Model child protection policy for voluntary, community and faith groups in Hertfordshire

April 2015
## Version control

<table>
<thead>
<tr>
<th>Date</th>
<th>Version number</th>
<th>Changes made</th>
<th>Reason for changes</th>
<th>Changes made by (person’s name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/06/11</td>
<td>1</td>
<td>Draft version developed and sent out to Voluntary Sector for comments</td>
<td>Requested by Voluntary and Community Sector</td>
<td>M Barnett</td>
</tr>
<tr>
<td>30/06/11</td>
<td>1.1</td>
<td>Original document revised to be an ‘off the shelf’ policy for agencies</td>
<td>From comments received back from various agencies</td>
<td>K Peddie</td>
</tr>
<tr>
<td>29/07/11</td>
<td>1.2</td>
<td>Inserted guidance for faith communities and published on HSCB website for consultation</td>
<td>Requested by Voluntary and Community Sector – consultation on the use of document</td>
<td>K Peddie</td>
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<tr>
<td>10/08/11</td>
<td>1.3</td>
<td>Completed the Legal Framework section on p16</td>
<td>Information was incomplete.</td>
<td>K Peddie</td>
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<tr>
<td>31/10/11</td>
<td>1.4</td>
<td>All references to the document being a draft version and in consultation deleted.</td>
<td>End of consultation period and document approved / published as final version.</td>
<td>M Barnett</td>
</tr>
<tr>
<td>01/02/13</td>
<td>2</td>
<td>All references to CSF/Children. Schools and Families updated to CS/Children’s Services</td>
<td></td>
<td>K Davies</td>
</tr>
<tr>
<td>28/04/2015</td>
<td>3</td>
<td>HSCB Address CRB changed to DBS CSF changed to Children’s Services Working Together 2010 changed to Working Together 2015</td>
<td></td>
<td>P Scott</td>
</tr>
</tbody>
</table>
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1 Foreword

This document is a model policy for those working with children in Hertfordshire who may not have a child protection policy. It has been designed with smaller groups in mind who may not have national policies that they use.

In addition to being a model policy, guidance has been included from the Hertfordshire safeguarding children procedures in relation to issues of forced marriage, female genital mutilation and male circumcision, spirit possession, trafficking children, private fostering and child sexual exploitation to assist in recognising these issues and knowing what to do.

Please feel free to adapt this document to suit your organisational needs.

If you have any comments about this model policy and/or suggestions for improvement please contact:

Business Manager
Hertfordshire Safeguarding Children Board
Room 147
County Hall
Pegs Lane
Hertford
SG13 8DQ

Telephone 01992 588 757
Email admin.hscb@hertfordshire.gov.uk
2 Model protection policy

This document has been produced by the Hertfordshire Safeguarding Children Board to assist those organisations working within the county’s boundaries to meet their safeguarding obligations. Some organisations will have nationally agreed procedures that they use, however this model policy is designed with organisations in mind, who may not have nationally approved policies or who may want to supplement their policies with additional research or guidance for their organisation.

It sets out a model policy including suggested wording and guidance under each section heading (in grey boxes) to assist organisations in developing their own safeguarding policies and procedures (please remove the grey boxes before publishing your policy). Whilst the model policy is long, it is expected that most organisations will choose not to include some of the appendices and will add in more specific information about their particular organisation.

Once completed, your Child Protection Policy should be agreed at a senior level within your organisation and shared with all staff. You should ensure that all staff are trained and have at least completed a basic awareness course in child protection. The Designated Safeguarding Lead and their deputy needs to attend Level 2 training at a minimum once completing their basic awareness training.

Basic awareness training is not delivered by the Hertfordshire Safeguarding Children Board and you will need to source this training for your staff. Staff or volunteers who have undertaken basic awareness training at level 1 will be able to access further training from the HSCB.

If your organisation is a faith based organisation, there is additional guidance attached at appendix 4 in relation to key issues that staff and volunteers within your organisation may become aware of. The information contained within that appendix is not designed to offend, nor will it be relevant to everyone; however it gives factual legislative, statutory and good practice guidance around safeguarding issues.

The HSCB recognises that mainstream religions believe fundamentally in loving children and protecting them and do not endorse harmful practices. The appendix gives guidance as to what to do if someone from within the community becomes aware of those who may be involved in these issues and some recognition features of when some of these practices constitute ‘significant harm’.

It includes guidance on enforced marriages, female genital mutilation and male circumcision, spirit possession, trafficking children and private fostering and links to further information. If you require further information or support around some of these issues, please contact the Hertfordshire Safeguarding Children Board.
3 Checklist - questions to consider when writing a policy

If you are developing your own child protection policy, the following questions may assist

<table>
<thead>
<tr>
<th>Questions</th>
<th>Covers</th>
<th>Included? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are aims of policy?</td>
<td>Overall aim – to keep children safe</td>
<td></td>
</tr>
<tr>
<td>2. Is there a link to relevant legislation, government guidance? eg</td>
<td>Reference to HSCB info and website / safeguarding procedures</td>
<td></td>
</tr>
<tr>
<td>2.1 The Children Act 1989</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 The Children Act 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 UNRCC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What is the role/responsibility of setting?</td>
<td>Duty to protect</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duty to refer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duty to share information</td>
<td></td>
</tr>
<tr>
<td>4. How does policy affect staff?</td>
<td>Induction procedure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff awareness training provided regularly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff keeping themselves safe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice in the setting should reflect the policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clear procedure for reporting suspicions of abuse</td>
<td></td>
</tr>
<tr>
<td>5. How does policy affect parents?</td>
<td>Parents awareness of duty of setting to share information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statement in parents handbook</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supporting parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Liaising with other agencies</td>
<td></td>
</tr>
<tr>
<td>6. How does policy affect children?</td>
<td>Keeping children safe</td>
<td></td>
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<tr>
<td></td>
<td>Listening to children</td>
<td></td>
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<td></td>
<td>Supporting children</td>
<td></td>
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<td></td>
<td>Raising children’s self esteem</td>
<td></td>
</tr>
<tr>
<td>Questions</td>
<td>Covers</td>
<td>Included? (Y/N)</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>7. How you state the possible indicators of abuse?</td>
<td>4 categories - neglect, physical, emotional and sexual</td>
<td></td>
</tr>
<tr>
<td>8. What is the role of safeguarding lead staff member?</td>
<td>Informing staff of policy/procedure Training</td>
<td></td>
</tr>
<tr>
<td>9. What about confidentiality?</td>
<td>How is this maintained How is information shared and with who</td>
<td></td>
</tr>
<tr>
<td>10. How does the setting manage allegations against a member of staff or manager?</td>
<td>Whistle blowing policy Who to contact if concern relates to the manager/designated person What happens to the member of staff</td>
<td></td>
</tr>
<tr>
<td>11. Are recruitment procedures safe?</td>
<td>CRB checks &amp; references Supervising unvetted adults</td>
<td></td>
</tr>
<tr>
<td>12. What is the reporting and referral procedure?</td>
<td>Will explain the actions to be taken to put the policy into practice How this is shared with all staff and parents Record keeping</td>
<td></td>
</tr>
<tr>
<td>13. Is the policy reviewed annually?</td>
<td>Include the date the policy was adopted signed and dated by appropriate people</td>
<td></td>
</tr>
</tbody>
</table>
4  Draft front page for policy

[Insert name of organisation]  [Logo of organisation]

Child protection policy

<table>
<thead>
<tr>
<th>Version</th>
<th>[insert the version number - if you are using version control you may want to include the version control on the following page or on the last page of the document]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>[insert the name of the person writing the policy]</td>
</tr>
<tr>
<td>Agreed by</td>
<td>[insert name of committee / senior manager]</td>
</tr>
<tr>
<td>Date of issue</td>
<td>[insert date that the policy was agreed]</td>
</tr>
<tr>
<td>Review date</td>
<td>[insert date]</td>
</tr>
</tbody>
</table>

5  Draft version control table

You may wish to consider implementing version control, this way anyone reading the policy will know if it is the most up to date version. The table below sets out a simple way of showing readers the changes that have occurred and the reasons for those changes (an example is given at the beginning of this document). It is advisable that when the document is draft you give version numbers 1.1, 1.2… etc.

When it goes through a formal sign off process change the first number sequentially i.e. 2.1 and subsequent minor changes 2.1, 2.2 etc.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version number</th>
<th>Changes made</th>
<th>Reason for changes</th>
<th>Changes made by (person’s name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[insert the date of the change]</td>
<td>[start with the first version number]</td>
<td>[list the changes made]</td>
<td>[list the rationale for the changes e.g. recommendation from Serious Case Review etc]</td>
<td>[name the person who agreed the changes]</td>
</tr>
</tbody>
</table>
6 Introduction

In your introduction you should reflect the nature of your organisation and briefly state your organisational aims in relation to children and young people

This policy applies to all staff including senior managers and Board of Trustees, paid staff, volunteers and sessional workers, agency staff, students or anyone working on behalf of [Name of organisation]. It shows a commitment to protecting and safeguarding children against potential harm or actual harm. It fully accepts and promotes the principle enshrined in the Children Act 1989 that the welfare of the child is paramount.

The policy also demonstrates a commitment to working with statutory bodies, voluntary agencies and other faith communities to promote the safety and welfare of children and acting promptly whenever a concern is raised about a child or about the behaviour of an adult. [Name of organisation] will work with the appropriate statutory bodies when an investigation into child abuse is necessary.

We will endeavour to safeguard children and young people by:

- Valuing them, listening to respecting them
- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers
- Recruiting staff and volunteers safely ensuring all necessary checks are made
- Sharing information about child protection and good practice with children, parents, staff and volunteers
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately
- Providing effective management for staff and volunteers through supervision, support and training.
- Reviewing our policy and good practice annually.

[Name of organisation] will endeavour to safeguard the children who are members or who attend activities we organise or facilitate by following the procedure if a concern is raised about a child’s welfare.

The definition of a child for the purpose of this document is anyone under the age of 18 years.

It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional child protection agencies following a referral to them of concern about a child.
7 Important contacts

Under this section you should reflect the structures in your organisation and add additional useful contacts

[Name of organisation] has an appointed individual who is responsible for dealing with any safeguarding concerns. In their absence, a deputy will always be available for workers to consult with.

The named persons for child protection within [Name of organisation] are:

<table>
<thead>
<tr>
<th>Named/designated safeguarding person/lead</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work telephone number</td>
<td></td>
</tr>
<tr>
<td>Mobile number</td>
<td></td>
</tr>
<tr>
<td>Emergency contact number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of deputy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work telephone number</td>
<td></td>
</tr>
<tr>
<td>Mobile number</td>
<td></td>
</tr>
<tr>
<td>Emergency contact no</td>
<td></td>
</tr>
</tbody>
</table>

7.1 Other key contacts

<table>
<thead>
<tr>
<th>Children’s Services</th>
<th>0300 123 4043 (including out of hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police (Child Abuse Investigation Unit CAIU)</td>
<td>0845 33 00 222 (or in an emergency 999)</td>
</tr>
<tr>
<td>NSPCC</td>
<td>0808 800 5000</td>
</tr>
</tbody>
</table>

Further useful contacts are listed in Appendix 5
8 Responsibilities of individuals in implementing this policy and procedure

This section is not a requirement, however you may wish to spell out the responsibilities of certain individuals as well as all staff.

All members of [Name of organisation] are to:

- Understand and apply this policy and procedure in their activities;
- Identify opportunities and undertake appropriate training to support them in their role;
- Act appropriately at all times and be able to challenge inappropriate behaviour in others;
- Be able to recognise harm; and
- Know how to report any concerns in a timely and appropriate way.

In addition, senior members of the organisation are to:

- Encourage all staff and volunteers to understand this policy and procedure
- Offer opportunities to undertake appropriate safeguarding training and refresher training
- Ensure that the policy and procedure is adhered to and to undertake regular compliance audits
- Ensure that a whistle blowing policy is developed, agreed and communicated with all staff and volunteers

The role and responsibilities of the named person(s) are:

- To ensure that all staff are aware of what they should do and who they should go to if they are concerned that a child/young person maybe subject to abuse or neglect.
- Ensure that any concerns about a child/young person are acted on, clearly recorded, referred on where necessary and, followed up to ensure the issues are addressed.
- The named person(s) will record any reported incidents in relation to a child/young person or breach of Safeguarding policies and procedures. This will be kept in a secure place and its contents will be confidential.
9 Outcomes for children and their families

In developing this policy [name of organisation] intends that it will promote the welfare of children and young people attending and taking part in activities.

Children and young people and their parents / carers can be assured that [name of organisation] takes their welfare seriously and wants them to enjoy the activities in a safe and secure environment.

Every adult who works with or on behalf of [name of organisation] is aware of the contents of this policy and understands what the reporting procedures are if there are any activities that may be unsafe or may present a risk of harm, or if the child or young person (or their parent(s) / carer(s)) makes a disclosure of abuse or an allegation against an adult working with them. Such disclosures or allegations will be taken very seriously to ensure that the child is protected.

All adults working for or with [name of organisation] will have been appropriately recruited and DBSs or Enhanced DBSs will be applied for and references taken up. Their induction into the organisation will include basic child protection training and a briefing on this policy.
10 Policy statement

This section may be amended as appropriate, however it is suggested that these are the key responsibilities

[Name of organisation]

It is imperative that groups are equipped with the knowledge and awareness that will enable them to detect any abuse or ill treatment of children. This policy document therefore aims to be a reference for all members of staff and volunteers involved

In implementing this child protection/safeguarding policy [name of organisation] will:

- Ensure that all workers understand their legal and moral responsibility to protect children and young people from harm, abuse and exploitation by including training on child protection in their induction and in subsequent training that is undertaken.

- Ensure that all workers understand their responsibility to work to the standards that are detailed in the organisation’s Child Protection Procedures and work at all times towards maintaining high standards of practice.

- Ensure that all workers are aware of the HSCB Inter-agency Child Protection & Safeguarding Children Procedures and are confident in how to work within these guidelines by ensuring their attendance at training and at subsequent refresher training organised by the HSCB.

- Ensure that all workers understand their duty to report concerns that arise about a child or young person, or a worker’s conduct towards a child/young person, to the organisation’s named person for child protection.

- Ensure that a named person responsible for child protection is appointed and that they understand their responsibility to refer any child protection concerns to the statutory child protection agencies (i.e. police and/or Children’s Services).

- Ensure that any procedures relating to the conduct of workers are implemented in a consistent and equitable manner.

- Provide opportunities for all workers to develop their skills and knowledge, particularly in relation to the welfare and protection of children and young people.

- Ensure that children and young people are enabled to express their ideas and views on a wide range of issues and will have access to the organisation’s complaints procedure.
MODEL CHILD PROTECTION POLICY

- Ensure that parents/carers are encouraged to be involved in the work of the organisation and, when requested, have access to all guidelines and procedures.

- Endeavour to keep up-to-date with national developments relating to the welfare and protection of children and young people.

- Ensure that appropriate background checks are undertaken when anyone joins the organisation and before they start working directly with children and young people.

- Ensure that all people working directly with children and young people have at least a basic understanding of child protection and as part of their training have at the very least undertaken an online, certificated child protection course.
11 Legal framework

The Children Act 1989 sets out that the child’s welfare is paramount and safeguarding and promoting it is the priority.

The Children Act 2004 set out a duty on local authorities to work closely with those providing services to children and young people.

‘Working Together to Safeguard Children 2015 sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. It is important that all practitioners working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance.

The UN Convention on the Rights of the Child sets out key principles which are enshrined within these acts and the statutory guidance. From 15 January 1992, when the treaty came into force, every child in the UK has been entitled to over 40 specific rights. These include:

- the right to life, survival and development
- the right to have their views respected, and to have their best interests considered at all times
- the right to a name and nationality, freedom of expression, and access to information concerning them
- the right to live in a family environment or alternative care, and to have contact with both parents wherever possible
- health and welfare rights, including rights for disabled children, the right to health and health care, and social security
- the right to education, leisure, culture and the arts
- special protection for refugee children, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation.

The rights included in the convention apply to all children and young people, with no exceptions. (http://www.direct.gov.uk/en/Parents/ParentsRights/DG_4003313)
12 Recognising abuse and neglect

It is important that you reflect the definition of abuse and neglect. This section gives signs of abuse that your staff and volunteers would be able to recognise easily. In addition to this section you may want to include information on bullying and recognition of bullying

12.1 Definition of abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children maybe abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via he internet. They may be abused by an adult or adults, or another child or children.

An abused child is any boy or girl, under 18 years of age, who has suffered from, or is believed likely to be, at risk of significant risk of physical injury, neglect, emotional abuse or sexual abuse.

12.1.1 Physical abuse (including when masqueraded as discipline and chastisement)¹

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. […]

Physical abuse often arises from a wish to chastise. English law allows smacking by parents in that parents can use the defence of “reasonable chastisement” but only in a charge of common assault.

The introduction of section 54 of the Children Act 2004 changed the law, to remove the reasonable chastisement defence for actual bodily harm. Actual bodily harm includes minor visible injuries such as a graze, a scratch, an abrasion or bruising around the eye. Common assault implies a transient trifling injury such as reddening of the skin or no injury at all. The use of an implement to hit a child though not specifically prohibited is more likely to leave a mark. Thus the law allows a parent to smack a child where doing so leaves no mark upon the skin, so only light smacks are permitted. “Over chastisement” which implies at least actual bodily harm would be against the law and the reasonable chastisement defence would not apply. This means, for example, that a parent can no longer justify beating a child on the grounds that child is difficult to raise.⁵

¹ Heckmatt Dr J, Recognition of Child Abuse Hertfordshire Local Safeguarding Children Board) 3rd Edition 2011; H.3.1: 3-4
Although the reasonable chastisement defence only applies to the criminal law the concept influences decisions taken in the family courts. The defence applies only to parents and adults acting in loco parentis with the parent’s permission. Physical chastisement, i.e. corporal punishment, of any form has been prohibited in state schools since 1986, private since 1998 and by child minders since 2003.

It is important that all professionals treat injuries caused to children by their parents as an assault and do not condone or excuse this because their intention was to discipline the child. Professionals should be cautious about referring to such assaults as “over-chastisement” as this can have the effect of minimising the impact on the child of the injuries or implying the child’s behaviour was a contributory cause.

There is evidence that even smacking allowed within the law is harmful to children. For example, minor forms of regular smacking of pre-school children is associated with an increased risk of antisocial behaviour after 2-3 years even when allowing for other parenting risk factors and the presence of such behaviour at study entry.6, 7 Maternal depression and violence between adult partners are associated with a greater risk of smacking children than either factor present alone regardless of child behaviour.8 Parents who experience physical punishment in their childhood are more likely to smack their own children.
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms or, or deliberately induces illness in a child.

12.1.1 Signs

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

12.1.2 Emotional Abuse

The following definition is taken from a previous version of Working Together (Working Together 2010)
Emotional abuse is a form of Significant Harm which involves 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. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

12.1.2.1 Signs

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Physical, mental and emotional development delay
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression
12.1.3 Sexual Abuse

The following definition is taken from a previous version of Working Together (Working Together 2010)

Sexual abuse is a form of Significant Harm which involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

12.1.3.1 Signs

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
MODEL CHILD PROTECTION POLICY

- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

12.1.4 Neglect

The following definition is taken from a previous version of Working Together (Working Together 2010)

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to:

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

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

12.1.4.1 Signs

Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Constant hunger
- Poor personal hygiene
• Constant tiredness
• Poor state of clothing
• Emaciation
• Untreated medical problems
• No social relationships
• Compulsive scavenging
• Destructive tendencies

Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

12.1.5 Bullying

Bullying affects everyone at some point in their lives. It may be at school, at college, in an activity group or club, in the workplace or even at home.

Parents, carers, teachers and others working with children have a duty to take action if they suspect or discover that child(ren) are being bullied.

Bullying includes:

• People calling you names
• Making things up to get another person into trouble
• Hitting, pinching, biting, pushing and shoving
• Taking things away from someone
• Damaging another persons belongings
• Stealing someone’s money
• Taking someone friends away from them
• ‘Cyberbullying’
• Spreading rumours
MODEL CHILD PROTECTION POLICY

- Threats and intimidation
- Making silent or abusive phone calls
- Bullies can also frighten the victim so that they don't want to go to school or take part in other activities. The victim may pretend to be ill to avoid the bully

Developing a 'code of conduct' with children and young people can assist with minimising the opportunity for bullying and encourage their participation in the activities of the group.
13 Steps to follow if you are worried about a child or if a child confides in you

This section is intended to cover the processes for staff in an easily understandable format. You may choose to include a flow chart with the process in the Appendices or at the end of this section

_Name of Organisation_ recognises that it has a duty to act on reports or suspicions of abuse and believes that the safety of the child should override any doubts, hesitations, or other considerations (such as the potential to have a negative impact on professional relationships with a family). When worrying changes are observed in a child’s or young person’s behaviour, physical condition or appearance, staff will follow the steps set out below.

If a child confides in you:

- Stay calm, approachable and open to what they have to say
- Listen to them carefully without interrupting
- Make it clear that you are taking what they are telling you seriously
- Acknowledge that you understand how difficult this might be for them to say what they are saying
- Reassure them that they have done the right thing by telling someone
- Let them know that you will do everything you can to help them
- Do not show any shock or disgust;
- Do not probe further;
- Do not ask leading questions that might suggest the answer;
- Do not make assumptions;
- Do not make any comments about the alleged abuser;
- Do not make promises you cannot keep, particularly about keeping the information ‘secret’, but explain that you may need to share it with an appropriate person;
Do not discuss with colleagues apart from the Designated Safeguarding Lead (or their deputy); and

Follow the steps set out below

Step 1

- Initially talk to a child/young person about what you are observing. It is okay to ask questions, for example: “I’ve noticed that you don’t appear yourself today, is everything okay? But never use leading questions

- Listen carefully to what the young person has to say and take it seriously;

- Never investigate or take sole responsibility for a situation where a child/young person talks about matters that may be indicative of abuse;

- Always explain to children and young people that any information they have given will have to be shared with others, if this indicates they and or other children are at risk of harm;

- Notify the organisation’s Named Person for Child Protection / Safeguarding

- Record what was said as soon as possible after any disclosure on the form attached at Appendix 1 and send to the Named Person for Child Protection / Safeguarding;

- Respect confidentiality and file documents securely;

Step 2

- The Named person(s) will take immediate action if there is a suspicion that a child has been abused or likely to be abused. In this situation the Named Person will contact the police and/or Children Services. If a referral is made direct to the Children’s Services this must be followed up in writing within 24 hrs.
MODEL CHILD PROTECTION POLICY

NB Parents / carers will need to be informed about any referral to Children, Schools and Families unless to do so would place the child at an increased risk of harm.

- The named person can also seek advice and clarity about a situation that is beginning to raise concern through Children’s Services 0300 123 4043 or from the NSPCC National Child Protection on 0808 800 5000. Specific advice about issues concerning South Asian children can be sought on the NSPCC National Child Protection Asian Helpline on 0800 096 7719.

Professionals, employees, managers, helpers, carers and volunteers in all agencies must make a referral to the Children and Families (Social Care) Assessment Team:

- If it is believed or suspected that a child is suffering or is likely to suffer Significant Harm, or

- Where a professional has identified unmet need in relation to a Child in Need

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

IF YOU ARE WORRIED ABOUT A CHILD YOU HAVE A DUTY TO REFER

The belief or suspicion about significant harm 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 other professional staff. It may relate to a single incident or an accumulation of lower level concerns.

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

The suspicion or allegation may relate to a parent or professional or volunteer caring for or working with the child – see Managing allegations against an adult who works with children or young people.
A referral must be made even if it is known that Children’s Services (Social Care) are already involved with the child/family.

Advice and consultation may be sought about the appropriateness of the referral by contacting the local Children’s Services (Social Care) Assessment Team or, if the case is open, from the allocated social worker. Alternatively advice may be sought from the Police or the Named Person for Safeguarding.
14 Safer Staffing and DBS checks

This section covers the organisation’s responsibilities in relation to safer staffing and recruitment. You may wish to refer to your own processes if you have them in place.

Every organisation has its own processes for recruiting to paid and unpaid work. The Hertfordshire Safeguarding Children Board sets out guidance in the Safe Staffing Handbook:


Key points to consider including are DBS checks or Enhanced DBS checks for staff or volunteers working directly with children or who have frequent contact with children through your organisation. Ideally, references should be taken up in advance of them commencing with the organisation and these should be checked.

Any staff or volunteers who have not been vetted prior to working with children should be closely supervised and never be left alone with a child in a one to one situation.
15 Managing allegations against an adult who works with children or young people

It is important within your procedures that you state how allegations against your own staff and volunteers will be handled. The HSCB has specific guidance on the website relating to management of allegations against an adult working with children or young people. In Hertfordshire, allegations against a member of staff or a volunteer organisation working with children and young people must be referred to the Local Authority Designated Officer (LADO).

Whenever it is alleged a person who works with children has in any activity connected with her/his employment or voluntary activity:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against / related to a child
- Behaved toward a child in a way which indicates s/he is unsuitable to work with children

The procedures apply to situations when:

- There are suspicions or allegations of abuse by a person who works with children in either a paid or unpaid capacity - as a permanent, temporary or agency staff member, contract worker, consultant, volunteer, approved foster carer, child minder or approved adopter
- It is discovered that an individual known to have been involved previously in child abuse, is or has been working with children

If concerns arise about the person's behaviour to her/his own children, Police and/or Children’s Services (Social Care) must consider informing her/his employer in order to assess whether there may be implications for children with whom the person has contact at work. A decision as to whether the person's employer should be approached, either for further information and/or whether it is appropriate to invite the
The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification, it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making a written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the Designated Safeguarding Lead without delay.

The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

If there is an immediate or imminent risk of significant harm to a child or young person, you should contact Children’s Services (Social Care) or the Police and then speak to the Designated Safeguarding Lead to inform them of the actions you have taken and follow this up in writing on the form attached at Appendix 1.

The Designated Safeguarding Lead must take steps to ensure that the person against whom the allegation is removed from the situation immediately. This may be
done by either agreement or suspension from the organisation until the matter has been fully investigated.

The Designated Safeguarding Lead will follow the Managing Allegations against Adults who work with Children and Young People policy on the HSCB website by referring the issue to the Local Authority Designated Officer (LADO).

Any member of staff who believes that allegations or suspicions, which have been reported to the appropriate manager, are not being investigated properly has a responsibility to report it to a higher level in her/his agency or directly to the LA Designated Officer.

The LA Designated Officer must be told, within one working day, of all allegations that come to the employer's attention and appear to meet the criteria so that s/he can consult or refer to the Police Designated Unit Manager and Children’s Services (Social Care) Team Manager as appropriate.

If, for any reason, there are difficulties with following the above procedure, the Whistle Blowing Procedure should be considered or a referral made directly to Children’s Services (Social Care) and / or the Police.

The need for consultation must not delay a referral, which should be in accordance with Referral procedure.

The employer should keep the subject of allegations informed of progress in the case and arrange to provide appropriate support (via Occupational Health or equivalent). If the person is suspended, s/he should be kept informed of development in the workplace and if a member of a Trades Union or professional association, advised at the outset to contact that body.
16 Confidentiality

Information about a referral about a child or an allegation against a member of staff or volunteer must be restricted to those who have a need to know in order to:

- Protect children
- Facilitate enquiries
- Avoid victimisation
- Safeguard the rights of the person about whom the allegation has been made and others who might be affected
- Manage disciplinary / complaints aspects

The Named Person for Safeguarding may ask you for further information in order to make any referrals. You should not discuss or share this information with anyone else within the organisation. Any paperwork you have generated should be stored securely in a locked filing cabinet, or if stored on a computer it should be password protected.

17 Managing activities involving children and young people

When managing an activity involving children and young people, it is important to consider a risk assessment, both in terms of the health and safety of the participants, but also of the potential child protection issues.

Each activity should have a risk assessment undertaken to consider what level and impact of risk there may be to the children and to the staff or volunteers.

17.1 Record keeping

Whilst record keeping may seem overly bureaucratic from time to time, it is important to keep good and clear records of the work of your organisation. It is particularly important to keep a register of attendance and a fire register and emergency contact details for all children and adults working with you.

Any details must be kept securely in accordance with the Data Protection Act 1998.

You should also store copies of your risk assessments for activities (see the next section).

Good record keeping promotes confidence in the organisation and in the safety of children who are participating in the activities.
17.2 Risk Assessments

You may wish to insert your organisation’s requirements for undertaking risk assessments for activities involving children - the text below is taken from the Hertfordshire County Council Offsite Visits Manual written for schools which may have some useful guidance if you do not have any guidance of your own.

Under the Health and Safety at Work Act 1974, Hertfordshire County Council*, as employer, has a duty to ensure, so far as is reasonably practicable, the health and safety of their employees and others affected by their work activities. This includes participants in off site visits.

The Council is also required, under the Management of Health and Safety at Work Regulations 1999, to:

- assess risks arising from activities;
- implement suitable control measures;
- provide information, training and supervision;
- monitor their arrangements for controlling risk.

Although the ultimate responsibility for health and safety rests with the Council, specific tasks are delegated to competent individuals. This would include the organisation of visits. This policy outlines the responsibilities of those involved in the organisation of visits, standards of competence and the arrangements for assessing risk and implementing suitable control measures. It also outlines how the council will monitor the arrangements.

Managers and employees involved with organising or supervising visits also have a legal duty to take reasonable care of their own and others’ health and safety and to co-operate with the Council to enable it to meet its health and safety responsibilities. This will be achieved through complying with the policy and following the associated guidance.
Risk assessment and risk management are legal requirements. For visits they involve the careful examination of what could cause harm during the visit and whether enough precautions have been taken or whether more should be done. The aim is to make sure no one gets hurt or becomes ill. The control measures should be understood by those involved.

Risk assessments should explicitly cover how special needs (e.g. educational, medical) are to be addressed. The programme of a visit, as set out in the risk assessment and the consent form, should not be deviated from and should include details of emergency/contingency measures.

There are three levels of risk assessment for visits:

**Generic:** Apply to the activity wherever or whenever it takes place. The information provided in this policy and associated guidance is based on a generic risk assessment.

**Visit/Site Specific:** Will differ from place to place and group to group. Those organising visits are responsible for carrying out visit/site specific risk assessments. Managers must ensure an adequate risk assessment is carried out.

**Ongoing:** The group leader should reassess risks while the visit is taking place, making judgements and decisions as the needs arise. The CSF *Guidance for Group Leaders* gives further advice on this.

In addition to the above, *individual risk assessment* of children whose vulnerability, behaviour or other factors may put them or others at greater risk should be carried out. This should normally form part of their existing care planning process.

*(Offsite Visits Manual, Part A Page 10 of 14 Date: November 2006 CSF3832 Issue No: 03 Hertfordshire County Council)*
17.3 Taking photographs or videos of children

Many organisations are unsure about taking photographs or videos involving children or young people. This section includes guidance taken from the Information Commissioner’s website which explains when taking photographs is covered by the Data Protection Act 1998. If you have specific guidance within your organisation you may want to insert it into this section.

From time to time photographs may be taken on behalf of the organisation of children participating in activities.

If photos are taken for personal use they are not covered by the Data Protection Act 1998.

Photos taken for official use may be covered by the Act, so children and young people should be advised why they are being taken.

Examples

Personal use:

- A parent takes a photograph of their child and some friends taking part in the school Sports Day to be put in the family photo album. These images are for personal use and the Data Protection Act does not apply.
- Grandparents are invited to the school nativity play and wish to video it. These images are for personal use and the Data Protection Act does not apply.

Official use:

- Photographs of pupils or students are taken for building passes. These images are likely to be stored electronically with other personal data and the terms of the Act will apply.
- A small group of pupils are photographed during a science lesson and the photo is to be used in the school prospectus. This will be personal data but will not breach the Act as long as the children and/or their guardians are aware this is happening and the context in which the photo will be used.
Media use:

- A photograph is taken by a local newspaper of a school awards ceremony. As long as the school has agreed to this, and the children and/or their guardians are aware that photographs of those attending the ceremony may appear in the newspaper, this will not breach the Act.

  (ICO: 30/06/10)

If photographs need to be taken for an official reason, e.g. ID cards etc, then the Data Protection Act 1998 applies and the child / young person and their parents / carers should be informed of the reasons for taking the photograph, the purpose it will be used for and how it will be stored.

If parents are invited to an activity and they wish to take photographs, the images are for their personal use and the Data Protection Act will not apply. However, as the organiser of the event, if you wish to take photographs for publicity material or for promotion of your group or activity, you should first gain the consent of the parents / carers using the form at Appendix 3.
## Appendix 1 – Sample Reporting a Concern Form

This is a model form that you may decide to adapt for use within your organisation – you may want to attach your own logo

### Strictly Confidential
Please print clearly

<table>
<thead>
<tr>
<th>Full name of the Child:</th>
<th>DOB</th>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Name(s) of parent(s) / carer(s)</td>
<td></td>
</tr>
</tbody>
</table>

### About the incident

<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Location</th>
<th>People involved</th>
<th>What role did they play (affected person / participant / witness)</th>
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Describe the incident as fully as you can in your own words. If a child made a disclosure or allegation to you record in their words where possible. Attach additional sheets where necessary

<table>
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<th>Description of incident</th>
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</table>
### About the person filling out this form:

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<tr>
<th>Your full name:</th>
<th>Your role in the organisation</th>
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<th>Your address</th>
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<table>
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<tr>
<th>Your telephone number</th>
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<table>
<thead>
<tr>
<th>If you referred this directly to Children School and Families or the Police please state why, include the name of the worker / officer you spoke to and the date / time</th>
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</table>

<table>
<thead>
<tr>
<th>Date you sent this form to your Named person for Safeguarding</th>
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</thead>
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</table>
19 Appendix 2 – Sample Code of Conduct for all Staff and Volunteers

This is a suggested code of conduct. You may have your own code of conduct within your organisation, or you may wish to agree a code of conduct with your staff and volunteers to reflect the nature of the work you do.

Always remember that while you are caring for other people’s children you are in a position of trust and your responsibilities to them and the organisation must be uppermost in your mind at all times.

DO NOT:

• Use any kind of physical punishment or chastisement such as smacking or hitting
• Smoke in front of any child
• Use non-prescribed drugs or be under the influence of alcohol.
• Behave in a way that frightens or demeans any child.
• Use any racist, sexist, homophobic, discriminatory or offensive language
• Invite a child to your home or arrange to see them outside the set activity times
• Engage in any sexual activity (this would include using sexualised language) with a child you meet through your duties or start a personal relationship with them, this would be an abuse of trust.
• Engage in rough or physical games, including horseplay
• Let allegations a child makes go unchallenged, unrecorded or not acted upon
• Rely upon good nature to protect you or believe ‘it could never happen to me’
• Give children presents or personal items *

*(Exceptions to this could be a custom such as: buying children a small birthday token or leaving present, help to a family in need such as equipment to enable them to participate in an activity. Both types of gift should come from the organisation and from a professional capacity and be agreed with the named
MODEL CHILD PROTECTION POLICY

person for safeguarding children and the child’s parent/carer. Similarly do not accept gifts yourself other than small tokens for appropriate celebrations, which you should mention to the activity leader)

DO:

- Exercise caution about being alone with a child. In situations where this is unavoidable, ensure another worker or volunteer knows what you are doing and where you are.
- Ensure that any physical contact is open and initiated by the child’s needs, e.g. for a hug when upset. Always prompt children to carry out personal care themselves and if they cannot manage ask if they would like help.
- Talk explicitly to children about their right to be kept safe from harm
- Listen to children and take every opportunity to raise their self-esteem.
- Work as a team with your co-workers/volunteers. Agree with them what behaviour you expect from children and be consistent in enforcing it
- Remember if you have to speak to a child about their behaviour you are challenging ‘what they did’, not ‘who they are’.
- Make sure you have read the Safeguarding Children procedure and policy statement and that you feel confident that you know how to recognise when a child may be suffering harm, how to handle any disclosure and how to report any concerns.
- Seek advice and support from your colleagues and your designated champion for safeguarding children
- Be clear with anyone disclosing any matter that could concern the safety and wellbeing of a child that you cannot guarantee to keep this information to yourself.
- Seek opportunities for training
- Where possible encourage parents to take responsibility for their own children.
- Make sure you are familiar with your organisation’s confidentiality policy and the HSCB Information Sharing Protocol.
Advice for professionals who work with children, when using any form of ICT, including the Internet\(^2\).

For your own protection it is advised that you follow this advice:

- Ensure all electronic communication with children, parents, carers, staff and others is compatible with your professional role and in line with the policies of the organisation.

- Do not talk about your professional role in any capacity when using social media such as Facebook and YouTube.

- Do not put online any text, image, sound or video that could upset or offend anyone connected to your setting, member of the community or be incompatible with your professional role.

- Use your organisation's or setting's ICT systems and resources for all official business. This includes your business email address, business mobile phone or photography equipment.

- Do not give out your own personal details, such as mobile phone number, personal e-mail address or social network details to children, parents, carers and others.

- Do not disclose any passwords and ensure that personal data is kept secure and used appropriately.

- Only take images of children and/or staff for professional purposes, in accordance with business policy. Ensure that the parent/carer of any child under 18 has given written consent.

\(^2\) Hertfordshire Safeguarding Children Board E-Safety Sub Group Factsheet. This information has been developed in conjunction with the HSCB eSafety Multi-agency Panel, and in agreement with the following Union bodies:

- NAHT – The Association for all school leaders
- ASCL – Association of school and college leaders
- NUT – National Union of teachers
- NASUWT – The Teachers’ Union
- ATL – The education union
- UNISON – The public service union
- Ensure that any images are represented only in a positive context and are removed from your websites when they expire.

- Do not browse, download, upload or distribute any material that could be considered offensive, illegal or discriminatory.

- Ensure that your online activity, **both in work and outside**, will not bring your organisation or professional role into disrepute.

- You have a duty to report any eSafety incident which may impact on you, your professionalism or your organisation.

**USING THE INTERNET RESPONSIBLY**

For eSafety support and guidance - please contact 01438 843350
20 Appendix 3 – Sample Image consent form for use by staff and volunteers

This form can be used for consent to take and use images of children. You may wish to adapt it to your specific organisation, or insert your own form.

We sometimes take photographs or video footage for publicity purposes. These images may appear in our printed publications and publicity materials, on our website, or both.

We may also send the images to the news media, who may use them in printed publications and on their website, and store them in their archive. They may also syndicate the photos to other media for possible use, either in printed publications, or on websites, or both. When we submit photographs and information to the media, we have no control on when, where, if or how they will be used.

The images we take will be of activities that show the children / organisation in a positive light. The images will not be associated with negative, distressing or sensitive issues to do with an individual’s welfare or that may cause offence or embarrassment. It is the responsibility of the senior staff to ensure that consent is obtained from parents/guardians/social workers, and that children who are at risk or cannot have their photograph taken for legal or social reasons, are not in the photograph.

Please note that our websites can be viewed throughout the world, not just in the United Kingdom where UK law applies. In giving your consent, you understand that the photos may be used in both printed and electronic form.

We will take all reasonable measures to ensure the images are used solely for the purposes for which they are intended. However we cannot guarantee this and take no responsibility for the way images are used by other websites or publishers, or for any consequences arising from publication.
To give your consent, please answer the questions below, then sign and date the form where shown and fill in any other relevant information.

1. May we use your image(s), or those of your child(ren) if under 18, in our publicity material, including printed publications, video recordings and on our website (delete if this does not apply)?
   
   **Yes / No**

2. We sometimes send publicity material about our services, including photographs where appropriate, to the news media and partner organisations, who may use the image in printed and/or electronic form and then store it in their archive. Can we use your photograph, or your child's, in this way?
   
   **Yes / No**

**Signature:** __________________________________________________________

**Date:** __________________________

Please print your name:

If applicable, please print your job title:

Please print your child (ren)’s name(s) clearly:

Child 1: __________________________________________________________

Child 2: __________________________________________________________

Child 3: __________________________________________________________

Child 4: __________________________________________________________

Child 5: __________________________________________________________

**FOR INTERNAL USE**

**Event and location:**

**Photographer’s name:**

**Contact details for person photographed (if needed):**
21 Appendix 4 – Additional Specific Guidance for those working in or with Faith Communities

This guidance can be inserted into your policies or removed as applicable.

The HSCB has a duty under the Children Act 2004 to protect children and to give advice and guidance to those working with children and young people. This also includes faith settings including places of worship, activity groups and learning environments.

In all mainstream religions and in many newer religions, there is a fundamental principle to love children, nurture them and protect them from harm. This same principle is included in the legal framework of the Children Act 1989, Adoption and Children Act 2002, Children Act 2004, Children and Young Persons Act 2008 and also applies to other legislation including the Forced Marriage (Civil Protection) Act 2007, Domestic Violence, Crime and Victims Act 2004, and the Female Genital Mutilation Act 2003.

In addition to the guidance from the Hertfordshire Safeguarding Children Board, further guidance on some of these issues is available from the Churches Child Protection Advisory Services (CCPAS), the NSPCC, from the Foreign and Commonwealth Office and from the Muslim Parliament to name but a few.

The key to remember is to be able to recognise significant harm and to be able to report it appropriately in a timely way in order to protect children.

3 5 (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so; (Children Act 2004)
21.1.1.1 Forced Marriage


*A forced marriage is one that is entered into without the person’s free and full consent.*

Whilst the majority of extended visits to family overseas are for valid reasons, every year at least 250 UK residents are forced into a marriage against their will, often by violence, coercion or emotional blackmail. Unlike arranged marriages, where the bride and groom both freely consent to the marriage, forced marriages do not give the bride or groom any choice. Forced marriage is a violation of human rights.

Children may be at risk of violence, harassment from family / community members, and ‘home policing’ where it is deemed their behaviour has/may have ‘shamed’ the family.

The types of behaviour which can precipitate this and may also be key motives for forcing the child into marriage are:

- Controlling unwanted behaviour and sexuality (including alcohol and drug use, wearing make-up or behaving in a ‘westernised manner’, perceived promiscuity or being gay, lesbian, bisexual or transgender), particularly the behaviour and sexuality of women.
- Preventing ‘unsuitable’ relationships, e.g. outside the ethnic, cultural, religious or caste group.

Other factors for forcing a marriage include:

- Protecting ‘family honour’ or ‘izzat’.
- Responding to peer group or family pressure.
- Attempting to strengthen family links.
- Financial gain or ensuring land, property and wealth remain within the family.
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- Protecting perceived cultural ideas or perceived misguided religious ideals.
- Ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfil that role.
- Assisting claims for residence and citizenship
- Long standing family commitments

Who is at risk of forced marriage?

Both males and females from as young as 13 may be at risk of being forced into marriage by parents once out of the UK. They may be pressurised and then agree to marry one of the prospective candidates without time for reflection. Younger children may be betrothed with the expectation that they will enter full married state at a later stage of their lives.

How can you help?

All organisations that may come into contact with potential victims have a statutory responsibility for forced marriages. The Forced Marriage (Civil Protection) Act 2007 states that all organisations should have “a lead person with overall responsibility for safeguarding children, vulnerable adults or victims of domestic abuse – the same person should lead on forced marriage”.

Where there a suspicions that a child is to be taken out of the country for the purposes of entering into a forced marriage extreme caution should be taken in sharing information, especially if honour based violence is also a possibility.

If you are concerned that a young person is at risk you should follow the child protection procedures set out on pages 24-25.
21.1.1.2 Female Genital Mutilation (Female Circumcision)

The World Health Organisation (WHO) defines female genital mutilation (FGM) as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996)

It is illegal in the UK to subject a child to female genital mutilation or to take a child abroad to undergo FGM. In England, Wales and Northern Ireland all forms of FGM are illegal under the Female Genital Mutilation Act 2003 and in Scotland it is illegal under the Prohibition of FGM (Scotland) Act 2005.

A child for whom FGM is planned is at risk of significant harm through physical abuse and emotional abuse, which is categorised by some also as sexual abuse. See Definitions and Recognition of Abuse and Neglect Procedure (on the HSCB website).

Significant harm is defined as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

The Female Genital Mutilation Act 2003 extends the existing legislation criminalising female genital mutilation in the UK, by making it an offence for UK nationals or permanent UK residents to take a girl abroad, or to help others to take a girl abroad, to carry out female genital mutilation, even in countries where the practice is legal. (NSPCC)

Girls from the age of 8 to 13 years from North African countries and Somalia are also at risk of being taken overseas for female genital mutilation which is sometimes referred to as ‘female circumcision’; a ‘special ceremony / procedure’ or ‘cutting’.

Female Genital Mutilation is not a religious requirement or obligation. FGM has no link with Islam and is neither a requirement nor a Sunna in Islam. Globally most
Muslims do not practise FGM. FGM is not condoned by Christian teachings or the bible.

Although FGM is practiced by secular communities, it is most often claimed to be carried out in accordance with religious beliefs. However, neither the Bible nor the Koran supports the practice of FGM. In addition to giving religious reasons for subjecting their daughters to FGM, parents say they are acting in a child's best interests because it:

- Brings status and respect to the girl;
- Preserves a girl's virginity / chastity;
- Is a rite of passage;
- Gives a girl social acceptance, especially for marriage;
- Upholds the family honour;
- Helps girls and women to be clean and hygienic.

The age at which girls are subjected to female genital mutilation varies greatly, from shortly after birth to any time up to adulthood. The average age is 10 to 12 years.

Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.

If you suspect that someone you know is at risk of being subjected to any form of FGM, you should take action to report it immediately. Time counts so please act as soon as you suspect that a girl may be at risk of FGM.

21.1.1.3 FGM – The facts

- Female genital mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
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- Procedures can cause severe bleeding and problems urinating, and later, potential childbirth complications and newborn deaths.
- An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM.
- It is mostly carried out on young girls sometime between infancy and age 15 years.
- In Africa an estimated 92 million girls from 10 years of age and above have undergone FGM.
- FGM is internationally recognized as a violation of the human rights of girls and women.
- It is illegal to practice FGM in the UK

21.1.1.4 The Law

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004.

21.1.1.5 The Act:

- Makes it illegal to practice FGM in the UK;
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country;
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad;
- Has a penalty of up to 14 years in prison and/or a fine


If you are concerned that a British citizen may be taken overseas for the purpose of FGM please call the Foreign and Commonwealth Office on 0207 008 1500 or email fgm@fco.gov.uk

You should also call -

Children Schools and Families Assessment Team on 0300 123 4043
your local Police Child Protection Unit on 0845 33 00 22
Male Circumcision

Male circumcision is the surgical removal of the foreskin of the penis. The procedure is usually requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam). There are parents who request circumcision for assumed medical benefits.

There is no requirement in law for professionals undertaking male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.

21.1.1.6 Circumcision for Therapeutic/Medical Purposes

The British Association of Paediatric Surgeons advises that there is rarely a clinical indication for circumcision. Doctors should be aware of this and reassure parents accordingly.

Where parents request circumcision for their son for assumed medical reasons, it is recommended that circumcision should be performed by or under the supervision of doctors trained in children's surgery in premises suitable for surgical procedures.

The risks / benefits to the child must be fully explained to the parents and to the young man himself, if Fraser Competent. The medical harms or benefits have not been unequivocally proven except to the extent that there are clear risks of harm if the procedure is done inexpertly.

21.1.1.7 Non-therapeutic Circumcision

Male circumcision that is performed for any reason other than physical clinical need is termed non-therapeutic circumcision.
21.1.1.9 Legal Position

The legal position on male circumcision is untested and therefore remains unclear. Nevertheless, professionals may assume that the procedure is lawful provided that:

- It is performed competently, in a suitable environment, reducing risks of infection, cross infection and contamination;
- It is believed to be in the child's best interests;
- There is valid Consent from family/parents and the child, if old enough, is Fraser Competent

If doctors or other professionals are in any doubt about the legality of their actions, they should seek legal advice.

21.1.1.10 Principles of Good Practice

The welfare of the child should be paramount, and all professionals must act in the child's best interests. Children who are able to express views about circumcision should always be involved in the decision-making process:

- Even where they do not decide for themselves, the views that children express are important in determining what is in their best interests;
- Parental preference alone does not constitute sufficient grounds for performing a surgical procedure on a child unable to express his own view. Parental preference must be weighed in terms of the child's interests;

When the courts have confirmed that the child's lifestyle and likely upbringing are relevant factors to take into account. Each individual case needs to be considered on its own merits.

An assessment of best interests in relation to non-therapeutic circumcision should include consideration of:

- The child's own ascertainable wishes, feelings and values;
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- The child's ability to understand what is proposed and weigh up the alternatives;
- The child's potential to participate in the decision, if provided with additional support or explanations;
- The child's physical and emotional needs;
- The risk of harm or suffering for the child;
- The views of parents and family;
- The implications for the child and family of performing, and not performing, the procedure;
- Relevant information about the child and family's religious or cultural background

Consent for circumcision is valid only where the people (or person) giving consent have the authority to do so and understand the implications (including that it is non-reversible procedure) and risks. Where people with Parental Responsibility for a child disagree about whether he should be circumcised, the child should not be circumcised without the leave of the court.

21.1.1.11 Doctors' Response

Doctors are under no obligation to comply with a request to circumcise a child and circumcision is not a service which is provided free of charge. Nevertheless, some doctors and hospitals are willing to provide circumcision without charge rather than risk the procedure being carried out in unhygienic conditions.

Poorly performed circumcisions have legal implications for the doctor responsible. In responding to requests to perform male circumcision, doctors should follow any guidance issued by the:

- General Medical Council
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- British Medical Association in respect of responding to requests to perform male circumcision
- Royal College of Surgeons

21.1.1.12 Recognition of Harm

Circumcision may constitute **Significant Harm** to a child if the procedure was undertaken in such a way that he:

- Acquires an infection as a result of neglect;
- Sustains physical functional or cosmetic damage;
- Suffers emotional, physical or sexual harm from the way in which the procedure was carried out;
- Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account

**Significant Harm** is defined as a situation where a child is likely to suffer a degree of physical, sexual and/or emotional harm (through abuse or **Neglect**) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family.

Harm may stem from the fact that clinical practice was incompetent (including lack of anaesthesia) and/or that clinical equipment and facilities are inadequate, not hygienic etc.

The professionals most likely to become aware that a boy is at risk of, or has already suffered, harm from circumcision are health professionals (GP's, health visitors, A&E staff or school nurses) and childminding, day care and teaching staff.
21.1.1.13 Multi-agency Response

If a professional in any agency becomes aware, through something a child discloses or another means, that the child has been or may be harmed through male circumcision, a referral must be made to Children and Families (Social Care) under the Referrals Procedure. Children and Families (Social Care) should assess the risk of harm to other male children in the same family, including unborn children.

21.1.1.14 Role of Community/Religious Leaders

Community and religious leaders should take a lead in the absence of approved professionals and develop safeguards in practice. This could include setting standards around hygiene, advocating and promoting the practice in a medically controlled environment and outlining best practice if complications arise during the procedures.
21.1.15 Spirit Possession
21.1.16 Introduction

The belief in "possession or "witchcraft" is widespread; it is not confined to particular countries, cultures or religions, nor is it confined to new immigrant communities in this country.

The definition which is commonly accepted across faith-based organisations, non-governmental organisations and the public sector is the term 'possession by evil spirits' or 'witchcraft'. The term 'possession' means that an evil force has entered a child and is controlling him or her and the term 'witch' means a child who is able to use evil forces to harm others. In either case, these are genuine beliefs held by families and often the children themselves. When families hold this belief about a child they may feel terrified and that everything is under threat.

In some faiths these terms may be used to indicate good spirits as well, 'possession' can be understood to include being taken over by 'the Holy Spirit' for example.

The three common terms for getting rid of the 'evil spirits' are 'praying for children', 'deliverance' and 'exorcism'. There is a range of behaviour associated with 'exorcism' from praying for a child while he or she is not present through to 'beating the devil out of the child'.

21.1.17 The Child

The number of known cases of child abuse linked to accusations of "possession" or "witchcraft" is small, but children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self-esteem.

Such abuse generally occurs when a carer accuses the child of being evil and views a child as being "different", attributes this difference to the child being "possessed" or involved in "witchcraft", and attempts to exorcise him or her.
A child could be viewed as "different" for a variety of reasons such as, disobedience; independence; bedwetting; nightmares; illness; or disability. There is often a weak bond of affection between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure, both of which are common in communities with new immigrants or migratory families.

The attempt to "exorcise" may involve severe beating, burning, starvation, cutting or stabbing and/or isolation, and usually occurs in the household where the child lives.

Any siblings or other children in the household may be well cared for with all their needs met by the parents and carers. The other children may have been drawn in by the adults to view the child as "different" and may have been encouraged to participate in the adult activities.

21.1.1.18 Indicators

Indicators reported in the cases known from research usually involve children aged between 2 and 14, both boys and girls, and have generally been reported through schools or non-governmental organisations.

Referrals usually take place at a point when the situation has escalated and become 'visible' outside the family. This means that the child may have been subjected to serious harm for a period of time already.

Although the research has found a number of parents and carers to have some form of mental health problem, this must not distract from the child's situation nor be seen as a factor to explain away the potential risks to the child.

Indicators leading to referrals have included:

- Issues of neglect such as not being fed properly or being 'fasted', not being clothed, washed properly etc. but left to fend for themselves especially compared to the other children in the household
- Often the carer is not the natural parent and the family structure can be complex
- Children often appear isolated, sad, distressed and withdrawn
- The child is seen as the scapegoat for a change in family circumstances for the worst
- In a group of children it may be the child who is relatively powerless vis-a-vis the parents/carers; maybe a child with no essential role in the family
- The child is seen as someone who violates the family norms by being physically different perhaps because of illness, disability or a suspicion of adultery by the mother

This list is not exhaustive and any sign of abuse or neglect may indicate the existence of child abuse linked to possession or witchcraft or in other ways related to religious or spiritual belief.

21.1.1.19 Referrals and Assessments

All agencies should be alert to the indicators above and should be able to identify children at risk of this type of abuse and intervene to prevent it by using the procedures for referral.

Any evidence that the parent or carers will take the child out of the country/abandon the child must be taken seriously.

Further contacts for advice can be found from the local representatives for some faiths from organisations such as the Churches' Child Protection Advisory Service (CCPAS) who provide information about exorcism; the African Caribbean Evangelical Alliance (ACEA); Churches Together in England and the Muslim Parliament, all of whom are consulting about and developing guidance.

"The most widely acceptable terms across faith-based organisations, nongovernmental organisations and the public sector are “possession by evil spirits” or “witchcraft”. For the purposes of this report, the term “possession” means an evil
force has entered a child and is controlling him or her and the term “witch” means a child who is able to use evil forces to harm others. In either case, these are genuine beliefs held by families and often the children themselves. When families hold this belief about a child they are terrified of him or her, they feel that everything is under threat - even their lives. Although these terms are not entirely satisfactory, they are the least misleading and the most widely understood.

It is recognised that these are very specific and disputed uses of these terms. “Possession” can be understood to include being taken over by a force for good (e.g. the Holy Spirit). Equally, for both practitioners of “Wicca” and “witchdoctors” the term “witch” can mean a person who is able to use good or evil forces for good or evil purposes.

We came across three common terms for getting rid of the “evil spirit” – these were “praying for children”, “deliverance” and “exorcism”. Colloquially “exorcism” was the most all-encompassing term understood by most people we spoke to during our research. The Collins English Dictionary defines exorcism as “expelling, or attempting to expel, one or more evil spirits from a person or place believed to be possessed or haunted, by prayers, adjurations and religious rites”. There is a range of behaviour associated with “exorcism” from praying for a child while he or she is not present through to “beating the devil out of the child”.

https://www.education.gov.uk/publications/eOrderingDownload/RR750.pdf
(Stobart, E, Child Abuse Linked to Accusations of “Possession” and “Witchcraft” DfE, 2006)
21.1.20 Trafficking of Children

The UN definition of trafficking is as follows:

"Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by the means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs:

The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;

The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in subparagraph (a) of this article;

"Child" shall mean any person under eighteen years of age.

Trafficking in people involves a collection of crimes, spanning a variety of countries and involving an increasing number of victims - resulting in considerable suffering for those trafficked. It includes the exploitation of children through force, coercion, threat and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one's labour. Exploitation occurs through prostitution and other types of sexual exploitation, and through labour exploitation. It includes the movement of people across borders and also the movement and exploitation of people within borders.

The Criminal Justice System Trafficking Toolkit provides helpful guidance.
The Child Exploitation and On Line Protection Centre (CEOP)’s report on the Scoping Project on Child Trafficking in the UK (which contains Indicators of Child Trafficking in Annex 5)

Agencies should work together to ensure a joined up response.

A number of factors identified by the Initial Assessment may indicate that a child has been trafficked:

- The child may present as unaccompanied or semi accompanied
- The child may go missing
- The multi use of the same address may indicate that it is an "unsafe house" or that the house is being used as a "sorting house"
- Contracts, consent and financial inducement with parents may become apparent
- The child may hint at threats to family in their home country for non co-operation or disclosure
- There may be talk of financial bonds and the withholding of documents.
- False hopes of improvement in their lives (escaping war, famine, poverty or discrimination)

If it is identified that a child may be being trafficked for the purposes of sexual exploitation, see also Children Abused through Sexual Exploitation Procedure.

Children are also trafficked for the purpose of domestic service or benefit fraud. These children may be less obvious, and their use to the family may be more likely to be picked up if they are Privately Fostered assessment, or because someone notices that they are living at a house, but not in school etc. Children who enter the country apparently as part of re-unification arrangements can be particularly vulnerable to domestic exploitation.
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As soon as suspicions are raised that a child is being trafficked, immediate action to safeguard the child is required. This includes urgent liaison with the Police.

The offence of trafficking for prostitution, introduced in the Nationality, Immigration and Asylum Act 2002, carries a maximum penalty of 14 years.

The Sexual Offences Act 2003 introduced new wide-ranging offences covering trafficking into, out of or within the UK for any form of sexual offence, which also carries a 14 year maximum penalty. It also introduced a range of new offences covering the commercial sexual exploitation of a child, protecting children up to 18. These include buying the sexual services of a child (for which the penalty ranges from 7 years to life depending on the age of the child); and causing or inciting, arranging or facilitating and controlling the commercial sexual exploitation of a child in prostitution or pornography, for which the maximum penalty is 14 years imprisonment. A new offence of trafficking for exploitation, which covers trafficking for forced labour and the removal of organs, was introduced in the Asylum and Immigration (Treatment of Claimants, etc.) Act, 2004. These measures will also take into account the UK’s international obligations under the UN Trafficking Protocol and the EU Framework Decision on Trafficking for the Purposes of Sexual and Labour Exploitation.
21.1.21 Private Fostering

A private fostering arrangement is essentially one that is made, without the involvement of a local authority, for a child under the age of 16 (under 18 if disabled) to be cared for by someone other than a parent or close relative for 28 days or more. Privately fostered children are a diverse and sometimes vulnerable group which includes:

- children sent from abroad to stay with another family, usually to improve their educational opportunities
- asylum-seeking and refugee children
- teenagers who, having broken ties with their parents, are staying in short-term arrangements with friends or other non-relatives
- language students living with host families

Under the Children Act 1989, private foster carers and those with Parental Responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered, or where a child is privately fostered in an emergency.

For further details see the Hertfordshire County Council leaflet about Information on private fostering: Do you know someone under 16 who is living away from their parents?

Teachers, health and other professionals must notify Children and Families (Social Care) of a private fostering arrangement that comes to their attention, where they are not satisfied that the arrangement has been or will be notified.

Following notification of a private fostering arrangement, it is the duty of the local authority to satisfy itself that the welfare of the children, who are privately fostered within their area, is being satisfactorily safeguarded and promoted. This includes an initial visit to the child and private foster carers within one week of receiving notification that the placement has started and subsequent assessment under the Framework for the Assessment of Children in Need and their Families.
private foster carers will be separately assessed and this will include an enhanced Disclosure and Barring Service (DBS) check.

The local authority must also arrange to visit privately fostered children at regular intervals - at a minimum:

- every six weeks in the first year;
- every twelve weeks in the second or subsequent years, and
- additionally, if reasonably requested to do so by the child, private foster carer or parent.

Children should be given the contact details of the social worker who will be visiting them while they are being privately fostered.

All arrangements and regulations in relation to private fostering are set out in the Children (Private Arrangements for Fostering) Regulations 2005.

Children and Families (Social Care) have their own detailed procedures for carrying out their responsibilities on this issue.

When there are concerns about Significant Harm to a child who is privately fostered the local authority and all the other agencies have the same duties to make enquiries as they do to any other child. The concerns must be reported to the local authority where the private foster placement is located in accordance with the Referrals Procedure and the Safeguarding Children Procedures will be applied.
22 Appendix 5 – Useful Contacts/Support Organisations

This section gives useful contacts. You may wish to include specific contacts for your organisation or any umbrella organisations you work with.

If you have concern that a child is being harmed as a result of abuse or neglect, you must not keep these concerns to yourself. Keeping children safe is everyone’s responsibility. You need to ensure that you speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action. In Hertfordshire, these are the numbers that you can ring for advice and to make a referral:

Children’s Services (including out of hours): 0300 123 4043

The Child Abuse Investigation Unit: 0845 33 00 222. This is a specialist team that is a department within the police with countywide responsibility for undertaking child protection investigations.

The Police: 999 (in an emergency)

22.1.1.1 The Targeted Advice Service (TAS)

TAS provides a consultation service to practitioners where they are unsure about safeguarding concerns. It is the expectation that practitioners would first discuss the matter with their agency safeguarding lead or designated professional and would contact TAS if they were still unsure. Targeted Advice Service - Practitioner Consultations: 01438 737511

Where a case is already open to Children and Families (Social Care), contact should be made with the allocated social worker. If you have information that suggests an urgent child protection matter, please speak to the allocated social worker or their Team Manager without delay.

Other useful contact information
The Forced Marriage Unit (FMU) provides advice and guidance for British nationals being forced into marriage overseas:


The FMU also provides expert advice to professionals, especially those confronted by it for the first time. Tel: 0207 008 0151

http://www.muslimparliament.org.uk/mission.htm

If the situation is urgent always call 999

NSPCC Child Protection Helpline
The NSPCC Child Protection Helpline is a free 24-hour service that provides counselling, information and advice to anyone concerned about a child at risk of abuse. Telephone: 0808 800 5000 - Email: help@nspcc.org.uk

The NSPCC Asian Child Protection Helpline is a free, multilingual service for the UK’s Asian communities providing counselling, information and advice to ANYONE who is concerned about the welfare of a child, including:

- Parents, carers or relatives who need advice
- Children or young people in need of help and advice
- Education, health and social welfare professionals seeking culturally sensitive advice and information.

Safe Network
This is the National Organisation to support Safeguarding within for the 3rd Sector and can be accessed online at
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www.safenetwork.org.uk for a wide range of information and materials offering support

For eSafety support and guidance - please contact 01438 843350

Churches Child Protection Advisory Service (CCPAS) is an independent body providing safeguarding advice not only to Christian, but to any other faith community www.ccpas.co.uk

22.1.1.2 Useful Leaflets and Links

- Bullying at School
- Bullying Help and Advice
- Beatbullying
- BullyingUK

WHEN IN DOUBT, CONCERNS MUST BE SHARED APPROPRIATELY.