

**North Derbyshire Women's Aid
Safeguarding Children
and Confidentiality
Policy and Procedures**

Updated September 2007

Section 1

1 Statement of principles

1.1 North Derbyshire Women's Aid is committed to providing high quality services to children and families affected by domestic abuse with the aim of achieving the best possible outcomes for each child recognising each is unique. These outcomes will contribute to the key outcomes set out in the Children Act 2004.

Stay safe

Safe from maltreatment, neglect, violence and sexual exploitation

Safe from accidental injury and death

Safe from bullying and discrimination

Safe from crime and anti-social behaviour in and out of school

Have security, stability and are cared for

Be healthy

Physically healthy

Mentally and emotionally healthy

Sexually healthy

Healthy lifestyles

Choose not to take illegal drugs

Enjoy and achieve

Ready for school

Attend and enjoy school

Achieve stretching national educational standards

Achieve personal and social development and enjoy recreation

Make a positive contribution

Engage in decision making and support the community and environment

Engage in law-abiding and positive behaviour in and out of school

Develop positive relationships and choose not to bully or discriminate

Develop self-confidence and successfully deal with significant life changes and challenges

Develop enterprising behaviour

Achieve economic well-being

Engage in further education, employment or training on leaving school

Ready for employment

Live in decent homes and sustainable communities

Access to transport and material goods

Live in households free from low income

Assessments determining the needs of children and young people will be carried out in relation to all those receiving a service in the refuges, from the children's outreach services, and from the art therapy service, and children's needs will be considered in assessments carried out with parent/carers using floating support, adult outreach services and advice centre services. These assessments will always be presented using the Common Assessment Framework, and will be used to create action plans with the aim of meeting the

five outcomes above. However CAF forms may not be submitted to Making Links if the child has been assessed by Social Care as a Child in Need or as a case for Child Protection proceedings.

1.2 North Derbyshire Women's Aid believes that all children have the right to be safeguarded and protected from all forms of abuse, whether this is physical, sexual or emotional abuse or neglect. North Derbyshire Women's Aid will endeavour to teach children using our services that they have rights and that no one should take away their right to be safe. Children using our services will be informed that it is alright to say no to anyone if that person tries to do something to them which they feel is wrong and that some secrets should never be kept, no matter if they promised not to tell.

1.3 North Derbyshire Women's Aid is committed to safeguarding and promoting the welfare of children and expects all staff and volunteers to share this commitment and follow the organisation's policies and procedures in this respect. This means:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

(Working Together to Safeguard Children (HM Govt 2006))

1.4 Women's Aid Federation England (the national body North Derbyshire Women's Aid is affiliated to), was one of the first organisations to listen to abused women and children, to work with survivors and to recognise the prevalence of sexual abuse. Our approach is child-centred, **and we believe that the child is never to blame for any abuse that s/he may suffer, that children have the right to be respected and believed.** We also believe that everyone has a duty to safeguard children.

1.5 **Safeguarding Children and promoting their welfare is a multi-agency responsibility.** It is the responsibility of North Derbyshire Women's Aid staff to gather information and report concerns, NOT to decide whether or not something is child abuse. It is not any one agency's responsibility to decide if something is child abuse. By reporting incidents and concerns to the police or Social Care, wider enquiries can be carried out and a full picture can be built up about the child's circumstances. Thus informed decisions can be made as to the most effective course of action to safeguard the child and promote his/her welfare. North Derbyshire Women's Aid recognises that there is a need for agencies to share information where there is a suspicion of abuse or neglect and as such we endorse the Derbyshire Information Sharing Protocol. A referral should not be seen as a betrayal of trust but as a necessary and responsible way of safeguarding children.

1.6 North Derbyshire Women's Aid works with children and young people whose needs range from those with additional needs, to those who are children in need, to those in need of protection from significant harm. Many of these children will require integrated support from more than one practitioner but our aim is that they should experience a seamless and effective service and we will work closely, flexibly and openly with other agencies to achieve this. When /if it

has been agreed that a North Derbyshire Women's Aid worker should act as the lead professional e.g. as result of using the Common Assessment Framework, she will ensure that services are coordinated, coherent and achieving intended outcomes.

1.7 North Derbyshire Women's Aid provides Outreach services to male victims of domestic abuse via North Derbyshire Domestic Abuse Outreach Services. However the majority of our service users are women, this document therefore refers mostly to women throughout for the sake of brevity. This document applies equally to children whose fathers or male carers are our service users.

1.8 North Derbyshire Women's Aid recognises that it is vital for the organisation to have good working relationships with Social Care and the police, as they have the lead responsibility in dealing with child safeguarding issues. We will seek to establish good liaison with these agencies and to promote understanding of the dynamics of domestic violence amongst other professionals working with abused children and their mothers.

1.9 North Derbyshire Women's Aid recognises that one of the best ways to support a child is to provide support for the parent/carer, and this we will strive to do. However, we also recognise that sometimes there may be a conflict between the interests of the parent/carer and those of the child. This can raise difficulties, but as professionals **we have a duty to ensure that the welfare of the child is paramount.**

1.10 **Concerns about the safety or well-being of a child will not be ignored.** Concerns will be followed up and dealt with as quickly and sensitively as possible. In practical terms this means that when safeguarding children is an issue, the need for appropriate action will override the usual guarantee of confidentiality (see Section 36, Confidentiality and the Disclosure of Information).

1.11 North Derbyshire Women's Aid endorses the recommendations for dealing with cases of domestic violence set out the Derbyshire Safeguarding Children Board policies. Staff are also encouraged to use the document "What to do if you think a child is being abused" on www.everychildmatters.gov.uk. All staff have access to these documents via the internet, saved on the NDWA server and in hard copy.

1.12 We also endorse the United Nations Convention on the Rights of the Child (1989). With regard to Article 9, however, we would like to make it clear that witnessing domestic violence or knowing that the parent/carer is living in fear may have a harmful impact on the child. For this reason we consider that contact visits with a violent parent may involve unacceptable risks for the child and the non violent parent/carer.

2 Anti-discriminatory practice

2.1 North Derbyshire Women's Aid is committed to anti-discriminatory practice and the organisation's policies and procedures apply to all service users irrespective of age, class, gender, ethnicity, disability, sexual orientation or religion as explained more fully in the Equal Opportunities Policy . Such practice will take into account the diverse needs of our client group. Any action taken

within these guidelines will reflect equal opportunities principles and recognising that some groups of children are more vulnerable to abuse e.g. disabled children.

2.2 North Derbyshire Women's Aid recognises the negative impact of racism on a child's development. Every effort will be made to challenge racism both externally and within North Derbyshire Women's Aid itself. The process of challenging racism will involve challenging assumptions and stereotypes, recognising differing needs and attempting to meet these needs as far as is practicable.

3 Rationale/justification

3.1 There are very strong links between domestic violence and child abuse.

3.2 Various studies reviewed by Hughes et al (1989) have found child abuse and woman abuse by the same male perpetrator occurring together in 40% - 60% of cases. Also research by Farmer & Owen in 1995 found that children whose mothers are experiencing domestic violence are likely to have the worst outcomes in child safeguarding cases. This is borne out in the experiences of our own and other refuge groups and domestic violence projects.

3.3 It is highly probable that workers in North Derbyshire Women's Aid projects will encounter a variety of safeguarding issues. In response to this, the organisation has developed a clear and consistent approach to safeguarding and promoting the welfare of children. Clear guidelines provide protection for service users and for staff. Having effective policies and practice on safeguarding children also helps to ensure that referrals to Social Care are taken seriously and dealt with appropriately.

3.4 North Derbyshire Women's Aid recognises that many concerns about children and young people arise on a day to day basis, and in most cases these can be dealt with quickly and easily by discussions between staff and parents/carers where further advice or help may be offered. These discussions must be recorded by staff.

3.5 **The policy on Safeguarding Children and Confidentiality should be used in conjunction with the Every Child Matters Five Outcomes (see Section 1 point 1) and Derbyshire Safeguarding Children's Board procedures and is included in training for all staff and volunteers.** The policy has been drawn up with regard to the Children Act 1989, the Children Act 2004 which underpins the Every Child Matters: Change for Children programme, and Working Together to Safeguard Children (2006) and the Common Assessment Framework.

Section 2

4 Definitions of different types of abuse

4.1 The HM Government 2006 edition of Working Together to Safeguard Children states:

"Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or

another child or children.”

Physical abuse:

4.2 Physical abuse occurs when somebody inflicts injuries on a child or knowingly does not prevent them. Examples of physical abuse include hitting, shaking, kicking, throwing, smacking, hair pulling, burning, scalding, biting, choking, poisoning, mutilating, suffocating or drowning.

4.3 Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

4.4 Abuse can also result from physical punishment or excessive discipline.

North Derbyshire Women’s Aid aims to make its refuges and other premises violence-free environments and encourages women to use other forms of discipline (see Section 32, Disciplining children).

Sexual abuse

4.5 Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This may include inappropriate touching or genital stimulation as well as penetrative acts such as rape, buggery or digital penetration. It can also include forcing or enticing a child to witness sexual acts, involving a child in pornography such as involving children in looking at or in the production of, sexual online images, or encouraging a child to behave in sexually inappropriate ways.

4.6 Forms of abuse that appear to be less severe (e.g. inappropriate touching while playing games) may be used to groom a child for future sexual exploitation or may indicate that other forms of sexual abuse are already occurring.

4.7 Sexual abuse typically involves a misuse of power that may be based on differences in age, intellect, physical strength or understanding and may involve bribes and threats.

Emotional abuse

4.8 This is the persistent emotional maltreatment of a child. It can cause severe and persistent adverse affects on a child’s emotional and behavioural development. Examples include causing a child frequently to feel frightened or in danger (e.g. by threatening physical injury or abandonment), exclusion, verbal abuse, racial abuse, humiliation (such as repeatedly telling the child that s/he is useless or inadequate), forcing a child to witness violence, shouting, swearing, threatening or imposing expectations that are inappropriate for the child’s age or development. It may involve conveying to the child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Emotional abuse could include overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

4.9 Other forms of abuse usually involve an element of emotional abuse, particularly threats. There is a tendency to assume that emotional abuse is less

serious, as its detrimental effects may not be immediately apparent. However, it is especially damaging in infancy and the long-term effects can be very serious.

Neglect

4.10 Neglect is the severe or persistent failure to meet the essential needs of a child likely to result in the serious impairment of the child's health or development, or failure to protect the child from danger.

4.11 The repeated failure to attend to the physical and developmental needs of the child may include failing to provide warmth, clothing, food or consistent care or failing to meet the educational or medical needs of the child. A lack of supervision may expose the child to danger (such as a fall or traffic accident). Severe neglect can result in the significant impairment of the child's health or development, including failure to thrive.

NB North Derbyshire Women's Aid recognises that these definitions of abuse are not exhaustive or mutually exclusive. See appendix 1 for indicators of abuse.

Concerns about a child may come to the attention of staff / volunteers in a number of ways:

- Through observation of the child. A child's behaviour may indicate that it is likely that he/she is being abused.
- A child may disclose abuse
- Information may be given by parents/carers, other people or agencies
- A child may show some signs of physical injury of which there seems to be no satisfactory explanation
- Something in the behaviour of one of the workers or young person, or in the way the worker or young person relates to a child, alerts them or makes them feel uncomfortable in some way
- Observing one child abuse another

Section 3

5. Who is responsible for dealing with safeguarding issues in North Derbyshire Women's Aid ?

5.1 North Derbyshire Women's Aid has a clear structure for decision-making on child safeguarding. The designated Safeguarding Team (including child protection matters) are the three Senior Workers – one responsible for refuge services, one for the Advice Centre services and one for the Outreach Services. If a staff member's particular Senior Worker is unavailable they should take safeguarding or child protection issues and concerns to whichever of the other Senior Worker's is available. A management committee member with appropriate experience provides back up advice and assistance to staff if Senior Workers are unavailable and also support and guidance to Senior Workers on safeguarding concerns as necessary. Senior Workers will ensure that all staff have

appropriate training in relation to safeguarding and promoting the welfare of children. Training needs will be reviewed in supervision and through the appraisal process. Senior Workers will offer support and guidance to staff in dealing with concerns as a priority. Senior Workers are supervised by and offered support and guidance by members of the Management Committee who will also review their training needs in relation to Safeguarding and Child Protection.

5.2 If any member of staff or volunteer has reason to believe that a child is being abused or has been abused, she must discuss this immediately with a Senior Worker and the Senior Worker will make a decision on action to be taken to prevent further abuse in line with this policy.

5.3 All staff must be aware of the procedures to follow when dealing with child protection cases if a Senior Worker is not available. However, in this circumstance staff can also contact the designated member of the management committee with child protection expertise. All staff and volunteers will receive training in safeguarding children and confidentiality.

6 Informing service users about policies on safeguarding children and confidentiality

6.1 When a woman moves into a refuge, she is told about the house rules and should at the same time be informed orally that the refuge has policies on safeguarding children and confidentiality. These can be discussed in detail later with an appropriate staff member or as part of the assessment process undertaken with each individual adult and child service user. Women using other North Derbyshire Women's Aid services (e.g. outreach, floating support or the Advice Centre) will also be given this information at the start of the service and it will be discussed as part of the assessment process which is carried out whenever possible given the circumstances / consent of the service user.

6.2 It is important that women with children should understand that there are limits to confidentiality when safeguarding issues are involved. If there are clear indications that a child is at risk of serious abuse, North Derbyshire Women's Aid will either refer the case to Social Care for assessment or involve the police if a criminal offence has been committed or the child urgently requires protecting.

Section 4 - Child Protection and Safeguarding

7 Procedures for dealing with specific incidents or suspicion of abuse

7.1 North Derbyshire Women's Aid recognises that different levels of abuse will require different action. However it is not any one agency's responsibility to decide if something is child abuse. We strongly urge staff and service users not to wait till they are 100% certain about their suspicions before they act. It is the responsibility of North Derbyshire Women's Aid staff to report incidents and concerns to the police or Social Care so that wider enquiries can be carried out and informed decisions made as to the most effective course of action to safeguard the child and promote his/her welfare. **Safeguarding children is a multi-agency responsibility.**

7.2 It is a major issue in safeguarding children, and has been highlighted in reports into child deaths, that there is a need for agencies to share information

where there is a suspicion of abuse or neglect. A referral should not be seen as a betrayal of trust but as a necessary and responsible way of safeguarding children.

7.3 It will not always be appropriate to ask Social Care to assess the child's needs if North Derbyshire Women's Aid can deal with a problem effectively by arranging the provision of practical support. This does not apply to concerns about a child's need for protection, as this requires a multi-agency response.

7.4 It should not be assumed that the only function of Social Care is enquiring into child protection matters, as they may be able to provide or offer access to care such as family centres following referral and assessment of needs.

7.5 Before making an actual referral it may sometimes be helpful to discuss a possible referral with Social Care and to ask what action they would be likely to take in these circumstances. Health visitors (NDWA's in house specialist or the Health Visitor involved with the family as appropriate) may also be able to offer helpful advice.

7.6 North Derbyshire Women's Aid recognises that there may be barriers to children telling anyone about abuse; the power of relationships between adults and children will not be underestimated nor should the deliberate and skilled way that abusers target their victims. Children may not tell because:

- They are scared because they have been threatened
- They believe they will be taken away from home or their parent/carer
- They believe they are to blame
- They think it happens to all children
- They feel embarrassed
- They feel guilty
- They don't want to get the abuser into trouble
- They have communication or learning difficulties
- They may not have the vocabulary to say what happened
- They are afraid they won't be believed
- They believe they have told, maybe by dropping hints, but haven't been believed so don't bother to try again

7.7 North Derbyshire Women's Aid recognises that abuse thrives on secrecy and needs to be handled in a sensitive, accepting way. In order to achieve this staff and other adults involved may have to overcome certain barriers when dealing with concerns such as:

- Sometimes it may be hard to believe what the child is saying
- It may be difficult if the suspicion is about someone that is known
- The fear of 'getting it wrong'
- The fear of what consequences there may be for 'getting it wrong' for the child, for the family and for themselves
- Worry that it may make things worse for the child
- Belief that the services dealing with concerns are stigmatising
- They simply do not want to become involved

- They do not have the necessary information on what to do or who to contact
- These issues will be covered in staff and volunteer training and in supervision, and in awareness raising sessions with service users e.g. at the refuges.

8 If a child discloses abuse to a member of staff or a volunteer

8.1 North Derbyshire Women's Aid staff or volunteers will:

- Stay calm and listen carefully. Believe them – when children go to an adult for help they need to know they will be believed and supported. This is especially true in the case of sexual abuse which children very rarely lie about.
- Reassure the child that s/he was right to disclose what happened, that the abuse is not her/his fault and that no matter what happens we will not be angry with them.
- Take appropriate action if the child is in need of urgent attention
- Explain to the child that in these circumstances confidentiality cannot be maintained.
- Assure the child that the issue will be taken seriously.
- Fill out an incident form immediately stating what was said by both the child and the member of staff, and recording facts rather than opinions. Collect as much information as possible about the situation – this may be from the child, parent/carer or other workers and should include date and time of the incident or disclosure, parties who were involved, what was said or done and by whom and any further actions. It may also be helpful to record perception of emotional and physical presentation.
- Discuss the concerns with a Senior Worker as soon as possible – within the same working day, decide on the appropriate course of action with the Senior Worker and record this decision.

8.2 If the abuse is recent or continuing, staff or volunteers will also:

- Tell the child what action is likely to be taken, who will be informed and what the consequences may be.
- If the child has sufficient understanding, discuss options realistically, including talking with the parent/carer with another staff member present (if the parent/carer is not the abuser).
- Keep the child informed throughout the entire process.

8.3 The staff member will then discuss the disclosure with a Senior Worker, who will decide on a course of action depending on the nature and seriousness of the abuse and seeking advice from Social Care if appropriate. Any advice taken and the decision reached will be recorded on the form by the Senior Worker or the staff member working with the child (and checked by the Senior Worker). If no further action is considered necessary the reason why should be documented and the form should be placed on file (ongoing Child Protection Cases folder).

8.4 Normally any concerns should be discussed with the parent/carer even if she is the alleged abuser. If necessary, she should be encouraged to make her own referral to Social Care. However, **this should only be done if such discussion and agreement seeking will not place a child at increased risk of significant harm. A referral should still be made if the parent/carer does not consent and concerns are significant.**

8.5 **With allegations of a sexual abuse nature, in no circumstance should staff question or discuss the alleged incident with the child.** This could have serious implications for contaminating evidence and hamper any criminal prosecution or safeguarding of the child (see Sections 10 and 11).

8.6 The Senior Worker will notify relevant members of staff as to the course of action taken.

8.7 **If there is a need to ensure the immediate safeguarding of the child, after discussion with a Senior Worker the staff member will make a referral to Social Care (08456 058 058) or the police without delay.** They will need to be clear about:

- The nature of the concerns
- How and why they have arisen
- The apparent needs of the child e.g. are there urgent concerns about the immediate safety of the child
- Any previous assessments of the child, if known e.g. CAF
- Decisions made and what will happen next

8.8 The referral should be followed up in writing (copies of the blank referral form are kept at all bases) and sent to the relevant Social Care office within 24 hours of the telephone referral. A copy should be placed on file. Formal acknowledgement of the referral should be received within three working days of receipt of the written referral – if this is not received the referring worker must re-refer the matter.

9 If the abuse occurred previously and the child is no longer in danger

9.1 Intervention by Social Care may not be necessary, although Social Care may offer other help such as referral to a family centre.

9.2 However, as the abuser is likely to be a danger to other children, a referral to Social Care will be necessary if the abuse involved a serious physical injury or sexual abuse. This is to ensure that the abuser is prosecuted if possible or that at least there is a record of the alleged offence. Usually Social Care will only require a medical examination of the child in extreme cases, but staff should ask for advice from their local Social Care office.

10 If there is reason to believe that a child is at risk of sexual abuse

10.1 In these circumstances it is essential to seek specialist advice from Social Care and a police investigation is likely to take place. It is inappropriate for North Derbyshire Women's Aid staff to make enquiries about sexual abuse (See paragraph 8.5 and section 11).

10.2 Children who have been sexually abused frequently feel very guilty and confused. It is important to reassure the child that the abuse is not his/her fault and to continue providing reassurance that they were right to tell.

11 Ensuring that evidence is not contaminated

11.1 North Derbyshire Women's Aid is aware of the danger of contaminating evidence, especially when dealing with young children and particularly in cases involving allegations of sexual abuse or serious physical abuse.

For this reason North Derbyshire Women's Aid staff and volunteers will

- give the child time and reassurance so s/he can say what has happened in his/her own words
- avoid asking any questions
- avoid making judgmental comments
- avoid jumping to conclusions
- avoid further discussion of the abuse with the child and without
- delay talk to a Senior Worker and Social Care if a decision to refer is made.

11.2 **Any enquiries into allegations of sexual abuse or serious physical abuse must be conducted by specially trained police and social workers to meet legal requirements and be acceptable to the court. However, you can say certain things without contaminating evidence.**

Tell the child

- You take what they say seriously and that you believe them
- It was not their fault
- They were right to tell
- The adult was wrong
- It is right to say no to unwanted touching
- What is going to happen next and keep them informed.

12 If the parent/carer resumes a relationship with an abuser

12.1 If it is known that a child has been abused by the partner of the parent/carer or has been seriously affected by witnessing violence, North Derbyshire Women's Aid staff will discuss the situation with the woman and explain that in these circumstances Social Care will have to be informed if she returns to the abuser.

12.2 As the safety of the child is involved, Social Care will be notified even if there has been insufficient time or opportunity to explain our policies on confidentiality and safeguarding children to the woman or to discuss the implications of her returning to the abuser.

13 Dealing with allegations of abuse occurring during contact

13.1 North Derbyshire Women's Aid recognises that the Children Act 1989 does not provide adequate safeguarding for abused women and children involved in contact proceedings, because case law has established a strong presumption of contact which often overrides considerations of safety.

13.2 As contact may lead to further abuse of both the woman and the child(ren), North Derbyshire Women's Aid will offer practical support and will provide written or oral evidence in court if appropriate.

13.3 North Derbyshire Women's Aid will carefully record any disclosure or evidence of abuse (see Section 37, Records and record keeping) which may be relevant to contact proceedings. We will also record information about the child's behaviour if s/he appears to be disturbed or traumatised by contact arrangements, as this evidence may be needed to show that contact is not in the best interests of the child.

13.4 Abusers often allege that the woman is an "unfit mother" and may apply for a residence order on this basis. If North Derbyshire Women's Aid has relevant evidence about the woman's ability to care for her child(ren), we will offer to provide that evidence for Social Care, for the police or for the court.

13.5 In particular, we will seek to ensure that the court is made aware of any factors indicating a risk of harm to either the child or the parent/carer.

14 If the child discloses abuse by the parent/carer who is a service user of North Derbyshire Women's Aid

14.2 If a referral is to be made to Social Care, the parent/carer should be informed. It may be possible to encourage her to speak to Social Care herself. This should only be done where such discussion and agreement seeking will not place the child at increased risk of significant harm.

14.3 The parent/carer should be shown the written report at a time when it is considered safe to provide this information. North Derbyshire Women's Aid will aim to support the parent/carer and, if necessary, will outline her support needs to Social Care. Reports provided by North Derbyshire Women's Aid will include both positive and negative aspects of parental care.

14.4 If the parent/carer leaves the refuge or stops engaging with a service in an attempt to prevent further action from being taken, a referral should still be made to Social Care or the police depending on the nature and urgency of the risk to the child's welfare.

15 If there is a conflict of interest between the child and the parent/carer

15.1 If there is a conflict of interest between the welfare of the child and the wishes of the parent/carer, **the welfare of the child must take priority.**

16 If a child has been injured in the refuge or other NDWA premises

16.1 If a child needs medical help, North Derbyshire Women's Aid will ensure that the child is immediately taken to hospital or to a doctor. Ideally this should be done by the parent/carer with a staff member accompanying her to provide support, but anyone who has care of the child may do what is reasonable to safeguard the child's welfare (Children Act 1989 s.3(5)).

If there is any indication that the injury is non-accidental or due to neglect, the consultant or GP is likely to make a referral to Social Care or the police. North Derbyshire Women's Aid staff should inform the GP or consultant of any child safeguarding concerns they have regarding the injury.

16.2 Staff should record the injury that the child has sustained as soon as possible, noting anything that was said about how this happened, and should seek to provide support for both the child and the parent/carer.

17 If there are suspicions of abuse or neglect

17.1 If a member of staff or a volunteer suspects that a child is being abused or neglected, she should discuss this as soon as possible with a Senior Worker.

17.2 If the suspicion of abuse or neglect continues or is repeated, the situation will be discussed with the parent/carer and she will be reminded of the Safeguarding Children Policy. Every effort will be made to work with the parent/carer, including offering support and practical help. However, a referral to Social Care will be made if suspicions persist.

17.3 If there is an injury or bruising, staff will consider whether medical help is necessary and advise the parent/carer to act accordingly e.g. by taking the child to A and E. It is essential to discuss how the injury or bruising happened with the parent/carer. This should be recorded on an incident form and body map. It may also be helpful to consult the child's health visitor, if there are concerns that an injury may not be accidental. If the injury does not appear to be consistent with the explanation given, this should be discussed with a Senior Worker and if necessary a referral will be made to Social Care. Staff also need to be alert to the possible significance of a number of injuries over a period of time and discuss any concerns with a Senior Worker.

17.4 In cases of emotional abuse or neglect, it is important to stop the process of abuse and to be proactive in promoting better care for the child. Concern may not be confined to an isolated incident, so it is very important to record observations over a period of time. If the abuse is repeated, a meeting should be set up with the parent/carer to discuss the situation and any support needs. A decision may be reached to work with the parent/carer in the refuge or on an outreach basis over a stated period of time. The staff may decide to involve outside professionals (such as a health visitor or a family centre using a CAF if appropriate) or a referral may be made to Social Care.

17.5 If a member of staff witnesses abuse by the parent/carer, she should intervene and challenge the behaviour if it is safe to do so. The situation should be calmed down and the child should be offered comfort and reassurance. As soon as possible the staff member should find an appropriate time to discuss the incident with the parent/carer in order to make it clear that this behaviour is unacceptable. This will be recorded and discussed with a Senior Worker. Depending on the severity of the incident and /or if concerns continue, appropriate action will be taken as outlined in earlier sections of this policy. For refuge residents it may be appropriate to discuss the incident at a house meeting to allay fears.

18 If another service user reports abuse by the parent/carer

18.1 North Derbyshire Women's Aid staff will

- Reassure the service user that this will be taken seriously and dealt with.

- Tell her that the allegation will have to be discussed with other team members but the parent/carer will not be told who made the complaint if she prefers.
- Explain the procedure for dealing with complaints of this kind.
- Offer her support and encourage her not to discuss this with other service users.
- Discuss the issue with Senior Worker
- make a referral to Social Care if necessary, in which case the parent/carer should be informed. It may be possible to encourage her to speak to Social Care herself. This should only be done where such discussion and agreement seeking will not place the child at increased risk of significant harm.
- Monitor the situation and ensure regular recording.

19 If a child is abusing other children or adults

19.1 Many children feel intense anger and helplessness about the violence that they have witnessed or been subjected to, and frequently this is expressed in aggressive and destructive behaviour. Managing challenging behaviour positively is an intrinsic part of working with children in refuges and other domestic abuse services.

19.2 In these cases North Derbyshire Women's Aid staff will

- Inform the child and the parent/carer that this behaviour is abusive and unacceptable.
- In partnership with the parent/carer, work with the child to enable her/him to cope with emotions and to relate to other people more positively.
- Inform other agencies of risk issues as necessary e.g. schools, with the parent/carers consent (and child/young person's consent if appropriate) where possible
- Monitor the situation and keep factual records.
- Make a referral to Social Care if necessary

19.3 In extreme cases (such as sexual assault) it will be necessary to make a referral to Social Care or the police explaining the situation clearly. If the child is a refuge resident and there is a clear danger to other children, a team decision should be made on whether the family should be required to move to alternative accommodation, and be supported in doing so.

20 If a child is abusing her/his brother or sister

20.1 North Derbyshire Women's Aid staff will

- Inform the children and the parent/carer that this behaviour is abusive and unacceptable.
- Provide support for the children and the parent/carer and work with them to resolve this problem.
- Monitor the situation and keep factual records, making a referral to Social Care if necessary.

- Take further action if necessary to safeguard the abused child.
- 20.2 In serious cases of sibling abuse there is a danger that the family will have to split up, so it is essential to start preventive work as soon as possible,

21 If it is alleged that a child has been abused by a service user (not a family member)

21.1 North Derbyshire Women's Aid staff and volunteers will ensure that:

- this is discussed with a Senior Worker.
- the situation will then be discussed separately with the service user and the parent/carer of the child
- a record will be kept of any comments made
- if the allegation is of a serious nature and staff have reason to believe it is correct, then Social Care should be informed.

21.2 If they are a refuge resident, it may be necessary to move the accused service user to temporary accommodation pending full investigation, which should take place without delay – outreach support can still be offered to the family in these circumstances. If the allegations are not substantiated, North Derbyshire Women's Aid will try to ensure that the accused woman and her family are offered accommodation elsewhere within the project or with a different refuge group. In these circumstances the other refuge project must be told what has happened.

22 If it is alleged that a staff member or volunteer has abused a child

22.1 North Derbyshire Women's Aid staff and volunteers will

- Ensure that any such allegation is reported immediately to a senior worker and the management committee, who will decide what action is necessary.
- Keep a record of any allegations of child abuse made against any staff member or volunteer.
- Fully investigate any allegation of inappropriate behaviour by a staff member or volunteer.
- Refer the matter to the police or Social Care, if a criminal offence appears to have been committed or where other children may be at risk.

22.2 It may be necessary to suspend the staff member or volunteer while the investigation is carried out.

23 If a child is on the child protection register

23.1 When a woman is first referred to a North Derbyshire Women's Aid service, she will be asked whether she has any involvement with Social Care. If the answer is yes and the child is on the Child Protection Register, this should be recorded.

23.2 If the family are resident in the refuge, the parent/carer should be encouraged to contact Social Care herself to inform them that she and her children are living in the refuge. If she is unwilling to do this, she must be told that

North Derbyshire Women's Aid will inform Social Care on her behalf. It is essential that the mother does not state the actual address of the refuge but only gives the PO Box number.

23.3 North Derbyshire Women's Aid should seek the woman's consent to liaise with the Social Care team which previously dealt with the family. This will be useful in obtaining clear information, providing on going support and, if necessary, negotiating a support package for the woman and her child(ren) with the local Social Care department.

23.4 If the parent/carer has moved to a new area, it is likely that there will be a child protection conference. It is possible that her ex- partner will be invited to such a meeting (see Section 42, Child protection conferences).

24 Schedule 1 offenders, sex offenders and others who may present a risk to children

24.1 A Schedule 1 offender is someone who has been convicted of an offence against children.

24.2 If a Schedule 1 offender applies for a contact or residence order relating to a service user, North Derbyshire Women's Aid staff will ensure that family court professionals are made aware of this risk.

24.3 North Derbyshire Women's Aid staff have a responsibility to pass information to Social Care when they become aware of potential child abusers having contact with children and staff will ensure that service users are aware of this responsibility. Social Care have a responsibility to assess the risk to children where there is significant contact. This would apply if a mother in receiving NDWA services is a Schedule 1 offender. (this would not normally be in a refuge provision but on an outreach basis)

25 Children or young people who are suicidal, self-harming or abusing drugs or alcohol

25.1 For a high proportion of these children there are likely to be safeguarding issues, but this may not be immediately apparent.

25.2 If concerns emerge which lead to a suspicion of abuse or risk of further harm, a referral should be made to Social Care for an assessment as a child in need and/or in need of protection.

26 Children with disabilities

26.1 Research shows that children with disabilities are at increased risk of abuse and neglect due to their increased vulnerability, particularly when the child has difficulty in communicating. Children with disabilities are also often taught to be compliant. Physical disabilities may mean intimate care is required and this need may have to be met by several adults thus increasing their vulnerability. Children with learning disabilities may not be able to recognise what are acceptable boundaries of behaviour by carers and other adults.

26.2 Staff working with children with disabilities should be aware of the above factors and be extra vigilant. These factors could lead to staff being accused of abuse and their practice should take account of this.

27 Children of asylum seekers or with uncertain immigration status

27.1 These children are vulnerable because of the uncertainty of their situation. They may be subjected to racism or bullying by members of the wider community.

27.2 These children should be entitled to the same standards of service, personal care, healthcare, parenting, discipline etc as are applied to other children.

28 Children Involved in Prostitution

28.1 Government guidance “ Safeguarding Children Involved in Prostitution” (DOH 2000) recommends that such children should be regarded as victims of child abuse and neglect. They are therefore children in need of care and may well be in need of protection.

28.2 By its very nature these children are being sexually abused by adults and may well be experiencing other forms of abuse. They are vulnerable even when there is an apparent “life style” choice, as adults are exploiting them.

28.3 Children who are being abused through prostitution are likely to have complex needs, and multi-agency planning and delivery of care is important.

28.4 Concerns involving the possibility of young people being abused through prostitution should be referred to Social Care.

29 Female genital mutilation

29.1 The practice of female genital mutilation (female circumcision, excision or infibulation) is an offence under the Prohibition of Female Circumcision Act 1985. It is therefore a serious safeguarding issue and a referral should be made to the police and/or Social Care if the practice is suspected.

Section 5

30 Parental responsibility and child-minding

30.1 Women are responsible at all times for their children’s care in the refuge or other NDWA premises (unless a specific arrangement has been made for one to one work or group work without the parent/carer present.) This includes health, safety and behaviour. Women should supervise their children in the communal areas or public areas of the premises and ensure that younger children are never left alone. This obligation should be stated clearly in the refuge house rules section of the licence agreement and displayed in other premises.

30.2 In special circumstances (such as where a woman has to see her solicitor, attend court or go to hospital) it may be possible for the refuge to provide or arrange childcare. However, children should never be left in the refuge without proper supervision.

30.3 It is inappropriate for older children in the refuge to be used as babysitters or for one woman to be left alone in the refuge looking after several children. North Derbyshire Women’s Aid’s Refuge Babysitting Policy is explained to all new residents (see Appendix 5).

31 Safe Environment

31.1 North Derbyshire Women's Aid has a comprehensive health and safety policy and procedures which the following guidelines are complementary to. Any potential hazards must be drawn to the attention of senior workers and service users and will be dealt with as soon as possible.

31.2 Refuge play session provision is registered with Ofsted and their guidelines are followed.

31.3 For play activities not on NDWA premises the level and quality of staffing will conform to the regulation of the Children Act 1989 and to national standards. The organisation's procedures are as follows:

- Under 8s refuge residents - mothers/carers will be required to be present for outings
- Over 8s refuge residents – 2 members of staff to 2 children/young people
- Under 8s outreach work service users - no less than one adult per two children only if parental consent given and after a discussion re. possible risk issues with a Senior Worker
- Over 8s outreach work service users – no less than one adult per three children only if parental consent given and after a discussion re. possible risk issues with a Senior Worker

When transport is arranged North Derbyshire Women's Aid will ensure the appropriate provision of safety seats and belts for children within the vehicle. Activities will be planned to take account of the age, ability and needs of the children attending and to ensure safety and supervision at all times. Staff will work with children and young people prior to a trip to ensure they understand what standard of behaviour is acceptable through the use of a behaviour policy. Written consent from parents will be obtained before a trip, and if necessary, a meeting will be held for parents/ carers to give them a briefing on the outing. Staff will ensure that before a trip they have all necessary information about a child, including contact number for emergencies, allergies, health and other special needs etc. and parents/carers will also be given all relevant information about the service. When children are collected, children will only be handed over to known/ named parent/carer unless alternative arrangements have been agreed beforehand.

31.4 Use of the internet by children and young people is only permitted on NDWA premises if supervised by staff or their parent/carer. Families can provide their own computers at the refuges and are able to access the internet through the refuge wireless connection. Staff will discuss safe internet use with children and young people using the internet in this way (and other service users who may be a risk of unsafe internet use), promoting appropriate sites and discussing and discouraging the use of inappropriate ones, explaining the importance of not giving out personal details over the internet or arranging face to face meetings with anyone they have come into contact with on the internet, and encouraging them to report anything they have come across that they feel is abusive or offensive. Staff will support mothers/carers to limit the amount of time their children spend online, and offer support in the use of filters which block access to

certain sites. North Derbyshire Women's Aid will not publish recognisable photographs of children on the internet.

32 Disciplining children

32.1 The prime responsibility for disciplining children lies with mothers/carers. As an agency providing support to families escaping domestic violence, we recognise that we are well placed to provide information and advice to women on positive management of children's behaviour.

31.2 Women's Aid Federation of England has been promoting alternatives to smacking since the Children's Rights Policy was introduced in 1993. This states specifically in section 7: "All children in the refuge have the right to safety from violence, which includes the right to safety from physical punishment." North Derbyshire Women's Aid will work directly with families to promote non-abusive methods of resolving conflict and to encourage mothers/carers to consider other forms of discipline.

Section 6

33 Direct work with children – protecting staff and volunteers

33.1 North Derbyshire Women's Aid require there to be two staff members present when direct work with children is being carried out in the refuges. Art therapy and children's outreach work is usually carried out on a one to one basis if there is parental consent.

33.2 There are practical steps that must be taken to reduce the risk of unfounded allegations of abuse against staff. The importance of record keeping cannot be overstated.

- Keep a written record of any injury that occurs to a child. Ensure that another staff member witnesses the record and that a senior worker is informed.
- Where possible, children should be encouraged to take responsibility for their own personal care (such as going to the toilet). Personal care should not be provided if children are able to care for themselves and can only be provided with the full understanding and consent of the parent/carer. In an emergency situation that requires this type of help, mothers/carers should be informed as soon as reasonably possible. Staff will conduct themselves with discretion in these circumstances and record the care they have given.
- If allegations of child abuse are made against any staff member, follow the procedures set out in Section 23 of this policy.
- If a child touches a staff member or volunteer in a sexually inappropriate way, a record must be kept of what occurred. Another staff member and a senior worker must witness this record.
- the mother's/carer's permission should be sought before any one to one work. A record must be kept of play activities, noting any issues of concern.

33.3 North Derbyshire Women's Aid has a comprehensive Protection From

Abuse policy and Code of Conduct detailing appropriate behaviour in relation to service users and professional boundaries. It makes clear that discriminatory, offensive or violent behaviour is unacceptable and that complaints will be acted upon. In summary:

- Workers and volunteers must not enter into a personal or sexual relationship, sexually harass or behave in a sexual way with a service user of whatever age
- Workers must not give personal gifts and loans, and can only receive small gifts on behalf of the organisation that must be declared.
- Service users, of any age, must not be taken to worker's homes or introduced to friends and family

In addition the following guidelines apply to all staff and volunteers coming into contact with children and young people:

- All children and young people should be treated with respect
- Staff and volunteers should provide an example of good conduct they wish others to follow
- A young person's right to personal privacy should be respected and young people should be encouraged to point out attitudes and behaviour they do not like
- Staff and volunteers should remember that someone else may misinterpret their actions no matter how well intentioned
- Staff and volunteers should be aware that even physical contact with a child or young person may be misinterpreted
- Staff and volunteers should recognise that special caution is required when they are discussing sensitive issues with children or young people
- Staff and volunteers must challenge unacceptable behaviour and report all allegations/suspicions of abuse
- Staff and volunteers must not have inappropriate physical or verbal contact with children or young people
- Staff and volunteers must not allow themselves to be drawn into inappropriate attention seeking behaviour/make suggestive or derogatory remarks or gestures in front of children or young people
- Staff and volunteers must not jump to conclusions about others without checking facts
- Staff and volunteers must not either exaggerate or trivialise child abuse issues
- Staff and volunteers must not show favouritism to any individual
- Staff and volunteers must not rely on their name or that of North Derbyshire Women's Aid to protect them
- Staff and volunteers must not believe 'it could never happen to me'
- Staff and volunteers must not take a chance or risk when common sense, or NDWA's policies and practice suggest another more prudent approach
- Staff and volunteers are reminded that unless there are exceptional circumstances (and these should be discussed with and consent gained

- from a Senior Worker) it does not make sense to spend excessive amounts of time alone with children, away from others.
- Consent should always be gained from the parent/carer for one to one work with children – if there are emergency or exceptional circumstances that prevent this, a Senior Worker must be fully informed and give agreement.

34 Recruitment, selection, training and supervision of staff and volunteers

34.1 North Derbyshire Women's Aid has policies and procedures in place to deter those who are unsuitable to work with children. These are as follows:

- all potential staff and volunteers (including management committee members) must complete an application form including a self disclosure regarding previous convictions
- checking references (at least 2 obtained before interview and verified by follow up phone call) and essential qualifications before making appointments
- asking for reasons for gaps or inconsistencies in employment and not appointing unless satisfied with the explanation given
- a face to face interview with at least two people
- criminal record bureau checks (enhanced) on offer of a post and every three years for all staff, management committee members and volunteers including relief or temporary staff. Identity is checked during this process by looking at a birth certificate, driving licence, passport and/or other document with a photograph
- no unsupervised access to children and young people until a satisfactory CRB check has been received and references reviewed and verified. Advice will be sought if there is a criminal record and/or the offence does not relate to children or vulnerable adults before appointing.
- all appointments to work with children are subject to a supervised probationary period.
- a comprehensive induction that includes training in Safeguarding and Child Protection Policy and Procedures
- staff training needs in Safeguarding and Child Protection Procedures are reviewed in supervision and appraisals with particular attention paid to those working directly with children and the Senior Workers who are the designated Child Protection team. Regular updates are arranged 'in house' and all staff working with children are required to attend Derbyshire Safeguarding Children's Board multi agency training every three years or sooner if major changes in procedures have taken place.

34.2 Working with children who have experienced domestic violence can be very demanding and stressful, particularly when safeguarding issues are involved. North Derbyshire Women's Aid ensures that all staff and volunteers working with children receive adequate support and supervision.

35 The duty of care and public liability insurance

35.1 North Derbyshire Women's Aid recognises that anyone who works with children, whether as a paid worker or a volunteer, is under a legal duty of care which case law has interpreted as a duty to act as a careful parent would. Failure to do so, in addition to being unprofessional, could invalidate the organisation's public liability insurance.

35.2 We will ensure that adequate records are kept of any accidents or injury of children. Staff and volunteers will receive guidance and training in Health and Safety legislation and also regulations concerning the care of children.

Section 7

36 Confidentiality and sharing of information

36.1 Section 11 of The Children Act 2004 requires that agencies carry out their functions taking into account the need to safeguard and promote the welfare of children and young people by ensuring that all practitioners understand when to share information if they believe that a child or young person may be in need, including those children suffering or at risk of significant harm.

36.2 North Derbyshire Women's Aid staff and volunteers will explain to children, young people and families at the outset, openly and honestly, what information will, or could be shared. They will explain how and why it needs to be shared, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.

36.3 Staff and volunteers must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration. Staff and volunteers should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information – this is often a particular concern for families who have experienced domestic abuse and have ongoing concerns for their safety from an abuser. However, staff may still share information, if in their judgement on the facts of the case; there is sufficient need to override that lack of consent. Staff and volunteers should seek advice where they are in doubt from a Senior Worker, especially where their doubt relates to a concern about possible significant harm to a child or serious harm to others.

36.4 Staff and volunteers should ensure that the information they share is accurate and up-to-date, necessary for the purpose for which they are sharing it, shared only with those people who need to see it and shared securely. Staff and volunteers should always record the reasons for their decision – whether it is to share information or not.

36.5 In all situations the overriding consideration as to whether to share information should be the safety and welfare of the child.

36.6 Obtaining parental, or where appropriate the child's consent, should be

a first consideration when staff or volunteers first have contact with a child and/or their family. A lack of consent should never compromise the safety or welfare of a child.

36.7 Article 8 of the European Convention on Human Rights states that everyone has the right to respect for his private and family life, his home and his correspondence. Disclosure of such information might give rise to an issue under Article 8, but it is permissible for the prevention of crime or disorder, for the safeguarding of health or morals, or for the safeguarding of the rights and freedoms of others. Consideration should be given to seeking the views of the parent/child as to why consent may be being withheld in line with their human rights. The disclosure of information to safeguard children could come under any of these headings, but disclosure should be justifiable, appropriate for the purpose and only to the extent needed to achieve that purpose. Disclosure of information should be discussed with a Senior Worker. Written consent to share information should be sought wherever possible.

36.8 Sharing confidential information without consent in the public interest is normally justified:

- Where, in the interest of the child, reasonable concerns identify that their health or development will be impaired without the provision of services;
- Where there is evidence that the child is suffering or is at risk of suffering significant harm;
- Where there is reasonable cause to believe that a child may be suffering or at risk of suffering significant harm;
- To prevent significant harm arising to children and young people or serious harm to adults, including through the prevention, detection and prosecution of serious crime.

36.9 The key factor in deciding whether or not to disclose confidential information is proportionality and pressing need. Is the proposed disclosure a proportionate response to the need to protect the welfare of the child? Is there a pressing need to disclose the information to protect the welfare of the child? (ie there is an urgent need to share information).

36.10 North Derbyshire Women's Aid will ensure staff and volunteers comply with the Data Protection Act 1998 requirement that personal information is obtained and processed fairly and lawfully, that it is accurate, relevant and not held longer than necessary, that it is kept securely and only disclosed in appropriate circumstances.

Section 8

37 Records and record-keeping

37.1 Immediately after an incident of abuse or neglect has been reported or witnessed, a staff member must fill out an incident form immediately stating what was said by both the child and the member of staff, and recording facts rather than opinions. They must collect as much information as possible about the situation – this may be from the child, parent/carer or other workers and should include date and time of the incident or disclosure, parties who were involved, what was said or done and by whom and any further actions. It may also be

helpful to record perception of emotional and physical presentation. The dates and times of these conversations must be recorded. Discussions between staff about their concerns should also be recorded. All reports should be signed and dated, so it is clear who has written the report and when it was written.

37.2 If the situation is being monitored, regular updated reports must be filed. These can be useful if there are any further allegations or concerns about abuse or neglect.

38 Security and storage of records

38.1 It is essential that personal records including any record of safeguarding concerns should not be accessed by unauthorised persons, they should never be left out or unsecured. The records will be kept in a locked filing cabinet with restricted access. In the refuges and other premises there are “locking up” procedures at night to protect confidential information.

38.2 Records must be retained until the children concerned are aged 18.

39 Access to records

39.1 Child protection records should only be accessed by staff who work directly with families and Senior Workers or by management committee members directly involved in safeguarding decisions. Volunteers may report incidents where there are child safeguarding concerns but should not have access to the records. However, there must be a procedure for accessing records in an emergency and staff and volunteers should be made aware of ongoing safeguarding issues.

39.2 It is a general principle of data protection legislation that individuals have a right of access to information recorded about them. Access should only be refused if it could cause harm to a person or might prejudice the prevention or detection of crime. Service users have the right to request access to their files with 24 hours notice.

39.3 The parent/carer has a right to see all written reports unless this might endanger the safety of the child or a staff member or volunteer. Children have a right to see their own records, if they have sufficient understanding to comprehend the contents and this information will not harm them.

39.4 Staff and volunteers should also be aware that child protection records might be subpoenaed for use in court proceedings.

40 Computer safety

40.1 Staff members who may need to compile records or reports for safeguarding purposes will receive basic computer training focussing on safety and confidentiality.

40.2 Records of child protection cases will contain sensitive information. Files should be saved on both the server and backed up on a CD which should then be securely stored.

40.3 North Derbyshire Women's Aid server and personal computer folders and email accounts are password protected.

Section 9

41 Working with Social Care Departments

41.1 Social Care, along with the police, have the lead responsibility in child protection. Social Care have a wide range of duties and powers to provide care and protection for children and their families. North Derbyshire Women's Aid recognises that it is important to have a good working relationship with Social Care to ensure that child protection issues are dealt with sensitively and effectively.

41.2 In order to establish a good working relationship staff should meet with Social Care officers who have responsibility for child safeguarding and offer to attend team meetings

- To explain the role NDWA services play in safeguarding children.
- To discuss our policy on safeguarding and confidentiality and how this complements Social Care policies and procedures.
- To promote partnership working and share good practice
- To explain that Senior Workers are Safeguarding Officers and who they are, how to contact them.
- To propose that each Social Care office in the organisation's catchment area should maintain regular contact with the organisation and seek to resolve any difficulties, ideally by designating a liaison social worker.
- To agree referral procedures, particularly for emergency cases.
- To discuss any other concerns.

41.3 North Derbyshire Women's Aid will offer to provide training for social workers on understanding domestic violence and the strong links between domestic violence and child abuse. (If this involves an on-going training commitment, payment may need to be agreed.)

41.4 North Derbyshire Women's Aid will also ensure that staff and volunteers attend multi agency training sessions on safeguarding and child protection on an on-going basis.

Section 10

42 Child Protection conferences

42.1 Multi-agency protection conferences are a key part of the child protection process.

42.2 The staff member/s involved will contact the family's social worker before the child protection conference takes place to announce their involvement with the family, to ask for copies of reports, and to request an invitation staff have relevant information about the child and/or carer(s).

42.3 If staff believe they have information that will be valuable to the conference, they should contact the conference chair in advance and ask to be invited. Information will if at all possible, unless timescales do not allow, be provided in a written report with sufficient copies for everyone attending the

conference. Staff should remember that conferences allow for the inclusion of positive aspects of parental care as well as concerns.

42.4 The issue of domestic violence and keeping the location of the refuges confidential must be discussed with the social worker before the child protection conference. It is crucial to insist that, if the service user wants, she should be seen separately from her partner or ex-partner so that she can speak without fear of retribution. The woman should also be given sufficient time to consider any written report prior to the conference.

42.5 In cases where there is an apparent conflict of interest between the mother and the child, it may be appropriate for two North Derbyshire Women's Aid staff members to attend the child protection conference: one to represent the interests of the child, and the other to provide support for the parent/carer. It is essential that these arrangements should be explained clearly to Social Care, to the woman and to the child beforehand.

42.6 As North Derbyshire Women's Aid is well placed to assess child protection issues in relation to women and children who use refuge and other services, we will seek to establish a relationship with Social Care whereby we can contribute to decision-making at child protection conferences.

Section 11

43 Involving the police

43.1 The police, along with Social Care, have a lead role and statutory responsibility in child protection. They also have a general responsibility to protect the public and to prevent crime.

43.2 The police have emergency powers to remove a child from a dangerous situation, if there is an immediate threat to the child (such as abduction or threats occurring during a contact visit).

43.3 It may also be appropriate to contact the police directly in circumstances where an offence has been committed against a child and urgent investigation is needed to prevent the removal of evidence.

Section 12

44 Complaints

44.1 North Derbyshire Women's Aid has a comprehensive Complaints Policy and procedure detailing the aim and purpose of the policy, how to make a complaint and how North Derbyshire Women's Aid responds to complaints.

44.2 Anyone can make a complaint including any service user, children and young people, volunteers, paid staff or another person from outside of North Derbyshire Women's Aid.

44.3 Complaints are treated seriously and will be dealt with promptly, politely and with respect as well as within set timescales. North Derbyshire Women's Aid is committed to learning from mistakes and using them to improve our services. Senior Workers will ensure that actions arising from complaints will be addressed at appropriate levels within the organisation e.g. team meetings, management committee meetings, Business Planning Process.

44.4 The Complaints Policy is available to all service users on request and a summary of 'how to complain' is displayed at all premises and discussed with all new service users.

44.5 Complaints are fully recorded including decisions made and actions taken and filed in a specific Complaints File accessible to management committee members and funders / inspectors or other appropriate agencies on request.

Section 13

45 Whistle Blowing

45.1 North Derbyshire Women's Aid has a Whistle Blowing Policy that, in summary, affirms that the organisation's belief that staff and volunteers have the right and responsibility to raise any matters of concern regarding poor practice at work. The policy stresses that staff and volunteers are responsible for safeguarding children and promoting their welfare and this must come above and before feelings of loyalty to the organisation or colleagues.

45.2 The Whistle Blowing policy encourages staff and volunteers to take action if they have a reasonable suspicion of serious poor practice at work or have been informed of serious poor practice from service users. The policy reassures them that they will be both protected and supported if the 'whistle blow' and that there will be no reprisals.

45.3 Staff and volunteers can 'whistle blow' through their or another senior worker, or to the management committee or where the staff member or volunteer feels that the normal line management route may be for whatever reason too difficult, to Ofsted or the monitoring officer for the Preventative Social Care contract for concerns regarding the poor practice relating to children and young people's services.

45.4 North Derbyshire Women's Aid's Whistle Blowing Procedures operate in accordance with the Public Interest Disclosure Act and Department of Health Guidance 'No Secrets'.

Appendix 1

A Brief Guide for North Derbyshire Women's Aid Staff on recognising indicators of abuse and implementing child protection procedures

Recognition

Child abuse can be physical, sexual, emotional or neglectful. Recognition of signs and symptoms is dependant upon North Derbyshire Women's Aid staff being open to the possibility of non-accidental injury or other forms of abuse, either happening within or outside of the refuge or the child's home. Safeguarding of the child from harm requires the appropriate sharing of concerns.

Procedures

It is your responsibility to report concerns NOT to decide whether or not it is child abuse.

Different levels of abuse will require different action. However it is not any one agency's responsibility to decide if something is child abuse. It is the responsibility of North Derbyshire Women's Aid staff to report incidents and concerns to the police or Social Care in order that those wider enquiries can be carried out. Thus informed decisions can be made as to the most effective course of action to safeguard the child and best promote his/her welfare. **Safeguarding children is a multi-agency responsibility.**

It is a major issue in safeguarding children, and has been highlighted in reports into child deaths, that there is a need for agencies to share information where there is a suspicion of abuse or neglect. A referral should not be seen as a betrayal of trust but as a necessary and responsible way of safeguarding children.

It will not always be appropriate to ask Social Care to assess the child's needs if North Derbyshire Women's Aid can deal with a problem effectively by arranging the provision of practical support e.g. by using the Common Assessment Framework. This does not apply to concerns about a child's need for safeguarding or protection which requires a multi-agency response.

It should not be assumed that the only function of Social Care is the investigation of child protection matters, as they may be able to offer access to a range of family support care without an investigation, although an assessment would be required.

Before making an actual referral it may sometimes be helpful to discuss a possible referral with Social Care and to ask what action they would be likely to take in these circumstances. **If in any doubt discuss the matter with a Senior Worker who will decide if a referral should be made.**

Indicators of physical abuse

Most healthy children will collect bruises or other injuries from time to time. Accidental bruises will usually occur on the skin where it is covering bony protuberances (e.g. shin, forehead, elbow, hip). Also a very small number of children may suffer from rare conditions, like haemophilia or brittle bone disease, which makes them more susceptible to bruising and fractures.

The following list of indicators though not exclusive nor in themselves always diagnostic of abuse are characteristic of non-accidental abuse.

Common sites for non accidental injuries

Skull

Fracture, bruising or bleeding under skull (from shaking)

Ears

Pinch or slap marks

Eyes

Black (particularly both eyes)

Cheek Neck

Finger marks Grasp marks

Mouth Upper and inner arms

Torn frenulum bruising and grasp marks

Shoulders Chest

Grasp marks Grasp marks

Back

Linear bruising

Genitals

Bruising, tearing Buttocks

Outline of implements

e.g. belt buckles

Knees

Grasp marks

Thigh

Scald burns

Non accidental injury

Particular attention should be paid if:

Bruises are:

- Frequent
- Patterned (e.g. finger marks)
- Old and new
- In unusual positions (note developmental level of child)

Burns and scalds have:

- Clear outline
- No or few splash marks
- Unusual positions
- Indicative shapes

Fractures are:

- Numerous
- Unreported
- Healed at different times
- The child is under two

Injuries may be suspicious if they are:

- Bite marks
- Large and deep scratches
- Incisions.

Other indicators of abuse

- Delay in seeking medical attention
- No explanation , inadequate explanation or changing explanation
- Child/ parent/ witness reports abuse
- Recurrent injuries- particularly if forming a pattern (e.g. following contact visit)
- Inadequate parental concern
- Multiple injuries that occurred at different dates
- Child is failing to thrive for no apparent reason

Possible behavioural indicators of abuse

- Fear of adults generally or of certain adults in particular
- Poor peer relationships
- Social isolation and withdrawal
- Aggression and acting out/ pseudo maturity
- Frozen awareness (a combination of lack of expression, lethargy and watchfulness)
- Detachment or indiscriminate attachment
- Eating disorders

- Sleep disturbance
- Running away
- Sudden changes in behaviour or poor school performance
- Psychosomatic complaints
- Self destructive behaviour (self mutilation, substance abuse and suicide attempts)

Risk factors associated with physical and emotional abuse

While none of these indicators would be 100% diagnostic of abuse in itself, each would be a cause for some concern that would need to be explored with the family and other agencies, particularly if linked with other signs and indicators.

Parental

Drug and alcohol misuse
 Mental illness
 Isolation or lack of support
 Young parents
 Lack of attachment/unresponsive to child's needs
 Lax and inconsistent parenting
 Inappropriate expectations
 History of violence or threats to partner/ abuse of children
 Previous breaches of court orders /injunctions
 Threatens/ attempts suicide

Social factors

Domestic violence
 Carer's fear of abuser
 Enforced contact
 Unemployment
 Bad housing
 Unwanted pregnancy
 Recent accident /ill health

Child

Has a disability
 Demanding as a baby (under 2's are consistently the most vulnerable)
 Poor sleepers/ feeders
 Premature birth
 Poor bonding
 Failure to thrive
 Child or siblings previously on child safeguarding register
 Child has contact with parent with history of violence to parent and/ or child

Indicators of child sexual abuse

A child's verbal allegations must always be treated with the greatest respect. Children are entitled to be listened to and to have their allegations treated seriously. Although there can be occasions when children invent allegations, as a result of adult pressures or for a variety of other reasons, research suggests that such fabricated allegations are rare and that children are in fact more likely to claim they are not being assaulted when they are and vice versa.

Once concerns are reported it is important that the indicators are weighed in terms of significance and in the context of the child's life, before the assumption is made that the child is or has been sexually assaulted. Some indicators take on a greater or lesser significance depending upon the child's age. With allegations of a sexual abuse nature, in no circumstance should staff question or discuss the alleged incident with the child or discuss with a suspected abuser. This could have serious implications for contaminating evidence and hamper any criminal prosecution or safeguarding of the child. Record carefully what is said and contact Social Care.

Indicators suggesting a high likelihood of sexual abuse

- The child's own verbal allegation ("disclosure") that an assault has occurred. A very young child may say something to indicate sexual abuse without realising they are "disclosing."
- Physical symptoms for which the only explanation is sexual activity, including genital tearing,
- Sexually transmitted diseases and pregnancy in younger children
- Children's sexual abuse of other children
- Suicide attempts
- Compulsive masturbation in an inappropriate setting
- Vivid details of sexual activity in talk/ play/ drawings, showing awareness of penetration, ejaculation, oral or anal sex (younger children)

Indicators suggesting cause for concern and a need to refer for investigation – in order to find a satisfactory explanation

- Pregnancy and sexually transmitted diseases
- Drug and alcohol abuse
- Persistent running away
- Sexualised stories/ poems
- Self mutilation
- Chronic urinary/ vaginal infections or soreness
- Exposure of genitals
- Eating disorders
- Clinical depression
- Unexplained money or gifts
- Fear of particular people or situations
- Obsessive behaviour

- Developmental regression

What to do – your role in safeguarding children

As someone who comes into frequent contact with children and young people who are distressed and in a time of crisis you are well placed to identify indicators of abuse and neglect. Children entering refuges will often display behaviours similar to those displayed by abused and neglected children. To differentiate you may expect a reasonable decrease of symptomatic behaviours after a period of time in the refuge, if abuse and or violence is no longer continuing. It is important to be open to the possibility that children may have been abused/ are continuing to be abused, by either parent/ carer. Research is clear that witnessing or being present in a household where there is domestic violence is in itself emotionally abusive and increases the risk of physical violence to the child – children accessing outreach services or art therapy will often still be living with an abusive adult.

The following principles will assist you if you come across situations when you suspect abuse or neglect but are uncertain how to act for the best.

Basic principles

1. The safeguarding and welfare of the child must be the paramount consideration in all situations.
2. If there is a conflict between the wishes of the mother/ carer and the welfare of the child, the welfare of the child must take priority.
3. Clear record keeping and sharing of information between agencies is of crucial importance for informed decision making.
4. A planned approach should be adopted in addressing concerns about children, except where they need immediate medical attention or protection.
5. Discussions should take place with Social Care including how and when parents, carers and children can be informed and involved in decision making.

Minor physical and emotional abuse and neglect procedures

If there are disclosures, allegations or suspicions of the above:

- The staff member should discuss the allegations with a Senior Worker, who will decide on a course of action depending on the nature and seriousness of the abuse and seeking advice from Social Care if appropriate.
- Record carefully.
- Normally any concerns should be discussed with the parent/carer, even if she is the alleged abuser. If necessary, she should be encouraged to make her own referral to Social Care. However, this should only be done if such discussion and agreement seeking will not place a child at increased risk of significant harm. This includes if you suspect a woman may flee a refuge or disengage from the service before child protection measures can be taken.
- The Senior Worker will notify relevant members of staff of the course of action taken

- If there is a need to ensure the immediate protection of the child, after consultation with a Senior Worker, you should make a referral to Social Care or the police without delay
- If a referral has been made to Social Care, monitoring and plans to safeguard the child should be carried out in consultation with appropriate agencies.

Sexual Abuse or severe physical abuse procedures

A particularly high level of co-operation between agencies is required. Staff who suspect the above should:

- Discuss the allegations with a Senior Worker and report concerns to social care and/ or the police without delay.
- If the child needs medical treatment, encourage the mother / carer to take the child to Accident and Emergency who should be informed of any suspicion of abuse.
- Record carefully the allegations and actions taken
- Not share any suspicion of sexual abuse or severe physical abuse with anyone who may be suspected of the abuse without consultation with Social Care or police.
- After discussion with a Senior Worker, notify relevant members of staff.

Do not

- Try to “go it alone”. Children are best protected when all agencies “Work Together”.
- Promise the child that you will not tell anyone else. Instead explain that to help them stop the abuse you will need to talk to other people.

Appendix 2

Thresholds and Appropriate Referrals

Children with Additional Needs, Child in Need or Child Protection?

Workers should discuss cases with their senior worker particularly when they are unclear as to what level of need a child they are working with has, but Guidance on Thresholds (below) indicates that:

If a child is homeless (all refuge children) they are at least a Child In Need and therefore submitting a CAF, for children with 'additional needs', would not necessarily be appropriate and the case should be considered for referral to Children's Social Care. The decision must be documented with reasons given for referral or not. *However, a CAF assessment is the usual form of assessment within NDWA – the question is only whether it should be submitted to Making Links or not.*

If a child is living in a situation where there is serious or repeated domestic violence, again they are beyond the threshold for a CAF and should be considered a Child In Need, or it may be a Child Protection case, and referred to Children's Social Care. This will apply to some Outreach clients and IDVA clients. If domestic abuse has occurred within the family in the past but is no longer occurring and if the child is not homeless, they may be a child with additional needs unless there are indicators, other than domestic abuse, that point to the need for a Child In Need or Child Protection referral. Submitting a CAF assessment may be appropriate in this case. This will also apply to some Outreach cases and most Floating Support cases.

More on Thresholds

Children with Additional Needs

This group of vulnerable children require additional support either at school, home or in the local community. This additional support can be provided by one or several statutory or voluntary agencies. This group of children may require additional support because they may have personal or physical difficulties or who are affected by family crisis. The following factors may be evident:

- Disruptive or anti-social behaviour;
- Overt parental conflict or lack of parental support/boundaries;
- Involvement in or risk of offending;
- Poor attendance or exclusion from school;
- Experiencing bullying;
- Special educational needs;
- Disabilities;
- Disengagement from education, training or employment post-16;
- Poor nutrition;
- Ill-health;
- Substance misuse;
- Anxiety or depression;
- Housing issues;
- Pregnancy and parenthood;
- Child previously subject of a Child Protection Plan
- Young Offenders.

Guidance on thresholds can be found at:

http://www.derbyshirescb.org.uk/Images/Meeting%20the%20needs%20of%20children%20in%20Derbyshire%20v2%20June%202007_tcm10-197591.pdf

This document is also saved on the NDWA server. Some of it is copied below. Its aim is to help workers distinguish between a case where a CAF should be submitted, a Child in Need referral or a Child Protection Referral.

Procedures re. Children with Additional Needs

Common Assessment Framework

Where multi agency working is necessary or desirable a CAF assessment should be submitted.

Guidance on when / how to do a CAF from 'Meeting the Needs of Children in Derbyshire' booklet by Derbyshire Safeguarding Children's Board

A single practitioner may identify a child with an additional need that may be met by a referral to a single statutory or voluntary agency, in most cases a formal assessment would not be required. A practitioner who identifies a child with a number of additional needs should undertake a CAF pre-assessment checklist which will indicate if a child would benefit from a CAF being completed. The outcome of the assessment will identify if the child's needs may be met through a referral to a single statutory or voluntary agency. A child who presents with a number of needs/ vulnerabilities will indicate the need to convene a 'Team around the Child Meeting' and a 'Team around the Child Action Plan'. The Action Plan would then be reviewed through further meetings. The following table

provides a summary of vulnerabilities/indicators for children assessed as having additional needs. A child with a number of needs/vulnerabilities may benefit from a CAF or in cases of a higher degree of concern, a referral to Children's Social Care may be indicated to undertake a statutory Initial Assessment to determine if a child is in need.

If in doubt professionals should consult with their agency line manager or Children's Social Care, the appropriate method of intervention can be discussed and agreed. (This should then be recorded within the child's record).

For the full Derbyshire Procedures please see documents saved on NDWA server or go to:

http://www.derbyshirescb.org.uk/Images/DerbyshireCAF_tcm10-200938.pdf

Other important sections:

Consent to Undertake the Assessment and Share Information

Before undertaking a Common Assessment consent must be obtained from the family and where appropriate, based on age and understanding, the child/young person. The consent stage is very important as it establishes the basis for what information can be shared and with whom and will assist in the development of a partnership approach between the practitioner and the family.

If the parent does not agree to a Common Assessment taking place you cannot complete the form. You need to consider whether you need to take action without the parent's consent because of the concerns you have for the child. To help you make this decision you should refer to the Derbyshire Information Sharing Protocol.

Planning the Assessment

Once you have identified that a child meets the criteria for Common Assessment, you have checked that there is no current Common Assessment in place and you have the family's consent to the Assessment you are ready to begin to plan how you will undertake the Assessment. The Common Assessment should be completed within 10 working days of the decision to undertake an assessment. You need to think about the following issues:

- Who do you need to talk to
- Whether there are any barriers to communication e.g. is an interpreter required
- When and where will you meet with them
- What aspects of the Common Assessment are likely to be relevant for discussion
- How and where will you engage with the child/young person
- What additional information will you need to seek from other sources
- Whether or not the home environment needs to be assessed and

how you will achieve this

The involvement of the family is essential within the Common Assessment process and you need to ensure they are able to contribute in full to the process and the completed form. In some cases the family may want to complete the form themselves with support from you and this is completely acceptable.

Lead Professional

Workers submitting a CAF do not have to be the Lead Professional. However, if a worker thinks it would be appropriate or desirable to assume this role they should discuss this first with their Senior Worker.

Reviews and ending

A CAF review should be completed within 3 months of the first meeting. The Lead professional should review the Team Around the Child Plan and if all outcomes have been achieved they should complete a final summary of the work undertaken. This summary should be sent to Making Links. The Lead Professional should 'ensure effective handback to mainstream services' and 'involvement ceases'. The review process should continue and the plan be updated as required if all outcomes are not found to be completed.

Children In Need

Referrals to Social Care:

From 'Meeting the Needs of Children In Derbyshire'

Where a Common Assessment or a Team around the Child Meeting or Action Plan recommends a request for services to Children's Social Care the completed CAF should be forwarded to the appropriate Reception and Assessment Team at the Area Office. The CAF form will replace the need to complete a written referral form which is used to confirm all telephone referrals. The CAF will then contribute to the Initial Assessment and in many circumstances may provide sufficient information to fulfil the requirements of an Initial Assessment. Derbyshire Children and Younger Adult's Department should decide and record the decision on future action within one working day.

If a CAF has not been completed and the child's additional needs are felt to be complex, professionals should make a referral to Children's Social Care. Referrals should be made by either a telephone call or by completing the Child Referral Form which can be found within the Derby and Derbyshire Safeguarding Children Procedures, Appendix 5 www.derbyshirescb.org.uk/procedures All telephone referrals should be confirmed in writing by completing a Child Referral Form within 48 hours.

When a professional has urgent concerns regarding the welfare of a child an immediate referral should be made by contacting Children's Social Care by telephone. Children's Social Care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact Children's Social Care again.

Where the Children's Social Care Service Manager decides to take no further action, feedback should be provided to the referrer about the decision and the reason for making it.

North Derbyshire Women's Aid does not require workers to have the agreement of a senior worker before they make a Child In Need referral to Social Care, however, referrals should be raised and, if necessary, discussed at team meetings and/or supervision as appropriate.

Refuge children – if the only CIN indicator is homelessness it may not be appropriate / desirable to refer to Social Care. Cases should be discussed at team meetings re. CIN referrals as soon as possible after admission.

Appendix 4

Child Protection Recording Procedure

If a worker witnesses an incidence of harm to a child that may meet the Child Protection threshold or has a child protection concern reported to them:

- Record information as soon as possible after the event including date and time in a specific Child Protection file using an incident form (files exist at the refuges and Advice Centre – Outreach workers should provide a copy to their senior worker).
- If you make any mistakes while recording the information do not use correction fluid – cross out incorrect words, initial and carry on. Do not leave any spaces that could be written in and sign at end immediately after the last word. If typed – print out and sign as before.
- Attach any pieces of paper etc. you have made any other notes on relating to the concerns.
- Discuss and agree action with a Senior Worker (Senior Workers are NDWA’s Child Protection and Safeguarding Officers).
- If a referral to Social Care is to be made ensure it uses a holistic approach e.g. covers all areas that may be relevant. Use your discretion and speak to other staff members and/or workers from other agencies who have worked with / knowledge of the service user for their input.
- Use a body map form if appropriate to show location of any marks or injuries.
- Remember it is not your responsibility to investigate the concerns simply to ensure the information is recorded and passed on.
- Telephone the referral through to Social Care taking the name of the receiving worker, then fax, email or deliver the referral form to the appropriate Social Care office.
- After the referral, place all documents or copies regarding the concerns in the ongoing child protection cases folder. For Outreach cases copy the documents first and give to your senior worker.
- Once family has moved on or the case is closed, move to the closed Child Protection Cases folder.

North Derbyshire Women’s Aid

Incident Report Form – Child Protection and Safeguarding

Name and date of birth of child/ren.....

.....
.....
Child's address.....

Name of parent/carers.....

Phone numbers for parent/carer's.....

What is said to have happened or what was seen?.....
.....
.....
.....
.....
.....

When/where did it occur?.....
.....

Who else, if anyone, was involved and how?.....
.....
.....

What was said by those involved?.....
.....
.....
.....
.....
.....
.....
.....

Were there any obvious signs e.g. bruising, bleeding, changed behaviour?.....
.....
.....
.....
.....

How do they present – emotionally, physically?.....
.....
.....

Was the child able to say what happened, if so, how did they describe it? (record using their words).....
.....
.....
.....

.....
.....

Does the parent/carer know? (it is good practice to share with parent/carer your concerns and to inform them that you are making a referral unless to do so would place a child at increased risk or if you are concerned about risk to yourself).....

.....
.....

Are there any concerns about the immediate safety of the child?.....

.....
.....
.....

Any observations / comments from other workers?

.....
.....
.....
.....
.....

Any other useful information.....

.....
.....
.....
.....
.....

Signature..... Date.....

Now use a Child Protection Continuation form to record:

- discussion with Senior Worker
- actions decided upon
- reasons for actions or no action

Appendix 5

NORTH DERBYSHIRE WOMEN'S AID BABYSITTING POLICY FOR REFUGE RESIDENTS

Residents are encouraged to think very carefully before considering asking another resident to babysit or offering to babysit another resident's child or children. When you have made an arrangement with another resident to baby-sit their child/ren you are then responsible for their safekeeping for that period of time.

We do not recommend asking other residents to baby-sit. Being in a refuge is a particularly stressful time for people, and as staff, due to confidentiality we cannot normally divulge information about other residents to you e.g. regarding the suitability of the other resident to babysit your child/ren.

NO ONE UNDER THE AGE OF EIGHTEEN IS TO BABY-SIT

(this includes)

OLDER CHILDREN WHO ARE NOT ALLOWED TO BABY-SIT FOR YOUNGER SIBLINGS

North Derbyshire Women's Aid does provide guidelines for babysitting arrangements and will support women and children in making safe babysitting arrangements.

Babysitting guidelines:

1 adult to 2 children under two years of age, including her own child

1 adult to 4 children over four years of age, including her own child.

When arrangements are made, clear return times and contact numbers should be given, should the baby sitter need to contact the mother in an emergency or if child/ren are distressed.

Babysitting arrangements should not be made for overnight care, unless in exceptional circumstances, i.e. if your child is taken into hospital and you have other children that need care.

Workers must be informed, contact on call workers out of hours.

If workers feel that any resident may be a risk to children, they will speak to the woman, explaining why they feel this way, and ask her not to baby-sit, informing her that the conversation is confidential, but that if she does make arrangements to baby-sit workers will speak to that child/ren's mother of their concerns.

If for any reasons, an arrangement is broken and leads to distress/risk to child/ren, mother or baby sitter workers should be informed of the situation.

Not adhering to this policy may lead to you receiving warning letters, and possible eviction. It may also lead to referral to other agencies, e.g. Social Care.

Please ensure a Care Form is completed before babysitting takes place.

BABYSITTING CARE FORM

THIS FORM MUST BE FILLED IN BY THE CHILD/REN'S PARENT BEFORE ANYONE CAN BABYSIT.

DATE _____ TIME GOING OUT _____ TIME
RETURNING _____

MUM'S MOBILE NUMBER _____

EMERGENCY CONTACT _____

CHILD'S NAME _____ AGE _____
D.O.B. _____

DOCTOR'S NAME (in case of emergency) _____

HEALTH ISSUES (Are there any ongoing medical issues? Is the child ill at the moment?)

MEDICATIONS (We recommend that only mum gives these. If taking medication, what was last time they had it?)

ALLERGIES FOOD/NON FOOD (Does the child have any allergies? E.g. peanuts or plasters)

EQUIPMENT (such as dummies, bottles etc. This should be left in a convenient place)

FOOD AVAILABLE TO CHILD (where is it? What time should they have it?)

DRINKS AVAILABLE TO CHILD (where is it? What time should they have it?)

DOES CHILD HAVE A SPECIAL ROUTINE/SLEEPTIME ETC?

THIS MUST BE SIGNED
MUM/CARER SIGNATURE
SIGNATURE

BABYSITTER
