

SAMUEL LITHGOW YOUTH CENTRE

SAFEGUARDING POLICY

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Samuel Lithgow Youth Centre

Child Protection Policy Statement

As an organisation we want every child who uses the community centre, regardless of age, to develop their potential and to enjoy and benefit from the services and facilities we have to offer. We therefore believe that at all times and in all situations, they have a right to feel safe and protected from any situation or practice that might lead to their being physically or psychologically damaged. This policy is our commitment to provide systems for recognising and reporting any such risk.

SAFEGUARDING PROCEDURES

1. INTRODUCTION

1.1 These procedures give specific guidance to people working with school age children under the age of 18 years.

1.2 Child abuse occurs in all groups within society. It occurs within all cultural, ethnic, and religious communities and across all classes. Perpetrators of all forms of abuse can be either male or female.

1.4 Our society embraces a variety of family forms, cultures, and childcare practices. Staff must be sensitive to these differences, but clear that child abuse is not tolerated.

1.4 Staff working with children has an important role to play in the recognition and referral stage of child protection. Children usually attend projects on a regular basis and close relationships are formed staff, children, and families. If there are particular concerns about a child (e.g. they have been referred by Social Services), staff must make enquiries when he / she stops attending the project suddenly or without explanation.

1.6 The main principle in the law on child protection (Children Act 2004) is that ***the welfare of the child is paramount***. Staff may get to know families well and may feel anxious about their loyalties to the parent. ***However, under the law, staff must put children's interests first and the Social Services Department must be informed if child abuse is suspected.***

1.7.1 It is not the role of staff to investigate possible child abuse. ***Only Social Services Departments, the NSPCC, and the police have the statutory power to investigate when a child is considered to be at risk.***

1.8 These procedures should be used whenever staff have a concern about the welfare of a child. The action taken will depend on the nature of the concern.

1.9 Project Managers must ensure that all staff working in their projects have read and are familiar with these procedures.

1.10 All staff should have a basic knowledge of child protection as a condition of employment.

2. LEGAL REQUIREMENT

2.1 The major law on child protection is contained in the Children Act 2004 and local authorities are under a statutory duty to investigate where they have reasonable cause to suspect that a child is likely to suffer 'significant harm'. The Social Services Department carries out these responsibilities on behalf of the local authority.

2.2 Any person who has knowledge of or suspicion that a child is suffering significant harm or is likely to suffer significant harm must refer their concern to the local Social Services Department.

2.3 It is the Centre Manager of SLYC the responsibility to act in all cases of suspected child abuse. Where the action to be taken is not clear, he should seek advice from the Social Services Child Protection Officers.

2.4 Social Services cannot guarantee that the source of a referral will be kept confidential. This understandably causes anxiety for staff, but it is important to emphasise that play staff have a duty under the Children Act 2004 and are required to report all serious concerns about a child's welfare to Social Services.

3. RESPONSIBILITY OF THE YOUTH CENTRE

3.1 Staff are in a front-line position to observe signs and indicators of abuse or to be told of concerns that can alert to the possibility of abuse.

3.2 Staff members have an important role in the recognition and referral stage of child protection, particularly during holidays when children are not attending school. Many children attend play projects on a daily basis and form close relationships with play staff. It is possible that children will confide in play staff or that, because of the close relationship, play staff will be particularly sensitive to a change in a child's behaviour.

3.3 Staff may have concerns about the possible repercussions on the reputation of their project if they are known to have contacted the Social Services Department. They may even fear threats from parents. The Social Services Child Protection Officers will offer support and advice to any service provider in such a position. The protection of the child is paramount at all times.

3.4 Projects should ask to be kept informed by Social Services when they have reported concerns, particularly if the child or other family members continue to use the provision. It will often be appropriate for a Project Manager (and sometimes other staff) to be involved in a strategy meeting, case conference or core group.

3.5 Domestic violence and its impact on children is a child protection issue. Children can suffer from domestic violence as victims of actual violence or as witnesses to violence. Domestic violence must be considered within the Child Protection Procedures as physical abuse where the child has been the victim of violence, and emotional abuse when the child has witnessed adult violence.

4. PROCEDURES

1. GUIDANCE

We recognise that child protection at SLYC should not be treated in isolation, and we will take on board guidance given by the NSPCC.

2. IF A CHILD / YOUNG PERSON SAYS THAT HE OR SHE IS BEING ABUSED OR PROVIDES INFORMATION THAT SUGGESTS THAT THEY ARE BEING ABUSED ('ALLEGATION OF ABUSE'), THE PERSON RECEIVING THE INFORMATION SHOULD:

- Remain calm, accessible, and receptive

- Listen carefully without interrupting or asking leading questions
- Communicate with the child / young person in a way that is appropriate to their age, understanding and preference
- Be aware of the non-verbal messages you are giving
- Make it clear that you are taking them seriously
- Acknowledge their courage and reassure that they are right to tell
- Reassure them that they should not feel guilty and say that you are sorry that this has happened to them
- Let them know that you are going to do everything you can to help them and what may happen as a result
- Make a note of what was said and who was present, using the child / young person's actual words whenever possible

YOU SHOULD NEVER:

- Investigate or seek to prove or disprove possible abuse
- Make promises about confidentiality or keeping 'secrets' to children / young people
- Assume that someone else will take the necessary action
- Jump to conclusions, be dismissive or react with shock, anger, horror, etc
- Speculate or accuse anybody
- Investigate, suggest, or probe for information
- Confront another person (adult or child / young person) allegedly involved
- Offer opinions about what is being said or the persons allegedly involved
- Forget to record what you have been told
- Fail to pass this information on to the correct person

3. Careful written factual records must be made of any concerns about a child's welfare. In the case of a specific incident, a 'Child Protection Report' (Appendix 6) should be completed as soon as possible, preferably the same day but definitely within 24 hours, even if no further action is taken. Such records may be important in building up a picture of a child's life and in the preparation of court reports if there are further incidents in the future. Staff may have to answer questions concerning these reports in court. Such reports must be kept confidential.

4. If staff wish to refer a child to Social Services or are asked to 'monitor' a child, they must complete a 'Child in Need / Child Protection Monitoring Form' (see Appendix 7).

5. Staff may receive information concerning a child's welfare from another person. It may come from a brother, sister or a friend or be picked up on the grapevine. Such information should be taken seriously, and the Centre Manager must be informed. Advice may also be sought from the Duty Social Worker on what further action should be taken.

6. Emergency:

- If a child discloses abuse in a clear way or staff have other reasons to believe from their presentation that a recent and serious abuse has occurred, staff may have concerns as to whether the child can safely return home that day. In this situation, staff must inform the Centre Manager immediately and also inform the Social Services Department and, if necessary, the Police Child Protection Team, to ensure that an immediate investigation is carried out.
- The Centre Manager must complete a 'Child Protection Report' (Appendix 6) as soon as the immediate accident has been dealt with, and definitely within 24 hours.

3. RECRUITMENT

We will address recruitment and selection of volunteers and paid employees by doing the following:

a) **WHAT APPLICANTS ARE REQUIRED TO DO**

SLYC will require all prospective employees and volunteers to :

- fill in an application form which includes details of previous employment
- complete a DBS (Disclosure and Barring Service) Disclosure Form in which they list in writing any previous names or addresses and any convictions, in particular any involving children
- provide names and contact details of two referees at least one of whom should have knowledge of their work ,if any, with children.
- produce documentation of any professional or other qualifications related to working with children (if such evidence cannot be produced, they should not be working with children)
- understand by signing a statement within their application that the provision of false information will lead to the job offer being withdrawn or the appointment being terminated

b) **WHAT THE SLYC UNDERTAKES TO DO**

We will ensure that as part of the recruitment process, we will :

- provide written job descriptions for all proposed activities with children
- include in all job descriptions, whether child related posts or not, the duty to work in the interests of children's welfare and safety
- interview all applicants for child related work, exploring with them their experience of working with children

- check that all adults with substantial access to children have been appropriately vetted by submission of their details to the DBS (Disclosure and Barring Service) and Department of Health Consultancy Index
- make any appointments of paid staff or volunteers subject to the successful completion of a probationary period of 3 months of regular reviews and spot checks
- follow up each reference provided with a telephone call or personal contact during which we will discuss the applicant's suitability to work with children. A record of this discussion to be kept on the applicant's file
- retain neither Disclosures nor a record of Disclosure information contained within them for longer than is required for the particular purpose. In general, this should be no later than six months after the date on which recruitment or other relevant decisions have been taken, or after the date on which any dispute about the accuracy of the Disclosure information has been resolved. This period should be exceeded only in very exceptional circumstances which justify retention for a longer period

4. AWARENESS AND TRAINING

To ensure that the contents of this policy are fully understood by all those who use the Youth Centre and can be fully implemented by those who work in it we will :

- prominently display our Child Protection Policy Statement in all activity areas and at key information points within the Centre
- include this same statement in our Centre programme
- ensure that all staff and volunteers are aware what to do if a child discloses abuse to them, or if they discover evidence of abuse, by issuing Child Protection guidelines
- assess the training needs of all volunteers and staff working with children at the Centre and contact the appropriate authorities about information on such training courses.
- ensure that as the governing body the Youth Centre's Management endorses in full the contents of this policy is fully aware of its responsibilities under it.

5. WORKING WITH PARENTS

The SLYC is committed to working with parents, wherever possible, to further the welfare of their children. Generally this will mean that staff will speak first directly to parents about any concerns they may have about a child. However, the welfare of the child is paramount and where there is serious concern about a child's safety, the Centre will need to share information with other services, in some cases without the parent's direct knowledge.

6. CONFIDENTIALITY

i) Confidentiality Agreements

The SLYC operates a policy of confidentiality whereby users can request that information that they give to staff should remain secure with a designated worker and not to be shared. However users must be aware that the Centre reserves the right to break

such agreements where child protection issues are involved. No such agreement should be offered to children in a disclosure situation.

ii) Sharing Information with other Staff / Management Committee

Information about a child protection issue will be shared with other staff and the Board of Directors strictly on a need to know basis, with need being defined as need to have access in the course of their duties. Any such information given must be given and kept in the strictest confidence. For staff their line managers, unless themselves implicated, must always be informed.

iii) Keeping Records Securely

Where written records of a child protection issue are required, it is the responsibility of all staff with knowledge and access to such records to ensure that they are kept securely locked away and not visible to others.

8. ROLES AND RESPONSIBILITIES

i) Overall Responsibility

It is the responsibility of all staff, paid and volunteers, Board of Directors, and Centre users to follow the SLYC Child Protection Policy guidelines and to work together to maximise the protection we can offer children who use our facilities

ii) Designated Responsibility

The Centre Manager of SLYC, Paulo Pires*, is the Designated Officer responsible for all child protection duties including:

- de-briefing staff following a child protection incident
- ensuring that written referrals are completed, collated, and sent to Social Services
- acting as a referral and liaison point for Social Services
- disseminating the policy guidelines and best practice to all staff
- following procedures for allegations made against a member of staff (see Appendix 4)

* Email: coordinator@samuel-lithgow.org.uk

* Telephone: 020 7602 0186

* Mobile: 07758 922 324

9. REFERRAL PROCEDURES

i) First Report

Any user, member of staff or Board of Directors member who has a concern, suspicion or evidence of child abuse should immediately report it to the project manager of the relevant service or to the Centre Manager.

ii) Referral

The Centre Manager or, in the absence of a designated project manager, the Board of Directors will then assess the report and make the appropriate referrals by phone and in writing to Social Services using the multi agency standard Child Protection Report Forms (Appendix 7)

10. RECORDING

It is important that in all child protection cases a written record is made of what was seen, heard, or disclosed. In all cases this record should be:

- factual, listing what actually occurred, was seen, or was heard
- objective, making a statement rather than an opinion
- as far as possible a verbatim account of what a child has said
- on the appropriate multi agency report forms
- copied, so that the Centre retains a copy of any report made
- confidential, so that the record is stored safely and where unauthorised people cannot see it.

11. MONITORING

i) Requested Monitoring

Should the Centre be asked by Social Services to monitor a child whose name has been placed or appears on the Child Protection Register or who is causing lower level Child Protection concerns, this monitoring should be carried out on the standardised Child Protection / Children in Need Monitoring Form (see Appendix 8) over an agreed period (4-6 weeks). Concerns about neglect or emotional abuse should be recorded on this form and must be shared with Social Services at the end of the monitoring period for guiding future action. Any evidence of physical or sexual abuse during the monitoring period should be reported immediately as soon as they are observed.

ii) Ongoing Monitoring

If the Centre is informed that a child attending its activities is on the Child Protection Register, it is important that an ongoing monitoring is maintained again using the standardised Monitoring Forms so that any evidence relevant to any future or ongoing concerns can be shared if required with the case Social Worker

12. Inter-Agency Working

To ensure that any child at risk is given the maximum protection the Centre undertakes to co-operate fully with other concerned agencies by :

- naming a designated staff member to liaise on any given case
- attending strategy meetings, case conferences and reviews
- taking part in any nominated Core Group for child protection case planning
- sharing with the appropriate agencies all relevant information
- liaising with all relevant agencies for ongoing work with children and their families

- giving other agencies the earliest possible warning of serious concerns

13 Internet & Media Policy

Because of the child protections risks inherent in unmonitored use of the internet by children the Centre will ensure that:

- all internet facilities provided within the Centre are protected by software that will deny access to undesirable sites
- notices about the risks of children having unsupervised access to the internet will be prominently displayed
- staff will regularly monitor children's internet use
- staff will use ICT teaching sessions to warn children about risks
- any disclosures by children about ill advised internet use will be treated as child protection issues and will prompt standard policy procedures
- *Events, campaign launches and photo opportunities* – events are a good way to generate media interest in our work and provide opportunities for photographs. All media invitations should be made through the main office. A permission form to have a photograph taken should be signed by the parent or carer (if the child is under 16), or by the person themselves (16+).

This policy is under constant review, and it will be reviewed and updated annually.

Signed: ...Paulo Pires.....

Date updated March 2024

Position: Centre Manager of SLYC

APPENDIX 1 : RECOGNITION OF ABUSE IN CHILDREN UNDER 18

*Appendix 1 deals with recognition of abuse and must be read by all staff.
Remember that abuse includes physical abuse, neglect, sexual abuse, emotional abuse*

1. Many children who are being abused do not suffer from only one form of abuse. Sexual and physical abuse nearly always includes some form of emotional abuse. Some children who are physically abused will also be neglected and / or sexually abused.

When might you suspect abuse?

2. Every child will react differently to abuse. The following signs might arouse staff's suspicions that a child is being neglected or otherwise abused. However, there could be legitimate and reasonable explanations for all of them. Unless staff suspect sexual abuse, any concerns should be discussed with parents.

3. It is important to take account of the age, ability and understanding of children in the recognition of abuse. Forms of abuse and, therefore, the signs and indicators may vary according to a child's level of development and vulnerability.

a) Growth and development

Children who are emotionally deprived may fail to thrive for no specific medical reason. They may seem under-nourished and small in height and weight compared with their peers. Their behaviour may seem like that of a younger child, perhaps easily distracted and unable to concentrate and show low skill competency. Children whose development has been impaired by lack of stimulation may seem detached or disinterested and have poor social skills. There may be an obvious medical reason for this, but that can be ascertained from the parents or confirmed with parental permission by the GP or paediatrician.

b) General appearance

Children who are being neglected often seem ill kempt. Their clothing may be inappropriate, ill fitting and dirty; the child may smell of urine. Do not forget that children who are well cared for can also be abused.

c) Eating problems

If a child always appears ravenously hungry and / or persistently takes or steals food from others, she / he may be receiving insufficient food at home. A child may also show lack of interest in food or take no pleasure in eating if unhappy. Eating disorders, such as anorexia or bulimia, may be a sign that a child is being abused. Eating problems are common in early childhood but extremes and/or changes need to be monitored.

d) Attendance

Note should be taken if a child is absent from a project for prolonged periods of time, has regular unexplained periods of absences, or where the explanation for absence does not seem to fit.

e) Physical changes

There may be sudden physical changes. The child may start wetting, have stomach pains with no medical reason, or become constipated. Play staff giving personal care to children may see irritating infections of the genitalia or rectum. There may also be discharge. Children may tell staff with whom they have a close relationship about some physical discomfort or distress they are experiencing.

f) Behavioural changes

The child may become quiet or very detached. They may become attention seeking, bullying or aggressive. Play staff should be aware of changes in the pattern of a child's play and in her / his ability to interact & maintain relationships with other children and with adults.

e) Bruising, cuts or burns and bites

i) All children sustain injuries and bruises in the normal rough and tumble of play. These usually occur in specific places, such as the elbows, knees, and shins. If staff notice bruising on the cheeks, ear lobes, upper arms, chest, stomach, buttocks, or thighs, this may suggest that the child has been gripped or slapped and may be a non-accidental injury. Burns that cannot be explained are also suspicious - in particular, cigarette burns (which have a typical circular appearance) and iron burns (which appear triangular or linear).

ii) Children who are being abused are frequently reluctant to discuss how they got their injuries, whereas most children who have fallen over or fallen off their bikes, etc are only too eager to explain what has happened and to tell everybody about it.

iii) If there is concern about any physical changes it may be important to consult with the child's GP or Health Visitor. This may only be done with parental permission.

f) Child-on-Child Abuse

Staff must be aware that children may be harmed by other children.

Child-on-child abuse can happen both inside and outside of the centre including online. It is important that all staff recognise the indicators and signs of child-on-child abuse.

Staff should treat all reports of child-on-child abuse very seriously and make it clear that all forms are unacceptable. As with all forms of abuse the occurrence of child-on-child abuse is an infringement of a child's human rights. Abuse is abuse and will never be dismissed as 'banter' or 'part of growing up'. The SLYC adopts a Zero Tolerance Approach to child-on-child abuse.

All staff should recognise that even though there are no reported cases of child-on-child abuse among pupils, such abuse may still be taking place and that it is simply not being reported.

Staff should be aware that it is more likely that boys will be perpetrators of child-on-child abuse and girls will be victims of child-on-child abuse. However, all forms of child-on-child abuse are unacceptable and will not be tolerated at the school.

Staff should recognise that child-on-child abuse can take many forms and may be facilitated by technology, including:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- physical abuse such as biting, hitting, kicking or hair pulling
- sexually harmful behaviour and sexual abuse including inappropriate sexual language, touching, sexual assault or rape
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nudes and semi-nudes images and/or videos
- teenage relationship abuse – where there is a pattern of actual or threatened acts of physical, sexual or emotional abuse, perpetrated against a current or former partner
- upskirting – taking a picture under a person’s clothing without their knowledge and/or permission with the intention of viewing their buttocks or genitals (with or without underwear) to obtain sexual gratification. It is a criminal offence.
- initiation/hazing - used to introduce newcomers into an organisation or group by subjecting them to a series of trials and challenges, which are potentially humiliating, embarrassing or abusive.
- prejudice and discrimination - behaviours which cause a person to feel powerless, worthless or excluded originating from prejudices around belonging, identity and equality, for example, prejudices linked to disabilities, special educational needs, ethnic, cultural and religious backgrounds, gender and sexual identity.

Different gender issues can be prevalent when dealing with child-on-child abuse, for example girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

Although a child identifying as LGBTQ+ is not in itself a safeguarding concern, such children may be more vulnerable to forms of child-on-child abuse. This includes children who are perceived to be LGBTQ+ even though they do not identify as such. The school is committed to providing a safe space for LGBTQ+ children to share any concerns they may have and in ensuring an inclusive culture is maintained.

To minimise child on child abuse in SLYC it is vital that all staff identify peer abuse early to prevent it from escalating. Staff are regularly provided with regular updated and appropriate safeguarding training that enables them to understand their role in preventing and identifying child on child abuse. All staff are aware that they must report any forms of child on child abuse to the DSL.

- i) Serious attention should be paid to children who behave abusively towards other children. This may include verbal bullying, physical or sexual abuse.
- ii) It is essential that all such incidents are treated seriously. The needs of the victim must be addressed. Staff must ensure that the abuser(s) understand that such behaviour is unacceptable.
- iii) Children who abuse other children may themselves be the victims of abuse and if abuse is repeated or a matter of serious concern, the Senior Worker must seek advice from the Child Protection Officers or Duty Social Workers.
- iv) The Senior Worker must keep a factual written and dated record of all such incidents as they occur and discuss them with appropriate play staff and their Line Manager.
- v) Unless it is decided that children may be suffering sexual abuse, the Senior Worker must talk to the parents / carers of children involved in such incidents.

g) Sexual behaviour

i) If children are being sexually abused, they may behave in a sexually explicit way, such as playing sexual 'games', and showing inappropriate sexual awareness. Some sexual play / behaviour is natural, but if a child appears preoccupied with this kind of activity, staff should be concerned, and advice should be sought.

ii) Sexual behaviour that is a cause for concern includes:

- sexual play / behaviour between children of significantly different ages
- sexual behaviour involving threats, bribery, harassment, or force
- inappropriate sexualised behaviour which may indicate a level of sexual knowledge inconsistent with the level of development normally expected

iii) It is important to remember that in Britain one in five girls reach puberty when they are under twelve years old, and they may be experiencing behavioural changes as a result. Boys' behaviour will also be affected by the approach of puberty and an awareness of the changes in the girls.

iv) In cases of children sexually abusing others, staff must protect the victimised child. It is necessary to consider whether the child perpetrating the abuse is also itself a victim of abuse. In such cases a referral must be made to the Social Services Department

h) Organised Abuse

This is abuse where there is more than a single abuser and the adults concerned appear to act in agreement to abuse children and / or where an adult uses an institutional framework or position of authority to recruit children.

i) Child Criminal Exploitation Including County Lines

Child Criminal Exploitation is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal

activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country through County Lines, forced to shoplift or pickpocket, or to threaten other young people. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

All Staff should be aware that girls as well as boys can be risk of CCE. It is important for staff to note that boys or girls being criminally exploited are at higher risk of being sexually exploited.

Staff need to be aware of some of the indicators of CCE:

- Children who are in possession of multiple phones and overly anxious to check their phones
- Children who experience sudden changes in behaviour e.g. looking agitated
- Children who want to leave the school premises at lunchtime
- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- 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.

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of “deal line”. This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children's homes and care homes.

Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Many of the indicators of children involved in County Lines are as described above under CCE. However, in addition they can include children who:

- go missing from education and/or home and subsequently found in areas away from their home;
- have been the victim or perpetrator of serious violence (e.g. knife crime);
- are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs;
- are exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection;
- are found in accommodation that they have no connection with, often called a 'traphouse or cuckooing' or hotel room where there is drug activity;
- owe a 'debt bond' to their exploiters;
- have their bank accounts used to facilitate drug dealing

Further information on the signs of a child's involvement in county lines is available in guidance published by the Home Office and The Children's Society [County Lines Toolkit For Professionals](#).

[N.B. Primary schools should be alert to the increase vulnerability of children under 10 years old being exploited because they are under the age of criminal responsibility]

j) Child Sexual Exploitation (CSE)

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

Child Sexual Exploitation is a form of child sexual abuse. CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child 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. Apart from age other factors that could make a child more vulnerable to exploitation, include gender, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources.

CSE can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet. CSE can occur over time or be a one-off occurrence and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited, as they may believe they are in a genuine romantic relationship. Children may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Staff should be vigilant and be aware of the following indicators of CSE, which is by no means an exhaustive list, and report all concerns immediately to the DSL:

- Children who are in possession of multiple phones and overly anxious to check their phones
- Children who experience sudden changes in behaviour e.g. looking agitated, children who want to leave the school premises at lunchtime
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant.
- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- 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 further information staff can read the [Home Office Statutory Guidance](#) on Child Sexual Exploitation as well as speaking to the DSL.

k) Relationship with parents

i) In general, the Children Act 2004 requires local authorities to work in partnership with parents. Information should be shared unless in contradiction with the principle that the interests of the child are paramount. This may be the case in a child protection incident.

ii) A child who is being abused may seem to be frightened of the parents or only seem happy with staff. If one of the parents is also being abused, as in cases of domestic violence, the child may cling to that person and be reluctant to leave them. A child may also seem anxious to protect the parent or may even take over the parent's role.

iii) Abusing adults come from all walks of life; child abuse happens in families from all social classes, racial, cultural, and religious groups. Some parents are more able to hide abuse behind a facade of respectability. Some abusing parents may appear hostile and intimidating, while others may appear overtly cooperative and self-effacing.

iv) Where a family employs a nanny, au pair or childminder, any concern regarding the welfare of the child should first be discussed with the parents, unless the concern is with regard to child sexual abuse. However, if a child has a worrying injury, staff should ask the adult collecting the child how this occurred. If the adult collecting the child is not the parent, the concern must be discussed with them, and contact must be made with the parent.

vi) If there is anxiety about how to approach a parent, the project manager should seek the advice of their Line Manager or the Lead Officer for Child Protection in the Camden Play Service, Children, Schools, and Families Directorate.

l) Child's own statement

i) If a child trusts a member of staff enough to tell them that she / he is being abused in some way, however unlikely it may seem, it is very important to take seriously what the child says. It may be straightforward, or it may be indirect, but it is important to understand that children almost never lie about abuse.

ii) Staff must make it clear to the child from the outset that the information cannot be kept a secret and that if something harmful is being done, it must be stopped. It is important to acknowledge that it may be very difficult for the child. Always be ready to listen. Some explanation should be given to the child, especially older children, about the likely process.

iii) Often when a child has told a trusted adult something of their story, they may attach to that person and be very anxious. The child must be reassured that they are not going to be forgotten or left alone with their problem.

iv) Children who communicate through means other than spoken language may disclose abuse to staff. They must be listened to, and the disclosure treated according to these procedures.

v) Complete a 'Child Protection Report' (Appendix) right away, including a verbatim report of what the child actually said or communicated.

m) Radicalisation and Extremism

'Safeguarding vulnerable people from radicalisation is no different from safeguarding them from other forms of harm' (Home Office, Prevent Strategy – June 2015).

Radicalisation – 'the process by which a person comes to support terrorism and forms of extremism leading to terrorism' (Prevent Strategy)

Extremism – 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect tolerance of different faith and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas' (Prevent)

There is no single way of identifying a young person who is likely to be susceptible to terrorist ideology. As part of wider safeguarding responsibilities staff will be alert to:

- Disclosures by young people of their exposure to the extremist actions, views, or materials of others, especially where the young person has not actively sought these out.
- Graffiti symbols, writing or artwork promoting extremist messages or images
- Young people accessing extremist material online, including through social networking sites
- Distributing extremist literature and documentation
- Young people voicing opinions drawn from extremist ideologies and narratives
- Changes in behaviour which could indicate that they are in need of help or protection
- Use of extremist or 'hate' terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or views based on, but not exclusive to, gender, disability, homophobia, race, colour, or culture
- Attempts to impose extremist views or practices on others
- Anti-Western or Anti-British views
- Use of extremist language. 'Dawlah' – term used by ISIL to refer to the 'Islamic state' 'Jihad' – means 'struggle' or 'violence' 'Caliphate' – ISIL supporters describe the territory they control in Iraq / Syria 'Mujahid' – someone who wants to fight as part of the 'Jihad' 'Shahada' – refers to someone considered to be a martyr 'Kuffar' – a term used by ISIL to describe non-Muslims 'Ummah' – the phrase is used by ISIL to refer to the 'world community of Muslims' 'Rafidha' – word used by ISIL to refer to those who refuse to accept the Islamic state

If a member of staff has a concern that a young person or vulnerable adult is at risk of being radicalised this should be raised to a designated person in the same way as any other safeguarding concern.

n) So-called honour based abuse

So-called 'honour'-based abuse (HBA) encompasses incidents or 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. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. All forms

of so-called Honour Based Abuse are abuse (regardless of the motivation) and should be handled and escalated as such. 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 Honour Based Abuse, or already having suffered Honour Based Abuse.

If staff have a concern regarding a child who might be at risk of Honour Based Abuse or who has suffered from Honour Based Abuse, they should speak to the Designated Safeguarding Lead, who will follow local safeguarding procedures.

o) Female Genital Mutilation

In England, Wales and Northern Ireland, FGM is a criminal offence under the Female Genital Mutilation Act 2003.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases may face disciplinary sanctions. Staff **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. However, staff should notify the Designated Safeguarding Lead of this action as well as reporting the disclosure of FGM in line with SLYC safeguarding procedures.

The duty to report to the police does not apply in relation to at risk or suspected cases (i.e. where staff does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, staff should follow local safeguarding procedures and report concerns to the Designated Safeguarding Lead. If in doubt, staff should speak to the Designated Safeguarding Lead.

Further information on Female Genital Mutilation:

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

P) Forced Marriage

In England and Wales, the practice of Forced Marriage is a criminal offence under the Anti-Social Behaviour, Crime and Policing Act 2014. Since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As

with the existing forced marriage law, this applies to non-binding, unofficial 'marriages' as well as legal marriages. Schools and colleges play an important role in safeguarding children from forced marriage.

School and college staff should contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fm@fcdo.gov.uk.

Q) Virginity testing and hymenoplasty

The government has made it illegal to carry out, offer or aid and abet virginity testing or hymenoplasty in any part of the UK, as part of the Health and Care Act 2022.

It is also illegal for UK nationals and residents to do these things outside the UK.

In response to any reports of a child/young person being subject to or at risk of virginity testing or hymenoplasty, the DSL will take action in accordance with the government's non-statutory guidance [Virginity testing and hymenoplasty: multi-agency guidance](#) (July 2022).

APPENDIX 2: PROCEDURE FOR REPORTING CONCERNS

A. PHYSICAL ABUSE, EMOTIONAL ABUSE OR NEGLECT

1. All concerns must be reported to the Centre Manager. All records must be kept in a secure place. They may be required in court as evidence.
2. The project manager must talk to the parents who may give an acceptable explanation. This should be noted against the concern. ***This is not the case for suspected sexual abuse or where there is a serious injury which has possibly been caused by the parent or carer. These concerns must be reported directly to Social Services .***
3. The parents' explanation may be inconsistent with the injury. This would be a clear indication of the need to refer to the Social Services Department.
4. Sometimes the Centre Manager may be unsure of what to do. In this case informal discussion with the Social Services Duty Social Worker or Duty Team Manager is appropriate. In more complex cases advice can be sought from the Child Protection Officer in the Children in Need Centres or a Social Worker in the Duty and Assessment Team.
5. A social worker may want to see the child in the presence of a member of staff who knows the child best, as well as to talk to the parents. If there are grounds for further action and if it is likely that a crime has been committed, a joint investigation involving the Police Child Protection Team will take place.
6. Staff must be prepared to attend a strategy meeting and a case conference if required.
7. Where the advice has been not to take action, it is possible that the Senior Worker and staff may be asked to complete a 'Child in Need/Child Protection Monitoring Form' (Appendix), recording any further incidents giving cause for concern. The Centre Manager will also be advised to keep in contact with the local Child Protection Officer.
8. Always be honest with parents and explain to them what you are doing. ***It is important to understand that the general recommendation in the Children Act 2004 is that information should be shared unless there are good reasons for not doing so (i.e.: the paramount need to protect the child).*** It must be recognised that there may be circumstances when it is not possible to share the information.

B. CHILD SEXUAL ABUSE

1. In cases where a child makes a disclosure of sexual abuse or where there is strong suspicion of sexual abuse, the procedure is slightly different.
2. **STAFF MUST NOT TRY TO INVESTIGATE THE MATTER THEMSELVES** or question a child for further information. This is a specialist task and is the responsibility of the Social Services Department who work in conjunction with the Police Child Protection Team. Inappropriate questioning, i.e.: asking leading questions, can lead to vital evidence being inadmissible in court. It is also essential that where a child's clothing may be used as

evidence, it is not tampered with, and that any evidence, such as a child's drawing, is not discarded.

3. Staff must complete a 'Child Protection Report' (Appendix 6), including a verbatim recording of disclosures, and report it to the Centre Manager. These records may be used as evidence in court and, therefore, it is important that they are accurate.

4. The Centre Manager must immediately report the concerns/incident to the Duty Social Worker at the Social Services Department who will decide what action to take. In this case, in order to protect the child, the project manager **DOES NOT** discuss the concerns with the parents before reporting it, because one or another parent may be involved.

5. If a decision is made to investigate, a social worker may come and visit the project manager and relevant staff. The social worker will then want to talk through the matter in detail and explain the process of investigation. The Centre Manager and relevant staff should be prepared to attend strategy meetings and a case conference if required. If it is likely that a crime has been committed, the Police Child Protection Team will be called in to undertake a joint investigation.

6. All children and young people under the age of 18 involved in prostitution are being sexually exploited and are at risk, both in the short and long term. The Centre Manager must immediately report the concerns/incident to the Duty Social Worker at the Social Services Department who will decide what action to take.

C. CONFIDENTIALITY

1. It is important to remember that all information regarding issues to do with any forms of abuse must remain confidential to the project manager and staff immediately involved with the child. Recording should be written, based on evidence, stating clearly what was said or noticed, and distinguish between fact and opinion (see Child Protection Report Appendix 6).

2. Staff must ensure that the child in particular, and the family in general, are treated with dignity. This will be a very difficult time for all concerned. Staff must make sure they obtain support from managers and/or other professionals trained in this field.

D. MONITORING CHILDREN

1. Staff may be asked to monitor children, some of whom may be on the Child Protection Register, using the 'Child in Need / Child Protection Monitoring Form' (Appendix 7).

2. This may include observing and noting any changes in behaviour. It may include monitoring attendance of the child at the project.

3. It may include involvement in core group meetings or review conferences which assess the current position of the child.

4. The Centre Manager is responsible for record keeping and ensuring appropriate confidentiality.

APPENDIX 3: WHAT TO DO IF AN ALLEGATION OF CHILD ABUSE IS MADE ABOUT A STAFF MEMBER

1. Allegations or concerns about bad practice by staff, such as shouting or inappropriate punishment of children, must be taken seriously. Any such concerns must be investigated by the project manager and advice sought on the appropriate course of action.
2. All complaints of child abuse against staff must be handled swiftly and sensitively according to these procedures. The basic principles of child protection must apply and inform the whole process.
3. If an allegation concerning physical or sexual abuse is made about a member of staff, the project manager must deal with it as if it were a concern about abuse by anyone else and immediately report the allegation to the Social Services Department, advising them of what action is being taken. A strategy discussion will then take place either immediately by telephone or quickly at an arranged meeting.
4. If at any point it appears that a serious physical assault or sexual abuse may have been committed, the Centre Manager must inform the Social Worker in the Duty and Assessment Team. If it is out-of-hours, the emergency Duty Social worker must be contacted.
5. The Centre Manager must inform the member of staff that an allegation has been made and ask her/him to leave the premises immediately. The Centre Manager must inform the Chair of the Board of Directors.
6. If the allegation is against the Centre Manager, s/he must not be present at the strategy meeting.
7. If the complaint is identified as one of possible abuse, the Centre Manager must:
 - Inform the member of staff that the Child Protection procedures are being invoked, which will involve both Social Services and the police. This must be done without questioning the member of staff about the complaint and making it clear that they have the right to be accompanied by a representative or friend at all stages.
 - Ensure that careful consideration is given to the kind of support the member of staff concerned and her/his colleagues require, both during the investigation, and after it has reported its findings.
 - Ensure that the process of the investigation is discussed with the child's parents/carers and that they are kept informed throughout, in conjunction with Social Services as appropriate.

- Ensure that the rest of the staff team is kept informed of the process of the investigation and briefed on what information to give to parents.
- If it is decided that the complaint is not a child protection issue, the complaint will still need to be investigated using the project's own procedures.

APPENDIX 4: RECOGNISING ABUSE – SYMPTOMS AND OTHER INDICATORS

Recognising abuse can often be difficult and requires close collaborative consultation. The following key points must be remembered.

- Everyone has a responsibility to report suspected or alleged abuse.
- Professionals should take note, not only of major incidents, but also of signals that make them feel somewhat suspicious or concerned.
- They should always discuss any worries, however unspecific, with an appropriate senior officer or colleague and not keep these worries to themselves. Only through discussion can the concern be alleviated by the
 - sharing of known facts or can an appropriate monitoring plan be made.
- All such worries should be recorded. Agencies which have a policy of records being open to families should ensure that there is a known system for such recording being done appropriately and should advise staff accordingly.
- Forms of ill-treatment which are registerable according to the guidance of "Working Together":
 1. Physical Abuse
 2. Neglect
 3. Sexual Abuse
 4. Emotional Abuse

1. PHYSICAL ABUSE

This is defined as "the actual or likely physical injury to a child, or a failure to prevent physical injury or suffering to a child".

1.1 *Physical Signs and Symptoms Characteristic of Physical Abuse*

The following may be present (the list is indicative only and by no means comprehensive):

1.1.1 *High suspicion:*

- Multiple fractures at different stages of healing
- Cigarette burns
- Human bites
- Bilateral black eyes

- Fingertip bruising

1.1.2 *Medium suspicion:*

- Burns, scalds
- Bruising in sites not easily injured
- Unusual cuts or marks
- Frequent accidents
- Head injuries in infancy (under 12 months)

1.1.3 *Low suspicion:*

- Any injury (particularly repeated accidents)

The following behavioural responses are frequently associated with physical abuse and may assist in making a diagnosis when suspicious injuries are noted:

- "Frozen watchfulness"
- Very aggressive play in younger children and severe problems in older children
- Major preoccupation with own body and health
- Unusual refusal of mother to leave the bedside of ill child

1.2 *Presentations of Physical Injuries or States Which Should Alert Concern*

The following should give rise to concern about possible physical abuse when a child is presented either in a medical or other setting:

- The account of the injuries given is inconsistent with their appearance
- Unusual lack of parental concern
- Discrepant accounts of events
- Injuries of different ages at different stages of healing
- Injuries noticed by others, e.g.: in day nurseries or schools and not reported by the family

The following should give rise to concerns that there may be a incident of Factitious Illness (Munchausen by proxy):

- Unusual patterns of symptoms, which only occur at home or coincide with a parent visiting a child in hospital, with rapid recovery when the parent(s) are absent
- A high level of demand for investigations for symptoms which do not present with physical signs

2. NEGLECT

Neglect is defined as:

- Persistent or severe neglect of a child
- Failure to protect a child from exposure to any kind of danger, including cold or starvation
- Extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive

- Serious failure, for whatever reason, to comply with necessary medical treatment

2.1 Presentations of Neglect

- Growth failure
- Developmental delay, e.g.: delay in language, motor skills and social skills
- Failure to thrive (i.e.:
 - significantly poor weight gain)
- Failure of linear growth, formerly known as psycho-social dwarfism
- Other physical conditions arising from inadequate care

2.2 Alerting Signs and Symptoms

The physical indicators of neglect are:

- Abnormalities of skin and hair
- Poor hygiene
- Marked drop in height and weight centiles, or failure to gain height and weight without obvious organic reason

The behavioural indicators of severe neglect are:

- Severe withdrawal state
- Food scavenging, stealing from dustbins, etc
- Poor school performance with failure to achieve potential

3. SEXUAL ABUSE

A useful definition of sexual abuse is *"the actual or likely sexual exploitation of a child or adolescent"*. They may be dependent and/or developmentally immature. Abuse includes:

- Incest
- All forms of sexual activity involving children
- Involvement of children in pornographic activities

3.1 Presentation and Disclosure

The presentation of child sexual abuse can be very varied and may or may not be accompanied by a spontaneous verbal disclosure by the victim, perpetrator or other family member to professionals, neighbours, or friends. Any professional may be the target for such a disclosure and should be prepared to receive and act upon this information.

3.2 Physical Alerting Signs

3.2.1 Certain Abuse

- Semen in vagina or anus, or on external genitalia
- Pregnancy, especially where father is unknown

3.2.2 High Suspicion

- Bruises, scratches, or other injuries to the genital or anal areas or to other 'sexual' areas such as breasts and lips; these injuries may be minor but are inconsistent with the accidental injury
- Signs of sexually transmitted infections

3.2.3 Medium Suspicion

- Itching, soreness, pain on micturition (passing urine) and discharge

- Anal warts

3.2.4 Low Suspicion

- Occasional urinary tract infections
- Recurrent abdominal pain, headaches, or other psychosomatic features

3.3 Behavioural Indicators

- A child who hints at sexual activity/uncomfortable secrets
- Inappropriate and repeated sexual play and talk
- Severe eating disorders in older children
- Suicide attempts, self-mutilating behaviour, fire-raising
- Running away

4 EMOTIONAL ABUSE

Emotional abuse is defined as the serious adverse effect on the emotional and behavioural development of a child, caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This is probably the most difficult form of abuse to define.

4.1 Alerting Situations

The possibility of emotional abuse has to be considered whenever any form of abuse is found. In all forms of abuse the adult(s) involved see the child as a thing rather than as a person in her/his own right.

Other situations that may be associated with the emotional abuse of a child are:

- Serious physical or psychiatric illness of a parent(s) including periods of hospitalisation
- Induction of child into bizarre parental beliefs
- Breakdown in parental relationship with chronic, bitter conflict over contact or residence
- Major emotional rejection of the child and parental inability to perceive her/his needs with any objectivity
- Major and repeated familial change, e.g.: separations, reconstitution of families
- Parental drug and alcohol addiction, or involvement in seriously deviant lifestyles

These situations would become of specific concern if there are also concerns about a child's behaviour/presentation.

4.2 Behavioural Indicators in Children

The effect of living in an emotionally abusive environment may be associated with a recognisable psychiatric syndrome in the child; that is, impairment of mental health, e.g.: emotional disorder with a high level of depression, anxiety, and severe conduct disorders.

Symptomatic behaviour may include:

- Over-compliant and passive behaviour
- Restlessness, hypervigilance, anxiety, or rejection of attempts to offer friendship
- Fear, anxiety, depression, despair
- Poor achievements and concentration

- Dominating, controlling and aggressive conduct, with apparent total lack of concern for others

APPENDIX 5: ASSESSMENTS

ASSESSMENT FRAMEWORK

Where a service is requested for a potential 'child in need' or 'child in need of protection', Social Services will usually undertake an assessment. This must comply with guidance issued by central government, which aims to provide a systematic way of analysing, understanding, and recording what is happening to children and young people in need, both within their families and the wider context of the community in which they live.

THE ASSESSMENT PROCESS AND TIMESCALES

The Assessment Framework attempts to integrate child protection investigations and child in need assessments into a single system, based on the universal needs of children. There are different levels of assessment, depending on the child's circumstances, but services can be provided before the assessment is concluded.

- the Initial Assessment to enable the assessing social worker to form a picture of the child's needs under specific headings, and then to decide on intervention using the concepts of Need, Threshold, Outcomes and Services.
- Core Assessment where needs are more complicated, including child protection enquiries. It is a more detailed version of the Initial Assessment.

Assessments will usually be allocated to a social worker from the Assessment Team. Where the decision is taken to complete a core assessment, other professionals, including play staff may be asked to contribute their specialist knowledge and expertise.

There are clear mandatory timescales within the Framework:

- 1 working day to make a decision on the response to referrals
- 7 working days to carry out an initial assessment
- 35 working days to carry out a core assessment

OUTCOME OF ASSESSMENTS

At the conclusion of the assessment, there is a range of possible outcomes:

- Where there is no evidence that the child is in need or the need has been met, the case may be closed.
- The case may be referred on to another service.
- Where the child is considered to be in need, services may be provided.

Where the child is thought to have significant needs that can only be met through an ongoing social work service (e.g., children on the Child Protection Register, children 'looked after'), the case will be transferred to a Children in Need team.

THE REVIEW PROCESS

Where ongoing services are provided, the child's needs should be regularly reviewed. Play staff may be asked to contribute to this process. Where children are on the Child Protection Register or are looked after, formal systems direct the review process. Other children should be reviewed at least annually.

APPENDIX 6: CHILD PROTECTION REPORT

The following pro-forma must be completed in cases of suspected child abuse even if no further action is taken. This report is confidential and must be kept in a secure place, such as a locked filing cabinet.

The worker concerned must complete reports as soon as possible after an incident but definitely within 24 hours. Project managers/Centre Organiser must countersign the report.

Date and place of incident _____
Name of child _____
Age of child _____ Gender of child _____
School attended _____
Names and ages of siblings _____ _____
_____ _____
Name of parent/carer _____
Address _____ _____
_____ _____ Telephone number _____

Name of member of staff involved

Child's level of contact with project

What took place

Source of information (i.e.: indirect or direct disclosure)

Verbatim account of direct or indirect disclosure

Observed behavioural concerns

—

—

—

—

—

Action taken

Time, date, and name of Duty Social Worker to whom report was made

—

—

—

Have parents/carers been contacted?

YES/NO

If yes, date and time of contact

—

Has the Centre Organiser/Chair of Management Committee been contacted?

YES/NO

Was anyone else contacted (e.g.: Police, Doctor, etc)?

YES/NO

If yes, dates, times, and names of contacts

—

—

—

Advice given

—

—

—

—

Summing up (remember it is important to separate fact from opinion)

—

—

—

—

—

—

NAME OF WORKER MAKING REPORT

SIGNED _____

DATED

SIGNED _____

DATED _____ Centre Manager

**APPENDIX 7: CHILDREN IN NEED/CHILD PROTECTION
MONITORING FORM**

NAME OF CHILD _____ AGE

ACTIVITY
ATTENDED _____

Please circle relevant sub-heading(s) and provide written evidence to support any concerns. You only need to comment on what you already know.

Living situation (if known)

Type of residence, housing conditions, over-crowding, heating, other

Family & social relationships

Extended family, reconstituted family, significant others, support networks, other

—

—

—

—

Identity & social presentation

Race, religion, disability, gender, language, self-esteem, confidence, self-image, self-expression, other

—

—

—

—

Emotional & behavioural development

Assertive, confrontational, attention seeking, popular, on task, bullying, victimised, withdrawn, isolated, aggressive, helpful, attendance, peer/adult relationships, other

Health

Sight, hearing, speech and language, hygiene, physical presentation, other

Development through play

Cooperation with other children, imaginative play, creativity, other

Contact with parents/carers

Cooperative, contact difficulties, supportive, critical towards child, punctuality, quality of relationship with child, other

SIGNED _____ **DATE** _____

APPENDIX 8: TELEPHONE NUMBERS AND CONTACT POINTS

1. CHILDREN AND FAMILIES CONTACT SERVICE

5, Pancras Square

LONDON

N1C 4AG

Multi Agency Safeguarding Hub (MASH)

0207 974 3317

LBCMASHadmin@camden.gov.uk

Emergency Duty Team Social Services

020 7974 4444

2. CAMDEN SOCIAL SERVICES

All the teams are available Monday-Friday from 9am to 5pm. In an emergency at any other time, contact the Emergency Duty Social Worker on 020 7974 4444.

Note: 020 7974 6666 is the Social Services Call Centre telephone number. They will connect you with the service or person you require.