

Safeguarding Children & Young People Policy

1. INTRODUCTION

All children and young people have a legal right to be safe from harm and Extratime is committed to protecting and safeguarding the welfare of the children and young people in its care. We expect all children and young people in our care to feel welcome and safe.

Safeguarding is everyone's responsibility and all Extratime staff and volunteers must take seriously their role to protect all children and young people from abuse and neglect. Any cause for concern with regard to the welfare of a child or young person must be reported to Extratime's Designated Safeguarding Lead.

This policy and associated procedures have also been produced in line with the **Sussex Child Protection and Safeguarding Procedures**, as produced by **Local Safeguarding Board's (LSCB) of Brighton and Hove, East Sussex and West Sussex**. www.proceduresonline.com/brightonscb.

They have also been produced with regard to the legislation listed below and the Government's statutory guidance **'Working Together to Safeguard Children: Statutory Guidance on Inter-agency Working to Safeguard and Promote the Welfare of Children (March 2015).'**

- The Children Act (1989) and (2004)
- The Children and Families Act (2014)
- The Human Rights Act (2000)
- The United Nations Convention on the Rights of the Child (1989)
- Working Together to Safeguard Children (2006,2010,2013)

Extratime has in place a number of additional policies and procedures that protect children and young people accessing its services. These include:

- Health and Safety Policy
- Risk Assessment Policy
- Whistle Blowing Policy
- Equality and Diversity
- Safe Recruitment Policy and Procedure
- Information Sharing Policy
- Induction procedures
- Confidentiality Policy and Confidentiality Statement
- Staffing Structure and Reporting Procedures
- Appraisals and Supervision Reviews for Staff and Volunteers
- Disciplinary and Grievance Policy
- Complaints Procedure
- Sussex Multi-Agency Policy and Procedure for Safeguarding Vulnerable Adults (for young people aged 18+)
- Safe Touch Policy
- Children and Young People E Safety Policy

- Computer, Internet and Email Policy for Staff
- Data Protection Policy

Extratime recognises its responsibility to implement, maintain and regularly review procedures which are designed to prevent and protect children and young people from abuse and neglect. These procedures apply to all children and young people regardless of their race, religion, first language or culture; age; gender or sexuality; health or disability; location or placement; political or immigration status or involvement in criminal behaviour.

Extratime acknowledges that some children and young people are more vulnerable to abuse than others. For example, children and young people who are living away from home; living with domestic abuse, parental ill health, mental illness or substance misuse, as well as children and young people who are suffering from racial or religious harassment. All of these factors may be applicable for both disabled and non-disabled children and young people attending Extratime clubs and schemes.

It is also widely known that disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children. Factors that increase risk and lessen protection include:

- Attitudes and assumptions that do not treat disabled children equally and have an impact on all aspects of their lives – reluctance to believe disabled children are abused, minimising the impact of abuse and mistakenly attributing indicators of abuse to a child's impairment.
- Barriers to the provision of support services that lead to the disabled child and their family being isolated.
- Impairment-related factors such as dependency on a number of carers for personal assistance, impaired capacity to resist/avoid abuse, communication impairments and an inability to understand what is happening or to seek help.

Bullying is also a feature in the lives of many disabled children and they are more likely to experience the negative aspects of social networking sites than non-disabled.

Disabled children may disclose less frequently and delay disclosure more often compared to typically developing children.

These factors have been considered in the development of this policy.

2. POLICY AIM

This policy aims to safeguard the welfare and safety of children and young people who receive services from Extratime. It also provides categories and potential indicators of abuse and neglect, as well as procedural guidance for staff and volunteers to follow in the event that they have concerns about a child or young person's risk of harm or neglect.

Multi-agency and partnership working is essential to support children, young people and families who use Extratime services. Extratime works in close partnership with professional colleagues and parent carers across the city and is represented across operational and strategic forums in the areas in which we work.

3. RESPONSIBILITIES OF EXTRATIME

- Supporting the individual development of children and young people in ways which will promote security, confidence and independence. This includes informing them of our policies and procedures in an easily accessible format.
- Ensuring all staff and volunteers are fully aware of their safeguarding responsibilities, including identifying and reporting possible cases of abuse or neglect. Safeguarding training is covered as part of the basic induction of all staff and volunteers, as well as during supervision. All staff must also complete a certificated course within six months of joining Extratime. There are also options to do advanced modules for supervisors.
- Providing a systematic means of monitoring children and young people thought to be at risk, which will include information sharing, involvement in Looked After Children reviews (LAC reviews), representation at the Children's Disability Team resource panel meetings and using Early Help Assessment.
- Emphasising the need for good levels of communication between all members of staff/volunteers, the venues in which Extratime operates and our strategic and operational partners.

4. DESIGNATED SAFEGUARDING LEAD

The Chief Executive Officer (CEO), Sam Price, is Extratime's Designated Safeguarding Lead and is responsible for all safeguarding issues. In Sam's absence all safeguarding concerns must be directed to Senior Venue Lead, Brett Preston.

Contact details:

Sam Price (CEO)

Telephone: 01273 420580 (office), 07909 633033 (mobile)

Email: sam.price@extratimebrighton.org.uk

Brett Preston

Telephone: 01273 420580 (office), 07500221126 (mobile)

Email: brett.preston@extratimebrighton.org.uk

The role of the Designated Safeguarding Lead is to:

- Co-ordinate all internal and external safeguarding and child protection enquiries.
- Ensure Extratime Safeguarding policies and procedures are up to date and compliant with relevant legislation and local and national policy guidance.
- Maintain accurate and confidential records of all safeguarding issues.
- Make referrals to Multi Agency Safeguarding Hub or Early Help Hub of the relevant local authorities as necessary (*See Appendix One for Brighton & Hove City Council and West Sussex County Council contact details*).
- Ensure Extratime training requirements are met in respect of all aspects of safeguarding across all venues and projects. This includes those of the Designated Safeguarding Lead.
- Act as point of reference on all safeguarding issues for all staff and volunteers.
- Represent Extratime at multi-agency meetings.
- Meet regularly with Extratime senior team and Management Committee to review safeguarding issues and provide reports as required to the trustees.

5. CATAGORIES AND INDICATORS OF ABUSE

DEFINITIONS:

CHILD

Means any child or young person under the age of 18 years old. Where a child has a special educational need or disability, this age limit is extended to 25 years.

VULNERABLE ADULT

A Vulnerable Adult is defined as someone 18 years of age or over who is unable to take care of themselves against significant harm or exploitation.

SIGNIFICANT HARM

The Children's Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries or cause enquiries to be made where it has reasonable cause to suspect that a child is suffering or likely to suffer significant harm (Section 47 the Children's Act 1989). Where Section 47 enquiries are being made the assessment should concentrate on the harm that has occurred or is likely to occur to the child as a result of child maltreatment in order to inform future plans and the nature of services required.

CATEGORIES OF ABUSE:

PHYSICAL ABUSE

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

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, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include

interactions that are beyond the child's developmental capability as well as over protection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill treatment of another (e.g. domestic abuse). It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

SEXUAL ABUSE

Involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative (rape, anal or oral sex) or non-penetrative acts.

Sexual abuse may involve non-contact activities such as involving children in looking at or in the production of sexual on-line images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

NEGLECT

Is the persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born it may involve a parent failing to provide adequate food clothing and shelter (including exclusion from home or abandonment); protect a child from physical or emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness, to a child's basic emotional needs.

INDICATORS OF ABUSE:

Recognising child abuse is not easy and it is **not your responsibility to decide whether or not child abuse has taken place or if a child is at risk of significant harm**. You do, however, have a duty to act if you have a concern about a child's welfare or safety.

If a child or young person tells you they have experienced abuse or neglect of any kind, you must believe them and inform your line manager or Designated Safeguarding Lead immediately.

PHYSICAL SIGNS OF PHYSICAL ABUSE (*See Appendix Four: Safety Net's Non-Accidental Injuries guidance sheet*)

- Bruising in children who are not independently mobile
- Bruising in babies
- Bruises that are seen away from bony prominences
- Bruises to the face, back, stomach, arms, buttocks, ears and hands
- Multiple bruises in clusters
- Multiple bruises of uniform shape
- Bruises that carry the imprint of an implement used, hand marks or fingertips
- Cigarette burns
- Human bite marks

- Broken bones
- Scalds

CHANGES IN BEHAVIOUR WHICH MAY INDICATE PHYSICAL ABUSE

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example wearing long sleeves in hot weather
- Depression
- Withdrawn behaviour
- Running away from home

PHYSICAL SIGNS OF EMOTIONAL ABUSE

- A failure to thrive or grow, particularly if the child puts on weight in other circumstances, for example on breaks away from home or their parents care
- Sudden speech disorders
- Development delay, either in terms of physical or emotional progress

CHANGES IN BEHAVIOUR WHICH MAY INDICATE EMOTIONAL ABUSE

- Neurotic behaviour, for example sulking, hair twisting or rocking
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

PHYSICAL SIGNS OF SEXUAL ABUSE

- Pain or itching in the genital/anal areas
- Bruising or bleeding near the genital/anal area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

CHANGES IN BEHAVIOUR WHICH MAY INDICATE SEXUAL ABUSE

- Sudden or unexplained changes in behaviour, for example becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or development level
- Sexual drawings or language
- Bedwetting
- Eating problems such as over eating or anorexia
- Self-injurious or mutilation sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse

- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults

PHYSICAL SIGNS OF NEGLECT

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or smelly
- Loss of weight or being constantly under weight
- Inappropriate dress for the conditions

CHANGES IN BEHAVIOUR WHICH MAY INDICATE NEGLECT

- Complaining of being tired all of the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning their being left alone or unsupervised

6. STAFF RESPONSIBILITIES

Children and young people who access Extratime services may sometimes display some of the possible indicators above for reasons other than neglect and abuse (e.g. temper outbursts, rocking, self-injurious behaviour). This can make them especially vulnerable to abuse if their signs and indicators are overlooked or misinterpreted. It is important to notice and report *changes in behaviour*.

Through their day to day contact with children and direct work with families, Extratime staff have a crucial role to play in noticing indicators of possible abuse or neglect and referring those concerns to either their supervisor or the Designated Safeguarding Lead. Research indicates that disabled children are most likely to turn to a trusted adult they know well for help, such as family, friend or teacher. This could include a member of the Extratime team.

7. OTHER ASPECTS OF RISK REQUIRING SPECIAL ATTENTION

In addition, staff should be aware of these specific safeguarding issues. Extratime should ensure that, where such risks may be more likely, staff are guided on how to understand and act accordingly where there is concern:

- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering

- radicalisation
- sexting
- teenage relationship abuse
- trafficking
- self-harm

Child sexual exploitation (CSE): involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms, ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim, which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming.

However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): 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. There are a range of potential indicators that a child or young person may be at risk of FGM; individually these may not indicate risk, but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practice FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care.

Radicalisation: this refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. During that process it is possible to intervene to prevent vulnerable people being drawn into terrorist-related activity.

As a childcare provider, Extratime will meet its obligations under the ‘Prevent’ duty, making sure staff are aware of how to identify children who may be vulnerable and knowing what to do when they are identified.

Prevent is part of the Government’s counter-terrorism strategy (CONTEST), which aims to stop people becoming terrorists or supporting terrorism. The Prevent strategy addresses all forms of terrorism and prioritises according to the threat posed to national security.

Protecting children from the risk of radicalisation is seen as part of our wider safeguarding duties and is similar in nature to protecting children from other harms. Possible indicators of radicalisation may include:

- **Expressed opinions** – such as support for violence and terrorism or the values of extremist organisations, airing of political or religious based grievances, unaccepting of other nationalities, religions or cultures.
- **Material** – possession of extremist literature; attempts to access extremist websites and associated password protected chat rooms; possession of material regarding weapons, explosives or military training.
- **Behaviour and behavioural changes** – such as withdrawal from family and peers; hostility towards former associates and family; association with proscribed organisations and those that hold extremist views.
- **Personal history** – Claims or evidence of involvement in organisations voicing violent extremist ideology and identifying with their cause.

8. RECOGNITION OF ABUSE: STAFF AND VOLUNTEER GUIDANCE ON WHAT TO DO WHEN SUSPECTING/RECOGNISING CHILD ABUSE OR NEGLECT

There are a number of ways in which concerns regarding a child or young person's welfare might come to light. These include:

- The child or young person discloses that he or she is being abused or neglected.
- A third party reports that the child or young person has disclosed that he or she is being abused or neglected.
- You may strongly suspect that a child or young person is being abused or neglected.
- An allegation is made against a member of staff, volunteer or trustee.
- A concern is raised without any specific disclosure of abuse or neglect.
- One child or young person is seen to be abusing another.

(This list is not exhaustive and if staff or volunteers have any concerns, these must be discussed with your supervisor or the Designated Safeguarding Lead)

In this event you should:

- Report your concerns immediately to your supervisor - do not wait until the end of the session.
- Record details of the incident/allegation with your supervisor and any other staff/volunteers who have witnessed an incident or disclosure using the *Record of Concerns Form (Appendix Two)* and *Body Maps (Appendix Two A)*. These records must be accurate and factual. Remember it is not your role to investigate – concentrate on presenting information clearly. See *Appendix Three: Recording Safeguarding Concerns Guidance*.
- Supervisors must notify the Designated Safeguarding Lead (or the Senior Venue Lead in her absence) immediately.
- Take action if the child or young person is in immediate danger, including removing the child or young person from the danger and, if necessary, calling the emergency services to assist you.

DISCLOSURE DO'S AND DON'TS

If a child or young person discloses (tells you) something...

DO:

- Stay calm and do not show disbelief or shock.
- Listen carefully.
- Reassure them that they were right to tell you and you are treating the information seriously.
- Let them know what you are going to do next (inform the appropriate person) and that the service will take steps to protect and support them.
- Report to your supervisor or other appropriate manager.
- Complete the report form (*See Appendix Two: Record of Concerns Form*).

DON'T:

- Do not stop someone who is freely recalling significant events; allow them to share whatever is important to them.
- Do not press for more information.
- Do not be judgmental.
- Do not promise to keep secrets.
- Do not contact the alleged abuser.
- Do not discuss with anyone, other than the person to whom you are reporting the matter.

9. ALLEGATIONS AGAINST STAFF

The Pan Sussex Child Protection and Safeguarding Procedures provides guidance on managing cases of allegations that may indicate that a staff member may not be suitable to work with children in their current position or in any other capacity.

A 'staff member' is a person over the age of 16 years whose work brings them into contact with children in their setting. It applies to all adults, whether paid or working in a voluntary capacity (including agency workers), on or off site.

The procedures should be used in ALL cases in which it is alleged that a staff member has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates he/she would pose a risk of harm to children.

All staff and volunteers working with Extratime are in a position of trust. Therefore any allegation made against a member of staff could highlight a breach of that trust. Under the Sexual Offences Act 2003, it is an offence for a person over the age of eighteen to have a sexual relationship with a child under the age of eighteen where the person is in a position of trust in respect of that child, even if the relationship is consensual.

Information may also come to light about a staff member's conduct outside of the workplace which may indicate a breach of professional conduct, or may raise concerns about their suitability to work within the children's workforce.

It is important that all allegations of abuse and breaches of professional conduct are taken seriously and considered with an open and inquiring mind.

The employer should contact the LADO within one day of the incident happening or the allegation being made. The employer must NOT commence an internal investigation before consulting with the LADO but should gather basic details, such as was the employee actually working that day, did they potentially come into contact with the child(ren) and have any other potential witnesses come forward to corroborate or discount the alleged incident?

The LADO will consider the information and whether it meets the threshold for further consultation with Children's Services and the Police.

If an employee tenders his or her resignation or, in the case of a volunteer, ceases to make their services available to the organisation, Extratime will still continue the investigation to completion in accordance with these procedures. This process will continue even in a case where the alleged perpetrator refuses to co-operate with the investigation. Any investigation that takes place internally will be recorded in detail as appropriate to everyone involved. Any internal investigation that takes place must not compromise any police investigation.

In cases of allegation of harm or potential harm to children and young people, there can be no 'compromise agreement' between Extratime and the employee or volunteer.

Extratime will inform the local authority designated officer (LADO) of all allegations made against staff or volunteers of the organisation. LADO contact detail for Brighton & Hove and West Sussex are in Appendix One.

The LADO will work with the Extratime Designated Safeguarding Lead to establish measures that should take place and the timescales for implementation. The investigation will, wherever possible, be completed by Extratime. However, should the allegation be made against the Designated Safeguarding Lead, the trustees will commission an independent investigation.

The LADO will regularly monitor and review the progress of any case, either via review strategy discussions or by liaising with the police and/or children's social care colleagues or the employer as appropriate. Reviews should be at fortnightly or monthly intervals, depending on the complexity of the case.

If there is a police investigation, Sussex Police should set a target date for reviewing the progress of the investigation and contact the Crown Prosecution Service (CPS). Wherever possible, that review should take place no later than four weeks after the initial action meeting following the allegation.

The police or the CPS should inform the employer and LADO immediately when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to

prosecute after the person has been charged. In those circumstances the LADO will discuss with Extratime if any further action is appropriate and, if so, how to proceed.

If the allegation is substantiated, Extratime will discuss with the LADO if it is appropriate to make a referral to the Protection of Children Act List or DfES List 99.

If the allegation is not substantiated, Extratime will support the employee in his/her return to work. This may include the provision of additional support and discussions on how contact with the child/children who made the allegation might be managed.

If an allegation is determined to be unfounded, Extratime will refer the matter to the LADO to determine if the child concerned is in need of services or may have been abused by someone else.

At the conclusion of a case, Extratime will review the circumstances and determine whether there are any improvements to be made to the organisations procedures or practices to help prevent similar events in the future.

Document Version & Review:

Date Written/Reviewed:	Written by:	Approved by Executive Committee:
October 2009	Becky Jenner	October 2009
October 2011		October 2011
Reviewed March 2013	ZA	
Amended July 2014	ZA	November 2015
Amended March 2017	Sam Price	Approved by committee in May 17
July 2017	Sam Price	Approved by MC August 17

Appendix One: Reporting Safeguarding Concerns - Contact Information

External reports should be made by the Designated Safeguarding Lead only. In exceptional circumstances, and at their discretion, reports will also be made by the Senior Venue Lead or Chair of Trustees

If a child is in immediate danger, call the police on 999.

Brighton & Hove

To report a concern about a child who lives in **Brighton & Hove**, contact **Front Door for Families**. Front Door for Families provides support, guidance and access to specialist targeted services for parents, carers, members of the public, young people and professionals.

- Email: FrontDoorForFamilies@brighton-hove.gcsx.gov.uk
- Call: **01273 29040**

If you need to speak to someone at Front Door for Families urgently outside of their office hours (9am to 5pm Monday to Thursday and 9am to 4.30pm on Fridays), please call the Emergency Duty Service on 01273 335905.

The **LADO contact details** for Brighton & Hove are:

Darrel Clews

Email: Darrel.Clews@brighton-hove.gov.uk

Tel: 01273 295643, mobile 07795335879

West Sussex County Council

To report a concern about a child who lives in West Sussex, contact the **Multi-Agency Safeguarding Hub at:**

- Email mash@westsussex.gcsx.gov.uk
- Tel: [01403 229900](tel:01403229900)

If you need to speak to someone at the Multi-Agency Safeguarding Hub urgently outside out of their office hours (5.00pm to 8.00am weekdays) and for emergencies at weekends and bank holidays (24 hours), please call 0330 222 6664. When you contact the service you will speak to a qualified social worker.

The LADO contact details for **West Sussex County Council** are:

Lindsey Tunbridge-Adams

Email: Lindsey.Tunbridge-Adams@westsussex.gov.uk

Tel: 0330 222 3339

Child or Young Person: Were there any obvious signs in the child e.g., bruising, bleeding, changed behaviour?
Did the child say anything?

What action have you taken? (e.g. who have you spoken to and when?)

For completion by CEO / SGL or delegated staff member

Is there a follow up or support plan?

Do the parents know? (delete as appropriate)	YES / NO
Has a referral been made to Children’s Social Care?	YES / NO
Has a referral or follow up been made to another agency?	YES / NO Who?
Date, name & signature of person filling in this record of concern:	
Date and signature of Venue Lead/Supervisor:	
Date received by CEO (Safeguarding Lead):	



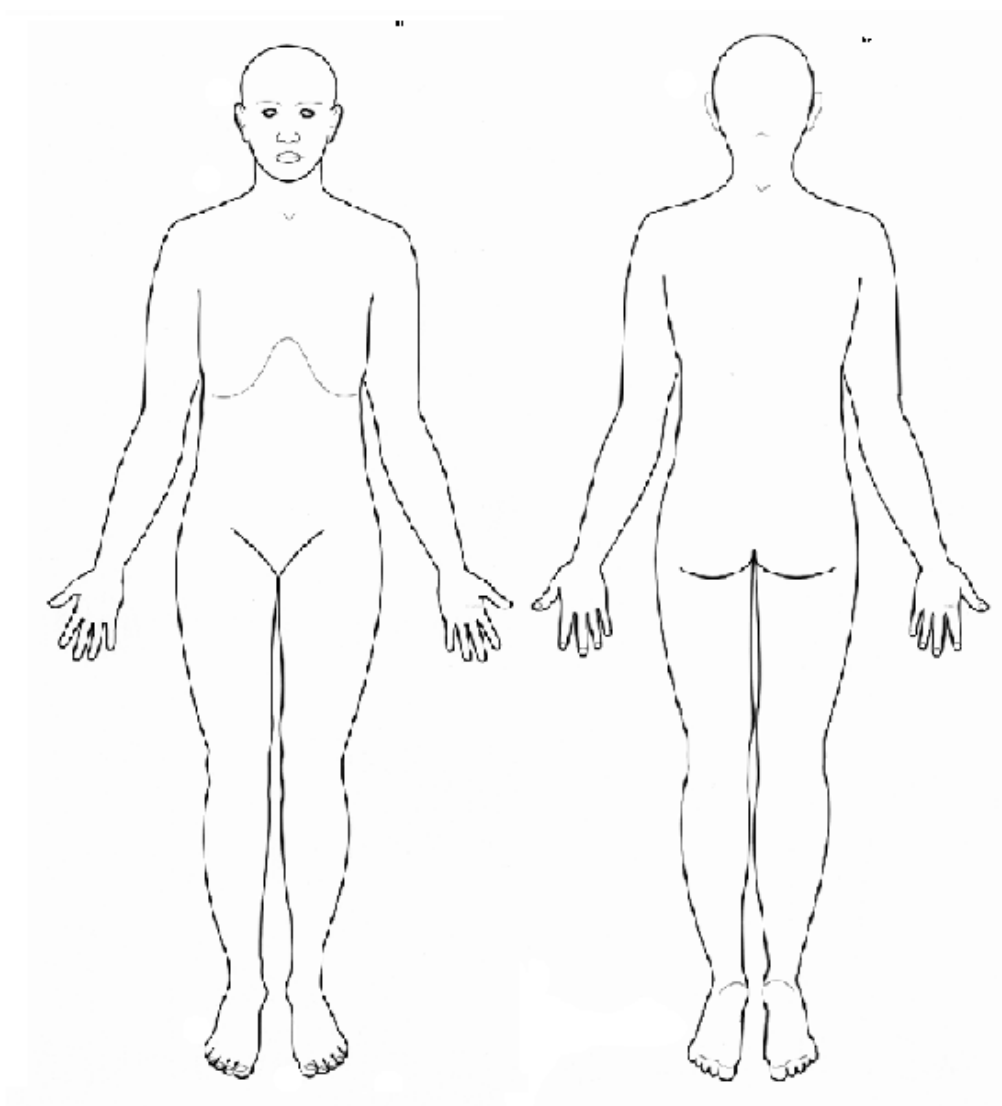
Appendix Two A: Body Map

This should be used alongside the Record of Concern Form (Appendix Two)

Child or Young Person's name:	
Date of Birth:	
Venue Name:	
Venue Lead Name:	
Name of staff member completing form:	
Date and time:	

The following Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Examples include: bruises, cuts, pressure ulcers, red areas, scalds and burns, swellings, ulcerations and wounds. Size, colour, and if known, pressure grade should be also indicated on the body map.

Mark the site of the injury on the diagram and provide details on the notes page overleaf.



Body Map Notes

A large, empty rectangular box with a thin black border, intended for taking notes on a body map.

Appendix Three: Recording Safeguarding Concerns Guidance

What makes a good referral?

- Timely and using appropriate means
- (By phone if it is urgent. By email if not urgent)
- By email if following up an urgent referral in writing. Sending referrals by email ensures it will be legible, and makes it easier to cut and paste the information into our (computer) records.
- If you have to send by fax make sure it is very clear; the quality will degrade significantly over the fax
- If you have to write by hand use very, very clear handwriting
- Provides full details of the child, their sibling group, household and, if possible, any extended family members who provide regular support.
- Includes clear, concise description of current cause of concern, including timescales.
- Includes brief family history detailing known social issues.
- Clarifies “known unknowns” (what you know that you don’t know) so that we don’t waste everyone’s time trying to get it off you later
- Includes relevant positive aspects – this helps us make balanced decisions.

What makes a bad referral?

- Vaguely refers to the concern, with insufficient detail.
- Uses high levels of jargon without translation.
- Leaves out crucial details, like the child’s name, DoB, gender, or that there even is a child.
- Doesn’t differentiate known facts, suspected concerns and unknowns.
- Is unnecessarily late – if you become aware of a concern on the first day of it coming to your attention, make the referral then. NOT a week later when the child is getting ready to break up for holidays.
- Is illegible

Poor/Good examples

Poor: “Mother has a history of drug use”

Good: “Mother reports a history of drug use (cannabis and occasional cocaine) until 6 months ago. Self-reports to be clean since she found she was pregnant. Unknown if drug services involved.”

Poor: “Father has mental health problems”

Good: “Father stated that he had “difficulties” but refused to say further. Hospital records show one admission in 2007 reporting suicidal ideation. Known to CMHT, but not currently involved.”

Poor: “Staff concerned about possible DV”

Good: “Suspect possible DV as father appeared very controlling of mother, wouldn’t let her talk to staff and insisted he follow her, even when he left for a cigarette. Mother observed to flinch when he made sudden movements. No visible signs of physical injury.”

Poor: “Mother had a rough childhood”

Good: “Mother reported sexual abuse from her uncle (not known if he’s still around) – alluded to having spent time in care. Not able to get further details as inappropriate with others present.”

Use everyday language and avoid jargon (here is a medical example):

Poor: "This 6/12 male presented after a history of pain on nappy changing, but no witnessed episode of trauma with a tense swollen left upper leg. Active movement was limited. Pain was elicited on attempted flexion, extension, abduction, adduction and internal & external rotation.

Plain radiographs showed a spiral fracture of the proximal left femur with no involvement of the epiphysis.

This fracture pattern is very concerning in a non-ambulant infant. The radiographic appearances are most consistent with some form of torsional injury pattern and the question of an intentional or non-accidental injury must be considered"

Good: "The 6 month old male wasn't moving his left leg and when we tried to move it, the baby cried. X-rays showed a spiral break. This is very unusual for babies who can't walk and is normally caused by a twisting injury, possibly deliberate."

Main Points to Remember

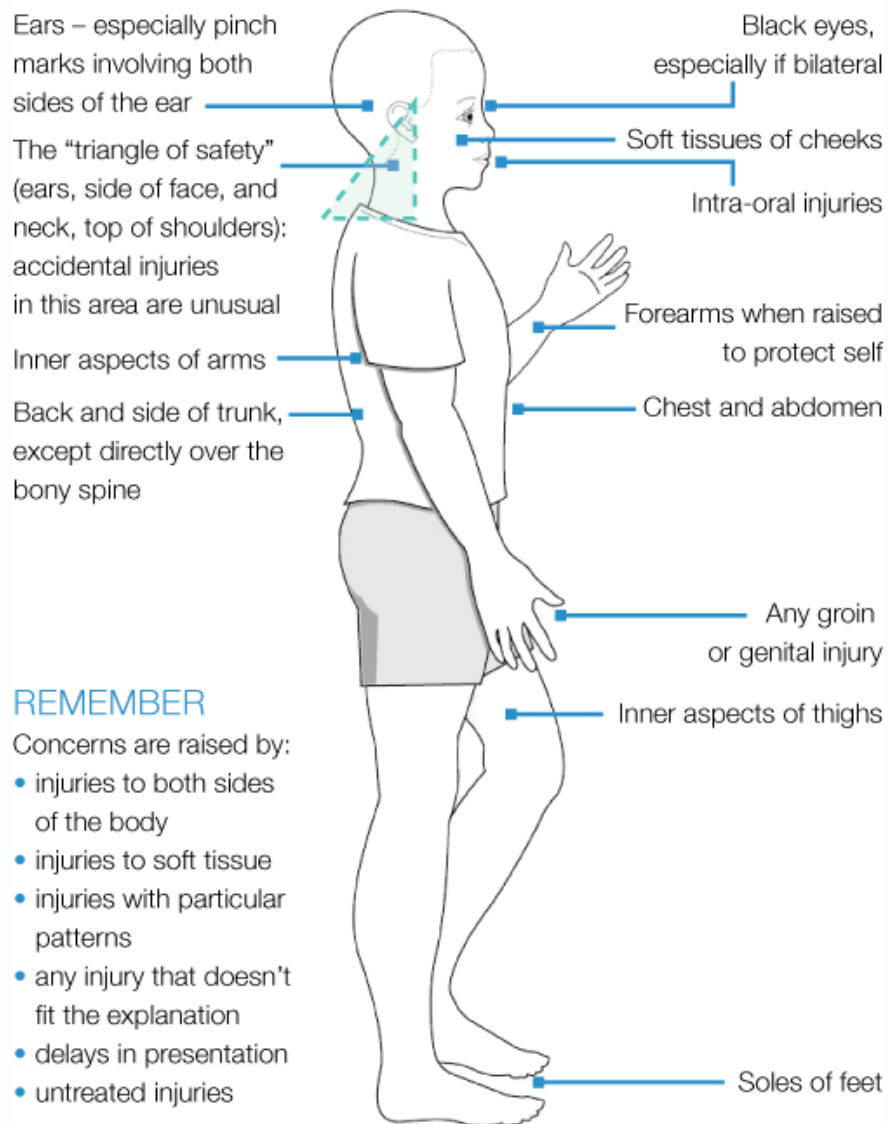
- In Brighton & Hove, two Practice Managers screen / process approximately 700-800 referrals a month – if yours isn't clear about what the issues are, they may need to wait until they have a moment to chase you up for more information, or they will make a decision based on what is on the form.
- If you're missing important information let the team know that it's missing so they don't assume you've just forgotten to include it.
- Poor communication between agencies is the thing most commonly highlighted in Inquests following child deaths – the information you provide in your referral is the main tool of communication to alert Children's Social Care of concerns. Take the time you need to ensure it says what you need it to. Do not be afraid to say and write down what your concerns are. Do not assume that someone else will do it.

With acknowledgement to Safety Net and Islington Children's Social Care for use of text and examples

Appendix 4:
With thanks to Safety Net.



Non-Accidental Injuries



REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries

From the Child Protection & the Dental Team website – www.cpdtd.org.uk
(Funded by the Department of Health) August 2014

Safety Net - Keeping Children, Young People and Families Safe

Charity Registration No. 1108772

www.safety-net.org.uk