harmful Behaviour (Including Sexual, Physical and Emotional) Procedure**.

The suspicion or allegation may relate to a parent or professional or volunteer caring for or working with the child. See also **Allegations against Staff, Carers and Volunteers Procedure**.

A referral must be made even if it is known that Children, Education and Families are already involved with the child/family. Referrals should include details of all children within a household, and any other children suspected to be in contact with an alleged perpetrator.

Advice may be sought about the appropriateness of the referral from the Designated Professional or Named Professional within any agency, the manager of the local Children, Education and Families Assessment Team or, if the case is open, from the allocated social worker.

**WHEN IN DOUBT, CONCERNS MUST BE SHARED.**

## 2. Urgent Medical Treatment

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If the child is suffering from a serious injury, medical attention must be sought immediately by calling an ambulance or taking the child to the Accident and Emergency Department of the local hospital. The on call Hospital Registrar for Children must be informed of the nature of the concerns and a referral made in accordance with this procedure as soon as practicably possible.

No child who is an inpatient in a hospital and about whom there are concerns about Significant Harm should be allowed to be taken home without a referral having been made to establish whether the home environment is safe, the concerns by medical staff are fully addressed and there is a plan in place for the ongoing promotion and

safeguarding of the child's welfare. Referrals concerning children on the John Radcliffe site should be referred to the Hospital Assessment Team.

### **3. Ensuring Immediate Safety**

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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 whether immediate action is required to protect a child, all agencies should also consider whether 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. a work environment such as a school.

The law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare. A teacher, foster carer, childminder or any professional should, for example, take all reasonable steps to offer a child immediate protection from an abusive parent.

### **4. Confidentiality**

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See also the **Information Sharing Protocol**.

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

- Confidentiality;
- The gathering of evidence;
- Commitment or loyalty to relatives, friends or colleagues.

In deciding whether there is a need to share information, professionals must consider their legal obligations, including whether they have a legal duty of confidentiality towards the child.

Where there is such a duty, the professional may lawfully share information if the child consents or if there is a public interest to do so, for example the public interest in protecting the child from harm. This must be judged by the professional on the facts of each case.

Where there is clear risk of Significant Harm to a child, or serious harm to adults, the public interest test will almost certainly be satisfied (for further explanation of the public interest test, please refer to the **Information Sharing Protocol**). However, there will be other cases where it is not so clear. In these cases, professionals will be justified in sharing some confidential information as part of their consultation with others, to enable them to make a decision about whether to make a referral and share fuller information. In these circumstances, the information shared should be proportionate and anonymised.

Further professional guidance is available from “**What to do if you’re worried that a child is being abused**” revised by the Department for Education in March 2015.

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, professional or otherwise, the concerns must not be discussed with them before making the referral.

Individual members of the public who make a referral may prefer not to give their name or alternatively they may disclose their identity, but may not wish for it to be revealed to the parents/carers of the child concerned.

Wherever possible, Children, Education and Families workers receiving referrals should respect the referrer’s request for anonymity. However, referrers should not be given any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given e.g. the criminal or family court arena.

## **5. Listening to the Child**

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If the 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 so as to:

- Clarify the concerns;
- Offer reassurance about how s/he will be kept safe; and
- Explain that the information will be passed to Children, Education and Families and/or the Police.

No promises should be given to the child that any information he or she gives will be treated confidentially; it must be explained that any information by a child that indicates that he/she or any other child may have been abused must be referred to Children, Education and Families.

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 the child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury was sustained.

However, 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 police investigations, especially in cases of **Sexual Abuse**.

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

No enquiries or investigations may be initiated without the authority of Children, Education and Families or the Police.

If the child can understand the significance and consequences of making a referral, he/she should be asked her/his views by the referring professional.

Whilst the child's views should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children.

## **6. Parental Consultation**

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Professionals should seek, in general, to discuss concerns with the family and, where possible seek the family's agreement to making a referral unless this may, either by delay or the behavioural response it prompts or for any other reason, place the child at increased risk of **Significant Harm**.

See also the **Information Sharing Protocol**.

A decision by any professional not to seek parental permission before making a referral to Children, Education and Families must be recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed in writing using the Common Assessment Framework if appropriate.

Where the parent is consulted and refuses to give permission for the referral, further advice should be sought from a manager or the **Designated Professional** or **Named Professional**, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded;
- Children, Education and Families should be told that the parent has withheld her/his permission;
- Unless to do so would place the child at greater risk of Significant Harm or prejudice the enquiry, the parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made.

## **7. Making a MASH Enquiry/Referral**

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See also **Referral Pathway**.

Referrals must be made to the Multi Agency Safeguarding Hub (MASH) in one of the following ways:

- In writing, using the **MASH enquiry online referral form**;
- By telephone, to the MASH relevant **Children, Education and Families Office**;
- In an emergency outside office hours, by contacting the **Emergency Duty Team** or the Police;
- For concerns regarding Child Sexual Exploitation referrals can also be made to the Kingfisher Team (see **Oxfordshire Safeguarding Children Board website**);
- If the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in her/his absence, the manager or a duty officer in that team.

All professionals must confirm telephone enquiries/referrals in writing, within 24 hours of being made, using the **MASH enquiry online referral form** attaching the Common Assessment Framework completed documentation if appropriate. (*The CAF form is not a referral form although it may be used to support a referral or a specialist assessment.*)

If it is not possible to contact the relevant Children, Education and Families office, the concern must be reported to the **Police Child Abuse Investigation Unit** via the Police Enquiry Centre. If the Police receive a referral prior to the Children, Education and Families, they must consult with Children, Education and Families as soon as possible and prior to taking any action.

Professionals in all Oxfordshire Safeguarding Children Board agencies should have internal procedures, which identify Designated Professionals or Named Professionals - that is, managers or staff, who are able to offer advice on safeguarding children matters and decide upon the necessity for a referral.

Arrangements within an agency may be that a Designated Professional makes the enquiry/referral. However, if the Designated Professional or Named Professional is not available, the enquiry/referral must still be made without delay.

A formal enquiry/referral or any urgent medical treatment must not be delayed by the unavailability of Designated or Named Professionals.

The person making the MASH enquiry should provide the following information if available – (**NB** absence of information must not delay a referral):

- Full name, date of birth and gender of child/children;
- Full family address and telephone number, and any known previous addresses;
- Identity of primary carer and those with **Parental Responsibility**;
- Names, date of birth and information about all household members, including any other children in the family, and significant people who live outside the

child's household, including other children suspected to be in contact with an alleged perpetrator;

- Ethnicity, first language and religion of children and parents/carers;
- Any need for an interpreter, signer or other communication aid;
- Any special needs of the child/ren;
- The child's school, if of school age;
- The child's GP;
- Any significant/important recent or historical events/incidents in the child or family's life;
- Risk to professionals;
- *Any information about difficulties being experienced by the family/household due to domestic violence and abuse, mental illness, substance misuse, and/or learning difficulties;*
- Whether the child has recently spent time abroad or recently arrived in the area;
- Cause for concern including details of any allegations, their sources, timing and location;
- Identity and current whereabouts of the suspected/alleged perpetrator;
- Child's current location and emotional and physical condition;
- Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser);
- Child's account and the parents' response to the concerns if known;
- Referrer's relationship with and knowledge of the child and parents/carers, and any ongoing assistance likely to be given;
- Known current or previous involvement of other agencies/professionals;
- Information regarding parental knowledge of, and agreement to, the referral;
- If any relevant assessment such as Common Assessment Framework (CAF) has been undertaken this should accompany the written referral.

## **8. How MASH Enquiries/Referrals will be Received**

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*Referrers should have an opportunity to discuss their concerns with a qualified social worker.*

The MASH will ensure that a social worker is available to receive MASH enquiries; outside normal working hours, the Emergency Duty Team will receive referrals.

The MASH will acknowledge receipt of a written MASH Enquiry/referral within ONE working day.

The MASH will deal with MASH Enquiries in accordance with the Assessment Framework of Children in Need and Their Families and determine whether a MASH Enquiry should be responded to on the basis that the child is in need of support under section 17 of the Children Act 1989 or in need of protection under section 47 of the Children Act 1989.

The worker receiving an enquiry will establish:

- The nature of the concern;
- How and why it has arisen;
- What the child's and family's needs appear to be;
- Whether the concern involves **Significant Harm**;
- Whether there is any need for any urgent action to protect the child, any other child in the same household or any child in contact with an alleged perpetrator;
- Whether they have any information about difficulties being experienced by the family/household due to domestic violence and abuse, mental illness, substance misuse, and/or learning difficulties.

To do so, the worker receiving the MASH Enquiry will usually discuss the case with the referrer and in doing so, will:

- Give their name and designation;
- Help the referrer to give as much relevant information as possible and repeat back to the referrer the key points using the checklist indicated above (**Section 7, Making a MASH Enquiry/Referral**);
- Clarify information that the referrer is reporting directly and information that has been obtained from a third party;
- Discuss whether there are concerns about maltreatment/neglect and if so, what is their foundation;
- Clarify who has and who has not been told about the referral;
- Clarify the whereabouts of the child;
- Discuss whether it may be necessary to consider taking urgent action to ensure the safety of the child or any other child in the same household or who is in contact with an alleged perpetrator;
- Agree how to re-contact the referrer if further clarification is required;
- Clarify the extent to which the referrer's anonymity can be maintained (if this is an issue in the case of a non-professional referrer);

- Clarify expectations about how and when feedback is to be given.

At the end of any discussion or dialogue about a child, the referrer (whether a professional or a member of the public or family) and the MASH should be clear about who will be taking what action or that no further action will be taken. The outcome of any such discussion should be recorded by the MASH, and by the referrer (if a professional).

The worker receiving the MASH Enquiry must consider whether there are other children in the same household, the household of an alleged perpetrator or elsewhere, who should be considered as part of the referral.

The worker receiving the MASH Enquiry will also:

- Check whether the child is subject to a **Child Protection Plan** and whether there is a record of any current or previous involvement with Children, Education and Families in relation to the child or children concerned and any other members of the household;
- Identify other agencies or persons who may hold relevant information;
- Share information with other agencies as appropriate;
- Where it becomes apparent that a child of school age is not registered or regularly attending school, follow the procedure set out in the **Not Attending School Procedure**.

Parents should be informed of the MASH Enquiry/referral and their permission sought to share information with other agencies unless to do so would:

- Be prejudicial to the child's welfare;
- Cause concern about the behaviour of the adult concerned with the child;
- Cause concern that the child would be at risk of further Significant Harm.

(See also the **Information Sharing Protocol** for further guidance.)

In these circumstances, a manager from the MASH may decide to consult other relevant agencies without seeking parental consent. Any such decision must be recorded with reasons.

## **9. Where a Crime against a Child may have been Committed**

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If the referral relates to a situation in which a crime has or may have been committed, including sexual or physical assault or physical injury caused by neglect, the MASH worker receiving the referral must consult with the Police at the earliest opportunity.

The MASH, in consultation with any other agencies involved with the child, must consider whether there should be a criminal investigation and/or a Children, Education and Families-led intervention. A decision on how to proceed will be made jointly by managers in the Police and Children, Education and Families. This will need to be discussed carefully and a decision made at a Strategy Discussion - see **Child Protection Assessments Procedure, Single Agency or Joint Enquiry/Investigation - Criteria and Thresholds**.

## **10. The Outcome of a MASH Enquiry/Referral**

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All professionals who make a MASH Enquiry/referrals about children should be aware that the referral will not automatically result in a Child Protection and/or Child and Family Assessment and some situations that are potentially harmful to a child may be dealt with, initially, by offering support to the child and family.

The MASH will decide upon and record their next steps of action **within one working day** of receiving a referral; this will include making a decision on whether or not to share information with other agencies. The MASH also undertakes a risk assessment at this point under the following RAG rating:

- Red - 4 hours;
- Amber - one working day;
- Green - three working days.

The information gathering and decision-making process takes place within these timeframes.

The decision about future action will take account of the discussion with the referrer, consideration of information held in existing records and discussion with any other professionals or services as necessary.

The outcome of the MASH Enquiry will be:

- That the child appears to be a **Child in Need** and there are concerns about the child's health and development which justify a Child and Family Assessment but there are no present concerns about **Significant Harm**; or
- That the child appears to be a Child in Need and there are concerns about actual or potential Significant Harm which requires a **Strategy Discussion**, which may lead to a **Child Protection Assessment**; and/or
- That emergency protective action should be taken to safeguard the child or children (this will usually be determined by an immediate Strategy Discussion); or
- Where the child is already known and new information suggests that the child is or may be suffering Significant Harm, that a Child Protection Assessment and/or a new or updated assessment is required; or
- That a referral to Early Intervention/another agency is made and/or the provision of advice and information is acted on; or

- That no further action is required.

Feedback on the outcome of a MASH Enquiry should be provided to the referrer in writing, including where no further action is to be taken.

In the event that an agency does not agree with the response and decisions about the referral by the MASH, the referring agency should discuss their concerns directly with the MASH Team Manager, in the first instance to seek resolution.

In the case of a referral by a member of the public, feedback should be provided in a way which will respect the confidentiality of the child.

## **11. Emergency Protective Action**

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Where there is a risk to the life of a child or the possibility of immediate harm, the Police officer or social worker must act with urgency to secure the safety of the child.

Immediate protection may be achieved by:

- An alleged abuser agreeing to leave the home;
- A voluntary agreement for the child to move to a safer place;
- Application for an **Emergency Protection Order**;
- Removal of the child to **Police Protection**;
- The removal of the alleged abuser, for example through the enforcement by the Police of a Court Order (Sexual Harm Prevention Orders or Sexual Risk Orders) made under the Sexual Offences Act 2003 or an Exclusion Requirement attached to an Emergency Protection Order or an **Interim Care Order**;
- Gaining entry to the household under Police powers.

The agency taking protective action must always consider whether action is also required to safeguard other children in the same household or in the household of/in contact with an alleged perpetrator or elsewhere.

Children, Education and Families Services should only seek the assistance of the police to use their powers of Police Protection in exceptional circumstances where there is insufficient time to seek an Emergency Protection Order or other reasons relating to the child's immediate safety.

Planned immediate protection will normally take place following a Strategy Discussion/Meeting.

Where a child is afforded immediate protection by an Emergency Protection Order or Police Protection the local authority has a duty to initiate a **Child Protection Assessment**.

## **12. Cross Boundary Referrals**

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If the referral relates to a child whose home is in Oxfordshire, but who is temporarily visiting the area of another local authority or in a hospital in the area of another authority, the local authority for the area where the child actually is at the time have prime responsibility for acting upon the referral.

The referral should be passed to that authority immediately for them to follow the necessary procedures and to undertake a Child Protection Assessment and/or take any immediate protective action that is necessary.

Similarly, it is the responsibility of Oxfordshire Children, Education and Families to make initial enquiries where a referral relates to a child temporarily in Oxfordshire but normally resident elsewhere.

Before undertaking such enquiries, the child's home authority must be consulted and agreement sought on who is best placed to undertake the enquiries. For those children from other local authority areas, who are the subject of **Child Protection Plans**, there must be consultation with the responsible **Lead Social Worker**.

Where this is consistent with the child's immediate protection needs, it may be agreed that the child's home authority will respond to the referral.

All discussions/agreements should be confirmed in writing.

For further detail, see **Children Moving Across Boundaries Procedure**

## **13. Pre-birth Referrals**

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### **13.1 Making a Referral**

Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may be likely to suffer **Significant Harm**, a referral must be made as soon as the concerns are recognised. For babies expected to be born at the John Radcliffe Hospital referrals should be made to the JR Assessment Team. All others should be referred to the MASH. See also **Assessment of an (Unborn) Child of a Young Person who is Looked After, Leaving Care or in whom there is Substantial Social Care/YOS Involvement**.

Where the concerns centre around a category of parenting behaviour, for example substance misuse, the referrer must make clear how this is likely to impact on the baby and what risks are predicted.

Delay must be avoided when making referrals in order to:

- Provide sufficient time to make adequate plans for the baby's protection;
- Provide sufficient time for a full and informed assessment;
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments;

- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth.

Concerns should be shared with prospective parent/s and consent obtained to refer to Children, Education and Families unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact with social workers or other professionals.

See also **Assessment of Risk in the Ante-natal and Peri-natal Period Guidance**.

### 13.2 The Outcome of Referrals

A pre-birth Child and Family Assessment should be undertaken and a Strategy Meeting held on all pre-birth referrals where:

- There has been a previous unexplained death of a child whilst in the care of either parent;
- A parent or other adult in the household has a relevant conviction for violence or there are significant concerns about the risks posed by him/her;
- A sibling in the household is subject to a **Child Protection Plan**;
- A sibling has previously been removed from the household by court order or **Accommodated** as a result of concerns regarding **Significant Harm**;
- The mother is under the age of sixteen and there are concerns about her or the expected child;
- Domestic violence and abuse is known to have occurred;
- The degree of parental substance misuse is likely to significantly impact on the baby's safety or development;
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development;
- There are concerns about the prospective parents' ability to care for themselves and/or to care for the child, for example where the parent has no support or learning disabilities;
- Any other concern exists that the baby may suffer Significant Harm, including a parent previously suspected of fabricating or inducing illness in a child or a prospective parent who has been the subject of fabricated or induced illness as a child themselves – for more information on this, see **Fabricated or Induced Illness Procedure**.

### 14. Recording

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The referrer should keep a written record of:

- Discussions with the child;
- Discussions with the parent;

- Discussions with managers;
- Information provided to the duty social worker;
- Decisions taken (clearly timed, dated and signed);
- Records should be reviewed at regular intervals to ensure that decisions taken are followed through.

The referrer should confirm telephone referrals in writing, within 48 hours, using **MASH enquiry online referral form**, supported by a CAF if appropriate. The duty social worker receiving the referral should keep a written record of:

- Discussions with the referrer;
- Discussions with any other professionals or agencies involved (including the Police where a crime against a child may have been committed);
- Any other relevant information which was taken into account;
- Discussions with managers;
- Decisions taken (clearly timed, dated and signed);
- Records should be reviewed at regular intervals to ensure that decisions are followed through.

Feedback on the outcome of a referral should be provided to the referrer in writing, including where no further action is to be taken.

In the case of a referral by a member of the public, feedback should be provided in a way which will respect the confidentiality of the child and must be recorded.