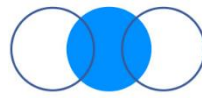


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<b>Title</b>	<b>Procedure for Child Protection</b>
<b>Status</b>	<b>Active</b>
<b>Prepared by</b>	<b>Stuart Hanson</b>
<b>Approved by</b>	<b>Andrew Buckingham</b>
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<b>Revision Number</b>	<b>Version 1.0</b>
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<b>Contact Officer</b>	<b>Stuart Hanson</b>
<b>Distribution Status</b>	<b>Controlled</b>



## CHILD PROTECTION - DEALING WITH DISCLOSURES IN MEDIATION

Children experiencing distress or abuse may seek to 'tell' in a mediation session, often because they feel safe, secure and listened to. It is important to make sure therefore that ALL staff and mediators know how to respond to a disclosure from a child.

If a child discloses harm to a mediator or any staff member it must be remembered that the role is to recognise and refer abuse, not to investigate. This is to avoid contamination of evidence gained in any subsequent investigation undertaken by Police &/or Social Services and to ensure that the child is not placed in the stressful position of having to repeat their story over and over again.

'Not investigating' does not mean that the staff member receiving the concern cannot ask any questions. However, careful thought needs to be given to how and what questions are asked, avoiding anything that can be interpreted as 'leading' the child. The basic rule of thumb is that staff should ONLY ask enough questions of the child to clarify whether there is a child protection concern. Once the child has clarified that they are being harmed or are at risk (or the staff member is reassured that the child is safe), no further questions are required.

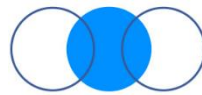
If a child presents with an injury accompanied by a clear disclosure that they have been harmed, or makes a clear sexual disclosure it should not be necessary to question the child other than perhaps to clarify who was involved and when an incident took place.

The child should be listened to actively and their story carefully recorded. In this situation the staff member should ensure immediate information sharing with the Designated Safeguarding Lead (DSL). It is likely that such a scenario will require immediate consultation about action to be taken and an urgent referral to Specialist Children's Services will be necessary.

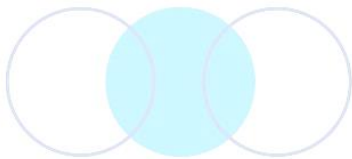
In other situations, where the child appears to be making a possible disclosure or has a suspicious injury, it is reasonable to ask open, non-leading questions in order to establish the child's story. Examples of questions are. "That's a nasty bruise, how did it happen?; Tell me about what happened?; You seem a bit upset and I'm worried about you, is anything troubling you?; Can you tell me more about that?"

You may wish to use the acronym 'TED' as a reminder that the child can be encouraged to 'Tell', 'Explain' and 'Describe' the concern. If it is necessary to seek further clarification, staff should keep to open questions such as What? When? Who? How? Where? It is important to remember that questions should only be asked to help clarify whether the child is at risk of harm. Once clarification is achieved, no further questions should be asked.

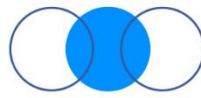
Procedure for Child Protection	CP.001	Version 1.0
Prepared by: Stuart Hanson	Approved by: Andrew Buckingham	Page 2 of 6



Sometimes children choose to disclose concerns through a third party such as a friend 'telling' on their behalf, or indirectly e.g. sounding out information and reaction by asking 'what if my friend.....?' If such concerns arise they should be taken equally seriously and be followed up with the DSL in the same manner as a direct disclosure. Children may also seek to disclose and share their experiences through drawings, writing and play. If concerns arise, it is appropriate to talk further with the child to allow wider discussion and clarification. This might involve inviting the child to 'tell me more about what is happening in your picture' / story / game". If a child discloses abuse, this information requires immediate sharing with the Designated Safeguarding Lead.



Procedure for Child Protection	CP.001	Version 1.0
Prepared by: Stuart Hanson	Approved by: Andrew Buckingham	Page 3 of 6

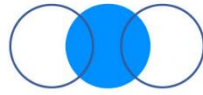


## Basic guidelines for dealing with disclosures

1. Remember that the child's welfare and interests must be the paramount consideration at all times.
2. Listen carefully and actively to the child. At this stage there is no necessity to ask questions. Let the child guide the pace.
3. Do not show shock at what you are hearing. This may discourage the child from continuing their disclosure as they will feel that the adult receiving the information is unable to cope with what they are hearing and may be thinking badly of the child.
4. Do not investigate. If you need to clarify what is being said and whether the child is at risk, ask open questions (TED, what, when, who, how, where, do you want to tell me anything else? etc.) but only to the point of clarification being achieved. Avoid the question 'why?' as this can imply guilt / responsibility on the child.
5. Stay calm and reassure the child that they have done the right thing in talking to you.
6. Never promise to keep a secret or confidentiality. You have a duty to ensure the information is passed on to the appropriate agencies in order to keep the child safe. If a child requests confidentiality, use a 'prepared' response, such as 'I'm really concerned about what you have told me and I have a responsibility to help ensure that you are safe. To help make sure you are safe, I have to tell someone (name person) who will know how to help us to do this'. Make sure the child understands what will happen next with their information.
7. Record factually what the child has told you or what you have observed as soon as possible. Ensure records include the date, time, place of disclosure, behaviour and words used by the child. Failure to accurately record information or writing down your 'interpretation' of the child's account may lead to inadmissible evidence.
8. If you have seen bruising or an injury, use a body map to record details. Again ensure that the map is dated and attached to information relating to the child's comments about the injury.
9. Tell your DSL as soon as possible but do not ask the child to repeat what they have told you to another staff member. This is stressful for the child. The more times a child is asked to tell their story the greater the chance of the facts becoming lost and any subsequent investigation being compromised.
10. Do not gossip to other staff about what you have heard. The information should remain confidential to those who 'need to know'.
11. Maintain contact with the child. They have trusted you enough to 'tell', will need to know that they are not rejected as a result and may need continued support.
12. Ensure that you have support for yourself in managing the information you have received.

**NOTE:** Disclosures relating to allegations against colleagues and members of staff should be treated in the same way. This information must be passed immediately to the DSL.

Procedure for Child Protection	CP.001	Version 1.0
Prepared by: Stuart Hanson	Approved by: Andrew Buckingham	Page 4 of 6



## Basic guidelines for dealing with disclosures

When a child discloses abuse:

1. Stay calm and listen
2. Go slowly
3. Reassure them that they have not done anything wrong
4. Be supportive
5. Gather essential facts
6. Tell what will happen next
7. Report
8. Make notes

### 1. Stay calm

- An abused or neglected child or young person needs to know that you are available to help them.
- Reactions of shock, outrage, or fear might make them feel more anxious or ashamed.
- A calm response reassures that what has happened is not so bad and can be worked through.

### 2. Go slowly

- It is normal to feel inadequate or unsure about what to do or say when a child or young person tells you about their abuse.
- Proceed slowly.
- Gentle and open-ended questions such as: "Can you tell me more about what happened?" are helpful.
- Avoid questions that begin with "why".

### 3. Be reassuring

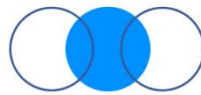
- Reassure the child or young person that they have not done anything wrong.
- Avoid questions that are usually associated with getting into trouble. Avoid using "why" questions.

### 4. Be supportive

Let the child or young person know:

- they are not in trouble
- they are safe with you

Procedure for Child Protection	CP.001	Version 1.0
Prepared by: Stuart Hanson	Approved by: Andrew Buckingham	Page 5 of 6



- you are glad that they have chosen to tell you about this
- they have done the right thing telling about this
- you are sorry that they have been hurt or that this has happened to them
- you will do everything you can to make sure they are not hurt again
- you know others who can be trusted to help solve this problem

#### **5. Get only the essential facts**

- Be brief.
- Limit your discussion to finding out generally what took place.
- When you have sufficient information and reason to believe that abuse and/or neglect has occurred, gently stop gathering facts and be supportive.

#### **6. Tell what will happen next**

- Don't make promises to the child about what may or may not happen next.
- Provide only reassurance that is realistic and achievable.
- Discuss with the child what you think will happen next and who will be involved.

#### **7. Report to the Designated child protection coordinator**

- Report disclosures of abuse or neglect immediately to the DSL for follow-up and referral.
- Express your willingness to help the child through the steps which will follow, if appropriate.

#### **8. Make notes**

- Make notes of all comments. Use the child's or young person's exact words where possible.
- Save all drawings and artwork. This information may need to be shared with Children's Social Services and the police.

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Procedure for Child Protection	CP.001	Version 1.0
Prepared by: Stuart Hanson	Approved by: Andrew Buckingham	Page 6 of 6