Your role and responsibility in child protection and safeguarding

Guidance for childcare practitioners

This document has been presented by Dudley’s Childcare Strategy Team with agreement of the Dudley Safeguarding Children Board

Version 10  August 2018 edition
A co-ordinated approach - safeguarding is everyone’s responsibility

Everyone who works with children has a responsibility for keeping them safe.

Safeguarding and promoting the welfare of children is defined for the purposes of Working Together to Safeguard Children 2018 as:

- protecting children from maltreatment;
- preventing impairment of children’s health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

*In this document, a child is defined as anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout.*

**Important contact details**

If you are worried or concerned about a child in relation to safeguarding you can telephone the Multi Agency Safeguarding Hub (MASH) Team for advice and consultation on 0300 555 0050. MASH hours are 9am–5pm Monday to Friday OR 0300 555 8574 after 5pm/weekends and Bank Holidays.

If you have a reason to believe that a child is at immediate risk of harm, contact the police on 999 or 101

If you are worried that a Child needs a statutory social care assessment, you will need to complete a Multi-Agency Referral Form (MARF). This is an electronic form for referring safeguarding concerns regarding children and young people.

Please complete the form electronically and contact Mash on 0300 555 0050 and inform them that you want to make a referral. They will then email you using Sophos which is a secure email. You must click reply to their email using the Sophos email address and this will ensure it is confidential.

To access Dudley Safeguarding Children Board procedures please access:-


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**Local Authority Designated Officer (LADO)**
01384 813110

**Childcare Strategy Team**
Childcare Senior Practice Supervisor
01384 812862

**Childcare Lead – Family Solutions**
01384 814373

**Multi Agency Safeguarding Hub (MASH)**
0300 555 0050 (9am – 5pm)
0300 555 8574 (out of hours) in an emergency please call 999

**Ofsted Complaints and Enforcement**
0300 123 4666

**Ofsted Whistleblower Hotline**
0300 123 3155 (Mon to Fri 8am-6pm)
whistleblowing@ofsted.gov.uk

**Write to:**
WBHL,
Ofsted,
Piccadilly Gate
Store Street
Manchester
M1 2WD

**Ofsted General Helpline**
0300 123 1231
Email enquiries@ofsted.gov.uk
Legal Framework

Children Act 1989
Section 47 of the Children Act 1989 places a duty on the local authority to make an investigation if they believe a child in their area is suffering or is likely to suffer from significant harm. The local authority must also decide whether to seek an order, provide services and/or review the case at a later date.

Section 17 of the Children Act 1989 places a duty on local authorities to provide a range of services for children in need. This means all of the local authority services and includes the provision of daycare services for the under 8’s, as well as support for children who have suffered abuse.

Children Act 2004
Section 11 of the Children Act 2004 places responsibility on key agencies to safeguard all children and promote their welfare. The act encourages agencies to share early concerns about the safety and welfare of children and to ensure preventative action before a crisis develops.

Childcare Act 2006
Provides a legal framework for inspection and regulation of childcare; this includes the Early Years Foundation Stage (EYFS) for early years and childcare provision from birth to 31st August following their fifth birthday and the Childcare Register for services provided for older children and young people.

Working Together to Safeguard Children 2018
This statutory guidance applies to all organisations and agencies who have functions relating to children. It should be read and followed by strategic and senior leaders and frontline practitioners of all organisations and agencies therein.

“This guidance focuses on the core legal requirements, making it clear what individuals, organisations and agencies must and should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding is achieved by putting children at the centre of the system and by every individual and agency playing their full part.”

“This child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.”


Early Years and Childcare:
Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage. Early Years providers should ensure that:

- staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect; and
- they have a practitioner who is designated to take the lead responsibility for safeguarding children within each early years setting and who should liaise with local statutory children’s services agencies as appropriate
- this lead should also complete child protection training.
Early Years Foundation Stage: Safeguarding and Welfare requirements.

Every child deserves the best possible start in life and support to fulfil their potential. Children develop quickly in the early years and a child’s experiences between birth and five have a major impact on their future life chances. A secure, safe and happy childhood is important in its own right. Good parenting and high quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up.

The Early Years Foundation Stage (EYFS) sets the standards that all early years’ providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children’s ‘school readiness’ and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.


Early years inspection handbook

Handbook for inspecting early years in England under sections 49 and 50 of the Childcare Act 2006

1. The handbook describes the main activities inspectors undertake when they conduct inspections of early years providers in England under sections 49 and 50 of the Childcare Act 2006. The handbook also sets out the judgements inspectors will make and on which they will report.

2. The handbook has two parts:
   - Part 1: How early years providers will be inspected.
     This contains instructions and guidance for inspectors on preparing for and conducting early years registered inspections.
   - Part 2: The evaluation schedule.
     This contains guidance for inspectors on judging the quality and standards of early years settings and indicates the main types of evidence used.

3. The handbook is available to providers and other organisations to make sure that they are informed about inspection processes and procedures. It balances the need for consistent inspection with the flexibility needed to respond to each provider’s individual circumstances. It should not be regarded as inflexible, but simply as an account of normal procedures. This document was last updated April 2018.


Inspecting safeguarding in early years, education and skills settings

Guidance for inspectors undertaking inspection under the common inspection framework

This guidance sets out the key points inspectors need to consider when inspecting safeguarding in education, skills and early years settings. It needs to be read alongside the common inspection framework (as above) and the individual inspection remit handbooks. This document was updated August 2016.

Early Help
Early Help in Dudley is taking action early and as soon as possible in order to provide support where problems are emerging for children, young people and their families, or with a population most at risk of developing problems. Early Help may occur at any point in a child or young person’s life.

As set out in Working Together to Safeguard Children 2018, effective Early Help relies upon local agencies working together to:

- identify children and families who would benefit from Early Help;
- undertake an assessment of the need for Early Help; and
- provide targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

As a childcare practitioner you are in a key position to identify a child’s individual needs at any level. Your role is crucial in supporting a child and their family in meeting a child’s needs as soon as they occur.

There are several key documents to support you with this:

- Dudley’s Early Help Strategy
- Dudley’s Threshold Framework *
- Early Help Assessment Form
- Assessment Planning
- Voice of the Child in the Early Help Assessment
- Role of the Lead Professional

*The Threshold Framework provides guidance for all agencies and organisations who provide support to vulnerable children, young people and families.

A collective understanding and use of the principles and processes contained in the guidance will result in:

- More effective support to all children, young people and their families across the entire range of need at the earliest opportunity
- Equitable and consistent delivery of appropriate support
- Compliance with statutory requirements.

Information on Early Help support can be located on:

The Early Help Assessment
The Early Help Assessment (EHA) is a simple way to help identify the needs of children, young people and their families and plan to meet those needs. It is designed to be a shared tool which can be used by all agencies in Dudley who are delivering early help.

If, after reading the guidance provided, you wish to make an Early Help referral, or want support or guidance about a particular child or family, you can make direct contact with the Family Centre where the child or family lives.

Brierley Hill Family Centre - 18 Parkes Street, Brierley Hill, DY5 3DY, 01384 813322
fs.brierleyhill@dudley.gov.uk

Dudley Central Family Centre - Selbourne Road, Dudley DY2 8LJ, 01384 812440
fs.dudley@dudley.gov.uk

Dudley North Family Centre - Bayer Street, Bilston, WV14 9DS, 01384 813096
fs.dudleynorth@dudley.gov.uk

Halesowen Family Centre - Lye By-Pass, Stourbridge, DY9 8HT, 01384 813954
fs.halesowen@dudley.gov.uk
To see the Practice Standards for the Early Help Process please follow the link below:

Role of Dudley Safeguarding Children Board:
Dudley Safeguarding Children Board is a statutory body that is made up of representatives from organisations that have responsibility to provide services to children and young people in Dudley.

The essence of the board is to develop a shared sense of responsibility across all agencies working with children, their families and communities to keep children from harm and to hold each other to account and to ensure safeguarding children remains high on the agenda across Dudley.
http://safeguarding.dudley.gov.uk/#

Your Role and Responsibility in Safeguarding Children.
Everyone involved in the care of children has a role to play in their protection. As an early years childcare practitioner you are in a unique position to observe any changes in a child’s behaviour or appearance. If you have any reason to suspect that a child in your care is being abused, or is likely to be abused, you have a duty of care to take action on behalf of the child, by making a referral to the Multi Agency Safeguarding Hub (MASH). You can contact MASH for advice on 0300 555 0500

Referrals should be made by completing a Multi-agency referral form (MARF) located on http://safeguarding.dudley.gov.uk/report-it/

Multi Agency Safeguarding Hub (MASH)
All referrals that are deemed to meet the threshold for safeguarding issues (level 4) should be passed to the MASH. Each childcare practitioner should be familiar with Dudley’s Threshold Framework. The MASH:
- Acts as a single point of entry for statutory safeguarding referrals
- Triages referrals –and steps down where appropriate
- Enables thorough research of each case to identify potential risk
- Shares information between agencies
- Facilitates early intervention –to prevent the need for more intensive interventions at a later stage
- Manages cases through co-ordinated interventions

What is child abuse?
The Children Act 1989 refers to significant harm rather than abuse. However, abuse is any behaviour, action or inaction, which significantly harms the physical and/or emotional development of a child. A child may be abused by parents, other relatives or carers, professionals and other children. Abuse can occur in any family, in any area of society, regardless of social class or geographical location.

Working Together to Safeguard Children 2018 defines abuse as...
“A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children"
Significant Harm
“Significant Harm is any Physical, Sexual, or Emotional Abuse, Neglect, accident or injury that is sufficiently serious to adversely affect progress and enjoyment of life. Harm is defined as the ill treatment or impairment of health and development.”

Abuse falls into four main categories:

- **Physical abuse**
  A form of abuse which 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.

- **Neglect**
  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-givers); or
  - ensure access to appropriate medical care or treatment.
  It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

- **Emotional abuse**
  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 a child 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 a 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 cyber bullying), 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.

- **Sexual abuse**
  Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
  The activities may involve physical contact, including assault by penetration (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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.
  Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Domestic Abuse
Any incident or pattern of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass, but is not limited to, the following types of abuse:

1. psychological
2. physical
3. sexual
4. financial
5. emotional

Controlling behaviour is:
A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is:
An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Serious Case Review (SCR) (Domestic Abuse findings)
SCR’s identify significant links between child abuse and domestic abuse, with 50% of children on child protection plans, living households where Domestic Abuse is prevalent. Therefore if you are aware that a child is living in a household where there is domestic abuse a call must be made to the Multi Agency Safeguarding Hub (MASH) on 0300 555 0050.

The Prevent duty
Departmental advice for schools and childcare providers

From 1 July 2015 all schools must have regard to the statutory guidance. Paragraphs 57-76 of the guidance are concerned specifically with schools and childcare providers, registered early years childcare providers and registered later years childcare providers (referred to in this advice as ‘childcare providers’) are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to the statutory guidance. Paragraphs 57-76 of the guidance are concerned specifically with schools and childcare providers.


This advice complements the statutory guidance and refers to other relevant guidance and advice. It is intended to help schools and childcare providers think about what they can do to protect children from the risk of radicalisation and suggests how they can access support to do this. It reflects actions that many schools and childcare providers will already be taking to protect children from this risk.


Child Sexual Exploitation
“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”
Child abuse concerns: guide for practitioners
Guidance to help practitioners identify the signs of child abuse and neglect and understand what action to take:

What to do if you’re worried a child is being abused March 2015

What may give cause for concern?

Marks which appear to be:
• bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby),
• any bruising or injury to a very young, immobile baby
• burns or scald marks
• bite marks
• any injuries or swellings, which do not have a plausible explanation
• bruising or soreness to the genital area

Additionally
• faltering growth, weight loss and slow development
• unusual lethargy
• any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn
• a child whose play and language indicates a sexual knowledge beyond his/her years
• a child who flinches away from sudden movement
• a child who gives over-rehearsed answers to explain how his/her injuries were caused
• an accumulation of a number of minor injuries and/or concerns
• a child who discloses something which may indicate he/she is being abused
• the comments children make that give cause for concern including Domestic Abuse and sexual exploitation situations
• deterioration in a child well-being

Remember The Dudley’s Threshold Framework provides practitioners with guidance about making decisions according to the level of need.
How to respond to a child who discloses something to you

**Do:**
- believe the child
- listen carefully to the child
- take it seriously
- reassure the child they are right to tell
- record the information as accurately as you can, using the child words, include the time, setting and those present, as well as what was said. This should be dated and signed.

**Don’t:**
- display any negative/shocked body language
- jump to conclusions
- speculate or accuse anybody
- interrogate the child. It is all right to ask for clarification, but you should not ask leading questions. Misguided or inappropriate questioning can do more harm than good
- promise to keep what the child tells you a secret the child needs to know that you have to talk to someone who will be able to help them
- attempt to examine or undress the child for evidence of non-accidental injury, or take photographs

**Remain child focussed**

Remember - All those who work with children have a responsibility for their care. Think about the child’s welfare as the most important consideration; and what does this mean for that individual child in his/her own setting?

**How to share your concerns**

Keep a factual record of any concerns, i.e. exactly what you have seen and heard. If the child says anything at all which gives you a concern this must be recorded in the child’s own words and not your own. You may jeopardise future proceedings if you substitute the child words for your own. Sign and date your records for future reference.

All Child Protection recording forms including Body Map can be found on the link below - http://www.dudley.gov.uk/resident/early-years/for-providers/safeguarding-and-child-protection/safeguarding-supporting-documents/

It is good practice to share any initial concerns with the child parents, if you consider it appropriate, as there may be a perfectly innocent explanation for changes that you have observed, for example:
- a sudden change in behaviour could be due to the death or illness of a close family member or a pet
- weight loss and/or failing to thrive could be symptoms of an illness
- an injury which could have been inflicted accidentally by a sibling or another child

**However, if:**
- you suspect sexual abuse or
- you do not get an explanation which you feel is consistent or acceptable from parents/carer or
- you feel that discussing the issue with parents may put the child at further risk of significant harm or
- you think a criminal offence has been committed

*Then you must make a referral to the Multi Agency Safeguarding Hub (MASH) without delay.*
Concerns or uncertainties

There may be occasions when you have concerns about a child, which do not appear to justify a child protection referral of suspected child abuse, but nonetheless leave you feeling uncomfortable. In these circumstances, you must telephone Multi Agency Safeguarding Hub for advice on 0300 555 0050 and talk your concerns through with the officer. You do not need to give the child’s name at this point. The officer will advise you whether or not your concerns will become a referral, and what action will be taken, if any. You must always follow any advice given to you by the officer.

Serious concerns

Making a referral. You must complete a Multi Agency Referral Form (MARF) if you have concerns at level 4. Please complete the form electronically and send it via secure email or encrypted to the single point of access team at childrensMASH@Dudley.gcsx.gov.uk In addition you can contact MASH on 0300 555 0050 for advice.

When making a referral make a note of the person’s name you speak to.
You will need to provide as much information as possible:

- nature of the injuries observed, and/or the reason for your concerns
- name, address, date of birth, ethnic origin, and gender of the child
- names and contact telephone numbers of parents, and other carers or close family members if known
- name, address and telephone number of the child’s doctor, and health visitor if applicable
- name, address and telephone number of your provision and any other key agencies involved with the family

All telephone referrals should be followed up in writing by completing Dudley Multi-Agency Referral Form (MARF) – a copy is provided in appendix 1.

Please note the MARF requires referrers to submit the MARF by secure email. If you do not have secure email complete the form electronically and contact Mash on 0300 555 0050 and inform them that you want to make a referral. They will then email you using Sophos which is a secure email. You must click reply to their email using the Sophos email address and this will ensure it is confidential.

What will be the outcome?

Following any investigation you should be given some information of the outcome. For reasons of confidentiality, this will be on a “need to know” basis. If the child remains in your care, you may have an important part to play in any care plan that is set up for the child.

What happens if you are not happy with the outcome?

Please refer to Escalation & Resolution Protocol.

There may be occasions where situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child or young person. The purpose of this protocol is to ensure that in such situations issues between agencies are resolved in a timely manner.

Professional disagreements will sometimes arise over another professional’s decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry which are considered to be unsafe. Issues of drift and delay in progressing a child’s plan can also result be a reason for professional disagreement. Disagreements can be healthy and foster creative ways of working with children and families and in partnership. However, disagreements always require resolution.

What to do if you need to take emergency action to protect a child

On very rare occasions, it may be necessary to act quickly, for example, to protect a child from a drunken or violent parent. In these circumstances, it would be appropriate to telephone the police. In the unlikely event that a child is brought to you with serious injuries, then you should take them to the nearest hospital Accident and Emergency department, as you would if the child sustained a serious injury while in your care.

Finally:

- trust your judgement. If you are concerned about a child seek advice
- report earlier rather than later – most serious incidents of child abuse start with comparatively minor incidents that are not noticed or not reported
- it is not your responsibility to decide whether it definitely is or is not abuse

Information Sharing Guidance

Advice for practitioners providing safeguarding services to children, young people, parents and carers

Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor identified in many serious case reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to share having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.


Always remember: The welfare of the child is paramount and ‘Every Day Matters’
Early years and childcare providers (EYFS)

3.6 Providers must train all staff to understand their safeguarding policy and procedures, and ensure that all staff has up to date knowledge of safeguarding issues. Training made available by the provider must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.

These may include:

- significant changes in children's behaviour;
- deterioration in children’s general well-being;
- unexplained bruising, marks or signs of possible abuse or neglect;
- children's comments which give cause for concern
- any reasons to suspect neglect or abuse outside the setting, for example in the child’s home; and/or
- inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example, inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.

3.51 Registered providers must notify Ofsted or the childminder agency with which they are registered of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. **A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.** Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

3.52. Providers are responsible for managing children’s behaviour in an appropriate way. Providers must not give corporal punishment to a child. Providers must take all reasonable steps to ensure that corporal punishment is not given by any person who cares for or is in regular contact with a child, or by any person living or working in the premises where care is provided. Any early years provider who fails to meet these requirements commits an offence. A person will not be taken to have used corporal punishment (and therefore will not have committed an offence), where physical intervention was taken for the purposes of averting immediate danger of personal injury to any person (including the child) or to manage a child’s behaviour if absolutely necessary. Providers, including childminders, must keep a record of any occasion where physical intervention is used, and parents and/or carers must be informed on the same day, or as soon as reasonably practicable.

3.53. Providers must not threaten corporal punishment, and must not use or threaten any punishment which could adversely affect a child's well-being.

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29 Physical intervention is where practitioners use reasonable force to prevent children from injuring themselves or others or damaging property.
Points to consider for good practice to Safeguard Children

- actively listen to children and take account of their views
- respond sensitively to families in accordance with diversity
- inform parents from outset of placement of your duty to follow safeguarding and child protection procedures
- develop and evaluate your safeguarding/child protection policy
- be aware of Dudley Safeguarding Children’s Board procedures
- make copies of the safeguarding and child protection procedures/policies available for parents
- include safeguarding, child protection policies, procedures, role and responsibility in induction for all new staff, students and volunteers
- ensure all staff attend child protection foundation training every three years
- ensure the designated practitioner for safeguarding attends further training
- take advantage of any child protection training courses which are available and update training regularly
- record injuries a child sustains in your care in the accident book as soon as possible. When they are collected, make sure that whoever picks him/her up is told about the injury, and signs the record in the accident book in your presence
- ask for an explanation if a child arrives with an injury sustained while not in your care and, again, record this in the incident book/pre existing injury form
- ensure that all parents understand your role and responsibility in safeguarding and child protection. This information should be given to parents, in writing, before their child begins to attend your provision
- produce written safeguarding/child protection policy and procedures, which are available to every member of staff on non-domestic premises
- childminders must have a written statement on safeguarding and child protection as part of the requirements of the childcare and voluntary registers (EYFS)
- contribute to learning lessons from Serious Case Reviews
Safeguarding/child protection policy and procedures should be clear and concise and include details on:

- the steps that should lead up to making a referral
- who has responsibility for making a referral
- who takes responsibility if the named person is unavailable
- how much information should be shared with staff
- how confidentiality will be managed within the setting

All providers should:

- set clear priorities for safeguarding
- ensure senior management commitment to safeguarding
- have in place clear lines of accountability for safeguarding
- ensure staff and volunteers are supported to recruit safely and practice in safe ways
- have in place clear procedures for whistle-blowing and dealing with allegations against staff and volunteers
- ensure staff and volunteers undertake child protection training
- ensure staff and volunteers are aware of local procedures for safeguarding
- have in place arrangements for sharing information with other agencies
- promote a culture of listening to, believing and seeking, children’s views

What support is available for you?

Making a child protection referral is a big step to have to take. Even though you know you are doing it in the child’s best interest, it is still bound to cause you a certain amount of anxiety. The MASH team is your first point of contact and you can call MASH for advice on 0300 555 0050.

You can ask for support and advice on general issues regarding safeguarding from your Childcare Cluster Development Officer but please do not do so if this delays reporting Child Protection concerns. Whilst we accept that it can sometimes be traumatic for you to make a referral you must put the child’s needs first and make referrals without delay. Your Childcare Cluster Development Officer can advise you as appropriate but ultimately it is your responsibility to take immediate action.
What happens if an allegation of abuse is made against you or a member of staff in your setting?

**Early Years Foundation Stage Safeguarding and Welfare Requirements states:**

3.8 Registered providers must inform Ofsted or their childminder agency of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Registered providers must also notify Ofsted or their childminder agency of the action taken in respect of the allegations. These notifications must be made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made. A registered provider who, without reasonable excuse, fails to comply with this requirement, commits an offence.

If a child or parent makes an allegation of abuse against you or a member of your staff, you should notify the Local Authority Designated Officer (LADO) immediately.

**Management of allegations against adults who work with children**

All organisations that provide services to children and young people must ensure that those who work with, or on behalf of, children and young people are competent, confident and safe to do so. Likewise, anyone who comes into contact with children and young people in their work has a duty of care to safeguard and promote their welfare.

The vast majority of adults who work with children act professionally, and aim to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children and young people in their care. However, it is recognised that in this area of work tensions and misunderstandings can occur. It is here that the behaviour of some adults can give rise to allegations of abuse being made against them. Allegations may be misplaced or malicious. They may arise from differing perceptions of the same event, but when they occur, they are inevitably distressing and difficult for all concerned.

For the benefit of all concerned it is essential that a clear process exists for the investigation and resolution of allegations.

Full details can be found on the link below. Please scroll down to the section titled related documents.


**Local Authority Designated Officer (LADO)**

In Dudley the Local Authority Designated Officer is available on 01384 813110
All LADO Referrals should be sent to allegations@dudley.gcsx.gov.uk

**Changes that must be notified to Ofsted or the relevant childminder agency**

3.77 All registered early years providers must notify Ofsted or the childminder agency with which they are registered of:

- any significant event which is likely to affect the suitability of the early years provider or any person who cares for, or is in regular contact with, children on the premises to look after children.
Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

DBS are responsible for:
- processing requests for criminal records checks
- deciding whether it is appropriate for a person to be placed on or removed from a barred list
- placing or removing people from the DBS children’s barred list and adults’ barred list for England, Wales and Northern Ireland

https://www.gov.uk/search?q=disclosure+and+barring

https://www.gov.uk/disclosure-barring-service-check/overview

Safer Recruitment – ‘Nothing is more important than getting it right’

Managers who have responsibility for recruiting staff need to consider how safer recruitment fits within the wider context of safeguarding, focus on good recruitment and selection practices and set out procedures and strategies to help them deter, identify and reject applicants who are unsuitable to work with children.

“The harsh reality is that if a sufficiently devious person is determined to seek out opportunities to work their evil, no one can guarantee that they will be stopped. Our task is to make it as difficult as possible for them to succeed.”  Bichard Inquiry Report, 2004,

Safer Recruitment Practice

Safer recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain DBS (Disclosure and Barring check);
Appropriate supervision and support for staff, including undertaking safeguarding training:
- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- all professionals should have regular reviews of their own practice to ensure they improve over time.

We would recommend that all managers and senior officers involved in recruitment are fully conversant with safer recruiting practices and should undertake approved training.

Use of Images guidance

Images should not allow someone with bad intent towards children to identify and target an individual child or young person for grooming or abuse. For a child to be targeted by a potential abuser, the most risky combination is a visual image that attracts them accompanied by the child’s name and where they can be found. By putting children in a group shot the risk of them being identifiable by anyone other those who have a right to know or a genuine reason for being interested in their achievement is minimised.

Please scroll down to the bottom of the website page to view the Use of Images (version 7) document http://www.dudley.gov.uk/resident/early-years/safeguarding-and-child-protection/safeguarding-useful-documents/
Interactive social media technology has revolutionised the way people connect and interact. Facebook, Twitter, Flickr, blogs, instant messaging and photo and video exchange sites are increasingly popular and provide an opportunity to connect with children, young people and vulnerable adults.

However, the use of social networking sites also introduces a range of potential safeguarding risks to children, young people and vulnerable adults. As organisations increasingly use social networking and other developing media to communicate with young people it is critical that safeguarding protocols and practices keep pace with the raft of communication methods young people use.

Both Dudley Safeguarding Board’s guidance aims to help organisations consider the safeguarding of children, young people and vulnerable adults when using social networking sites.

National and local safeguarding resources

**National documents:**
Working Together to Safeguard Children March 2018
What to do if you’re worried a child is being abused March 2015
Data Protection Act 2018
General Data Protection Regulations from 25/05/2018
Information Sharing – Guidance for practitioners and managers July 2018

**Dudley documents:**
The following documents can be found at:
[http://safeguardingchildren.dudley.gov.uk/](http://safeguardingchildren.dudley.gov.uk/) (follow the link and click on ‘For children and young people’ from the top headings click ‘I work with children’ then from the drop down menu click ‘safeguarding children procedures’)
or

- Dudley Safeguarding Children Board Child Protection Procedures
- Guidance for Safer Working Practice for Adults who work with Children and Young People
- Management of Allegations
- Use of Images Guidance/factsheets/consent forms
- Social Networking guidance/factsheets/consent forms
- Dudley Safeguarding Children Board Training Programme
- Empty Pocket Policy
- Entertainers Guidance
- EYFS and Childcare Training Programme

**Useful websites:**
[www.ofsted.gov.uk](http://www.ofsted.gov.uk)
[www.education.gov.uk](http://www.education.gov.uk)
[www.legislation.gov.uk](http://www.legislation.gov.uk)
[www.nspcc.org.uk](http://www.nspcc.org.uk)
[www.ceop.police.uk](http://www.ceop.police.uk)
[www.childnet-int.org](http://www.childnet-int.org)
[www.iwf.org.uk](http://www.iwf.org.uk)
[www.kidsmart.org.uk](http://www.kidsmart.org.uk)
A multi-agency referral should be made when the agency considers that:
- A child has been identified as a 'Child in Need' or is a Child in need of Protection', as detailed at level 4 in the threshold document.

CONSULT: Dudley Threshold Guidance and Framework for Support 2018 (www.dudleysafeguarding.gov.uk/professionals/thresholds-document/), discuss with your safeguarding lead and use your professional judgement to identify the level of need.

If you think the need has reached level 4 but require further advice or guidance, you can contact the MASH Team on: 0300 555 0050

Completed MARF must be emailed to: childrensMASH@dudley.gcsx.gov.uk (note: only fully secure, if emailing from another secure email account).
For those that do not have access to a secure email account, there are two options for sending the MARF securely:
- Password protect the form and send the password in a separate email
- Email initially without personal details. An Advisor from the MASH will then send you an encrypted email which you can use to send the MARF securely

MASH is open Mon- Fri 9am to 5pm. If your referral is URGENT and is outside of these times or on a Bank holiday please contact the Emergency Duty Team on: 0300 555 8574.
All telephone referrals must be followed up with completion of a MARF by the referrer within 24 hours.
Before completion of this form please refer to the Threshold Guidance and Framework for Support 2018 document.

<table>
<thead>
<tr>
<th>Consent</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are Parents/Carers aware of the referral to the MASH?</td>
<td>Yes</td>
<td>No</td>
<td>Written/Verbal</td>
</tr>
<tr>
<td>Has consent been obtained from the parent/carer to share information?</td>
<td>Yes</td>
<td>No</td>
<td>Written/Verbal</td>
</tr>
</tbody>
</table>

If consent has NOT been obtained, please record the reason/s for this:

Do you consider that the child/young person is at IMMEDIATE RISK OF HARM? | Yes | No |

<table>
<thead>
<tr>
<th>Child/Young Person Details</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Forename:</td>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Address Details:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Telephone:</td>
<td>Mobile Telephone:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>EDD if unborn baby/hospital where booked:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic Origin:</td>
<td>Disability:</td>
<td></td>
</tr>
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<td>--------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>1st Language:</td>
<td>Religion/Belief:</td>
<td></td>
</tr>
</tbody>
</table>

### Parent/Carer Details: Person 1

<table>
<thead>
<tr>
<th>Forename:</th>
<th>Surname:</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Address Details:</td>
<td></td>
</tr>
<tr>
<td>Home Telephone:</td>
<td>Mobile Telephone:</td>
</tr>
<tr>
<td>1st Language:</td>
<td>Is an Interpreter Required?</td>
</tr>
<tr>
<td>Identified Disability:</td>
<td></td>
</tr>
<tr>
<td>Do you have Parental Responsibility?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Parent/Carer Details: Person 2

<table>
<thead>
<tr>
<th>Forename:</th>
<th>Surname:</th>
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</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Address Details:</td>
<td></td>
</tr>
<tr>
<td>Home Telephone:</td>
<td>Mobile Telephone:</td>
</tr>
<tr>
<td>1st Language:</td>
<td>Is an Interpreter Required?</td>
</tr>
<tr>
<td>Identified Disability:</td>
<td></td>
</tr>
<tr>
<td>Do you have Parental Responsibility</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Other Household Members

#### Individual 1

<table>
<thead>
<tr>
<th>Forename</th>
<th>Surname</th>
<th>DOB</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this individual also referred?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

#### Individual 2

<table>
<thead>
<tr>
<th>Forename</th>
<th>Surname</th>
<th>DOB</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this individual also referred?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

#### Individual 3

<table>
<thead>
<tr>
<th>Forename</th>
<th>Surname</th>
<th>DOB</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this individual also referred?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tbody>
</table>

#### Individual 4

<table>
<thead>
<tr>
<th>Forename</th>
<th>Surname</th>
<th>DOB</th>
<th>Relationship</th>
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<tr>
<td>Was this individual also referred?</td>
<td>Yes</td>
<td>No</td>
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#### Individual 5

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<tr>
<th>Forename</th>
<th>Surname</th>
<th>DOB</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Was this individual also referred?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

#### Individual 6

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<tr>
<th>Forename</th>
<th>Surname</th>
<th>DOB</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this individual also referred?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## Details of referrer

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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<tbody>
<tr>
<td>Designation:</td>
<td></td>
</tr>
<tr>
<td>Address (Including Postcode)</td>
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</table>

<table>
<thead>
<tr>
<th>Telephone No:</th>
<th>Mobile No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address:</td>
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</table>

Date of telephone referral if applicable:

## Are you aware of any other agencies involved e.g. School Nurse, CAMHS, YOT

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Address</th>
<th>Telephone</th>
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## Reason for Referral:

Please use the following headings to structure your referral and identify how a referral to MASH will address the issues you have highlighted and lead to an improvement in the situation.

## Presenting Concerns

(Please describe the incident or circumstances that have led to a referral being made, including the date the child was last seen)

## The Child’s Developmental Needs – How I grow and develop

## Parenting Capacity – What I need from people who look after me

## Family and environment – My wider world

(E.g. issues related to: alcohol misuse, drugs misuse, domestic abuse, mental health problems, learning difficulties, offending behaviour/imprisonments and offences against children, any significant history)
<table>
<thead>
<tr>
<th><strong>Please outline any services that have been provided to address any previous concerns prior to this referral</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are any Court Orders in Place?</td>
</tr>
<tr>
<td>If yes please describe the type of Court Order that is in place:</td>
</tr>
<tr>
<td>Has an NWG CSE screening tool been completed?</td>
</tr>
<tr>
<td>Has an EHA been completed?</td>
</tr>
<tr>
<td>If “No” please give reasons</td>
</tr>
<tr>
<td>If “Yes” please attach a copy and identify the lead professional and their contact details</td>
</tr>
<tr>
<td>Have you discussed this referral with your designated child protection officer or your line manager</td>
</tr>
<tr>
<td>Signed</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>Designation</td>
</tr>
<tr>
<td>Date</td>
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</tbody>
</table>
**TO BE COMPLETED BY CHILDREN’S SOCIAL CARE AND RETURNED TO THE REFERRER**

### Feedback to the referrer

<table>
<thead>
<tr>
<th>Name of child/young person:</th>
<th></th>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td></td>
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<tr>
<td>Referring Agency:</td>
<td></td>
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</table>

### Outcome of the Referral

<table>
<thead>
<tr>
<th>Information and advice provided</th>
<th></th>
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<tbody>
<tr>
<td>Signpost to other services</td>
<td></td>
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<tr>
<td>Referring agency advised to undertake EHA</td>
<td></td>
</tr>
<tr>
<td>Referred for Early Help</td>
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</tr>
<tr>
<td>Undertake a Child, Young Person and Family Assessment, include specific team to undertake this</td>
<td></td>
</tr>
<tr>
<td>Section 47 investigation and/or joint assessment to be undertaken</td>
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<tr>
<td>Other Please Specify</td>
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<tr>
<td>Reason for decision</td>
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<table>
<thead>
<tr>
<th>Case Allocated to:</th>
<th>Tel</th>
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<tbody>
<tr>
<td>Team Manager Signature:</td>
<td></td>
</tr>
<tr>
<td>Date Signed:</td>
<td></td>
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</table>

If you are worried about a child you can telephone the MASH Team for advice and consultation on 0300 555 0050 9am - 5pm OR 0300 555 8574 after 5pm/weekends and Bank Holidays.

If you are worried that a Child needs a statutory social care assessment, complete a Multi Agency Referral Form (MARF) and email children’s services at: childrensMASH@dudley.gcsx.gov.uk

In circumstances where a Child has committed an offence the Police/Courts will refer the child to Youth Offending Services.

If the concern involves anyone working with children contact the LADO Officer allegations@dudley.gcsx.gov.uk Tel: 01384 813110

If the referral is concerning a relinquished baby contact is to be made with the MASH Team as above.

If the concerns relate to CSE refer to the CSE Pathway

If there is a professional disagreement regarding decision, please refer to the DSCB Resolution and Escalation Protocol and form