



Basic Child Protection

INFORMATION BOOKLET

Education Child Protection Service

April 2008

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INTRODUCTION

This booklet contains the information from the course you have attended. It is designed to be a backup and useful reminder of the elements of child protection covered.

Part of your child protection responsibility is to ensure that you are familiar with how to recognise the signs and symptoms of possible abuse and how to pass those concerns on appropriately. The procedures for dealing with child protection are laid out in the Local Safeguarding Children's Board (LSCB) Safeguarding Inter-agency procedures and Education Child Protection procedures. This booklet does not replace those guidelines, but is designed to assist you in your work.

It is essential that the arrangements of every school/establishment for safeguarding the welfare of children addresses equality issues and ensures that children do not experience discrimination in respect of age, gender, race, culture, religion, language, disability or sexual orientation and receive protection when they require it.

If you have any suggestions for additions or amendments for this booklet please contact the Education Child Protection Service on 01223 712092 at Cambridge Professional Development Centre, Foster Road, Trumpington, Cambridge, CB2 9NL



Sara Rogers
Education Child Protection Service Manager

Please note:

Throughout this document references are made to "children", "young people" and "pupils". These terms are interchangeable. All refer to children under the age of 18 years.

For ease of reading, references are often made to "school". This term is interchangeable with all other types of educational establishments, e.g. FE institutions, Sixth Form Colleges, Pupil Referral Units.

References to "staff" or "adults" include teachers, other staff/governors, and volunteers, working in or on behalf of a Local Authority, a school, an FE institution or other education setting, in either a paid or unpaid capacity.

INDIVIDUAL RESPONSIBILITY AND THE ROLE OF THE DESIGNATED PERSON

All teachers, support staff and governors of a school have a duty to follow child protection procedures.

Every establishment will have at least one designated person who takes responsibility for the overview of child protection cases.

Because of the 'jigsaw' nature of child protection work, it is important that the designated person can keep clear up-to-date records and be able to co-ordinate the information that is received from staff and other sources.

Confidentiality is important and fine judgements are necessary in many cases to assess what the staff as a whole need to know and what needs to be kept confidential for the sake of the child and the family.

Generally referrals to other agencies (for example Social Care) will be made by the designated person using the Single Agency Referral Form.

If the designated person, or a more experienced member of staff, is not available and a referral needs to be made the information on pages 16 and 17 will be useful.

All staff need to know:

The designated person in my establishment is

If the designated person is unavailable I can go to

The child protection procedures are kept

The child protection policy is kept

Logging forms are kept

The Single Agency Referral Form is kept.....

The whistle-blowing policy is kept

The designated governor for Child Protection is

EDUCATION ACT 2002 – SECTION 175

Section 175 makes it a statutory duty for all Local Authorities, schools and FE colleges to make arrangements to safeguard and promote the welfare of all children.

Key points from the act are:

- A duty for all Local Authorities and schools to make arrangements to safeguard and promote the welfare of all children (section 175)
- Welfare can be seen to include health, happiness, prosperity in general of a person (all children)
- Arrangements are determined by the statutory guidance ‘Safeguarding Children and Safer Recruitment in Education’. This guidance can be found on the DCSF Teachernet website www.teachernet.gov.uk/childprotection
- **Local Authorities and schools must have regard to this**
- Applies to independent schools (section 157)
- Governors have overall responsibility with regard to children at risk
- Governors as employers are empowered to dismiss or otherwise discipline heads and teachers who fail in this duty

‘What to do if you’re worried a child is being abused’ is also a useful reference booklet containing inter-agency and information sharing information.

It is available from the Department of Health website
www.doh.gov.uk/safeguardingchildren

SIGNIFICANT HARM

Harm is defined in the **Children Act 1989** as ill treatment or impairment of health or development.

Where there is '**reasonable cause**' to suspect significant harm, the Local Authority has a duty to make enquiries. There are no absolute criteria on which to rely when judging what constitutes significant harm.

The severity of ill treatment should be considered - this may include;

- the degree and extent of physical harm
- the duration and frequency of abuse and neglect
- the extent of premeditation, the degree of threat and coercion, sadism and bizarre or unusual elements in sexual abuse.

Sometimes a single traumatic event may constitute significant harm e.g. a violent assault or poisoning.

More often, significant harm is a compilation of significant events both acute or longstanding, which interrupt, change or damage the child's physical and psychological development.

In each case of significant harm it is necessary to consider any ill treatment alongside the family's strengths and supports.

A child who is at risk of significant harm can be made subject to a child protection plan under the following categories:

- ❑ **Neglect**
- ❑ **Physical Abuse**
- ❑ **Sexual Abuse**
- ❑ **Emotional Abuse**

This will be referred to as a **section 47** enquiry (Child in Need of Protection).

A **section 17** enquiry (Child in Need) may be undertaken when it is considered that a family is in need of support, but when the threshold of significant harm has not been crossed.

DEFINITIONS OF ABUSE

A child who is at risk of significant harm can be made subject to a child protection plan under the following categories:

Physical abuse

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

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Working Together 2006

SIGNS AND SYMPTOMS OF ABUSE - 1

Possible signs of neglect

- Constant hunger
- Poor personal hygiene
- Inappropriate clothing
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Low self-esteem
- Poor social relationships
- Compulsive stealing and scrounging
- Constant tiredness

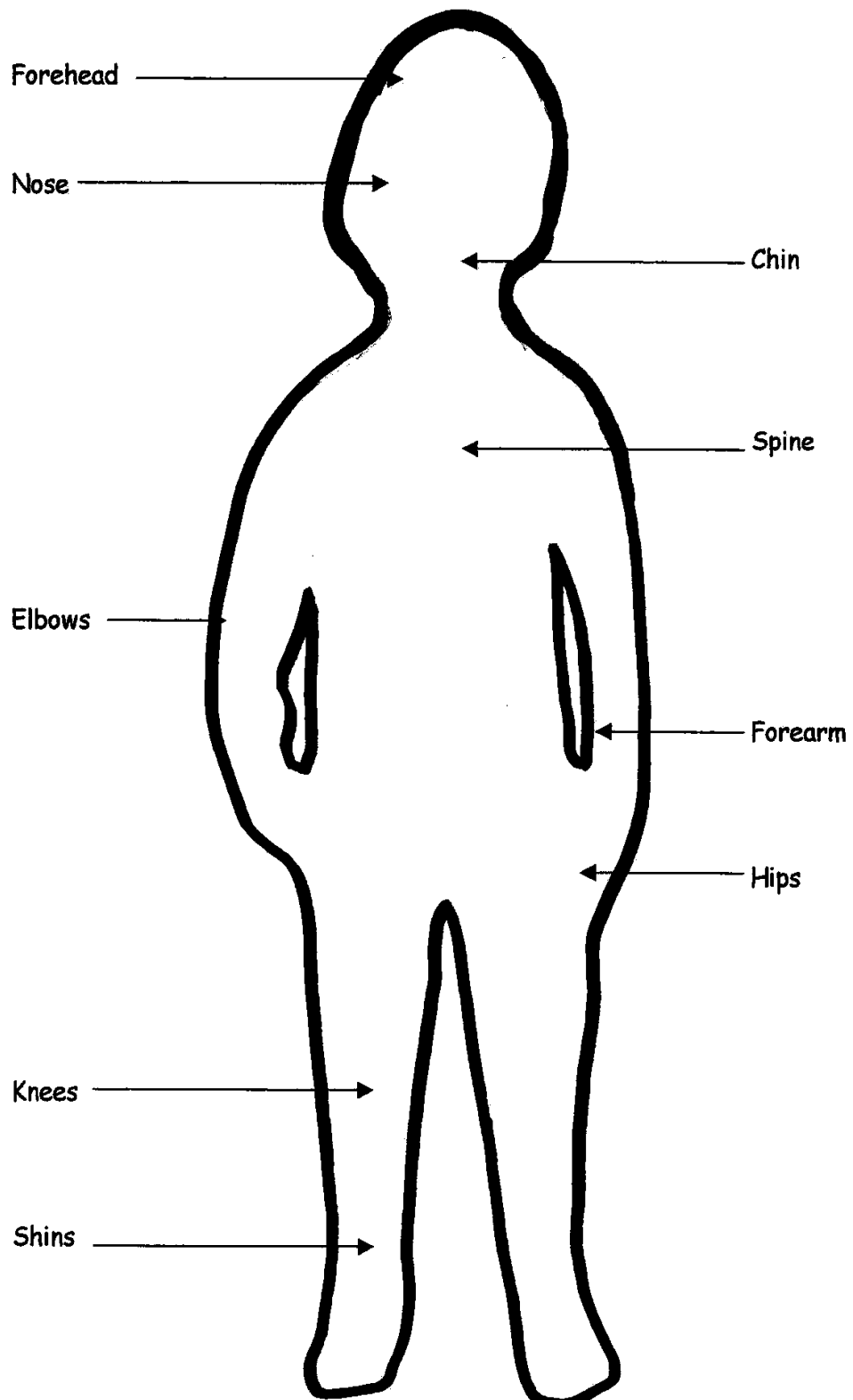
Possible signs of physical abuse

- Unexplained injuries or burns, particularly if they are recurrent
- Refusal to discuss injuries
- Improbable explanations for injuries
- Untreated injuries or lingering illness not attended to
- Admission of punishment which appears excessive
- Shrinking from physical contact
- Fear of returning home or of parents being contacted
- Fear of undressing
- Fear of medical help
- Aggression/bullying
- Over compliant behaviour or a 'watchful attitude'
- Running away
- Significant changes in behaviour without explanation
- Deterioration in work
- Unexplained pattern of absences which may serve to hide bruises or other physical injuries

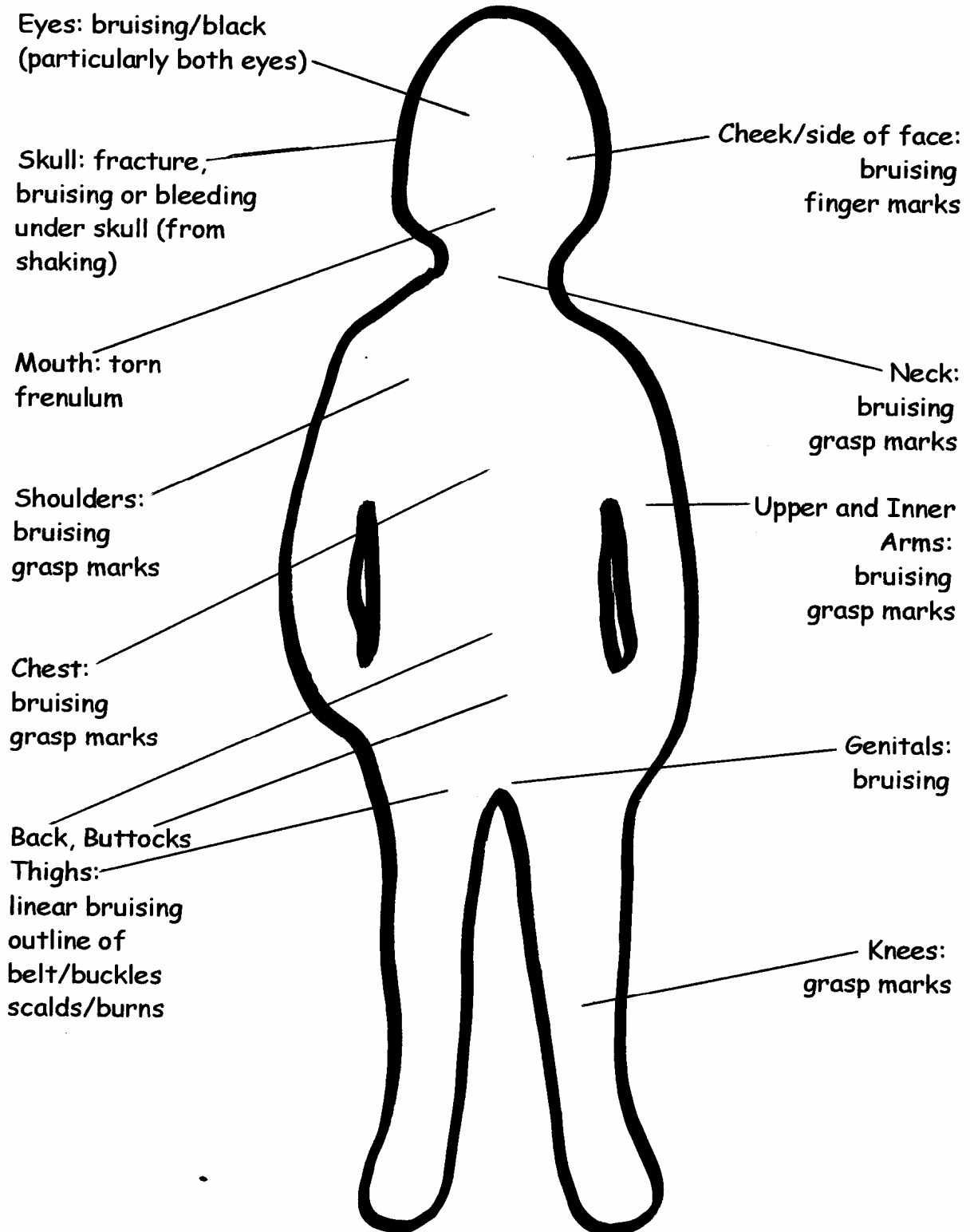
Bruising is the most common injury to a child who has been physically abused and key facts are:

- ❑ It is strongly related to mobility
- ❑ Only 1 in 5 infants who is starting to walk has bruises
- ❑ Most children who walk independently have bruises
- ❑ Children have more bruises in the summer months
- ❑ Fractures are not always accompanied by bruising
- ❑ The head is the commonest site of bruising in child abuse
- ❑ Clusters of bruises are a common feature in child abuse

COMMON SITES FOR ACCIDENTAL INJURY



COMMON SITES FOR NON-ACCIDENTAL INJURY



SIGNS AND SYMPTOMS OF ABUSE - 2

Possible signs of sexual abuse

- Bruises, scratches, burns or bite marks on the body
- Scratches, abrasions or persistent infections in the anal or genital regions
- Pregnancy – particularly in the case of young adolescents who are evasive concerning the identity of the father
- Sexual awareness inappropriate to the child's age – shown, for example, in drawings, vocabulary, games, and so on
- Frequent public masturbation
- Attempts to teach other children about sexual activity
- Refusing to stay with certain people or go to certain places
- Aggressiveness, anger, anxiety, tearfulness
- Withdrawal from friends

Possible signs in older children

- Promiscuity, prostitution, provocative sexual behaviour
- Self-injury, self-destructive behaviour, suicide attempts
- Eating disorders
- Tiredness, lethargy, listlessness
- Over-compliant behaviour
- Sleep disturbances
- Unexplained gift of money
- Depression
- Changes in behaviour

(Taken from 'Schools and Child Protection' – CEDC)

SIGNS AND SYMPTOMS OF ABUSE - 3

Possible signs of emotional abuse

- Continual self-depreciation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Compulsive stealing/scrounging
- Drug/solvent abuse
- 'Neurotic' behaviour – obsessive rocking, thumb-sucking, and so on
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Desperate attention seeking behaviour
- Eating problems, including overeating and lack of appetite
- Depression, withdrawal

Responses to emotional abuse

- Lack of sense of fun – feel vulnerable and isolated with peers, no trust of others, emotionally remote or self-absorbed for periods
- No self-worth – set up for failure with impossible targets, inability to trust or accept praise
- Learning difficulties – lack of confidence leads to inability to explore poor concentration, no pride in achievement, so not worth bothering
- Global development delay – especially in speech (small children) stereotypic behaviours: head-banging, rocking, picking
- Care of others – selflessness to point of sacrifice, parenting role reversed
- Over-anxiety – watchful, looking for signals of trouble, compulsive rituals, checking out every action
- Unusual patterns of empathy – enraged or bewildered by distress in others

DOMESTIC VIOLENCE

Definition:

‘Domestic Violence is any violent or abusive behaviour, whether physical, sexual, psychological, emotional, financial or verbal, which is used by one person to control and dominate another with whom they have or have had an intimate relationship.’

Cambridgeshire Domestic Violence Steering Group and Forum Members also recognise the need to include the violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim and be violence inflicted on, or witnessed by children.

Important Points from LSCB Protocol on Domestic Violence in relation to children and schools:

- DV is an important indicator of risk of harm to children.
- Children are likely to be at risk of actual physical, sexual and/or emotional abuse from perpetrators of DV.
- Witnessing violence can have a detrimental impact on children = emotional/psychological abuse.
- Children can ‘witness’ violence in ways other than seeing or hearing: a majority of affected children are in next room when incidents take place.
- Children/Young People themselves can exhibit violent/aggressive behaviour towards a parent in a household where DV is a feature.

Children’s Safety is Paramount

- In situations of DV where there is a conflict between the child’s needs and the victim’s, the needs of the children will take precedence over the wishes of the victim.
- The protection of the child(ren) is paramount.
- CP investigations must take account of the reason for the victim’s stance (for example it could be the results of threats from the abuser).

Working in partnership with parents

- Professionals should work with both abusing and non-abusing parents/carers.
- Any concerns should be discussed fully and sensitively with the non-abusing parent prior to any contact with the abusing parent/carer.
- Care must be taken not to disclose any information that may compromise the safety of the victim or children in any dealings with the abuser.

Further information is available at <http://www.homeoffice.gov.uk>

DRUG / ALCOHOL ABUSING PARENTS

Drugs and alcohol abuse by parents can have a serious effect on their children.

70% of children taken into care have parents who are suspected of substance abuse. Not all parents who abuse drugs or alcohol mistreat or neglect their children, but sometimes children can be put at considerable risk.

There is an increased risk of violence in families where parents abuse substances. Children can suffer from lack of boundaries and discipline and live chaotic lives. This can seriously affect their psychological and emotional development and may cause problems with their relationships later on in life.

The children who are most vulnerable are those whose parents are violent, aggressive, neglectful or rejecting. These children can remain 'invisible' from the services intended to support them, unless their behaviour attracts attention at school or elsewhere outside the home.

The Advisory Committee on Misuse and Drugs report on children of drug-abusing parents, Hidden Harm, can be found at <http://www.homeoffice.gov.uk/docs2/hiddenharm.html>

The report on the effects of alcohol misuse on children, parents and families called "Bottling It Up" can be found at <http://www.turning-point.co.uk>

RECORD-KEEPING

Best Practice for all Staff

Not all child protection information results in a referral - small pieces of information may not be significant on their own, but can help to contribute to a 'jigsaw' picture of abuse.

All staff should

- Make a record of all information and their concerns.
- Include 'nagging doubts' and 'hearsay'
- Pass the information onto the Designated Person

How notes should be made

Please see “Logging a Concern About a Child’s Safety and Welfare” proforma on page 15

- Notes may be hand written or word processed (but not saved on disc or hard disc)
- Include the following:
 - Date of the incident
 - Date and time of the record being made
 - Name and date of birth of the child(ren) concerned
 - A factual account of what happened (verbatim reports from the child if possible)
 - A note of any other people involved, e.g. as witnesses
 - Action taken, and any further plans e.g. monitor and review
 - Printed name of the person making the record
 - Job title of the person making the record
 - Signature

Some useful points about record-keeping procedures

- Identify the source of the information e.g. 'Mrs. Smith, a midday supervisor, informed me that...' or 'I spoke with David on the school field at break time ...'
- Information should be factual or based on fact.
Record what you saw, heard etc. and try to be specific. (e.g. 'Jane was crying and rocking' rather than 'Jane was upset'.)
- Opinion is okay as long as you can justify it in some way. e.g. 'Becky ran out of the classroom and hid in the toilets when her stepfather arrived. She appeared to be frightened'.
- Make a note of the information and with whom you shared it with.
- Avoid specialist jargon (e.g. 'Jenny scored below 5 on her baseline assessment') which a member of another agency may not understand.

It is difficult to say who will eventually have access to these records, so it is important to bear in mind that it needs to be clear to anyone who may read them at any stage and who may not know you or your school.

Logging A Concern About A Child's Safety and Welfare

Name and Address of School/Establishment or Agency (if applicable)	
Child's Name	DOB
Today's Date – D/M/Y	Time
Your Name (print)	Your Signature
Your Role	
Date of Concern/Incident	Time of Concern/Incident
<p>Describe the incident as factually as possible. Include who was involved, where it happened, exactly what happened etc. Remember to describe clearly any behavioural or physical signs you have observed.</p>	

(Check to make sure your report is clear now - and will also be clear to a stranger reading it next year)

Action taken

Received by **Designated Person for Child Protection**

Date **Time**

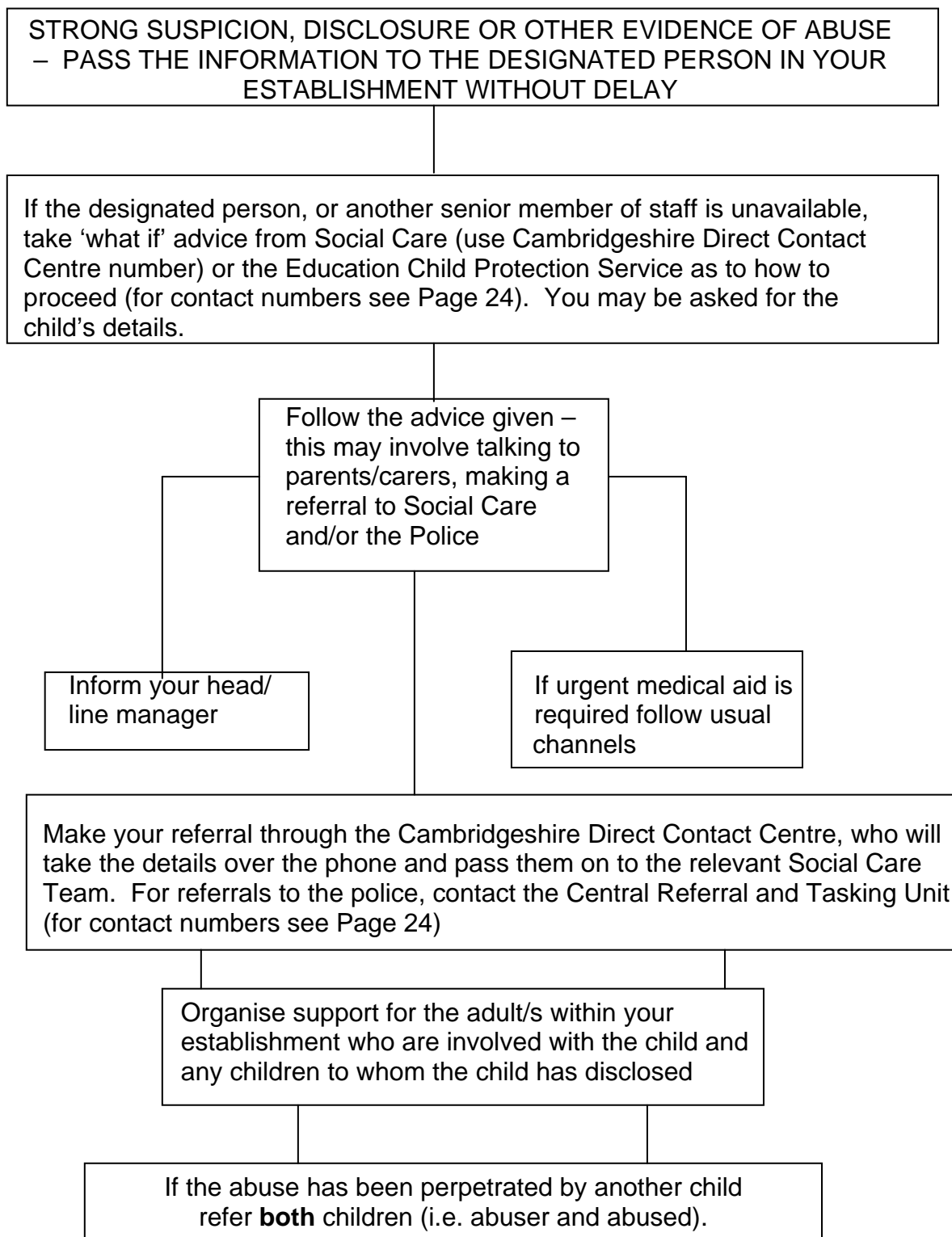
Proposed action by the Designated Person

(continue overleaf if necessary)

MAKING A REFERRAL

CAMBRIDGESHIRE

**What to do if you suspect a child is at risk of significant harm.
Designated staff will normally make referrals; however this chart will assist any
member of staff to follow procedures.**



MAKING A REFERRAL

When a **referral** is made it is essential that you provide as much relevant information as possible. You will be asked to provide the details listed on the **Single Agency Referral Form** so it is often a good idea to have one in front of you when making the call.

It would be useful to have the following information to hand before you make the call:

- the referrer's details: name, place of work and job title
- the child's details: name, DOB, parents'/carers' details, address, siblings, other significant family members.
- Other agencies who may have been or are working with the child/family
- details of your concern and source of information
- the parents'/carers' response to the concerns. **Discuss with Social Care and/or the Police who is to make contact with parents.**

INITIAL ASSESSMENTS

An **Initial Assessment** may be undertaken by Social Care after a referral. It is a brief assessment to determine whether the child is in need, the nature of any services required, and whether a further, more detailed core assessment should be undertaken.

The focus of the **initial assessment** should be the welfare of the child.

SECTION 47 ENQUIRIES

CORE ASSESSMENTS

A **Core Assessment**, based on the Assessment Framework triangle, is used to determine whether action is required to safeguard and promote the welfare of the child. It is the means by which a Section 47 (child protection) enquiry is carried out. The **Core Assessment** will provide the framework for analysing risk, harm and need.

Social Care has lead responsibility for the assessment, but other agencies will be called upon to provide specialist information, knowledge or advice or undertake specialist assessments.

THE CHILD PROTECTION CONFERENCE

There are two kinds of Child Protection Conferences:

1. **Initial Child Protection Conferences** - The **Initial Child Protection Conference** brings together family members, the child (where appropriate), and those professionals most involved with the child and family, following Section 47 enquiries. Its purpose is to decide what future action is needed to safeguard the child and promote their welfare, how that action will be taken forward, and with what intended outcomes.
2. **Review Child Protection Conferences** - The **Review Child Protection Conference** will review the Child Protection plan and ensure it continues to adequately protect the child from risk of harm.

WHY DO CHILDREN FIND IT SO DIFFICULT TO TELL?

- **They may not know that they are being abused; they may think this happens in all families.**

A small child does not have much chance to see what goes on in other families. S/he may simply not know that what is happening is not normal, until s/he is old enough to compare other families e.g. of school friends.

- **If they do know what is happening, they may be too ashamed to tell.**

The feeling that comes up time and time again with abused children is great shame. They feel they are to blame in some way. Often the abuser will tell them the abuse happened because they were naughty, or because of something they did. Children are brought up to believe what adults say.

- **They may not wish to admit that their families are different.**

This is linked to the point about being ashamed. Children do not like to be 'different' - and to admit that your family is different in such a horrid way might be doubly shaming.

- **In many cases, the adult who is abusing them is known and trusted.**

The abuser might be loved and trusted by the child. There could be mixed feelings about the person, who might be wonderful to be with most of the time. The child may not want to betray the abuser, and may be worried about what will happen to him/her.

- **Abused Children are worried that they will not be believed.**

Professionals who work with abused children (particularly sexually abused children) have found that many children have to tell up to five people before they finally find someone who believes them. No wonder some give up!

- **The abuse does not usually happen just once - it goes on and on.**

It is easier to tell about abuse that happens once and comes from a stranger. But most abuse comes from someone the child knows, and it is not a one-off event. It is ongoing, sometimes lasting for years. The longer it goes on, the harder it is to tell. 'Why didn't you tell before?' is the sort of question a child might know will be asked, and know s/he can't answer.

WHY DO CHILDREN FIND IT SO DIFFICULT TO TELL?

- **The abuser may have bribed the child, or threatened that something terrible would happen if s/he told.**

Many abusers threaten or bribe children. If the child accepted a bribe, particularly in sexual abuse, s/he may feel that s/he is equally guilty for 'doing it' for payment. (The abuser will certainly have said so). Also, threats can be very powerful, seen from a child's viewpoint.

- **They may have told in other ways.**

Children may hint, or think they have given a message in what they say or do; if this message has not been understood, they may give up, or they may not know what to do next. Sometimes, particularly with very small children, they cannot tell in words because they don't know the words to describe what has happened.

- **They may think adults know about the abuse.**

Children expect adults, especially their parents, to be all-knowing and all-seeing. A clever abuser can cover his tracks carefully. Children often think other adults know what is happening, when in fact they have no idea at all.

- **People around them may make it difficult to start - abuse, especially sexual abuse, is not something people like to talk about.**

Children pick up 'vibes' easily, and are likely to know that we do not like to talk about abuse. A child who lives with people who are clearly embarrassed whenever such subjects are brought up, will find it much harder to tell.

WHY CHILDREN DO TELL

Typical triggers for telling:

1. The continuation of the abuse becomes unbearable, and fear of abuse becomes greater than the fear of what will happen if the child tells.
2. A younger brother or sister is being abused or is at risk.
3. The child finds someone who is not judgmental, critical or threatening.
4. The child finds someone who is strong and confident, and whom the child feels can overcome the abuser.
5. A physical injury has occurred which needs attention.
6. The child has a feeling someone 'already knows' and will not be horrified at what he or she has to say.
7. Pregnancy or physical injury is a threat.

RECEIVING A DISCLOSURE OF ABUSE

- ☺ Be:
 - Attentive
 - Calm
 - Reassuring
 - Non-judgemental

- ☺ Use positive body language

- ☺ Appear to have time

- ☺ Express a willingness to take what the child says seriously

- ☺ Never promise to keep the abuse secret

- ☺ Avoid 'closed' or 'leading' questions - don't ask why or any more than you have to

- ☺ Don't make assumptions about the child's feelings

- ☺ Tell the child s/he is brave and right to tell - and it is not his/her fault

- ☺ Tell the child what will happen next

- ☺ Tell the child it has happened to other children

- ☺ Avoid condemning the alleged abuser

- ☺ Avoid promises you are not certain you can keep

- ☺ Explain that s/he will have to tell what's happened to someone else

- ☺ Tell the child what will happen next

- ☺ If possible allow the child to be supported by the adult to whom s/he disclosed

SAFE WORKING PRACTICES

BASIC PRINCIPLES

- Welfare of the child is paramount
- All staff are responsible for their own actions and behaviour
- Avoid conduct which could lead to questions being asked about motivation and intention
- Work, and be seen to work in an open and transparent way
- Discuss and/or take advice promptly about concerns
- Follow the Code of Conduct – clear boundaries and expectations
- All staff have a duty to keep children safe and protect them from physical and emotional harm
- All staff need to accept that their role involves responsibility and trust
- Safeguard young people and reduce risk of false allegations
- Employers should ensure there is a safe working environment for it's employees

The Sexual Offences Act 2003

It is an offence for a person over 18 e.g. teacher, youth worker) to have a sexual relationship with a young person under 18 where that person is in a position of trust in respect of that young person, **even if the relationship is consensual**. This applies where the young person is in full-time education and the teacher/responsible adult works in the same establishment as the young person, even if s/he does not teach the young person.

PROMOTING A PROTECTIVE ETHOS

The following points demonstrate best practice examples of a positive protective ethos:

Have a clear written Child Protection Policy and procedures which all staff understand alongside a code of conduct for staff.

Ensure all staff are trained regularly, especially designated personnel, to ensure skills and knowledge are up to date.

The designated governor for child protection monitors the school's response to child protection.

Be vigilant in cases of suspected abuse - recognise the signs and symptoms, have clear procedures.

Monitor children who have been identified as being at risk. Keep clear records securely.

Contribute to an interagency approach to child protection by working effectively and supportively with other agencies.

Work with parents to build an understanding of your establishment's responsibility to the welfare of the children.

Have a clear Positive Handling/Physical Intervention policy and use the minimum amount of physical intervention to create a safe situation.

Have a clear set of guidelines about physical contact between children and staff, which maintains a balance between support and preventing abuse.

Have a clear policy about handling allegations of abuse by members of staff and ensure that all staff are aware of it.

Model being a 'safe person':

- Respect children's needs
- Model appropriate boundaries regarding personal space
- Avoid having a special relationship with one child
- Encourage an appropriate degree of independence

Have an ethos in which children feel secure, their viewpoints are valued, they are encouraged to talk and are listened to. Provide them with suitable support and guidance.

Endeavour to raise children's awareness and actively promote self-esteem building so that children have a range of strategies and contacts to ensure their own protection.

Actively teach personal safety skills and assertiveness skills.

Work with parents to build an understanding of your establishment's responsibility to the welfare of the children.

Have a clear understanding of the types of bullying and act promptly to combat it.

Be aware of how your actions may look when seen by someone from outside. If in doubt about how your interaction with a child may appear to an objective observer, don't do it!

SOURCES OF ADVICE

<p>For all advice and to make a child protection referral contact:</p> <p>Cambridgeshire Direct Contact Centre Tel: 0845 045 0180 (Professionals)</p> <p>Emergency Duty Team (out of hours) Tel: 01733 234724</p>	<p>In cases of allegations against teachers and other staff contact:</p> <p>Dawn Rahman Education Officer (named senior officer for allegations against teachers and other staff)</p> <p>Tel: 01223 717664 or 07919 166328</p>
<p>Police Central Referral and Tasking Unit Child and Domestic Abuse Investigation Unit (CDAIU)</p> <p>Cambridgeshire Constabulary HQ Hinchingsbrooke Park Huntingdon PE29 6NP</p> <p>General Tel: 01480 428080 Fax: 01480 428129/428130</p> <p>e-mail: CentralReferral.TaskingUnit@cambs.pnn.police.uk</p>	<p>Hours of operation 8 am – 5 pm Monday to Friday</p> <p>Northern (Peterborough) Tel: 01480 428078</p> <p>Central (Huntingdon, St Neots & Fenland) Tel: 01480 428076</p> <p>Southern (Cambridge & Cambridge Rural) Tel: 01480 428082</p> <p>Out of hours Tel: 08454 564564</p>
<p>Education Child Protection Service Mail Box No: ELH1602 Cambridge Professional Development Centre Foster Road Trumpington Cambridge CB2 9NL</p> <p>Advice helpline Tel: 01223 712096 8.30 am – 4.30 pm during school term time Fax: 01223 712097</p>	<p>Barbara Trevanion Independent Chair Cambridgeshire LSCB 7 The Meadow Meadow Lane St Ives Cambs PE27 4LG</p> <p>Tel: 01480 376699 Fax: 01480 376010</p>
<p>Child Protection Review Managers (South Cambridgeshire) Box No: SS1015 18-20 Signet Court Swann's Road Cambridge CB5 8LA</p> <p>Tel: 01223 717343 Fax: 01223 717344</p>	<p>Child Protection Review Managers (Fenland) Mail Box No: SS330 Hereward Hall County Road March PE15 8NE</p> <p>Tel: 01354 753840 Fax: 01354 753841</p>
<p>Child Protection Review Managers (Huntingdon) Box No: SCO2105 Scott House 5 George Street Huntingdon PE29 3AD</p> <p>Tel: 01480 372440 Fax: 01480 372303</p>	<p>Simon Kerss Domestic Violence Project Co-ordinator 20 St Benedict's Court Huntingdon Cambs PE29 3PN Tel: 07789 920401</p> <p>Women's Aid 24-hour Domestic Violence Helpline Tel: 0808 2000 247</p>

<p>Child and Adolescent Mental Health Services (CAMHS)</p> <p>Brookside Family Consultation Clinic 18d Trumpington Road Cambridge CB2 4AH</p> <p>Tel: 01223 746001</p>	<p>Child and Adolescent Mental Health Services (CAMHS)</p> <p>Cornelius House Doddington Hospital Benwick Road Doddington</p> <p>Tel: 01354 644257</p>
<p>Child and Adolescent Mental Health Services (CAMHS)</p> <p>Newtown Centre Nursery Road Huntingdon PE29 3RJ</p> <p>Tel: 01480 415300</p>	<p>Barbara Cannon Named Nurse for Child Protection - Cambridgeshire</p> <p>Ida Darwin Fulbourn Cambridge CB21 5EE</p> <p>Tel : 01223 884158</p>
<p>Adrian Roberts Specialist Nurse for Child Protection (Cambs City and South Cambs)</p> <p>Cambridgeshire Primary Care Trust Ida Darwin Fulbourn Cambridge CB21 5EE</p> <p>Tel: 01223 884151 Fax 01223 884161</p>	<p>Anthea Boulton Specialist Nurse for Child Protection (East Cambs and Fenland)</p> <p>Doddington Hospital Benwick Road Doddington PE15 0UG</p> <p>Tel: 01354 644270 Fax 01354 644260</p>
<p>Melanie Sneath Specialist Nurse for Child Protection (Hunts)</p> <p>The Oak Tree Centre 1 Oak Drive Huntingdon Cambs PE29 7HN</p> <p>Tel: 01480 418633 Fax: 01480 418634</p>	<p>Catriona Smith Manager, Cambs Sexual Behaviour Service</p> <p>Box No: SS1015 18-20 Signet Court Swann's Road Cambridge CB5 8LA</p> <p>Tel: 01223 718994 Fax: 01223 718012</p>
<p>Cambridge Drug and Alcohol Service</p> <p>Mill House Brookfields Hospital 351 Mill Road Cambridge CB1 3DF</p> <p>Tel: 01223 723020 Fax: 01223 723040</p>	

SOURCES OF HELP AND SUPPORT

Breaking Free (Survivors of child sexual abuse)	020 8648 3500
Cambridgeshire County Council Staff Counselling Scheme	01223 717925
Centre 33	01223 316488
Children's Legal Centre	01206 873820
Childline (24 hour helpline for children)	0800 1111 (free)
Choices (for those whose lives are affected by childhood sexual abuse)	01223 416616
Citizen's Advice Bureau	see local directory
CRUSE (Bereavement care) Cambridge Branch	020 8939 9530 01223 302662
Child Death Helpline	0800 282986
Domestic Violence National Helpline (Women's Aid)	0808 2000 247
Domestic Violence (Male) Advice and Enquiry Line	0845 064 6800
Family and Divorce Centre (Cambridge)	01223 576308
Family Matters (Helpline and counselling for victims of abuse)	01474 537392
Forced Marriage Unit (Foreign and Commonwealth Office) (or 0044 20 7008 0151 if you are overseas)	020 7008 0151
Honour Network (helpline for victims of forced marriage & honour-based violence)	0800 5999247
Hopeline UK (prevention of young suicide)	0870 170 4000
MOSAC (Mothers of Sexually Abused Children)	0800 980 1958
NSPCC	0808 800 5000 (free)
NSPCC (Text phone for deaf and hearing impaired)	0800 056 0566
NSPCC (Asian child protection helpline)	0800 096 7729
Parentline Plus	0808 800 2222
Samaritans	08457 909090
Survivors UK (male victims of sexual abuse)	020 7833 3737
Women's Aid	0808 2000 247
Young Minds – Parents' Information Service Professionals	0800 018 2138 020 7336 8445

GPs are also a source of support

WEBSITES

Bereaved young people – website for bereaved young people provide by CRUSE - www.rd4u.org.uk

British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN) - www.baspcan.org.uk

Cambridge & South Cambs Domestic Violence Forum - information about services available - www.safeathome.org.uk

Cambridgeshire Local Safeguarding Children Board – www.cambslscb.org.uk

Carers of family, partners or friends - www.carersonline.org.uk

Child Exploitation and Online Protection Centre – www.ceop.gov.uk

Children’s Legal Centre – concerned with law and policy affecting children and young - www.childrenslegalcentre.com

Children in Public Care – working to improve public care for children - www.thewhocarestrust.org.uk

Citizens Advice Bureau – advice about legal, money and other issues - www.citizensadvice.org.uk

Contact A Family – Promotes support between families caring for children with disability - www.cafamily.org.uk

CRUSE – promotes and supports well-being of bereaved - www.cruse.org.uk

Domestic Violence – working to end domestic violence against women and children - www.womensaid.org.uk
Support for children and young people living with domestic violence www.thehideout.org.uk

Don’t hide it – NSPCC child sexual abuse microsite - www.donthideit.com

Drinksense – support for young people and families with alcohol related problems - www.drinksense.org

Foreign & Commonwealth Office – Forced Marriage Unit –
www.fco.gov.uk/en/travelling-and-living-overseas/things-go-wrong/forced-marriage

Home-Start – support, advice and practical help to families - www.home-start.org.uk

HOPElineUK – prevention of young suicide - 0870 170 4000 - www.papyrus-uk.org

Kidscape - preventing bullying and child abuse – www.kidscape.org.uk -

Kidsmart - internet safety website - www.kidsmart.org.uk

National Association for People Abused in Childhood - www.napac.org.uk

National Refugee Integration Forum (NRIF) – www.nrif.org.uk

NCB - useful site for young people - www.selfharm.org.uk

NSPCC – www.nspcc.org.uk - also for children and young people www.childline.org.uk & www.worriedneed2talk.org.uk

Parentline Plus - national charity that works for, and with, parents - www.parentlineplus.org.uk

Peterborough Safeguarding Children Board – site search Safeguarding on www.thelearningcity.co.uk

Royal College of Psychiatrists – information about mental health problems affecting children www.rcpsych.ac.uk

Samaritans – confidential emotional support 24 hours per day - www.samaritans.org.uk

Stop it Now! - public information and awareness raising campaign regarding child sexual abuse - www.stopitnow.org.uk

Team Teach - training in positive handling - www.team-teach.co.uk

There4me - Interactive website offering information, advice and support to 12-16 year olds – www.There4me.com

Think U Know – Internet, mobile phone and technology safety for children – www.thinkuknow.co.uk

Trust for the Study of Adolescence - www.tsa.uk.com

Women’s Aid - working to end domestic violence against women and children - www.womensaid.org.uk

Young Minds – charity committed to improving mental health of children and young people - www.youngminds.org.uk