

Child Protection/Prevent Policy and Procedure

This should be read in conjunction with Local Safeguarding Children's Partnership (LSCP) guidelines and procedures which can be found at <http://hullscb.proceduresonline.com/index.htm>

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Deputy Designated Safeguarding Leads

Adult Education Centres

Construction

Technology

Business Creative and Digital

Community Learning & 1st Steps

Teacher Training & CPD

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Field Code Changed

Foreword

Hull Training and Adult Education (HTAE) has a responsibility to protect and safeguard the welfare of all 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 person with lead responsibility for safeguarding within the organisation is: Vanessa Drax Designated Safeguarding Lead – (DSL) who has completed additional training to fulfil this role.

All staff and volunteers are made aware of this policy and the process for reporting concerns at induction, through annual updates and in team meetings.

HTAE will aim to protect and safeguard young children and young people by:

- Ensuring that all staff/volunteers are carefully selected, trained and supervised in accordance with Hull City Council Recruitment Policy.
- Having a Child Protection Policy and Procedure which is regularly reviewed and updated in line with national and local policy and developments.
- Promoting a commitment to safeguarding and a culture of vigilance to ensure all children feel safe
- Ensuring that all staff and volunteers are familiar with the Child Protection policy and procedure through induction and staff training.
- Ensuring that staff/volunteers attend the appropriate LSCP Child protection training.
- Ensuring that HTAE has a DSL and that all staff and volunteers are aware of the named person process of reporting concerns to them.
- Assessing the risk that children and young people may encounter and taking steps to minimise and manage this. Health and Safety policy can be found on Hull City Council intranet/health and safety/Health and Safety policy Risks.
- Letting parents, carers, children and young people know how to report concerns about a child, young person, staff member or volunteer or complain about anything that they are not happy about through information given at Induction, in leaflets and on the web site.
- Giving children, young people, parents and carers information about what HTAE does and what you can expect in the event of a concern/disclosure being reported.
- Ensuring children and young people recognise when they are at risk and know how to get help when they need it.



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1. Safeguarding and Promoting the Welfare of Children

All staff who comes into contact with children and their families have a role to play in safeguarding children. Our staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. HTAE form part of the wider safeguarding system for children. This system is described in statutory guidance Working Together to Safeguard Children 2018.

HTAE will work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. Contextual Safeguarding is about working together to consider whether wider environmental factors are present in a child's life that are a threat to their safety and welfare recognising that young people are vulnerable to abuse in a range of social contexts.

Safeguarding is defined 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

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.

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.

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 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 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 LSCP, 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 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.
- 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 carers.

Please note, children with special education needs and disabilities may face additional safeguarding challenges. There's a concern sometimes that, for children with SEN and disabilities, that their SEN or disability needs are seen first, and the potential for abuse second. If children are behaving in particular ways or they're looking distressed or their behaviour or demeanour is different from in the past, maybe staff should think about that being a sign of the potential for abuse, and not simply see it as part of their disability or their special educational needs.

Children with SEND have a higher risk of being left out, of being isolated from their peers, and they are disproportionately affected by bullying. Schools are encouraged to make sure that children with SEN and disabilities have got a greater availability of mentoring and support. Whilst most schools do offer that, this guidance is very clear that should happen.

For further support please talk to the Learning Support Manager or the SEN team in Local Authority.

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. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care. (Working Together 2018) (For more information about information sharing and effective communication see Appendices 2 and 3)

Peer on Peer abuse

This will be investigated and dealt with following the HTAE safeguarding reporting procedures. All learners receive safeguarding advice and support to enable them to stay safe but also recognise their responsibilities to their peers. Investigations will be supportive of both the perpetrator and the victim.

The four key aspects of peer on peer abuse:

- Domestic abuse

- CSE
- Serious youth violence
- Harmful sexual behaviour (including sexting)

For online safety please see the E Safety Policy.

Seeking Medical Attention

If a child has a physical injury and there are concerns about abuse; If medical attention is required then this should be sought immediately by phoning for an ambulance, attending the Emergency Department or Minor Injury Unit depending on the severity of the injury. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care.

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.

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 for child protection within your organisation must be informed immediately.

7. Referring Concerns about a Child

The DSL will act on behalf of the Hull Training and Adult Education (HTAE) in referring concerns or allegations of harm to the Local Authority Access and Assessment Team or the Police Public Protection Unit (see page 13). When the case is out of hours the Immediate Help Team will be contacted.

If the DSL is in any doubt about making a referral it is important to note that advice can be sought from Local Authority Access and Assessment 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 DSL to undertake an investigation into the concerns or allegation of harm. It is the role of the DSL to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Access and Assessment 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 Access and Assessment 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 Access and Assessment 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

- Agency (i.e. school, etc) 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, where relevant, school/nursery attended;
- 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 child'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.

The HSCB Confirmation of Referral Proforma

All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information. The attached HSCB **Child Protection Contact, Information and/or Referral Form** ([Appendix 4](#)) must be used for this purpose.

If you have secure email the form should be sent to EHASHgc@hullcc.gcsx.gov.uk

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 group or 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 s/he is unsuitable to work with children the nature of the allegation or concern should be reported to the Designated Officer 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 (Sharon Gamble Assistant City Manager Young People, Skills and Employability) will report the matter to the Local Authority Designated Officer (LADO).

9. Recruitment and Selection

When recruiting paid staff and volunteers Hull City Council's Recruitment and Selection Policy is adhered to. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

Hull City Council's Recruitment Policy

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 Hull Training and Adult Education (HTAE) 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, Hull Training and Adult Education (HTAE) will notify the DBS.

10. Contacts

Hull

<u>Children's Social Care (Local Authority)</u>	
Access and Assessment	(01482) 448879
Immediate Help	(01482) 788080
<u>Local Authority Designated Officer</u>	(01482) 790933
<u>Police Public Protection Unit</u>	101
<u>Local Children's Safeguarding Partnership</u>	(01482) 379090
<u>www.hullsafeguardingchildren.org</u>	

East Riding of Yorkshire

<u>Children's Social Care (Local Authority)</u>	
Referrals	(01482) 395500
For Help and Advice	(01482) 393339
Emergency Duty Team	(01377) 241273
<u>Local Children's Safeguarding Partnership</u>	(01482) 396998/9
<u>Local Authority Designated Officer (LADO)</u>	(01482) 790933
<u>Police Public Protection Team</u>	101

Appendix 1 - Role of Staff, Designated Safeguarding Lead and Deputy Designated Safeguarding Leads

Hull Training and Adult Education Staff's Role:

All staff and visitors irrespective of their role will use the standard **Child Protection Contact, Information and/or Referral Form** and make **contemporaneous records** of concerns.

Staff members should in the first instance inform the DSL of their concerns **as soon as possible after they are identified and where possible, before the child leaves for the day**. It is important that the child is not sent home at the end of the day without taking the right protective action. Concerns around attendance, behaviour and attitude are relevant in the holistic overview of safety of children and young people.

If the DSL is not available the concern should be passed to the DDSL verbally, followed in writing by a secure email.

The DSL is responsible for referring child protection concerns to Children's Social Care. Although the timing of referrals is based on perceived risk, it is expected that **referrals will be made usually within one working day of recognition of risks. It is important, therefore, that the DSL is made aware of concerns as soon as possible.**

Staff need to be aware that details of their concerns may be shared with the child, family members and other professionals, for example at child protection conferences. In exceptional cases, they may be submitted as evidence in court proceedings or at a serious case review. It is essential that recordings differentiate between fact, allegation, observation and opinion. **Do not keep your own system to note concerns.** This is to ensure proper communication, collation, and storage of information.

All staff must read and sign to confirm they have read the Keeping Children Safe in Education Sept 2019 (part 1). Staff that work directly with children should also read Annex A. Staff should also read Code of conduct, Safeguarding and Child Protection Policy, HTAE Behaviour policy.

The DSL will notify the DDSL and staff member reporting a concern on how they intend to respond to it. Staff members need to feel empowered to seek clarification if concerns have not been reported to statutory agencies. Should concerns remain, Hull Children's Social Care must be consulted.

The **Child Protection Contact, Information and/or Referral Form** will be easily accessible to all staff in a range of places, eg in the staff room, or main office and in the offices of the HTAE Managers, DDSL and the DSL.

The DSL/DDSL Role

When a child protection incident/welfare concern is passed to the DSL they will:

- Check that the Child Protection Contact, Information and/or Referral Form is sufficiently detailed.
- Check that it has been dated and signed by the staff member who reported the concern.
- Check that any other documents referred to in the record are accessible and ensure that these are attached and are where appropriate dated and signed.

- Record your response or action to every welfare concern passed to you. The level of detail of this record will clearly depend on the nature and seriousness of the concern.
- Discuss the concern /incident with the DSL and actions to be taken
- Requests to staff for monitoring specific aspects of the child's presentation, behaviour, **attendance**, etc
- Record discussions and telephone calls, with colleagues, children and parents, with a record of full names and dates
- Professional consultations and requests for information with a record of who was consulted (full name and job title) and dates consulted
- Letters sent and received
- Complete the outcomes section of the form.
- Record the outcomes of any responses or action you took, with dates, for example:
 - Referral to external agencies i.e. Housing, Refresh, TYSS
 - Referral sent to Children's Social Care or the police contacted
 - Whether or not parental consent was obtained for sending the referral and the reason for referring without consent, i.e. the child is at risk of significant harm
 - Update observations or diary records with full details.
- Do not keep your own system to note concerns.

The Role of the Designated Safeguarding Lead

The DSL will ensuring all staff members know when and how to record concerns about a child's welfare, however small or apparently insignificant, is an essential part of the role. The DSL should ensure that staff members are given **appropriate** induction and refresher training and are supervised appropriately in carrying out these arrangements. It is the Safeguarding Lead's responsibility to decide what action needs to be taken in response to reported incidents or welfare concerns.

When a child protection/incident/welfare concern is passed to the DSL they will:

- Check that the form is sufficiently detailed.
- Check that it has been dated and signed by the staff member who reported the concern.

Record your response or action to every welfare concern passed to you. The level of detail of this record will clearly depend on the nature and seriousness of the concern but may include:

- Requests to staff for monitoring specific aspects of the child's presentation, behaviour, attendance, etc
- Discussions and telephone calls, with colleagues, children and parents, with a record of full names and dates
- Professional consultations and requests for information with a record of who was consulted (full name and job title) and dates consulted
- Letters sent and received

Complete the 'outcomes' section of the form

Record the outcomes of any responses or action took, with dates, for example:

- Referral to external agency i.e. Housing, Refresh, TYSS
- Referral sent to Children's Social Care or the police contacted
- Whether or not parental consent was obtained for sending the referral and the reason for referring without consent, i.e. the child is at risk of significant harm
- Contact from Children's Social care or police in response to the referral, including contact with the child

- Strategy discussion or meeting under child protection procedures and the establishment's involvement, if invited, e.g. who took part, when and outcomes
- Referral sent to other agencies and contact form other agencies in response to referral, including contact with the child
- Appointments for child and other agencies
- Update the child's safeguarding log with details of the incident, the responses and outcomes.
- Update the child's welfare log as new documents are produced or received

Staff Training

All staff must complete the relevant training as laid out in the DBS and Safeguarding Protocol.

Appendix 2 - Seven Golden Rules of Information Sharing

'Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018) 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.

Appendix 3 - Consideration when contacting another agency

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 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.

Need to Know reporting

In the case of any serious issue relating to a child the need to know reporting form is completed by the DSL or deputy DSL.

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 2018*) 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 Advice for Practitioners providing safeguarding services to children, young people, parents and carers 2018*). The Data Protection Act 2018 and GDPR do not prevent or limit the sharing of information for the purposes of keeping children safe. This includes allowing practitioners to share information without consent.

Appendix 4 Specific Safeguarding Issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the [TES website](#) and NSPCC website. [Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:](#)

- child sexual exploitation (CSE) (see page 18)
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) (see page 18)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering (mandatory duty to inform LA of children in such arrangements)
- preventing radicalisation (see page 18)
- sexting (see UKCCIS Guidance: Sexting in Schools & Colleges 2017)
- teenage relationship abuse
- trafficking
- Sexual Violence and Sexual Harassment between Children (May 2018)
- Disqualification under the childcare Act 2006, as amended 2018
- Honour based violence (see KCS in Education Sept 2018)

In some of these instances the DSL (or Manager Teacher Training and CPD) will complete the Partnership Form for the Police.

Further information on Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

The definition of Child Sexual Exploitation was updated Feb 2017 as:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants , and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Signs and symptoms include:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs or alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or education or do not take part in education

Child criminal exploitation: county lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
 - can affect any vulnerable adult over the age of 18 years;
 - can still be exploitation even if the activity appears consensual;
 - can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
 - can be perpetrated by individuals or groups, males or females, and young people or adults; and
 - is typified by some form of power imbalance in favour of those perpetrating the exploitation.
- Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Further information on Female Genital Mutilation

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. **Please note**, there is a mandatory duty on staff to report disclosures on FGM about a female under 18 personally to the police.

There are a number of indications that a girl or woman has already been subjected to FGM:

- a girl or woman asks for help;
- a girl or woman confides in a professional that FGM has taken place;
- a mother/family member discloses that female child has had FGM;
- a family/child is already known to social services in relation to other safeguarding issues;
- a girl or woman has difficulty walking, sitting or standing or looks uncomfortable;
- a girl or woman finds it hard to sit still for long periods of time, and this was not a problem previously;
- a girl or woman spends longer than normal in the bathroom or toilet due to difficulties urinating;
- a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
- a girl or woman has frequent urinary, menstrual or stomach problems;
- a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
- there are prolonged or repeated absences from school or college (see 2016 guidance on children missing education);
- increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- a girl or woman is reluctant to undergo any medical examinations;
- a girl or woman asks for help, but is not explicit about the problem; and/or
- a girl talks about pain or discomfort between her legs.

Preventing Radicalisation (PREVENT)

The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). This guidance will be updated further to reflect the implications of the Prevent duty, which is expected to come into force later in 2015.

The Counter-Terrorism and Security Act 2015 will also place a duty on local authorities to ensure Channel panels are in place. The panel must include the local authority and chief officer of the local police. Panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, following a referral from the police and where considered appropriate and necessary consent is obtained, arrange for support to be provided

to those individuals. The Act will require partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Schools and colleges which are required to have regard to Keeping Children Safe in Education 2019 are listed in the Act as partners of the panel. The relevant provisions of the Act will come into force on 12 April 2015 but many local authorities already have Channel panels set up in their area.

The DSL will complete the Prevent Safeguarding referral form, in her absence this will be the Deputy Designated Safeguarding Leads.

The referral form can be found here: <S:\Adult Education New\Document Control\Document control record\Key documents\Safeguarding\PREVENT Safeguarding Referral Form.pdf>

Attendance

Attendance is a key indicator across a number of safeguarding issues. Therefore, the policy around attendance is that all children and young people under 18 who do not attend the centre and do not notify their tutor of a valid reason for their absence will be contacted by the pastoral care and welfare officer or nominated staff member. Parents/carers will be notified where appropriate. All information regarding non-attendance and contact details will be recorded on Pro Monitor which is monitored by DSL and DDSL. Parents or carers must ensure that HTAE has a minimum of 2 emergency contact numbers for this purpose. Please see Children Missing in Education Sept 2016 for further information.

Other relevant policies/documents

- Whistleblowing
- HTAE Adult Safeguarding and Prevent
- HTAE substance policy
- HTAE Behaviour policy
- Code of Conduct
- HTAE E Safety Policy
- Keeping Children Safe in Education Sept 2019
- Children Missing in Education Sept 2016
- Guidance for safer working practices 2015
- What to do if you are worried a child is being abused
- Prevent Duty DfE 2015
- HM Government Information Sharing July 2018
- CSE definition and guide for practitioners DfE 2017
- A competency framework for Governance DfE 2017
- Fabricated or induced illness HM Government
- HM Government guidance for dealing with forced marriage



Contact & Referral Form

CONFIDENTIAL

Please include as much information as possible to enable the Early Help and Safeguarding Hub in their decision making. There should not be a delay in making a contact or a referral in order to collect additional information if the delay may place the child at significant risk of harm.

Was verbal contact/referral made? Y N
 (Please note that written confirmation should be sent within 24 hours of verbal contact)

If yes to above:	
Who to:	Click here to enter text.
Date:	Click here to enter text.

Have parents / carers been informed you are making contact with the Early Help and Safeguarding Hub? Y N

If yes to above:	Choose an item.	details
If no to above: Please provide a reason why not or when will this be done?:	Click here to enter text.	Click here to enter text.

Professional Assessment of Need

Please note the following before making referrals to these services:

Contact / Information Sharing: The parent/carer and child (where appropriate) should have given their consent to the sharing of information with the EHASH.

Early Help Support: Early Help is a consent-based service. The parent/carer and child (where appropriate) must consent before a referral is made.

Safeguarding Referral for Assessment: Parent/carer should be informed that you are making a referral to the EHASH and your reasons for doing so. NB if informing parents/carers of a referral may place a child or others at risk of harm, or if a child is in immediate danger, a safeguarding referral can be made without informing the parent/carer.

Contact / Information Sharing (complete sections 1, 2) **Safeguarding Referral for Assessment** (complete sections 1, 3) **Request for Early Help Support** (complete sections 1, 4)

Full Name	Click here to enter text.
Job Title	Click here to enter text.
Referring Organisation	Click here to enter text.
Service area and address	Click here to enter text.
Telephone number	Click here to enter text.
Email address	Click here to enter text.
Date of referral	Click here to enter text.
Source of referral	Choose an item.

Section 1

Child Details										
Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	School (if applicable)	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.

Parent / Carer Details (please include father or significant male if in household)										
Name	Address including postcode	Contact Number	Date of Birth	Gender	Parental Responsibility	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.

Other adults or Children in the household / Other significant family members who are not part of the household

Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	School (if applicable)	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	Choose an item.

Significant Agencies involved and their reasons for involvement				
Agency	Contact Name	Contact Number	Address	Brief Reason for Involvement
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Brief history of involvement	
How long have you been involved with this family?	Click here to enter text.
Please summarise your involvement & knowledge of family history	Click here to enter text.
Do you have knowledge of any previous assessment/s undertaken? <i>Including your own agency assessment or other agency assessment. [Please attach if you have copies]</i>	If yes please give details Click here to enter text.

<p>Do you have knowledge of any previous multi agency meetings held?</p> <p><i>Including early intervention meetings, team around the family, core groups and conferences</i></p>	<p>If yes please give details Click here to enter text.</p>
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Section 2 – Contact / Information Sharing

Only complete this section if you want to share information with the EHASH.

<p>Reasons</p>
<p>What information would you like to share with the Early Help and Safeguarding Hub and why?</p>
<p>Click here to enter text.</p>

Section 3 - Safeguarding Referral for Assessment

Only complete this section if you want to make a referral for assessment.

<p>Reasons: Describe what life is like for the child and family, including your assessment of what is concerning you and the family situation, (to include any risks to the child/ren)</p>
<p>Free Text Click here to enter text.</p>
<p><i>Please identify the key factors in relation to the following areas, with particular attention as to how this is affecting the child.</i></p>
<p>Danger/Harm</p>
<p><i>Detail about significant child protection incident or patterns and history that indicate child protection concerns</i></p>
<p>Free Text Click here to enter text.</p>
<p>Safety</p>
<p><i>How the child/ren have been protected</i></p>
<p>Free Text Click here to enter text.</p>

Complicating Factors <i>Conditions / behaviours which contribute to greater difficulty for the family</i>			
Free Text Click here to enter text.			
Strengths / Protective Factors <i>Assets, resources, capability within the family, individual / community</i>			
Free Text Click here to enter text.			
Grey areas / disputed facts <i>Issues where further clarification is needed</i>			
Free Text Click here to enter text.			
What have you already tried or offered: <i>Detail what previous support has been offered to the family</i>			
Free Text Click here to enter text.			
How effective was the support, please grade on a scale of 1-10 (<i>1 being not effective and 10 being really effective</i>) and explain your grading	Choose an item.		
Free Text Click here to enter text.			
What does the family think of their situation and what do they want to change?			
Free Text Click here to enter text.			
What does the child / young person think of their situation and what do they want to change?			
Free Text Click here to enter text.			
	Child or young person's view Scale 1-3	Family view Scale 1-3	Your opinion Scale 1-3

Needs (Free Text) Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Needs (Free Text)	Click here to enter text.	Click here to enter text.	Click here to enter text.

Section 4 – Request for additional Early Help Support

Only complete this section if you want to request Early Help Support.

Reasons: <i>Describe what life is like for the child and family, including your assessment of the family situation</i>
Free Text Click here to enter text.
What have you already tried or offered: <i>Detail what previous support has been offered to the family</i>
Free Text Click here to enter text.
What further support do you think the family may need?
Free Text Click here to enter text.
What does the family think of their situation?
Free Text Click here to enter text.
What does the child / young person think of the situation and what do they want to change?
Free Text Click here to enter text.

What are the presenting issues in the family? (tick all that apply)			
Families currently experiencing or have experienced domestic abuse	<input type="checkbox"/>	Access to adult education / training / volunteering / progress to work	<input type="checkbox"/>
Poor school attendance	<input type="checkbox"/>	Access to parenting support / 1-2-1 intervention or programmes	<input type="checkbox"/>
Child at risk of/excluded from education	<input type="checkbox"/>	Parental substance misuse	<input type="checkbox"/>
Vulnerable, new or expectant parents	<input type="checkbox"/>	Young Person substance misuse	<input type="checkbox"/>
Issues with parental mental or emotional health	<input type="checkbox"/>	Home Safety Check / Child Safety	<input type="checkbox"/>
Issues with child mental or emotional health	<input type="checkbox"/>	Child development	<input type="checkbox"/>
Families at risk of financial exclusion	<input type="checkbox"/>	Access to 2 year funding	<input type="checkbox"/>
Families at risk of eviction	<input type="checkbox"/>	Child sleep difficulties	<input type="checkbox"/>
Family victim / perpetrator of anti-social behaviour / crime	<input type="checkbox"/>	Support in coordination of services, signposting, advice and information on disabilities	<input type="checkbox"/>

All referrals to the Early Help Service may be subject to the EHAM / Multi Agency Meeting process where information will be shared with agencies to determine the most appropriate support service for the family. In order for the referral to continue, verbal consent from the family **must** be gained before submitting. Please tick this box to confirm this has been completed otherwise your referral will be returned to you.

Completed contact and referral forms should be emailed to Hull EHASH team at: EHASHgc@hullcc.gcsx.gov.uk

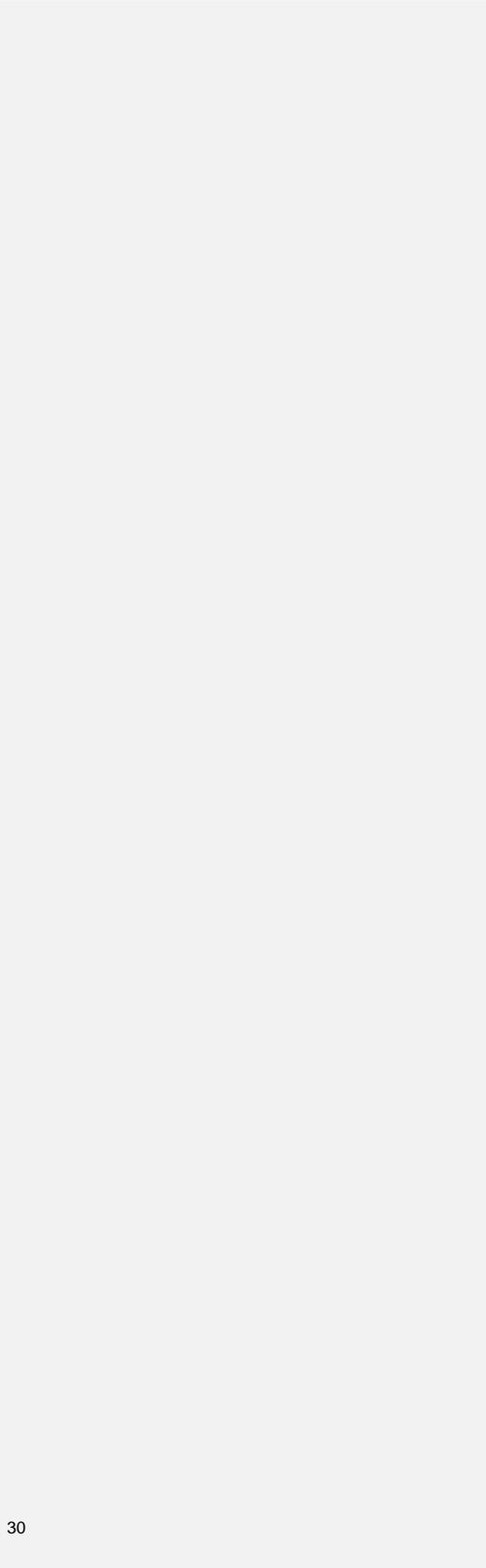
Please contact the team on telephone number: **01482 448879** if you have any problems or queries about completing this form.

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Outcomes Record outcomes of the actions taken.
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Designated Safeguarding Lead signature		Date	
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Appendix 7 Reporting concerns flowchart – young person or adult

