**CHILD PROTECTION POLICY**

**At Baby Bears Day Care we intend to create an environment in which children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to.**

Our safeguarding children procedures apply to any child who has experienced, or is likely to experience, one or more of the following forms of abuse.

**1. Types and definitions of abuse**

|  |  |
| --- | --- |
| **1.1** **Physical Abuse** | Physical abuse happens when a child is deliberately hurt, causing injuries such as cuts, bruises, burns and broken bones. It can involve hitting, kicking, shaking, throwing, poisoning, burning, or suffocating.  **1.1A Female Genital Mutilation (FGM)**  Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. When a member of staff discovers or suspects that an act of FGM has or will be carried out, he/she must immediately report this to the main DSL (Hannah Parker) or DDSL (Chelsea Cunningham) in her absence. It is mandatory for the main DSL (Hannah Parker) or DDSL (Chelsea Cunningham) in her absence to inform the Police. MKSB will be involved as appropriate. Female Genital Mutilation may affect girls from North African countries, Egypt, Sudan, Somalia and Sierra Leone, Asia, South America, Europe, Australia, and North America. To help prevent FGM from being carried out, the staff at Baby Bears Day Care will have annual FGM training to ensure they are aware of the possible signs a child may be subjected to FGM such as:   * a long holiday abroad or going 'home' to visit family * relative or cutter visiting from abroad * a special occasion or ceremony to 'become a woman' or get ready for marriage * a female relative being cut – a sister, an older female relative normally performs the procedure. |
| **1.2 Neglect** | Neglect is persistently failing to meet a child’s basic physical and/or psychological needs usually resulting in serious damage to their health and development. Neglect may involve a parent’s or carer’s failure to:   * provide adequate food, clothing, or shelter * supervise a child (including leaving them with unsuitable carers) or keep them safe from harm or danger * make sure the child receives appropriate health and/or dental care * make sure the child receives a suitable education * meet the child’s basic emotional needs – parents may ignore their children when they are distressed or even when they are happy or excited. This is known as emotional neglect.   Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse. |
| **1.3 Emotional Abuse** | Emotional abuse is persistent, and, over time, it severely damages a child’s emotional health and development.  It involves:   * humiliating, putting down or constantly criticising a child * shouting at or threatening a child or calling them names * mocking a child or making them perform degrading acts * constantly blaming or scapegoating a child for things which are not their fault * trying to control a child’s life and not recognising their individuality * not allowing them to have friends or develop socially * pushing a child too hard or not recognising their limitations * manipulating a child * exposing a child to distressing events or interactions such as drug taking, heavy drinking or domestic abuse * persistently ignoring them * being cold and emotionally unavailable during interactions with a child * never saying anything kind, positive or encouraging to a child and failing to praise their achievements and successes. |
| **1.4 Sexual Abuse** | Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn’t necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and/or non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. It includes:   * sexual touching of any part of the body whether the child is wearing clothes or not * rape or penetration by putting an object or body part inside a child's mouth, vagina, or anus * forcing or encouraging a child to take part in sexual activity * making a child take their clothes off, touch someone else's genitals or masturbate.   Non-contact abuse involves non-touching activities. It can happen online or in person and includes:   * encouraging a child to watch or hear sexual acts * not taking proper measures to prevent a child being exposed to sexual activities by others * showing pornography to a child making, viewing, or distributing child abuse images * allowing someone else to make, view or distribute child abuse images.   Online sexual abuse includes:   * persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting * persuading or forcing a child to take part in sexual activities via a webcam or smartphone * having sexual conversations with a child by text or online * meeting a child following online sexual grooming with the intent of abusing them.   Abusers may threaten to send sexually explicit images, video, or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped.  Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.  **Child sexual exploitation -** Child sexual exploitation is a type of sexual abuse in which children are sexually exploited for money, power, or status.  **Child on child sexual violence and harassment -** When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child-on-child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded, or humiliated and/or create a hostile, offensive or sexualised environment. A full list can be found on the NSPCC website. |

**2. Specific forms of Abuse**

**2.1 Peer on Peer abuse**

Peer on Peer abuse (formally known as allegations of abuse made against other children). All staff must recognise that children are capable of abusing their peers.

Forms of Peer on Peer abuse include sexual violence and harassment, physical abuse, sexting and initiation or hazing rituals. Although we have procedures in place to minimise the risk, Baby Bears Day Care will follow our Bullying procedure. Should there be reasonable cause to suspect that a child is suffering or likely to suffer significant harm from Peer on Peer abuse, the DSL (Hannah Parker) or DDSL (Chelsea Cunningham) in her absence, must be informed. Advice will be sought from the Milton Keynes Multi Agency Safeguarding Hub (MASH) and a referral may be made. The police may also be informed.

The DSL (Hannah Parker) and DDSL (Chelsea Cunningham) and all other practitioners who work within the setting will take action to ensure the safety and welfare of all children, including the support for the victim, the perpetrator and others who are directly or indirectly involved. Parents and Carers will be informed at the earliest opportunity. Baby Bears Day Care has a zero-tolerance policy, staff should not see Peer on Peer abuse as banter, a laugh or part of growing up and they should also recognise the gendered differences.

**2.1A Up skirting**

All staff should be made aware that ‘up skirting’ is now a criminal offence. A definition has been included which describes up skirting as, “taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm”.

**2.2 Contextual Safeguarding**

Children may be vulnerable to abuse or exploitation from their communities. These extra-familiar threats may

* Arise at nursery and other educational establishments
* From within peer groups
* Or more widely from within the wider community and/or online.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including:

* Exploitation by criminal gangs
* Organised crime groups such as county lines
* Trafficking
* Online abuse
* Sexual exploitation
* Influences of extremism leading to radicalisation.

The action of all Baby Bears Day Care staff is to know their key children, their influences, friendship groups, risks from neighbourhood and vulnerabilities as well as consider wider threats. Staff will not focus on the immediate signs but think of the broader areas. Staff will do this by spending time with their key children, communicating with parents/carers and learning about their home lives.

**2.3 Prevent Duty**

From 1st July 2015 all childcare providers are subject to a duty under section 26 of the Counter Terrorism and Security Act 2015 to have “Due regard to the need to prevent people from being drawn into terrorism”. This is known as the Prevent Duty. The Prevent Duty reinforces the already existing responsibilities relating to the radicalisation of children. Childcare providers must act when they observe behaviour of concern. Where a concern is identified, Staff should follow the nursery procedure for safeguarding including discussing the concern with the DSL (Hannah Parker) or the DDSL (Chelsea Cunningham) in her absence.

Staff may also contact the local police force or dial 101 for advice. As well as this the Department for Education have contact details to support staff in concerns where it is not an emergency. The Department of Education can be contacted on 02073 407264 or [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk).

Radicalisation is a form of harm. The process may involve:

* being groomed online or in person
* exploitation, including sexual exploitation
* psychological manipulation
* exposure to violent material and other inappropriate information
* The risk of physical harm or death through extremist acts.

Anyone can be radicalised, but there are some factors which may make a young person more vulnerable. These include:

* being easily influenced or impressionable
* having low self-esteem or being isolated
* feeling that rejection, discrimination or injustice is taking place in society
* experiencing community tension amongst different groups
* being disrespectful or angry towards family and peers
* having a strong need for acceptance or belonging
* experiencing grief such as loss of a loved one.

However, these factors will not always lead to radicalisation.

To help stop radicalisation from happening Baby Bears Day Care will:

* promote positive messages of tolerance and community cohesion
* include guidance on radicalisation in our safeguarding policies
* make sure everyone in your organisation knows the signs of radicalisation and when to report a concern
* share any concerns with the DSL (Hannah Parker) or the DDSL (Chelsea Cunningham) in her absence or the NSPCC helpline or your local Children’s services (MASH)
* Help parents and children get support.

**2.4. County lines**: Child criminal exploitation

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market, and seaside towns.

Like other forms of abuse and exploitation, county lines exploitation:

* can affect any child or young person (male or female) under the age of 18 years
* can affect any vulnerable adult over the age of 18 years
* can still be exploitation even if the activity appears consensual
* can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
* can be perpetrated by individuals or groups, males or females, and young people or adults
* is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

**2.5. Domestic Violence**

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people who are or were in an intimate relationship. There are many different types of abusive behaviours that can occur within intimate relationships, including emotional, sexual, financial, psychological, and physical abuse. Domestic abuse can be underpinned by an on-going pattern of psychologically abusive behaviour (coercive control) that is used by 1 partner to control or intimidate the other partner. Children’s exposure to domestic abuse between parents and carers is child abuse. Children can be directly involved in incidents of domestic abuse, or they may be harmed by seeing or hearing abuse happening. The developmental and behavioural impact of witnessing domestic abuse is similar to experiencing direct abuse. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/>

**2.6 Fabricated induced illness**

Fabricating illnesses is a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g., through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

**2.7 Exclude known abusers**

It will be made clear to applicants for posts within the nursery that the position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. All applicants for posts within the nursery will be interviewed before an appointment is made and will be asked to provide references. All such references will be followed up. All appointments will be subject to a DBS check and will not be confirmed until it has come back and is clear. Baby Bears Day Care will follow our safer recruitment policy when hiring new staff.

**2.8 Provide training opportunities**

Training opportunities will be available for staff to ensure that they recognise the symptoms of possible abuse. All new staff must complete a basic safeguarding course (online) before they are able to start working within the nursery. All staff will have yearly updated in house training from our Designated Safeguarding Lead’s (Hannah Parker and Chelsea Cunningham) and re-new certificates every 3 years.

Both the Designated Safeguarding Lead (Hannah Parker) and Deputy Designated Safeguarding Lead (Chelsea Cunningham) have completed the same level of Designated Safeguarding Lead training through Acorn Training. They have also completed up to date training and yearly re-fresher’s/update training. Recent training has been completed through Acorn Training and Tammie Redman. Please see DSL job description for more details.

**2.9.** **Prevent Abuse by means of good practice**

Adults will notbe left alone for long periods with individual children orwith small groups. An adult who needs to take achild aside - will leave the door ajar. The layout of the nursery playrooms will permit constant supervision of the children.

**3.0 Respond appropriately to suspicions of abuse**

Changes in achild's behaviour or appearance will be investigated. Nursery staff will share their concerns with the DSL (Hannah Parker) and the DDSL (Chelsea Cunningham) in her absence.

Parents will normally be the first point of contact unless the child is at risk of significant harm by the DSL (Hannah Parker) or DDSL (Chelsea Cunningham) in her absence. If a satisfactory explanation is not received, suspicions will be referred to the Multi Agency Safeguarding Hub (MASH) and Ofsted if required. All such suspicions and investigations will be kept confidential. Information will be shared with relevant parties. The people usually involved will be the members of staff that work alongside the child and on a need-to-know basis. The DSL (Hannah Parker) and the DDSL (Chelsea Cunningham).

**3.0a Parental Consultation**

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 behavioral response it prompts or for any other reason, place the child at increased risk of Significant Harm.

A decision by any professional not to seek parental permission before making a referral to MASH or Children’s Social Care must be approved by their DSL (Hannah Parker) or DDSL (Chelsea Cunningham) in her absence, recorded and the reasons given. Where a parent/carer has agreed to a referral, this must be recorded and confirmed on the relevant Referral Form. Where the parent/carer is consulted and refuses to give permission for the referral, further advice and approval should be sought from the DSL (Hannah Parker) or the DDSL (Chelsea Cunningham) in her absence, 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
* MASH team should be told that the parent/carer has withheld her/his permission
* The parent/carer should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made

**3.1 Keep records**

Confidential records will be set up when changes are observed in a child's behaviour, physical condition, or appearance, which raise concern. These will be quite separate from the usual ongoing records of the child's progress and development. The record will include the name, address, and age of the child; timed and dated observations, describing the child's behaviour or appearance without comment or interpretation; and, where possible, the exact words spoken by the child. The recorder will sign and date the report. These records will be kept in a separate file and will not be accessible to people in the Nursery other than the Director (Judy Cunningham), General Manager and DDSL (Chelsea Cunningham) and the Deputy Manager and DSL (Hannah Parker).

**3.2 Liase with other bodies**

Baby Bears Day Care operates in accordance with Local Authority guidelines. Children’s confidential records regarding safeguarding children will be shared with the Multi Agency Safeguarding Hub (MASH), Social Care and Ofsted if at any time, the DSL (Hannah Parker) or the DDSL (Chelsea Cunningham) feel the child's welfare is at risk. The Nursery will maintain ongoing contact with the registering authority Ofsted. Records from other agencies will be kept on file (e.g., NSPCC). The Nursery will endeavour to support and work with the child's family. However, the care and safety of the child will always be paramount, and the primary responsibility of nursery staff is to protect the child.

**3.3 Disqualification of staff**

Each employee of Baby Bears Day Care will need to undertake a DBS enhanced clearance. It is the employee’s responsibility to ensure they disclose any information to the General Manager or Deputy Manager which may affect their position within the company as soon as possible. This includes any changes to the employee’s circumstances including a criminal record (convictions, offenses, reprimands) or any disqualifiable offence. The employee’s suitability to continue working with children will be held at the company’s discretion. Employee’s suitability to work with children will also be checked during termly one to ones.

A full list of offences for disqualifications can be found on the Ofsted website and in the Early Years Compliance Handbook, table 4. Please see below link to PDF

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596057/Early_years_compliance_handbook.pdf>

**3.4 Monitoring attendance**

At Baby Bears Day Care, we monitor children’s attendance by taking a register each day signing children in and out with the time. Should a child not attend their normal session, the General or Deputy Manager will contact the parent/carer around 10am for children attending a morning session or all day session and or 2.30pm for children attending an afternoon session. Once we have spoken to the parent/carer we keep a record on our ‘Child absence record’ sheet of the reason. If we are unable to contact the parent/carer, we make a note and speak to the parent/carer the next time the child attends nursery.

If a child has recurring absences without reason or contact with a parent/carer, the General Manager or Deputy Manager will email and call the parent/carer. If the General Manager or Deputy Manager still has no contact or reason for these absences, she will speak with the Director and Deputy Manager (Designated Safeguarding Lead) to find a way forward. This may include contacting MASH for advice.

**3.5 Early Help – Children who may require early help and vulnerable children**

All staff need to be aware of, and understand, their role in identifying emerging problems and sharing information with other professionals to support early identification and assessment of a child’s needs. It is important for children to receive the right help, at the right time, to address risks and prevent issues escalating. Staff should be active in monitoring and feeding back ongoing or escalating concerns to the Designated Safeguarding Lead (Hannah Parker) or the Deputy Designated Safeguarding Lead (Chelsea Cunningham) in her absence, to ensure consideration can be given to a referral if the child’s situation does not appear to be improving.

Staff and volunteers working with the nursery need to be alert that ANY child may benefit from early help. They should also be aware that particular groups are more vulnerable. For example:

* Disabled or specific additional needs
* SEN (with or without EHCP)
* Young carer
* Frequently missing/goes missing from care or home
* Is misusing drugs or alcohol
* Family circumstances presenting challenge for child
  + Substance abuse
  + Adult mental health issues
  + Domestic abuse
* Returned home to family from care

Staff/DSL (Hannah Parker) or DDSL (Chelsea Cunningham) may be required to work with other agencies and professionals around Early Help Assessments.

**4. Vulnerable Children**

**4.1 Children in need and Children suffering or likely to suffer significant harm**

Children who are defined as being ‘in need’ under section 17 of the children act 1989, are those whose vulnerability is:

* Such that they are unlikely to achieve or maintain a reasonable level of health and development
* their health and development are likely to be significantly impaired, or further impaired, without the provision of such services
* Those who are disabled

**4.2 Looked after and previously looked after children**

A looked after child is a child who is in the care of a local authority or are being provided with accommodation by the local authority. A previously looked after child is a child who is no longer looked after by the local authority due to the subject of an adoption, special guardianship or child arrangement relating to with whom the child is to live, or when the child is to live with any person, or has been adopted.

Baby Bears Day Care will support any/all looked after/previously looked after children by

* Promoting attendance
* Supporting any transitions whether it be within the nursery, different nursery, or school
* Promoting inclusion through challenging and changing attitudes
* Achieving stability and continuity
* Early intervention and priority action
* Promoting health and wellbeing
* Working in partnership with carers, social workers, and other professionals

**4.3 Privately fostered children**

Privately fostered children refers to an arrangement that is made privately (without the involvement of a 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, in their own home, with the intention that should last for 28 days or more. (Close family relatives are defined as ‘grandparent, bother, sister, uncle or aunt and also includes half-siblings and stepparents. It does not include great-aunts or uncles, great grandparents or cousins.)

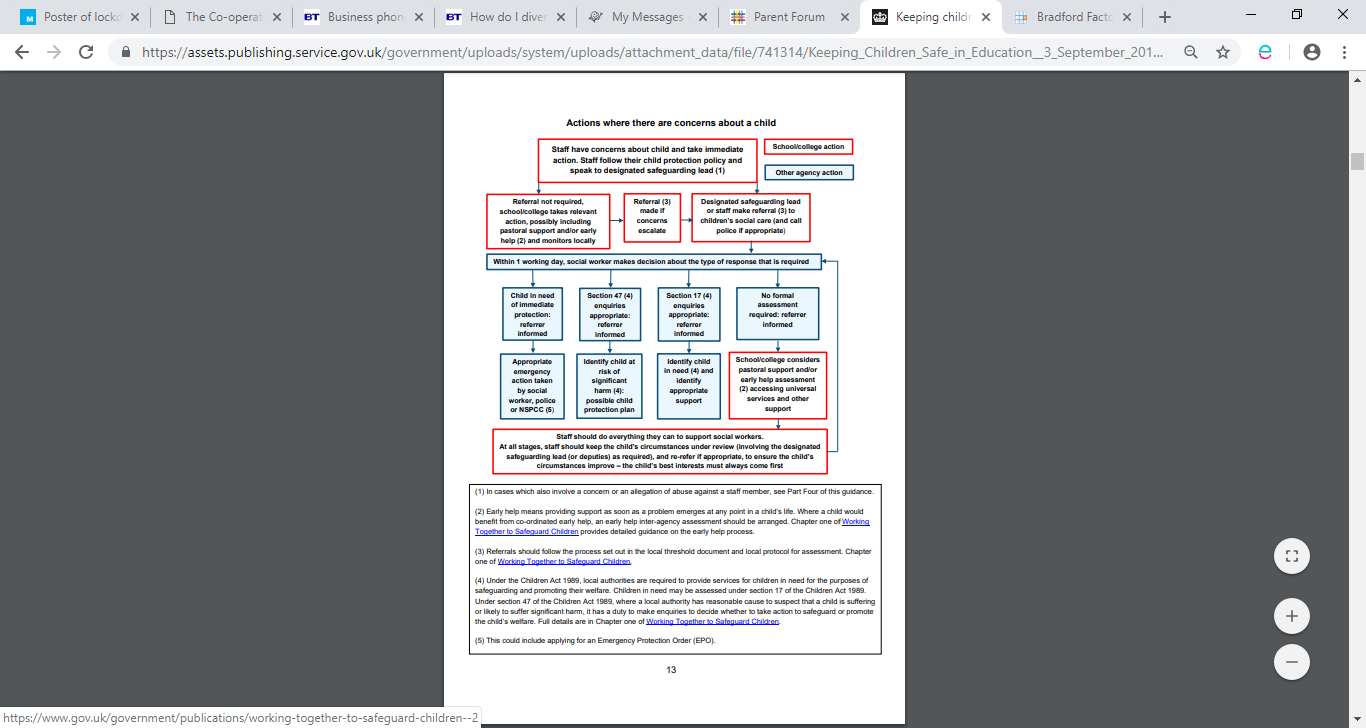
Most frequently, young people are in private foster care for the following reasons:

* children from other countries sent to live in the UK with extended family
* host families for language schools
* parental ill-health
* where parents have moved away, but the child stays behind (e.g., To stay at the same school)
* teenagers estranged from their families

The Ofsted report which was published in January 2014 (Private fostering: better information, better understanding) also refers to:

* children brought from outside the UK with a view to adoption
* children at independent boarding schools who do not return home for holidays and are placed with host families
* trafficked children

Professionals, for examples GP surgeries, schools and nurseries have the responsibility to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Baby Bears Day Care will follow this procedure should any member of staff or volunteer suspect that a child in our care is a private fostered child. Although Baby Bears Day Care have the duty to inform the local authority, there is no duty for anyone, including the private foster carer to social workers to inform the school. However, it should be clear who has parental responsibilities.



**5. Duty to Refer**

Professionals, employees, managers, helpers, carers and volunteers in all agencies have the right to make a referral to the Multi Agency Safeguarding Hub (MASH) if it is believed or suspected that:

* A child is suffering or is likely to suffer Significant Harm, or
* A child would be likely to benefit from family support services with the agreement of the person who has Parental Responsibility.

When there are concerns about significant harm, then the referral must be made immediately. 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 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.

The information may also relate to harm caused by another child, in which case both children, i.e., the suspected perpetrator and victim, must be referred. The suspicion or allegation may relate to a parent, professional, volunteer or anyone caring for or working with the child. A referral must be made even if it is known that the Multi Agency Safeguarding Hub or Children’s Social Care are already involved with the child/family.

**Baby Bears Day Care would follow Disciplinary procedure**

Advice and consultation may be sought about the appropriateness of the referral from the Multi Agency Safeguarding Hub, Children’s Social Care or if the case is open, from the allocated social worker. Alternatively, advice may be sought from a [Designated] or Named Professional from within the referrer’s own agency.

Where consultation is sought and the Multi Agency Safeguarding Hub (MASH) then conclude that a referral is required; the information provided so far must be regarded and responded to as a referral, and the referrer must be advised accordingly and must confirm their referral in writing.

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

Urgent Medical Treatment

If the child is suffering from a serious injury or requires treatment, 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 duty Consultant Paediatrician must be informed of the nature of the concerns and a referral must be made in accordance with this procedure as soon as practicably possible.

**5.1 Ensuring Immediate Safety**

The safety of children is paramount in all decisions relating to their welfare. Any action taken by staff should ensure that no child is left in immediate danger. When considering 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, nursery practitioner, foster carer, childminder or any professional should, for example, take all reasonable steps to offer a child immediate protection from an abusive parent/carer. Where abuse is alleged, suspected, or confirmed in children admitted to hospital, they must not be discharged until a referral has been made to the relevant Children’s Social Care team in accordance with this procedure and a decision made as to the need for immediate protective action.

**5.2 Confidentiality**

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.

The overriding consideration must be the protection 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 not wish for it to be revealed to the parents/carers of the child concerned.

Wherever possible, Children’s Social Care workers receiving referrals from members of the public 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. The referrer’s request for anonymity must be recorded.

**NB - Referrals made by professionals can never be anonymous.**

5.3 Listening to the Child

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 to:

* Clarify the concerns
* Offer reassurance about how s/he will be kept safe and
* Explain that the information will be passed to MASH, Children’s Social Care and/or the Police

If a child is freely recalling events, the response should be to listen, rather than stop the child; however, it is important that the child should not be asked to repeat the information to a colleague or asked to write the information down. If 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 the Children’s Social Care 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. Making A Referral**

Referrals must be made in one of the following ways:

* In person or by telephone contact to the MASH, or through the MASH website in the relevant area of where the child lives
* In an emergency outside office hours, by contacting the [Children’s Social Care Out of Hours Service / Emergency Duty Team](http://www.procedures.leedslscb.org.uk/chapters/p_contacts.html#CSCS) or the Police – 01908 265545
* All professionals must confirm verbal and telephone referrals in writing within 48 hours of being made.

If 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 line manager of the social worker, in the first instance to seek resolution. Referrals should be made to the duty officer at the MASH local to where the child is living or is found. 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.

If the concern arises out of office hours, the referral must be made to the Children’s Social Care Out of Hours/ Emergency Duty Team. Any work undertaken by the Emergency Duty Team will be completed by the regular office hours’ Children’s Social Care. If it is not possible to contact the relevant MASH or Children’s Social Care office, the concern must be reported to the Police CPPU or if not available to the Duty Inspector at the nearest police station. If the Police receive a referral prior to the Children’s Social Care, they must consult with Children’s Social Care as soon as practicable and prior to taking any action, if possible.

The person making the referral should provide the following information if available – note - absence of information must not delay a referral:

* full name, any aliases, date of birth and gender of child/children
* full family address and any known previous addresses
* identity of 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
* 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
* is the child registered at a school or regularly attending a school? If so, identify the school
* any significant/important recent or historical events/incidents in the child or family’s life
* has the child recently spent time abroad or recently arrived in the area?
* cause for concern including details of any allegations, their sources, timing, and location
* the identity and current whereabouts of the suspected/alleged perpetrator
* the 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)
* the child’s account and the parents’ response to the concerns if known
* the referrer’s relationship and knowledge of the child and parents/carers
* known current or previous involvement of other agencies/professionals
* information regarding parental knowledge of, and agreement to, the referral

**6.1 How Referrals will be received**

The MASH team analyze each contact made with them and a dedicated decision maker decides whether it goes into the MASH information sharing process. The MASH team Manager prioritizes those MASH contacts using a RAG rating (Red/ Amber/ Green). Staff from every agency in MASH gather and share securely information to enable an informed decision to be made

The MASH team Manager uses the collected information to decide the most appropriate interventions for the child’s identified needs. This could be:

* Assessment by children’s social care
* Signpost to a service-such as early help or a specialist intervention
* Case closed-no further action

The team receiving the case will receive a summary of the relevant information and feedback will be provided on the outcome of MASH process to the referrer. Should Children’s Social Care need to be contacted:

Children’s Social Care will ensure that a duty worker is available to receive child protection referrals; outside normal working hours, the Emergency Duty Team will receive referrals. Children’s Social Care will deal with the referral in accordance with the local Common Assessment Framework and the Framework for the Assessment of Children in Need and their Families and determine whether a referral 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 a referral 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 any risk of 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

To do so, the worker receiving the referral 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 order indicated above
* 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 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 about a child, the referrer and the Children’s Social Care social worker should be clear about timescales and any proposed action and who will be taking it, or if no further action will be taken. The outcome should be recorded by the Children’s Social Care and by the referrer on the relevant forms including the Referral Form.

Children’s Social Care should decide on a course of action. They should acknowledge receipt of a written referral within **ONE** working day. If the referrer has not received an acknowledgement within **THREE** working days they should make contact with the relevant manager in the Children’s Social Care Team.

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

The worker receiving the referral will also:

* Check whether the child is subject to a Child Protection Plan and/or whether there has been any previous involvement with the Children’s Social Care 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
* Consult other agencies as appropriate (including the Police if any offence has been or is suspected to have been committed – see Section 9, Where there is or may be a Crime Committed)

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

* Prejudice any investigations or enquiries
* Be prejudicial to the child’s welfare and/or safety
* Cause concern that the child would be at risk of further Significant Harm

**6.2 Where there is or may be a Crime Committed**

If the referral relates to a situation in which a crime has or may have been committed, including sexual or physical assault or physical injury caused by neglect, the worker receiving the referral must discuss the referral with the Police at the earliest opportunity. The Police, in consultation with Children’s Social Care Services and any other agencies involved with the child, must consider whether there should be a criminal investigation and/or a Children’s Social Care led intervention.

Whilst the responsibility to instigate criminal proceedings rests with the Police, they should consider the view expressed by other agencies. In some circumstances with less serious cases, it may be agreed that the best interests of the child would be served by a Children’s Social Care led intervention rather than a full police investigation. If you have a safeguarding concern while changing a child’s nappy, clothes, or underwear, which you are going to report to the duty social worker or police - You must save the nappy, clothes or underwear and any wipes and gloves used in separate bags labelled with the child’s name and the date and time of the change.

**6.3 The Outcome of a Referral and Feedback**

The Children’s Social Care team will decide upon and record their next steps of action within one working day of receiving a referral. 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 (including the Police where a crime against a child may have been committed

The outcome of the referral will be:

* That the child appears to be a [Child in Need] and there are concerns about the child’s health and development or concerns of Significant Harm and/or
* That emergency protective action should be taken to safeguard the child or children or
* Where the child is already known and new information suggests that the child is or may be suffering harm, or
* That no further action is required.

Where the significant harm has been caused by a person who was not previously known to the child or by another child, the decision whether to take further action under these procedures will depend on the following:

* Is the alleged perpetrator likely to pose a risk of significant harm to this or any other children?
* Did the parent or carer by omission or commission contribute to the abuse?

The duty social worker should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, he/she should contact the manager in the Children’s Social Care team again. Feedback on the outcome of a referral should be provided to the referrer, 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.

**6.4 Emergency Protective Action**

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
* The removal of the alleged abuser
* A voluntary agreement for the child to move to a safer place
* Application for an Emergency Protection Order
* Removal of the child under powers of Police Protection
* 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’s Social Care 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. Where a child/ is or children are afforded immediate protection by an Emergency Protection Order or Police Protection the local authority has a duty to initiate.

**6.5 Recording**

The referrer should keep a written record of:

* The child’s account
* 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 with regular intervals to ensure that decisions taken are followed through

The referrer should confirm verbal and telephone referrals in writing, within 24 hours, using the relevant Referral Form.

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 with regular intervals to ensure that decisions are followed through

**6.6 Baby sitting**

* Communication between staff and parents/carers should remain strictly professional, respectful and confidentiality needs to be adhered to by the staff of Baby Bears Day Care.
* If parents/carers, ask employees of Baby Bears Day Care to provide babysitting services outside of working hours it must be made clear that the arrangement is between them and no way affiliated with Baby Bears Day Care. Employees are not covered by Baby Bears Day Care Insurance policies when working outside of working hours.

**IF YOU NEED MORE INFORMATION…**

The above procedure has been devised from:

Working Together to Safeguard Children 2018

Milton Keynes Safeguarding Partners

Inter- agency policies and procedures

Allegations against staff, carers, and volunteers 2008

Nominated Child Protection Officer is **Hannah Parker** 01908 501032 Hannah@babybears.co.uk

Deputy Child Protection Officer is **Chelsea Cunningham** 01908 501032 Chelsea@babybears.co.uk

Contact Telephones numbers:

|  |  |
| --- | --- |
| **Ofsted** | **0300 123 1231** |
| **Duty social workers** | **01908 253169/01908 253170** |
| **Out of Hours** | **01908 254300/265545** |
| **M.K. local police** | **0845 8505505** |
| **Multi Agency Safeguarding Hub (MASH)** | **01908 253169/ 01908 253170** |
| **Local Authority Designated Officer (LADO)**  **(Jo Clifford)** | **01908 254307/ jo.clifford@milton-keynes.gov.uk** |
| **MKSCB** | **01908 254373** |