

**Griffin Primary school**

# **Child Protection/ Safeguarding Policy**

**Date policy reviewed: April 2020**

**Date approved by Governing body:**

**Person responsible for this policy: Mike Lloyd**

# Child protection during the COVID-19 measures

## Annex to Child Protection policy – version 1.0

### Context

The way schools and colleges are currently operating in response to coronavirus (COVID-19) is fundamentally different to business as usual. Most children are no longer in a school setting and staff numbers have been affected by the outbreak.

Schools have been asked to provide care for children who are vulnerable and children whose parents are critical to the COVID-19 response and cannot be safely cared for at home.

This annex to our Child Protection policy sets out details of our safeguarding arrangements for:

1. Version control and dissemination
  2. Safeguarding priority
  3. Current school position
  4. Safeguarding partners' advice
  5. Roles and responsibilities
  6. Vulnerable children
  7. Increased vulnerability or risk
  8. Attendance
  9. Reporting concerns about children and staff
  10. Safeguarding training and induction
  11. Safer recruitment/volunteers and movement of staff
  12. Peer on peer abuse
  13. Online safety
  14. New children at the school
  15. Supporting children not in school
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## **Version control and dissemination**

This is version 1.0 of this annex. It will be reviewed by our designated safeguarding lead (DSL) or a deputy DSL on a weekly basis as circumstances continue to evolve or following updated Department for Education advice or guidance.

We will ensure that on any given day all staff in attendance will be aware of who the DSL and deputy DSLs are and how staff can speak to them.

## **Safeguarding priority**

During these challenging times the safeguarding of all children at our school – whether they are currently at home or in attendance – continues to be our priority. The following fundamental safeguarding principles remain the same:

- the best interests of children continue to come first
- if anyone in our school has a safeguarding concern, they will act immediately
- a designated safeguarding lead (DSL) or deputy DSL will always be available
- no unsuitable people will be allowed to gain access to children
- children should continue to be protected when they are online.

## **Current school position**

*Currently we only have limited children on site of key workers on certain days during the week. We have the KS2 side of the building open only to allow access to learning for those attending. At present we are not acting as a cluster school for the area.*

## **Safeguarding partners' advice**

We continue to work closely with our three safeguarding partners, and we will ensure this annex is consistent with their advice. This will include expectations for supporting children with education, health and care (EHC) plans, the local authority designated officer and children's social care, reporting mechanisms, referral thresholds and children in need. The current advice is below.

## Roles and responsibilities

The roles and responsibilities for safeguarding in our school remain in line with our Child Protection Policy.

If possible, our DSL and at least one deputy DSL will be available on site during the school day. Where this is not possible, we will:

- have a trained DSL or deputy DSL available by phone and/or online video; or
- ensure we have access to a trained DSL or deputy DSL from another school or college by phone and/or online video.

Where our DSL or a deputy DSL cannot be on site, then in addition to one of the above options we will also ensure a senior leader from the school takes responsibility for co-ordinating safeguarding on site.

**The designated safeguarding lead (DSL) for child protection is Mike Lloyd**

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**The deputy designated lead is Sophie Rose**

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## Vulnerable children

Vulnerable children include those who have a social worker and those children and young people up to the age of 25 with education or health care (EHC) plans.

Those who have a social worker include children who have a child protection plan and those who are looked after by the local authority. A child may also be deemed to be vulnerable if they have been assessed as being in need or otherwise meet the definition in section 17 of the Children Act 1989.

There is an expectation that vulnerable children who have a social worker will attend school, so long as they do not have underlying health conditions that put them at risk. Where a parent does not want their child to attend school, and their child is considered vulnerable, we will discuss this with the social worker and explore the reasons for this directly with the parent.

Those with an EHC plan will be risk-assessed in consultation with the local authority and parents to decide whether they need to continue to be offered a school place in order to meet their needs, or whether they can safely have their needs met at home. This could include, if necessary, carers, therapists or clinicians visiting the home to provide any essential services. Many children and young people with EHC plans can safely remain at home.

We will encourage our vulnerable children and young people to attend a school, including remotely if needed.

Senior leaders in our school, especially the DSL (and deputies) know who our most vulnerable children are, and they have the flexibility to offer a place to those on the edge of receiving children's social care support.

We will continue to work with children's social workers and the local authority virtual school head (VSH) for looked-after and previously looked-after children.

## **Increased vulnerability or risk**

Negative experiences and distressing life events, such as the current circumstances, can affect the mental health of pupils and their parents. Staff will be aware of this in setting expectations of pupils' work where they are at home. Where we are providing for children of critical workers and vulnerable children on site, we will ensure appropriate support is in place for them.

Our staff and volunteers will be aware of the mental health of children and their parents and carers and will contact the DSL or a deputy if they have any concerns.

## **Attendance**

Where a child is expected but does not arrive at school, we will follow our attendance procedure and attempt to contact the family. If contact cannot be made, the DSL or a deputy DSL will be informed.

The DSL or a deputy will attempt to contact the parents through various methods, such as telephone, FaceTime, Skype or by contact a relative in the first instance. If contact cannot be made or if the DSL or a deputy DSL deems it necessary, we will undertake a home visit or ask an appropriate agency to do so. A risk assessment will be carried out before any such visit is made to ensure staff the family are not put at risk.

Where a vulnerable child does not take up their place, we will notify their social worker.

## **Reporting concerns about children or staff**

The importance of all staff and volunteers acting immediately on any safeguarding concerns remains. Staff and volunteers will continue to follow our Child Protection procedures and advise the DSL of any concerns they have about any child, including those who are not attending school.

The varied arrangements in place as a result of the COVID-19 measures do not reduce the risks that children may face from staff or volunteers. As such, it remains extremely important that any allegations of abuse made against staff or volunteers attending our school are dealt with thoroughly and efficiently and in accordance with our Allegations Against Staff Policy.

## **Staff training and induction**

For the duration of the COVID-19 measures, our DSL and deputy DSLs are unlikely to receive their refresher training. In line with government guidance, our trained DSLs and deputy DSLs will be classed as trained even if they cannot receive this training.

All current school staff have received safeguarding training and have read Part One and Annex A of Keeping Children Safe in Education. When new staff are recruited or volunteers join us, they will receive a safeguarding induction in accordance with our Child Protection Policy.

If staff from another setting attend the school site then, in line with government guidance, we will not undertake any additional safeguarding checks if the setting providing those staff confirm that:

- the individual has been subject to an enhanced DBS and children's barred list check and, that in the opinion of that setting, nothing resulted from those checks that provided any caused for concern
- there are no safeguarding investigations into the conduct of that individual
- the individual remains suitable to work with children.

## **Safer recruitment/volunteers and movement of staff**

It remains essential that people who are unsuitable are not allowed to enter the children's workforce or gain access to children.

When recruiting new staff, we will continue to follow our Safer Recruitment policy [insert link].

In response to COVID-19, the Disclosure and Barring Service (DBS) has made changes to its guidance on standard and enhanced DBS ID checking to minimise the need for face-to-face contact.

For volunteers we will continue to follow the checking and risk assessment process set out in paragraphs 167 to 172 of Keeping Children Safe in Education 2019. Under no circumstances will a volunteer who has not been checked be left unsupervised or allowed to engage in regulated activity.

It is essential from a safeguarding perspective that we are aware, on any given day, which staff/volunteers are on our school site and that the appropriate checks have been carried out on those individuals. We will continue to maintain our single central record (SCR) during these measures to ensure we have this awareness [insert link].

## **Peer on peer abuse**

We recognise that children can abuse their peers and our staff are clear about the school's policy and procedures regarding peer on peer abuse. All peer on peer abuse is unacceptable and will be taken seriously. We also recognise that abuse can still occur during a school closure or partial closure and between those children who do attend the school site during these measures.

Our staff will remain vigilant to the signs of peer-on-peer abuse and will follow the process set out in our Child Protection Policy, which can be accessed here [insert link].

## **Online safety**

It is likely that children will be using the internet and engaging with social media far more during this time. Our staff are aware of the signs of cyberbullying and other online risks and our filtering and monitoring software remains in use during this time to safeguarding and support children.

Our staff will follow the process for online safety set out in our Child Protection Policy [insert link].

Staff who interact with children online will continue to look out for signs a child may be at risk. If a staff member is concerned about a child, that staff member will follow the approach set out in this annex and report that concern to the DSL or to a deputy DSL.

## **New children at the school**

Children may join our school from other settings. When they do, we will seek from those settings the relevant welfare and child protection information. This is relevant for all children that join us, but it will be especially important where children are vulnerable.

For vulnerable children we will ensure we understand the reasons for the vulnerability and any arrangements in place to support them. As a minimum we will seek access to that child's EHC plan, child in need plan, child protection plan or, for looked-after children, their personal education plan and know who the child's social worker (and, for looked-after children, who the responsible VSH is).

Ideally this will happen before a child arrives but where that is not possible it will happen as soon as reasonably practicable.

Any exchanges of information will ideally happen at DSL (or deputy) level, and likewise between special educational needs co-ordinators/named individual with oversight of SEN provision for children with EHC plans. However, it is acknowledged this may not always be possible. Where this is the case our school senior leaders will take responsibility.

The DSL will undertake a risk assessment based on the information received, considering how risks will be managed and which staff needs to know the information.

## **Supporting children not in school**

Where the DSL has identified a child to be on the edge of social care support, or who would normally receive additional pastoral support in school, they will ensure that a communication plan is in place to support that child. Details of that plan will be recorded in the safeguarding file for that child. It will be reviewed regularly to ensure it remains current during these measures.

## **VERSION 4**

**All Child Protection policies should be read in conjunction with the Hull Safeguarding Children's Partnership Procedures and Practice Guidance <http://hullscb.proceduresonline.com/> and Keeping children safe in education.**

This child protection policy was reviewed: April 2020

Next review date: April 2021

Griffin primary 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 safeguarding Team include the following staff:**

**Designated Safeguard Lead – Mike Lloyd**  
**Deputy safeguard lead – Sophie Rose**

All staff and volunteers should be made aware of this policy, and be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children, including how to respond to any child protection concerns and how to make a referral to local authority children's social care or the police if necessary. The child protection policy is part of the induction pack for all new staff and volunteers. All staff are expected to read and sign the most current Child Protection policy and Part One of keeping children safe in education. All staff have attended the Level 1 safeguarding children – A shared responsibility- Awareness, Recognition and Response training approved from the Hull safeguarding children's partnership. It is expected that all staff complete the full 1-day training.

The Governor responsible for safeguarding is Terry Johnson The governing body ensures policies, procedures and training in schools is effective and complies with the law at all times.

## **Contents**

1. Safeguarding and promoting the welfare of children
2. Children
3. Early Help
4. Child Protection
5. Definitions of harm
  - Abuse
  - Physical abuse
  - Emotional abuse

- Sexual abuse
  - Neglect
  - Other specific sources of harm
6. Recognition of harm
    - Children with special educational needs (SEN) and disabilities
    - Young Carers
  7. Acting on concerns
    - Seeking Medical Attention
    - Managing a disclosure
    - FGM
    - Sexting
    - Peer on Peer abuse
    - Serious Violence
  8. Referring concerns about a child
    - FGM
    - Consent
    - The Hull Safeguarding Children Board Contact and Referral Form
    - Expectation of feedback
  9. Allegations against staff members / volunteers
    - Allegations against staff in their personal lives or which occur in the community
  10. Allegations of abuse made against other children
    - Sexual violence and sexual harassment between children in schools
  11. Recruitment and selection
  12. Contacts
    - Hull
    - East Riding of Yorkshire

Appendix 1 – Actions where there are concerns about a child

Appendix 2 - Seven Golden rules of information sharing

Appendix 3 – Consideration when contacting another agency



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

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. 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

## **3. Early Help**

Children and their families will experience a range of needs at different times in their lives. All children require access to high-quality universal services (such as schools, health visitors and nurseries), but some will also benefit from extra support to address additional needs. In Hull this support is called Early Help.

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years” (Working Together to Safeguard Children 2015).

From the perspective of a child, it is clearly best to receive help before they have any, or have only minor, adverse experiences. In Hull, Early Help hubs offer a range of support for practitioners who need advice, guidance or a short intervention when working with children and families with additional needs.

All staff and volunteers should understand the importance of intervening early, before problems become entrenched, and know how to access additional support for children, young people and families through the Early Help Hubs. All staff are aware that all children may benefit from early help, however staff are aware that some children may potentially need early help more than others due to other circumstances, for example disabilities, young carer, etc. The consent of parents / carers should always be sought before making a request for a service to the Early Help. If at any time the concerns about the child become more serious, they should be referred to Children’s Social Care Early Help and Safeguarding Hub (EHaSH)

## **4. Child Protection**

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

## **5. 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.

## **Emotional abuse**

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 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 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 (including online 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 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, 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 child'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 Hull Safeguarding Children's Partnership, Procedures and Practice Guidance.

### **Other specific sources of harm**

Staff / volunteers also need to be aware of other specific sources of abuse and safeguarding issues, some of these are listed below:

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child sexual exploitation (CSE)
- Child criminal exploitation: County lines
- Domestic abuse
- Homelessness
- So-called 'honour-based' violence
- Preventing radicalisation
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools and colleges
- Female Genital Mutilation (FGM)
- Upskirting

'Keeping Children safe in education, Annex A p78 provides additional information for these specific sources of harm.

**For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCB guidelines and procedures**

<http://hullscb.proceduresonline.com>

## **6. Recognition of harm**

Everybody working with children and families must be alert to the needs of children and any risks of harm - including to unborn children, babies, older children, young carers, children who are disabled, those with special educational needs, are living away from home or are Looked After by the local authority. All staff and volunteers should be able to recognise, and know how to act upon, evidence that a child's health or development is being impaired or that the child is suffering or is likely to suffer significant harm.

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

- Information given to you by the child, his/ her friends, a family member or close associate.
- The child'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;
  - It does not make sense when compared with the explanation given.
  - The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
  - The child appears anxious and evasive when asked about the injury;
  - They are a pre mobile baby with bruising.
- 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.
- A young person having contact with an individual or individuals who have been identified as presenting a risk or potential risk of harm 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 carers.

### **Children with special educational needs (SEN) and disabilities**

All staff are aware that children with special educational needs and disabilities could have additional barriers that exist when recognising abuse and neglect. This could prevent them from keeping themselves safe and making disclosures. All staff are aware to be vigilant and to report any changes in behaviour or any concerns they may have to the Designated Safeguard Lead, Deputy or Child Protection Co-Ordinator

### **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 also 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 and, under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

## **7. 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. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a responsibility to share the information with the Designated Safeguard Lead, Deputy or Child Protection Co-Ordinator. If not

available to the local authority children's social care (Working Together to Safeguard Children 2015)

**Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.**

For more information about actions for where there are concerns about a child, information sharing, and effective communication see appendices 1,2 and 3)

### **Seeking Medical Attention**

If a child has a physical injury, and there are concerns about abuse, medical attention should be sought immediately by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to Children's Social Care should then be followed. Any safeguarding concerns should be shared with the Ambulance staff/Medical and Nursing staff in order that they can appropriately assess and treat the child and share relevant information. Contacting emergency services for urgent medical treatment must not be delayed for any reason.

### **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.
- The Designated Lead and Deputy for child protection or member of the Safeguarding Team within your organisation must be informed immediately.
- A verbal and written account needs to be completed on CPOMs to the Safeguarding Team with timings. This should be completed within 24 hours.

### **FGM**

If a child makes a disclosure or visual evidence suggests that FGM appears to have been carried out on a pupil under 18 the staff member must report to the police. It will be rare for a staff member to see visual evidence, and they should **not** examine the victim.

### **Sexting (also known as youth produced sexual imagery)**

All incidents involving 'sexting' must be reported to the Designated Safeguard Lead or Deputy immediately. All staff are aware of the following procedures:

- **Never** view, download or share the imagery yourself, or ask a child to share or download – **this is illegal**
- If imagery has been viewed by accident, report this to DSL
- **Do not** delete the imagery or ask the young person to delete
- **Do not** ask the child to disclose information regarding the imagery. This is the responsibility of the DSL
- Do explain to them that you need to report it and reassure them that they will receive support and help from the DSL and Deputy DSL.

### **Peer on Peer abuse**

Children can abuse other children and staff are aware that this is referred to as peer on peer abuse (See section 10). Allegations of abuse made against a peer on a peer are reported to safeguarding team.

### **Upskirting**

This is now listed as part of peer on peer abuse. This typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks.

### **Serious Violence**

All staff should be aware of the indicators that might signal children that are at risk from or are involved with serious violent crime. These can include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

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

The Designated Safeguarding Lead or Deputy will act on behalf of Griffin Primary in referring concerns or allegations of harm to Local Authority Early Help and Safeguarding Hub (EHaSH) or the Protecting Vulnerable People Unit. In the case of it being out of hours the Emergency Duty Team should be contacted.

If the Designated Safeguarding Lead or Deputy is in any doubt about making a referral, they will contact Early Help and Safeguarding Hub (EHaSH) for advice. 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 or Deputy to undertake an investigation into the concerns or allegation of harm. It is the role of the Designated Safeguarding Lead or Deputy to collate and clarify details of the concern or allegation and to provide this information to the Early Help and Safeguarding Hub (EHaSH), or Assessment, Locality Safeguarding 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.

## **FGM**

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon **teachers** along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

Teachers **must** personally **and immediately** report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still discuss any such case with the Designated Safeguard Lead (or Deputy) and involve children's social care as appropriate.

## **Consent**

Issues of consent should always be considered.

Before making a referral, parents/carers must be informed that you are making contact with Children's Social Care – including the reasons for you doing this – and be asked to give consent to the referral being made. This includes protecting a child from Significant Harm.

There are circumstances when it may be appropriate to dispense with the requirement to obtain consent to share information; this includes when:

- Discussion with the parents/ carers could place the child or other family members at risk;
- The child is in immediate danger ( e.g. requires medical attention )
- Discussion with parents / carers may place you or another member of staff at risk

It should be noted that when parents, carers or child may not agree to information being shared, but this does not prevent professionals from being able to make a referral where child protection concerns persist. When sharing information without consent it is important to record why any such decision has been made.

## **The Hull Safeguarding Children's Partnership Contact and Referral Form**

All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information. A template Contact and Referral Form has been developed for this purpose.

If you have secure email the form should be sent to Early Help and Safeguarding Hub (EHaSH) **ehash@hullcc.gcsx.gov**.

Early Help referrals are through the online portal. [www.hull.gov.uk/early-help-family-support](http://www.hull.gov.uk/early-help-family-support)

### **Children's Social Care Action following a Referral**

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.

### **9. 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 group or organisation such as:

- Behaved 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 s/he is unsuitable to work with children. This could include children within the employee's workplace or outside of it, including their own children.

The nature of the allegation or concern should be reported to the Head of School or Chair of Governors for dealing with allegations within the organisation immediately.

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 for your organisation will report the matter to the Local Authority Designated Officer (LADO).

### **Allegations against staff in their personal lives or which occur in the community**

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in this policy will still apply.

If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint Strategy Meeting / Discussion or Professional's Meeting should be held.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a Strategy or Professional's Meeting / Discussion should be held to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren;
- Whether measures need to be put in place to ensure their protection;



- Whether the employment role of the member of staff is compromised.

## **10. Allegations of abuse made against other children**

A child can be abused by other children. This is generally referred to as peer on peer abuse and can take many forms. Below is a list of possible types:

- Bullying, including cyberbullying
- Sexual violence
- Sexual harassment
- Physical abuse or causing physical harm
- Sexting
- Initiating/hazing type violence and rituals
- Upskirting

Peer on peer abuse should never be tolerated and should never be passed as 'banter' or 'part of growing up'. It is essential that all victims are reassured that they are being taken seriously and they will be supported and kept safe. If staff have a concern regarding a child or a child makes a report to them, they should follow the same referral process as stated in this policy in section 8. If it is felt that a criminal act has been committed this needs to be reported to the police. All acts of peer on peer abuse will be investigated and dealt with through the Safeguarding team as well as the Head of School and Deputy.

The school ensures children are knowledgeable and have an understanding of risks of abuse and harm, as well as what to do if it happens. This is through the school ethos, behaviour policy, assemblies, workshops and PSHE curriculum. The children are taught to care and respect each other.

### **Sexual violence and sexual harassment between children in schools**

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Staff are aware that children who are victims of sexual violence and sexual harassment will likely find this experience stressful and distressing. All victims are taken seriously and offered support by the schools safeguarding team and other agencies. Staff are also aware that some groups are potentially more at risk, for example girls, children with SEND and LGBT children.

All staff are aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as 'banter', 'part of growing up', 'just having a laugh' or 'boys being boys':
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breast and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks the normalising.

## 11. Recruitment and selection

When recruiting paid staff and volunteers it is important to always follow the processes set out in the organisation's safer recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

### Griffin recruitment policy

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children.

<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 Griffin Primary 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, will notify the DBS.

### Section 128

All management staff within the academy are checked against the Section 128 barring list held on the NCTL website.

## 11. Contacts

### Hull

#### Children's Social Care (Local Authority)

Early Help and Safeguarding Hub (EHaSH) (01482) 448879

Emergency Duty Team (out of office hours) (01482) 300304

Local Authority Designated Officer (01482) 790933

Protecting Vulnerable People Unit 101

Hull Safeguarding Children's Partnership (01482) 379090

[www.hullsafeguardingchildren.co.uk](http://www.hullsafeguardingchildren.co.uk)

### East Riding of Yorkshire

#### Children's Social Care (Local Authority)

Referrals (01482) 395500

For Help and Advice (01482) 393339

Emergency Duty Team (out of office hours) (01377) 241273

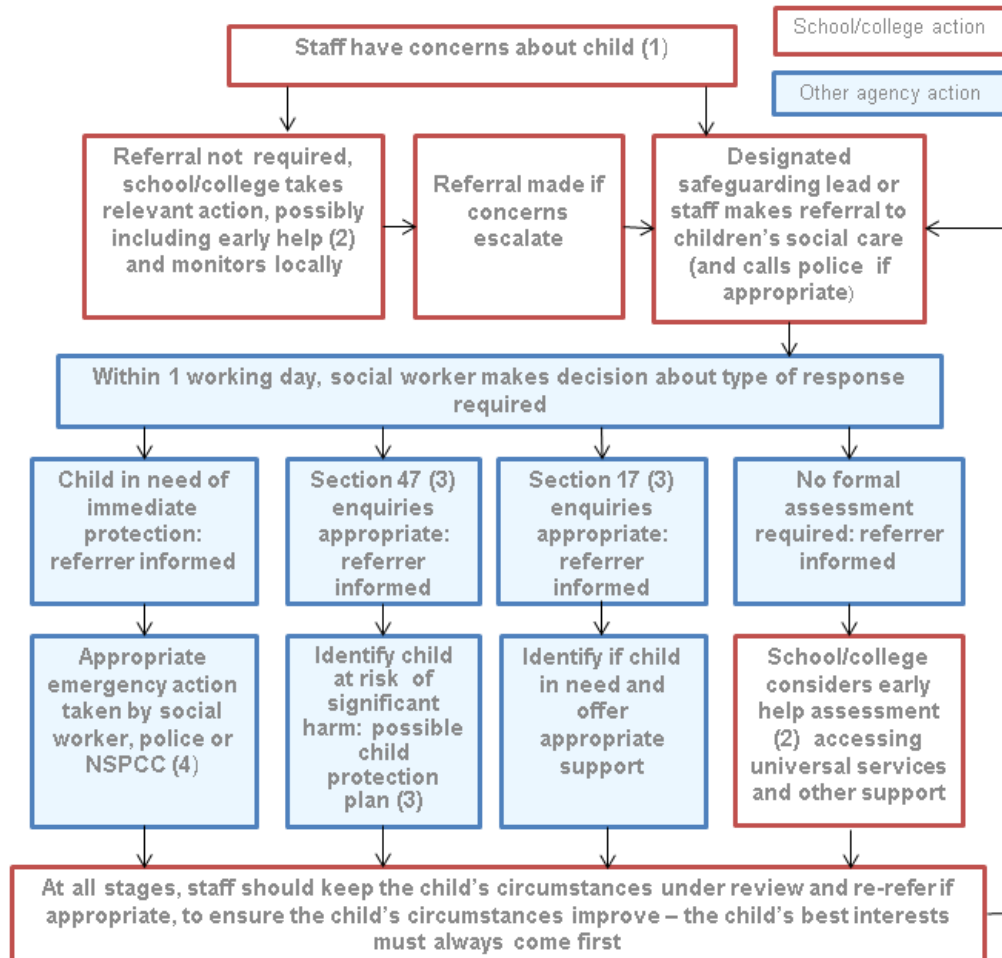
Local Authority Designated Officer (01482) 396999

Police Public Protection Team 101

East Riding Safeguarding Children Board (01482)396998/9

# Appendix 1

## Actions where there are concerns about a child



## Appendix 2

### Seven Golden rules of information sharing

*Information sharing- Advice for practitioners providing safeguarding services to children, young people, parents and carers (Department for Education, March 2015) has been produced to support practitioners in the decisions they take when sharing information to reduce the risk of harm to children and young people.*

Below are the 7 golden rules of information sharing that this guidance recommends.

- 1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.*
- 2. Be open and honest with the individual (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 from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.*
- 4. Share with informed 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, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.*
- 5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.*
- 6. Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).*
- 7. Keep a record of your decision and the reasons 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*

## **Appendix 3 - Considerations when Contacting another Agency/Service**

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

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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; without it effective decisions cannot be made. 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.

Decisions to request and share information must be considered in terms of whether they are necessary and proportionate.

- **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.

- **Seek 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.

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

- **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 child'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 child'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. [Resolving Interagency Disagreements Guidance](#)

## **3) Recording**

Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. 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.

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