

CHAT Youth Counselling

CHILD PROTECTION POLICY

Safeguarding and promoting the welfare of children is defined 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; and taking action to enable all children to have the best outcomes (Keeping Children Safe in Education DfE, September 2016).

MISSION STATEMENT

CHAT Youth Counselling, Oundle believes:

All children have a right to protection from abuse, violence and exploitation. This is a mandatory policy which is approved and endorsed by the Trustees Management Committee and applies to all staff, trustees, and volunteers at CHAT. It is essential that all staff, trustees and volunteers are aware of this policy and the duties/responsibilities it places on them:

- ensure a child feels safe, secure and listened to;
- encourage child to talk about concerns, in a confident manner;
- understand how to they are to report any concerns they may have;
- be supportive of children who have been or are at risk of abuse.

Children and young people need protection and safeguarding for many reasons. They may need protection from the effects of poverty, disadvantage, exclusion and violence. But in addition individual children may also be at risk from specific forms of abuse by adults or other children. The term 'children' is used to refer to those individuals who are under 18 years of age.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child. (Keeping Children Safe in Education DfE, September 2016).

This Child Protection Policy should be read in conjunction with the Safeguarding/ Child Protection Policies of any school with a current Service Level Agreement arrangement in place, (reviewed annually). Copies of individual school policies will be kept in an accessible folder for staff and volunteers of CHAT.

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PURPOSE OF POLICY

To enable everyone working with CHAT Youth Counselling to have a clear understanding of how these responsibilities should be carried out and to ensure compliance with the Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures; as found on www.northamptonshirescb.org.uk.

STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, CHAT, Youth Counselling will act in accordance with the following legislation and non-statutory guidance:

- The Children Act 1989
- The Children Act 2004

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The following can be accessed for further information:

- Education Act 2002 (Section 175/157) Outlines that Local Authorities and School Governing Bodies have a responsibility to “ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils”.
- Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Keeping Children Safe in Education (DfE, September 2016)
- Keeping Children Safe in Education: Part One - information for all school and college staff (DfE, September 2016) – APPENDIX 1
- Working Together to Safeguard Children (DfE 2015)
 - “What to do if you think a child is being abused?” (2015)
 - Information Sharing (2015)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)

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ROLES AND RESPONSIBILITIES

Staff and Volunteers: All staff and volunteers have a responsibility to provide a safe environment for children.

Staff and volunteers are particularly well placed to observe signs of abuse, changes in behaviour and failure to develop because they have close contact with children.

They have a legal responsibility to act if they have a cause for concern. They must use the procedures identified below for sharing concerns and making referrals to Designated Safeguarding Lead. In 'exceptional circumstances', they can make a referral directly to the Multi Agency Safeguarding Hub or Police.

All staff and volunteers should have appropriate safeguarding and child protection training which is regularly updated (three year cycle). In addition, all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. This will ensure that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow to fulfil their legal responsibilities and duties, including sharing of information.

The Designated Safeguarding Lead: Trustees should ensure that there is an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority to carry out the duties of the post including, where appropriate, supporting and directing staff and volunteers.

The Designated Safeguarding Lead (DSL) will always be available for staff or volunteers by email or text. When staff or volunteers are working in school, they must work directly with the member of staff appointed as the school's DSL, operating under the individual school's Safeguarding and Child Protection policies. CHAT DSL must be informed of a referral having been made to the school's DSL and monitor any follow up action having been taken.

The DSL will make referral to the Multi Agency Safeguarding Hub (MASH) during Office hours. Out of hours all concerns should be directed to Northants Safeguarding professionals on 0300 126 3000.

The Designated Safeguarding Lead (DSL) for CHAT Youth Counselling is:

DENISE SLATER; CHAT Youth Counselling Manager

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The Deputy Designated Safeguarding Lead for Child Protection is:

CHRISTINE MARSTERS Chair of Trustees

The broad areas of responsibility for the Designated Safeguarding Lead Person are:

- Managing referrals and cases
- Refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern.
- Safeguarding Referrals must be made in one of the following ways:
 1. By telephone contact to the Multi-Agency Safeguarding Hub (MASH) 0300 126 1000 (Option 1)
 2. By e-mail to: MASH@northamptonshire.gcsx.gov.uk
 3. By using the online referral form found at <http://www.northamptonshirescb.org.uk/more/borough-and-district-councils/how-to-make-an-online-referral/>
 4. In an emergency outside office hours, contact children's social care out of hours team on 01604 626938 or the Police
- If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999.
- Liaise with the Chair and or Trustees of CHAT Youth Counselling to inform them of issues - especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Support staff who make referrals
- Attend/ participate in multi-agency assessment meetings, if required to do so
- The Designated Safeguarding Leads should undergo formal training every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed, (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually.

Trustees: All Trustees must have regard to the above guidance to ensure that the policies, procedures and training are effective and comply with the law at all times. The Trustee Management Committee will have an identified Trustee for Safeguarding, who's responsibilities include:

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- Monitor compliance of safeguarding and Child Protection Policies
- Manage referrals received from DSL/ staff. Any allegations regarding staff or volunteers of CHAT Youth Counselling should be made in writing to this person.
- Concerns regarding school personnel should be made in writing to the Headteacher of the named school. If the concern relates to the Headteacher, a referral should be made to the Chair of Governors of the named school, in accordance with their policies, by the CHAT DSL or DSL Trustee.
- Support CHAT DSL
- Undertake formal training every two years and receive regular updates for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually.

PRACTICAL ADVICE for staff, volunteers and Trustees

Children Who May Require Early Help

All staff and volunteers should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating.

Staff and volunteers working within CHAT Youth Counselling should be alert to the potential need for early help for children who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence.
- Children who are showing early signs of abuse and/or neglect

Staff and volunteers make seek advice from DSL or CHAT Manager regarding referrals for Early Helps. The Manager will support the completion of documentation and compliance with procedures.

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Early Help Links:

- www.northamptonshirescb.org.uk/social-care/early-help/ to access Northamptonshire's information and support for professionals regarding Early Help.
- The Early Help Strategy www.northamptonshirescb.org.uk/social-care/early-help/early-help-strategy/
- Early Help Co-ordinator www.northamptonshire.gov.uk/earlyhelp

The staff and DSL should be aware of the latest Thresholds and Pathways for support which can be found at: www.northamptonshire.gov.uk/thresholdsandpathways.

SIGNS and SYMPTOM of ABUSE

Staff and volunteers should be aware of the main categories of maltreatment: physical abuse, emotional abuse, sexual abuse and neglect. They should also be aware of the indicators of maltreatment and specific safeguarding issues so that they are able to identify cases of children who may be in need of help or protection.

1. Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Child

Bruises – shape, grouping, site, repeat or multiple

Withdrawal from physical contact

Bite-marks – site and size

Burns and Scalds – shape, definition, size, depth, scars

Aggression towards others, emotional and behaviour problems

Improbable, conflicting explanations for injuries or unexplained injuries

Admission of punishment which appears excessive

Injuries on parts of body where accidental injury is unlikely

Fractures

Repeated or multiple injuries

Fabricated or induced illness

Parent/Family/environment

Parent with injuries

History of mental health, alcohol or drug misuse or domestic violence.

Evasive or aggressive towards child or others

Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault

Explanation inconsistent with injury

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Marginalised or isolated by the community.

Fear of medical help / parents not seeking medical help

Physical or sexual assault or a culture of physical chastisement.

Over chastisement of child

2. Emotional Abuse

Emotional abuse is 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, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

Child

Self-harm

Over-reaction to mistakes / Inappropriate emotional responses

Chronic running away

Abnormal or indiscriminate attachment

Drug/solvent abuse

Low self-esteem

Compulsive stealing

Extremes of passivity or aggression

Makes a disclosure

Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school

Developmental delay

Depression

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Desperate attention-seeking behavior

Parent/Family/environment

Observed to be aggressive towards child or others

Marginalised or isolated by the community.

Intensely involved with their children, never allowing anyone else to undertake their child's care.

History of mental health, alcohol or drug misuse or domestic violence.

Previous domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

History of abuse or mental health problems

Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault

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Mental health, drug or alcohol difficulties

Wider parenting difficulties

Cold and unresponsive to the child's emotional needs

Physical or sexual assault or a culture of physical chastisement.

Overly critical of the child

Lack of support from family or social network.

3. Neglect

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.

Child

Failure to thrive - underweight, small stature

Low self-esteem

Dirty and unkempt condition

Inadequate social skills and poor socialisation

Inadequately clothed

Frequent lateness or non-attendance at school

Dry sparse hair

Abnormal voracious appetite at school or nursery

Untreated medical problems

Self-harming behaviour

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Constant tiredness

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Disturbed peer relationships

Parent/Family/environment

Failure to meet the child's basic essential needs including health needs

Marginalised or isolated by the community.

Leaving a child alone

History of mental health, alcohol or drug misuse or domestic violence.

Failure to provide adequate caretakers

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Keeping an unhygienic dangerous or hazardous home environment

Past history in the family of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault

Unkempt presentation

Lack of opportunities for child to play and learn

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Unable to meet child's emotional needs

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Mental health, alcohol or drug difficulties

4. SEXUAL ABUSE

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 or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.

Child

Self-harm - eating disorders, self-mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Running away from home

Inappropriate sexualised conduct

Reluctant to undress for PE

Withdrawal, isolation or excessive worrying

Pregnancy

Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Poor attention/concentration (world of their own)

Pain, bleeding, bruising or itching in genital and /or anal area

Sudden changes in school work habits, become truant

Sexually exploited or indiscriminate choice of sexual partners

Parent/Family/environment

History of sexual abuse

Marginalised or isolated by the community

Excessively interested in the child

History of mental health, alcohol or drug misuse or domestic violence

Parent displays inappropriate behaviour towards the child or other children

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Conviction for sexual offences

Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault

Comments made by the parent/carer about the child

Grooming behaviour

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Lack of sexual boundaries

Physical or sexual assault or a culture of physical chastisement.

5. PEER ON PEER ABUSE

Staff and volunteers should recognise that children are capable of abusing their peers. Whilst peer on peer abuse can take many forms, it remains clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. CHAT Youth Counselling will support children to make referrals to the school’s pastoral staff or make direct referrals to the school’s DSL, if it is considered to be abusive. However if one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- Whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/sexual assaults, sexting, domestic abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

6. FEMALE GENITAL MUTILATION (FGM)

Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. It is carried out on children between the ages of 0-15, depending on the community in which they live.

There is a statutory duty for professionals in England and Wales to report ‘known’ cases of FGM in under-18s to the police which they identify in the course of their professional work.

If there are suspicions that a girl under the age of 18 years may have undergone FGM or is at risk of FGM, professionals must still report the issue by following their internal safeguarding procedures. Professionals must share the information about their concerns, potential risk and/or the actions which are to be taken. Next steps should be discussed with the safeguarding lead and if necessary a social care referral made.

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Additional information available at the following link:

http://northamptonshirescb.proceduresonline.com/p_fem_gen_mutil.

7.CHILD SEXUAL EXPLOITATION (CSE)

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

For CSE there is the following guidance: 'What to do if you suspect a child is being sexually exploited' via the following link www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited

Additional information can be sought through the NCSB website using the 'Tackling Child Sexual Exploitation Toolkit' via the following link:

www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/

7.PREVENTING RADICALIZATION

The Counter-Terrorism and Security Act, 2015 places a duty on authorities 'to have due regard to the need to prevent people from being drawn into terrorism'. Protecting children from the risk of radicalisation should be seen as part of the wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and

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abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.

The Prevent Duty Guidance for England and Wales places requirements, on the school and organisations working with children and young people, under four themes: risk assessment, working in partnership, staff training and IT policies: www.gov.uk/government/publications/prevent-duty-guidance

Further information is available. The use of social media for online radicalisation: www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

Further information regarding preventing radicalisation can be found in Keeping Children Safer 2016. (Appendix A).

8.HONOUR BASED VIOLENCE (HBV)

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing.

All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the DSL. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Staff or volunteers who have a concern regarding a child that might be at risk of HBV, should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Additional Information on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found in the Multi agency statutory guidance on FGM (pages 38-41) and Handling case of forced marriage (pages 13-14).

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The Forced Marriage Unit has published Multi-agency guidelines, with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmufco.gov.uk. Additional information can be found on the NSCB website:

www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/

9. ON-LINE AND DIGITAL SAFETY

It is important that children and young people receive consistent messages about the safe use of technology and are able to recognise and manage risks posed both in the real world and the virtual world.

Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to all fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks to their well-being.

The issues can be categorised into three areas of risk:

- Content – being exposed to illegal, inappropriate or harmful material
- Contact – being subjected to harmful online interaction with other users
- Conduct – personal online behaviour that increases the likelihood of, or causes harm

All staff should recognise and be aware of online safety issues and make online safety a priority in their day to day working and in the messages communicated to CHAT users.

The DSL's and Trustees must ensure that all of the relevant online safety policies and procedures are in place and implement and that all personal data is managed securely and in accordance with the requirements of the current Data Protection Act and legislation.

The Designated Safeguarding Lead (DSL) and Trustees must ensure that staff and volunteers read and understand all relevant policies, inclusive of clear procedures in relation to the use of mobile phones, cameras and social networks as well as online conduct.

Staff should have a clear understanding of what constitutes misuse of mobile phones and cameras and know how to minimise the risk. Staff must be vigilant and alert to any potential warning signs of the misuse of mobile phones and cameras and report any concerns to CHAT Manager or DSL.

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10. DOMESTIC VIOLENCE (DV)

Domestic violence is defined as any incident or pattern of incidents 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:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

REPORTING CONCERNS

Advice on Dealing with a disclosure

If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticize the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person, Denise Slater, Manager without delay
- Notify the school they are working in and share this disclosure with their DSP as this is where the disclosure took place. Share that fact with DSP's Denise Slater, Manager and Christine Marsters, Chair of Trustees at CHAT Youth Counselling.

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Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff or volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead Person as well as taking the situation to Supervision

Advice on Dealing with a Concern.

CHAT Youth Counselling and individual schools have Reporting a Cause for Concern form which should be readily available to staff and volunteers. These forms should be requested and completed at the earliest opportunity and passed to the CHAT DSL or the individual school's DSL.

A copy of the Concern sheet should not be retained.

A member of staff can obtain support, through discussions with the DSLs, regarding their concerns and actions to be taken.

Record Keeping

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Leads. Formalised 'Reporting a Cause for Concern' sheets are available to aid record keeping. Record what has been noticed or said and then sign and date record. Record what a child says in their words. Give this record sheet promptly to the DSL. Keep what has happened confidential to as few people as possible who need to know. It is not your job to investigate concerns about a child or talk to the parents.

When a child has made a disclosure, the member of staff or volunteer should:

- Record as soon as possible after the conversation. Use CHAT Youth Counselling record of concern sheet (or schools if appropriate) wherever possible
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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All records need to be given to the CHAT Designated Safeguarding Lead or school's DSL promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005

Making a referral

If any member of staff is concerned about a child, he or she must inform the Designated Safeguarding Lead. The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Whilst it is the DSLs role to make referrals, any staff member can make a referral to Children's Services via on-line form to MASH. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If staff or volunteers, in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the teacher must report this to the police after informing the Designated Safeguarding Lead Person. This is a mandatory reporting duty. See Keeping Children Safe in Education (DfE 2016): Appendix 1 and Annex A for further details.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Particular attention will be paid to the attendance and development of any child about whom there are concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

How to deal with complaints about a member of staff

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates she/he would pose a risk of harm if they work regularly or closely with children

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This applies to any child the member of staff or volunteer has contact within their personal, professional or community life.

What staff or volunteers should do if they have concerns about safeguarding practices within their workplace:

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the setting's safeguarding arrangements.
- Appropriate whistle blowing procedures, which are suitably reflected in policies, should be in place for such concerns to be raised with the Manager or Trustees.

If staff members have concerns about another staff member then this should be referred to the DSL Manager or DSL Trustee. Where there are concerns about the Manager, this should be referred to the Chair of Trustees. CHRISTINE MARSTERS christine.marsters1902@gmail.com 01832 272634

In the absence of the Chair of Trustees, the Vice Chair should be contacted. VAL CHESSER

Val.chesser@virgin.net 01832 272217

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/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 an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the appropriate person in alignment with above lists. 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.

That person will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer (formerly LADO):

Multi-Agency Safeguarding Hub: 0300 126 1000 (Option 1)

Designated Officers (formerly LADO) doreferral@northamptonshire.gov.uk

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For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

If the allegation meets any of the three criteria set out at the start of this section of the policy, contact should always be made with the Designated Officer (formerly LADO) without delay.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via its internal procedures.

Where a staff member feels unable to raise an issue with their employer/through the whistle blowing procedure or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them:

- Multi-Agency Safeguarding Hub: 0300 126 1000 (Option 1)
- NSPCC whistle blowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

If the allegation is about a staff member in a school, the CHAT DSL or CHAT staff member must pass the written Cause for Concern sheet to the Headteacher of the school involved or if it is relating to the Headteacher, the written concern should be passed to Chair of Governors as a matter of urgency. These professionals will contact the Designated Officer.

COMMUNICATION WITH PARENTS/CARERS

CHAT Youth Counselling will ensure the Child Protection Policy is available publicly either via the offices on request or on the website.

Parents/carers should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material.

CHAT Youth Counselling

CHILD PROTECTION POLICY

CHAT Youth Counselling may also consider not informing parent(s) where it would place a member of staff at risk.

CHAT Youth Counselling will ensure that parents have an understanding of the responsibilities placed on them and their staff for safeguarding children.

CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

All staff or volunteers have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services and the Police).

If a child confides in a member of staff or volunteer and requests that the information is kept secret, it is important that the member of staff or volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This may ultimately not be in the best interests of the child.

Staff or volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

STAFF CODE OF CONDUCT

The staff Code of Conduct outlines acceptable level of staff behavior and aims to protect staff from allegations of misconduct. During their induction training, new staff must be given the staff Code of Conduct Is there one? and the Keeping Children Safe in Education (2015) Copy in Office DS?

Underlining principles: Staff should:

- Be aware that the welfare of the child is paramount
- Understand their responsibilities to safeguard and protect children
- Be responsible for their own behavior and avoid any conduct which could lead any reasonable person to question their motives and intentions
- Apply the same professional standards regardless of age, disability, race, colour, ethnic or national origin, gender, religion or belief, sexual orientation, marital status or trade union membership

CHILD PROTECTION POLICY

- Know name of the DSL and their deputies and report any concerns about the safety or welfare of a child to them

Safe working practices

- Staff must treat information about children and their families discretely and not disclose confidential matters.
- Staff should be careful not to misuse their power and influence over children.
- Staff should ensure their behavior remains professional at all times, including their dress, use of language and online communications which is or could be seen publically.
- Physical contact should be minimal, time limited, age appropriate and able to be justified.
- Intimate care and first aid should only be administered according to relevant procedures.
- Staff should not offer lifts to children. Any impromptu or emergency arrangements of lifts should be recorded and should be able to be justified.
- Staff should not receive gifts other than small tokens of appreciation.
- Staff should not give gifts other than as part of an agreed reward system or given to all children equally.
- Staff should not engage in personal email or telephone communication with children, except for confirmation of appointments. This includes texting. Messaging, skypeing, chat rooms, social networking sites etc.
- Any out of school/ office contact should be planned and agreed with Manager and parents as appropriate. Appropriate social contact will be easily recognized and openly acknowledged.
- Internet use should be according with CHAT policy and inappropriate content must not be accessed.
- There should be no unauthorised photography of children.
- Staff should guard against young people developing an infatuation with them and report any concerns to CHAT Manager.
- Staff should be mindful of situations when working on 1:1 basis. Additional adult presence nearby is recommended. Access to telephone communication for assistance is a requirement.
- Staff should be mindful of situations where a child or parent comes to depend on them for support outside their role and discuss this promptly with CHAT Manager.
- Staff are in a position of trust and should never engage in any sexual relationship with service users. Communication must never be sexually suggestive.

CHAT Youth Counselling

CHILD PROTECTION POLICY

IMPLEMENTATION, MONITORING AND REVIEW

The policy will be reviewed annually by the Trustees. It will be implemented through induction and training, and as part of day to day practice. Compliance with the policy will be monitored by the Manager and Trustees and through staff performance measures.

Staff and Trustees will be asked to sign an annual declaration to confirm awareness of policy and procedures.

This policy will be reviewed annually by Trustees Management Committee on anniversary of adoption.

Date Adopted: January 2018

CHAT Youth Counselling
CHILD PROTECTION POLICY
ANNUAL DECLARATION

Year: -----

Please sign and return to DENISE SLATER (DSL) by <insert date> -----

I, ----- <insert name> ----- have read

and am familiar with the contents of CHAT Youth Counselling Safeguarding and Child Protection Policy, as above, and understand my role and responsibilities as set out in it.

I am aware that the CHAT Youth Counselling Designated Safeguarding Leads are:

and

I am able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the documents mentioned above, are available on the Northamptonshire Safeguarding website.

Signed: -----

Role: -----

Date: -----