



## SCHOOL POLICIES

# Safeguarding

### **Mission Statement**

Horton Education and Care supports children, young people and adults through their difficulties, fosters their ability to manage their own behaviour, and develops their knowledge, skills and independence, enabling them to live as full and rich a life as possible.

<b>Policy Title:</b>	<b>Safeguarding</b>	<b>Date of Implementation:</b>	June 2015
<b>Policy Reference:</b>	HR Policies Keeping Children Safe in Education September 2016 Working Together to Safeguard Children March 2015 Teachers' Standards 2012 Staff Code of Conduct Policy <b>Working together to safeguard children.</b>	<b>Date of Next Review:</b>	June 2017

**This Child Protection policy should be read in conjunction with East Ridings Safeguarding Children Board & Hull Safeguarding Children Board guidelines and procedures.**

The policy should also be read in conjunction with the School policies relating to Safer Recruitment, (Recruitment and Selection Policy) Whistle-blowing and Staff Code of Conduct policies. The Safeguarding Policy will be made available to anyone who wishes to see it.

The School has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

**The Designated Safeguarding Lead within the school is: The Head Teacher, Lisa Taylor**

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### **1. Safeguarding and promoting the welfare of children**

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professional should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

Defined for the purposes of this guidance as:

- 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; and
- Taking action to enable all children to have the best life chances.

### **2. Child protection**

This is part of safeguarding and promoting welfare and it refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance Working together to safeguard children (PDF).

### **3. Children**

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

### **4. Definitions of harm**

#### **Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

### **Physical abuse**

A form of abuse which 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. At the School we believe that all our pupils should be kept safe from harm. Female Genital Mutilation affects girls particularly from north African countries, including Egypt, Sudan, Somalia and Sierra Leone. Although our school has no/few children from these backgrounds and consider girls in our school safe from FGM, we will continue to review our policy annually.

### **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the pupil's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a pupil'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 (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Neglect**

The persistent failure to meet a pupil's basic physical and/or psychological needs, likely to result in the serious impairment of the pupil'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, clothing and shelter (including

exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a pupil's basic emotional needs.

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Local Safeguarding Children Board, Guidelines and Procedures.

## **5. Recognition of harm**

The harm or possible harm of a child may come to your attention in a number of possible ways:

- Information given by the child, his/ her friends, a family member or close associate.
- The pupil's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
  1. It does not make sense when compared with the explanation given.
  2. The explanations differ depending on who is giving them (*e.g.*, differing explanations from the parent / carer and child).
  3. The child appears anxious and evasive when asked about the injury.
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- Contact with individuals who pose a 'risk to children' ('Guidance on Offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their care.

### **Looked after children**

The most common reason for children becoming looked after is abuse or neglect. Staff must have the knowledge and understanding necessary to keep looked after children safe. They must be given information in relation to the pupil's looked after legal status, (i.e. voluntary arrangement with the consent of parents or interim or full care order). It is in the pupil's interest that staff should be provided with information about the pupil's care arrangements. The Designated Safeguarding Lead should have the pupil's social worker contact details.

### **Young carers**

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular

basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable.

## **6. Acting on concerns**

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. **Safeguarding is everyone's responsibility.** Any professionals with concerns about a pupil's welfare should make a referral to local authority children's social care. (Working Together to Safeguard Children 2015) (For more information about information sharing and effective communication see appendices 1 and 2) No single professional can have a full picture of a pupil's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action

### **Seeking Medical Attention**

If a child has a physical injury and there are concerns about abuse; If emergency medical attention is required then this should be sought immediately by phoning for an ambulance. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care.

### **Managing a disclosure**

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- Lisa Taylor, the Designated Lead for child protection within the school must be informed immediately. In her absence, contact the Deputy to the Head Teacher, Steven Finney.

## **7. Referring concerns about a child**

The Designated Safeguarding Lead will act on behalf of the school in referring concerns or allegations of harm to Local Authority Central Duty Team or the Police Public Protection Unit.

If the Designated Safeguarding Lead is in any doubt about making a referral it is important to note that advice can be sought from Local Authority Central Duty Team. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the Designated Safeguarding Lead to undertake an investigation into the concerns or allegation of harm.

It is the role of the Designated Safeguarding Lead to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Central Duty Team, or Locality Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

### **Consent**

Professionals should seek to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the Local Authority Central Duty Team. This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.

It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded and communicated with the Local Authority Central Duty Team.

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made.

### **Preparing to Discuss Concerns about a Child with Children's Social Care**

Try to sort out in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly;

**Try to be as clear as you can about why you are worried and what you need to do next:**

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?  
Is the child in immediate danger?

**In the conversation that takes place the Duty Social Worker will seek to clarify:**

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and
- What involvement they are having or have had with the child and / or family.

**Questions Children's Social Care may ask at Initial Contact:**

- School address and contact details of referrer;
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;

- Where consent has not been sought to make a referral you will be asked to explain what informed your decision making;
- Full names, dates of birth and gender of children;
- Family address and contact details;
- Previous addresses;
- Identity of those with **Parental Responsibility**;
- Names and dates of birth of all members of the household;
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;
- The pupil's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family;
- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

### **Expectation of feedback**

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.

### **8. Allegations against staff members / volunteers**

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the organisation including:

- Behaving in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child or
- Behaved towards a child or children in a way that indicates she/he is unsuitable to work with children

The nature of the allegation or concern should be reported to **Lisa Taylor, the Designated Safeguarding Lead**, for dealing with allegations within the School, immediately. In his absence, or if the concern involves him, the report should be made to the Executive Manager, Eka Fallon or the Directors. Concerns may not be ignored.

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The Designated Officer will report the matter to the Local Authority Designated Officer (LADO) and obtain support and advice.



All staff must ensure that their behaviour and actions do not place pupils or themselves at risk of harm or of allegations of harm to a pupil. For example, staff need to be aware of being visible during one-to-one tuition, where possible should avoid conveying a pupil by car and must not engage in inappropriate electronic communication with a pupil. See the Staff Code of Conduct Policy.

## **9. Recruitment and Selection, Contractors, Work Experience and Visitors**

It is important when recruiting paid staff and volunteers to adhere to the organisation's recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

The Disclosure and Barring Service (DBS) can help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. If the school knowingly employs someone who is barred to work with those groups they will also be breaking the law. If there is an incident where a member of staff or volunteer has to be dismissed because they have harmed a child or vulnerable adult, or would have been if they had not left, the school will notify the DBS.

Contractors working in the school when children are present should have undergone a DBS check and this should be inspected by the School. Otherwise, they will not be allowed to work unsupervised in the presence of children. Regular contractors should be listed on the Single Central Register with dates of checks noted.

People on work experience should obtain a DBS and produce this for checking, if they will be unsupervised at any point. DBS cannot be requested for young people under 16 and they should not be left unsupervised with children.

There is no right to request sight of a DBS for visitors. Professional judgement must be used about the level of supervision needed or requirement to be escorted.

## **10. Contacts**

### **Hull Authority**

Access and Assessment team (office hours)	(01482) 448879
Immediate Help team (out of office hours)	(01482) 300304
Authority Designated Officer	(01482) 790933
Safeguarding Board (Main Office)	(01482) 379090
Police Public Protection Unit:	101
<a href="http://www.hullsafeguardingchildren.org">www.hullsafeguardingchildren.org</a>	

Email: [hscb@hullcc.gov.uk](mailto:hscb@hullcc.gov.uk)

## **East Riding of Yorkshire**

Early Help and Safeguarding Hub (EHaSH) (01482) 395500

During Office Hours (Monday to Thursday 9am to 5pm, Friday 9am to 4:30 pm) EHaSH can be contacted on (01482) 395500

Email: [childrens.socialcare@eastriding.gcsx.gov.uk](mailto:childrens.socialcare@eastriding.gcsx.gov.uk)

Emergency Duty Team (outside Office Hours): (01377) 241273

Email: [emergency.duty.team@eastriding.gcsx.gov.uk](mailto:emergency.duty.team@eastriding.gcsx.gov.uk)

Website: [www.erscb.org.uk](http://www.erscb.org.uk)

Local Authority Designated Officer (01482) 396999

Police Public Protection Team 101

### **11. Seven Golden rules of information sharing**

*'Information Sharing: Guidance for practitioners and managers'* (2008) is aimed at supporting good practice in information sharing by offering clarity on when and how information can be shared legally and professionally in order to achieve improved outcomes. It can be especially useful in supporting early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding or child protection situations. Below are the 7 golden rules of information sharing that this guidance recommends.

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. From the outset be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgements on the facts of the case.
5. Consider safety and well being: Base your information sharing decisions on considerations of the safety and well being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reason for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## **12. Considerations when Contacting another Agency/Service**

### **1) Effective Communication between Agencies**

Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key, for without it effective decisions cannot be made and equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults

Before contacting another agency, think about why you are doing it, is it to:

- **Share Information**

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case by case basis to decide whether and what personal information to share with other practitioners in order to meet the needs of a child or young person (CWDC 2009)

- **Signpost to Another Service**

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

- **Get Advice and Guidance**

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage.

It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

- **Facilitate Access to a Service**

If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

- **Refer a Child or Family**

If you think that by not accessing a particular service, a pupil's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the pupil's situation has improved.

Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.

A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.

At the end of the conversation both parties must be clear about the outcome and the next course of action.

## **2) Professional Differences**

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps.

## **3) Recording**

Well-kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and

interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear. (*Working Together 2015*)

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998 (*Information Sharing Guidance for Practitioners and Managers 2008*)

### **13. Training**

All staff and volunteers are made aware of this policy and the process for reporting concerns through on-line & Induction training and annual face-to-face refresher sessions.

All staff are required to read at least part 1, 'Safeguarding Information for all staff' of Keeping Children Safe in Education (March 2015).

The Designated Safeguarding Lead will have received level III training which will be updated every 2 years.

#### **Audit Trail**

Version	Change	By Whom	Date
1.0	Updated Policy	Robert Hamilton Parker	April 2013
1.1	Updated Policy	Janjer Ltd	June 2015
1.2	Update Policy	Principal Plus (SJH)	August 2016