Hull
Training & Adult Education

CHILD PROTECTION / PREVENT POLICY AND PROCEDURE 2022/23

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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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. We are committed to safeguarding children and young people, and we expect everyone who works at HTAE to share this commitment. Adults in our departments take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them

We will always act in the best interest of the child.

At HTAE learners are taught about safeguarding, including online, through various teaching and learning opportunities, as part of providing a broad and balanced curriculum. Children are taught to recognise when they are at risk and how to get help when they need it.

HTAE assesses the risks and issues in the wider community when considering the well-being of its learners. HTAE take very seriously any local issues and how this may affect any safeguarding strategies currently in place.

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 – Safeguarding Manager/ Designated Safeguarding Lead – (DSL) who has completed additional training to fulfil this role.

Centre DDSL's will be available if the designated lead is not available, ensuring appropriate action is not delayed

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 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.
- Ensuring an emphasis on early help and interventions are taken into account as soon as concerns/disclosures/incidents are identified
- DSL and DDSL's will take seriously any concerns staff and volunteers raise

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1. Safeguarding and Promoting the Welfare of Children

All staff who come 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 wellbeing. Safeguarding and promoting the welfare of children is defined for the purpose of this guidance as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- And Taking action to enable all children to have the best outcomes. Recognising that young people are vulnerable to abuse in a range of social contexts.

All staff should be aware that children may not feel ready or know how tell someone that they are being abused, exploited, or neglected, and/or they may not recognise that there experiences as harmful. For example, children may feel embarrassed, humiliated, or being threatened, this could be due to their vulnerability, disability and /or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

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

Safeguarding is defined as: 4 kinds of abuse and neglect and you can source further information of types of Abuse and neglect in 'keeping children Safe in Education (2022) (part1)

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 caregivers); 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 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.

Special educational Needs (SEN)

At HTAE we identify learner who might need support to be kept safe or to keep themselves safe.
We have a dedicated learner support team to ensure additional support is given to learners with SEN/D. All barriers are addressed and a procedure in place to ensure the learner is identified, monitored by reviews and key worker meetings throughout the learner journey.

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 for children with SEND please talk to the E&D lead or the SEND 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 including coercive control
- CSE
- Serious youth violence
- Harmful sexual behaviour (including sexting)

Domestic Abuse

The definition of Domestic Abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those ages 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to; psychological; physical; sexual; financial; and emotional.

(See KCSIE (2022) for more detailed information.

Upskirting:

Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear).

It can take place in a range of places, e.g. British Transport Police have seen a rise of reports on public transport.

The new law will capture instances where the purpose of the behaviour is to obtain sexual gratification, or to cause humiliation, distress, or alarm.

Forced marriage

A forced marriage takes place when the bride, groom or both do not want to get married but are forced to by others, usually their families. People forced into marriage may be tricked into going abroad, physically threatened and/or emotionally blackmailed to do so.

So-called Honour – bases abuse (HBA)

Encompasses crimes which have been committed to protect or defend the honour of the family and /or the community including female genital Mutilation (FGM). Forced marriage, and all practices such as breast ironing. All forms of so called HBA are abuse regardless of the motivation and should be handled and escalated as such.

Where staff are concerned that a child might be at risk of HBA, they must contact the DSL as a matter of urgency. Honour based abuse is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based abuse might be committed against people who:

Become involved with a boyfriend or girlfriend from a different culture or religion

Want to get out of an arranged marriage

Want to get out of a forced marriage

Wear clothes or take part in activities that might not be considered traditional within a particular culture

Sexual violence and abuse:

Sexual violence or abuse is sexual behaviour you don't want to do, don't agree to do, or don't understand. Sexual abuse includes physical action and also activities where there's no physical contact between you and the abuser. Sexual violence and abuse are crimes.

Sexual harassment:

Sexual harassment is unwanted behaviour of a sexual nature which:

- Violates your dignity
- Makes you feel intimidated, degraded or humiliated
- Creates a hostile or offensive environment

You don't need to have previously objected to someone's behaviour for it to be considered unwanted.

Definition of consent:

Affirmative consent is when someone agrees, gives permission, or says "yes" to sexual activity with other persons. Consent is always freely given and all people in a sexual situation must feel that they are able to say "yes" or "no" or stop the sexual activity at any point.

Online safety

For online safety please see the HTAE E-Safety Policy. Also read Keeping Children safe in education 2022

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/ centre deputy designated safeguarding 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. (Tel:101). 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 HSCP 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 HSCP **Child Protection Contact, Information and/or Referral Form** must be used for this purpose.

If you have secure email the form should be sent to EHASHgc@hullcc.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
Children's Social Care (Local Authority)

Access and Assessment	(01482) 448879
Immediate Help	(01482) 300304
Local Authority Designated Officer	(01482) 790933
Police Public Protection Unit	101
Local Children's Safeguarding Partnership	(01482) 379090

www.hullsafeguardingchildren.org

East Riding of Yorkshire
Children's Social Care (Local Authority)

Referrals	(01482) 395500
For Help and Advice	(01482) 393339
Emergency Duty Team	(01377) 241273
Local Children's Safeguarding Partnership	(01482) 396998/9
Local Authority Designated Officer (LADO)	(01482) 790933
Police Public Protection Team	101
Hull DAP	(01482) 318759
East Riding DVAP	(01482) 396330 & 396368

Authorised to sign on behalf The Council

01/09/22

Head of Service …….. Date ……

Sharon Gamble

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

Hull Training and Adult Education Staff's Role:

All staff irrespective of their role will use the CPOMS recording system to make contemporaneous records of concerns. (Visitors will use the referral form, see page 35)

Staff members will in the first instance inform the DSL and centre DDSL 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 or centre DDSL is not available the concern should be passed to one of the HTAE DDSL's who are available without informing any other staff members, followed in writing by updating CPOMS. If a DDSL is not available, staff should contact/or take advice from local children's social care. All concerns and disclosures must be recorded onto CPOMS.

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.** Other staff members must not be consulted for advice including senior members of staff.

Concerns or disclosures **must not** be discussed with other staff members including SMT. All disclosures are in the first instance go directly to the DSL and centre DDSL via CPOMS or discuss verbally and input onto CPOMS within the same working day as the disclosure.

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 2022 (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/concern Form** will be easily accessible to all staff by accessing Hull Children Safeguarding Partnership (HCSP) information via oracle. The referral form is also available in this policy.

The DSL/DDSL Role

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

- Check that the Child Protection Contact, Information and/or Referral is sufficiently detailed.
- 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 via CPOMS. The level of detail of this record will clearly depend on the nature and seriousness of the concern.
- The DDSL will 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 all to be input onto CPOMS
- 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
- Ensure all updates are recorded onto CPOMS
- 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 with full details.
    - Do not keep your own system to note concerns**.**

The Role of the Designated Safeguarding Lead

The DSL is responsible for safeguarding and child protection at HTAE. The DSL will manage referrals from HTAE staff

- Work with external agencies and professionals on matters of safety and safeguarding
- Undertake training
- Raise awareness of safeguarding and child protection amongst staff.
- Be aware of learners who have a social worker
- Help promote educational outcomes by sharing information about the welfare safeguarding and child protection issues with staff and HTAE leadership staff.

At HTAE we recognise the possibility that adults working with children may harm them, including governors, volunteers, supply teachers and agency staff. Any concerns about the conduct of other adults at HTAE should be taken to the Head of Service without delay (or where that is not possible, to the DSL. Any concerns about the Head of Service should go to the chair of Governors (Kerry Robins) who can be contacted on Tel:01482 613435.

Complete outcomes onto CPOMS

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 on CPOMS as new documents are produced or received

Staff Training

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

The key training elements are:

Induction training –

- The child protection policy
- The behaviour policy
- Code of conduct (staff)
- The safeguarding response to children who go missing from education; and
- The role of the designated safeguarding lead (including the identity of the DSL and DDSL's (see KCSIE (2022)

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 wellbeing: Base your information sharing decisions on considerations of the safety and wellbeing 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 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 - 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 effect 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 (Children's workforce Development) (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 DDSL. Preferred option of referral is the HTAE CPOMS system. For those without access please use the referral forms available within this policy. Or send via email with the appropriate protective marking in the heading. All disclosures/concerns/incidents must be reported to the DSL and recorded

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 several 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:

- Upskirting
- child sexual exploitation (CSE)
- bullying including cyberbullying
- domestic Abuse
- substance
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- 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
- sexting (see UKCCIS Guidance: Sexting in Schools & Colleges 2017)
- teenage relationship abuse
- trafficking/County lines
- Sexual Violence and Sexual Harassment between Children (May 2018)
- Disqualification under the childcare Act 2006, as amended 2018
- Honour based Abuse (see KCS in Education Sept 2022)

Further information on Child Sexual Exploitation
The statutory definition of CSE can be found in the guidance document child sexual exploitation: Definition and a guide for practitioners (DfE 2017). The definition, which can be found in KCSIE (2022)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes 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 exploitation does not always involve physical contact; it can also occur through use of technology.ng 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.

Signs and symptoms may include:

- Children who appear with unexplained gifts or new possessions without plausible explanation
- Gang-association and/or isolation from peers/social networks.
- Exclusion or unexplained absences from school, college or work.
- Leaving home/care without explanation and persistently going missing or returning late.
- Excessive receipt of texts/phone calls.
- Returning home under the influence of drugs/alcohol.
- Relationships with controlling or significantly older individuals or groups.
- Multiple callers (unknown adults or peers).
- Frequenting area known for sex work.
- Concerning use of internet or other social media.
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional wellbeing.
-

Child criminal exploitation: county lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line" see KCSIE (2022)

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.

Female Genital Mutilation

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

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**, The serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out to a girl under 18., this will usually come from disclosure (unlike the medical profession where an observation may have been made) .

Staff must personally report to the police cases where they discover that an act of FGM appears to have been carried out; and discuss any cases with the DSL and children's social care. The duty dos not apply in relation to at risk or suspected cases.

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

- Low level of integration into UK society
- Mother or a sister who has undergone FGM
- Girls are withdrawn from PSHE
- Visiting female elder from the Country of origin
- Being taken on a long holiday to the Country of origin
- Talk about a special procedure to become a woman
- 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.

Mental Health.

All staff at HTAE are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
Staff are not expected or trained to diagnose mental health conditions or issues but may notice behaviours that may be of concern.
Where staff have a mental health concern about a child that may also be a safeguarding concern, they should raise the issue buy informing the designated lead or a deputy by following HTAE safeguarding procedures
At HTAE we recognise that when a child has a social worker, it is an indicator that the child is more at risk than most learners.
This may mean that they are vulnerable to further harm, as well as facing educational barriers to attendance, learning, behaviour and poor mental health. We take these needs into account when making plans to support learners who have a social worker. We have a E&D lead specifically to support learners and ensure support is monitored and in place once identified.

Children missing in education (CME)
At HTAE we understand that knowing where children are during training hours is an extremely important aspect of safeguarding. Missing training can be an indicator of abuse and neglect and may also raise concerns about others safeguarding issues, including the criminal exploitation of children.

(CME) See KCSIE (2022) for further guidance

Attendance
Attendance is a key indicator across several 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 nominated staff member. Parents/carers will be notified where appropriate. All information regarding non-attendance and contact details will be recorded on Pro Monitor and CPOMS if 3 consecutive unauthorised attendances are missed which is monitored by IAG Officer. 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.

Peer - on - peer abuse

Staff at HTAE are aware that safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include but not limited to;

- Bullying (including cyber bullying)
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- Sexual violence and sexual harassment.
- Gender based violence
- Sexting (also known as youth produced sexual imagery); and
- Initiation – type violence and rituals

Abuse is abuse and should never be tolerated or passed off as banter or part of growing up.
At HTAE we believe that all children have a right to learn in a safe environment, Children should be free from harm from adults at HTAE and other learners. We will support the victims of peer-on-peer abuse by following the safeguarding reporting procedure and taking allegations of peer on peer abuse seriously.

See UKCIS guidance: sexting in schools and colleges. Responding to incidents, and safeguarding young people (2017)

Private Fostering
A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.
HTAE staff will notify the DSL when they become aware of private fostering arrangements The DSL will speak to the family of the child involved to check that they are aware of their duty to inform the LA. HTAE has a duty to inform the local authority of the private fostering arrangements.

Preventing Radicalisation (PREVENT)

As part of the Counter terrorism and security Act 2015, schools have a duty to prevent people being drawn into terrorism. This has become known as the prevent Duty

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss with the DSL.

The DSL will support staff with any concerns they may have.

We are committed to ensuring that all learners are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching HTAE core values alongside the fundamental British values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

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: https://www.reportingcrime.uk/HPPrevent/

In an emergency follow **Run Hide Tell** guidelines:

Run to a place of safety. This is a far better option than to surrender or negotiate. If there is nowhere to go, then
Hide it's better to hide than to confront. Remember to turn your phone on silent and turn off vibrate. Barricade yourself in if you can. Then finally and only when it is safe to do so
Tell the police by calling 999

Recognising Extremism
Early indicators of radicalisation or extremisms may include:

- Showing sympathy for extremist causes
- Glorifying violence, especially to other faiths or cultures
- Making remarks or comments about being at extremist events or rallies outside of HTAE or schools
- Evidence of possessing illegal or extremist literature
- Advocating messages similar to illegal organisations or other extremist groups
- Out of character changes in dress, behaviour and peer relationships
- Secretive behaviour
- Online searches or sharing extremist messages or social profiles
- Intolerance of difference, including faith, culture, gender, race or sexuality
- Graffiti, artwork or writing that displays extremist themes
- Attempts to impose extremist views or practice on others
- Verbalising anti-western or anti British views
- Advocating violence towards others.

Other relevant policies/documents

- Staff Code of Conduct
- Whistleblowing
- HTAE Adult Safeguarding and Prevent
- HTAE Substance policy
- HTAE Conduct policy
- What to do if you're worried a child is being abused
- Code of Conduct
- HTAE E Safety Policy
- Keeping Children Safe in Education Sept 2022 KCSinE 2022 updates also located on AE server - heading safeguarding resources KCSin E 2022
- Children Missing 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 (Please see hyperlinks below for further guidance)
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf
- Mental health https://www.giveusashout.org/
- Homelessness https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets

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Appendix 5

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.

Referrer Details	
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.

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,*

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**	**DOB**	**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? ***Including your own agency assessment or other agency assessment. [Please attach if you have copies]***	If yes please give details Click here to enter text.
Do you have knowledge of any previous multi agency meetings held? ***Including early intervention meetings, team around the family, core groups and conferences***	If yes please give details Click here to enter text.

Section 2 – Contact / Information Sharing

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

Reasons
What information would you like to share with the Early Help and Safeguarding Hub and why?

Click here to enter text.

Section 3 - Safeguarding Referral for Assessment

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

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)***
Free Text Click here to enter text.
Please identify the key factors in relation to the following areas, with particular attention as to how this is affecting the child.
Danger/Harm *Detail about significant child protection incident or patterns and history that indicate child protection concerns*
Free Text Click here to enter text.
Safety *How the child/ren have been protected*
Free Text Click here to enter text.
Complicating Factors *Conditions / behaviours which contribute to greater difficulty for the family*
Free Text Click here to enter text.
Strengths / Protective Factors *Assets, resources, capability within the family, individual / community*
Free Text Click here to enter text.

Grey areas / disputed facts *Issues where further clarification is needed*			
Free Text Click here to enter text.			
What have you already tried or offered: *Detail what previous support has been offered to the family*			
Free Text Click here to enter text			
How effective was the support, please grade on a scale of 1-10 (*1 being not effective and 10 being really effective)* 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: ***Describe what life is like for the child and family, including your assessment of the family situation***
Free Text Click here to enter text.
What have you already tried or offered: *Detail what previous support has been offered to the family*
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	☐	Access to adult education / training / volunteering / progress to work	☐

Poor school attendance	☐	Access to parenting support / 1-2-1 intervention or programmes	☐
Child at risk of/excluded from education	☐	Parental substance misuse	☐
Vulnerable, new or expectant parents	☐	Young Person substance misuse	☐
Issues with parental mental or emotional health	☐	Home Safety Check / Child Safety	☐
Issues with child mental or emotional health	☐	Child development	☐
Families at risk of financial exclusion	☐	Access to 2 year funding	☐
Families at risk of eviction	☐	Child sleep difficulties	☐
Family victim / perpetrator of anti-social behaviour / crime	☐	Support in coordination of services, signposting, advice and information on disabilities	☐

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.

Appendix 6
Hull Training and Adult Education Welfare Recording Log.
This form does not replace CPOMS and only to be used when CPOMS is not accessible. Please email completed form to DSL/DDSL and follow all HTAE safeguarding recording procedures. The form must be uploaded at the earliest availability of logging on to CPOMS

CONFIDENTIAL

Name:	
Address:	
DOB	
Contact Details:	
Details of incident/concern/disclosure	
Outcomes Record outcomes of the actions taken. Complete the form and send to Designated Safeguarding Lead and Deputy Designated Safeguarding Lead by secure email.	
Staff member name	

Staff member signature		**Date**	
To be completed by the Designated Safeguarding Lead			
Response to the incident/concern Note actions taken, including names of anyone to whom your information was passed For example, external agencies referred to:			
Outcomes Record outcomes of the actions taken.			
Designated Safeguarding Lead signature		**Date**	

All disclosures/concerns **must** be logged via CPOMS recording/reporting system following the HTAE reporting procedure.

Disclosures/concerns can only be discussed with HTAE DSL/ Centre DDSL, (ensure you know who your named centre DDSL is) Disclosures/concerns **MUST NOT** be discussed with other staff members regardless of grade or hierarchy. The DSL will discuss on a need-to-know basis with relevant staff any information which is required to support the person making the disclosure.

In the absence of DSL or your centre DDSL please contact any DDSL from the list below:

Sian Ward

Amanda Skinner

Christine Jewitt

Donna Ackroyd

Mike Jordan

Carol Gill

Debbie Johnson

Bev Johns

Natalie Gibson

Remember:

The five Rs of safeguarding

Recognise

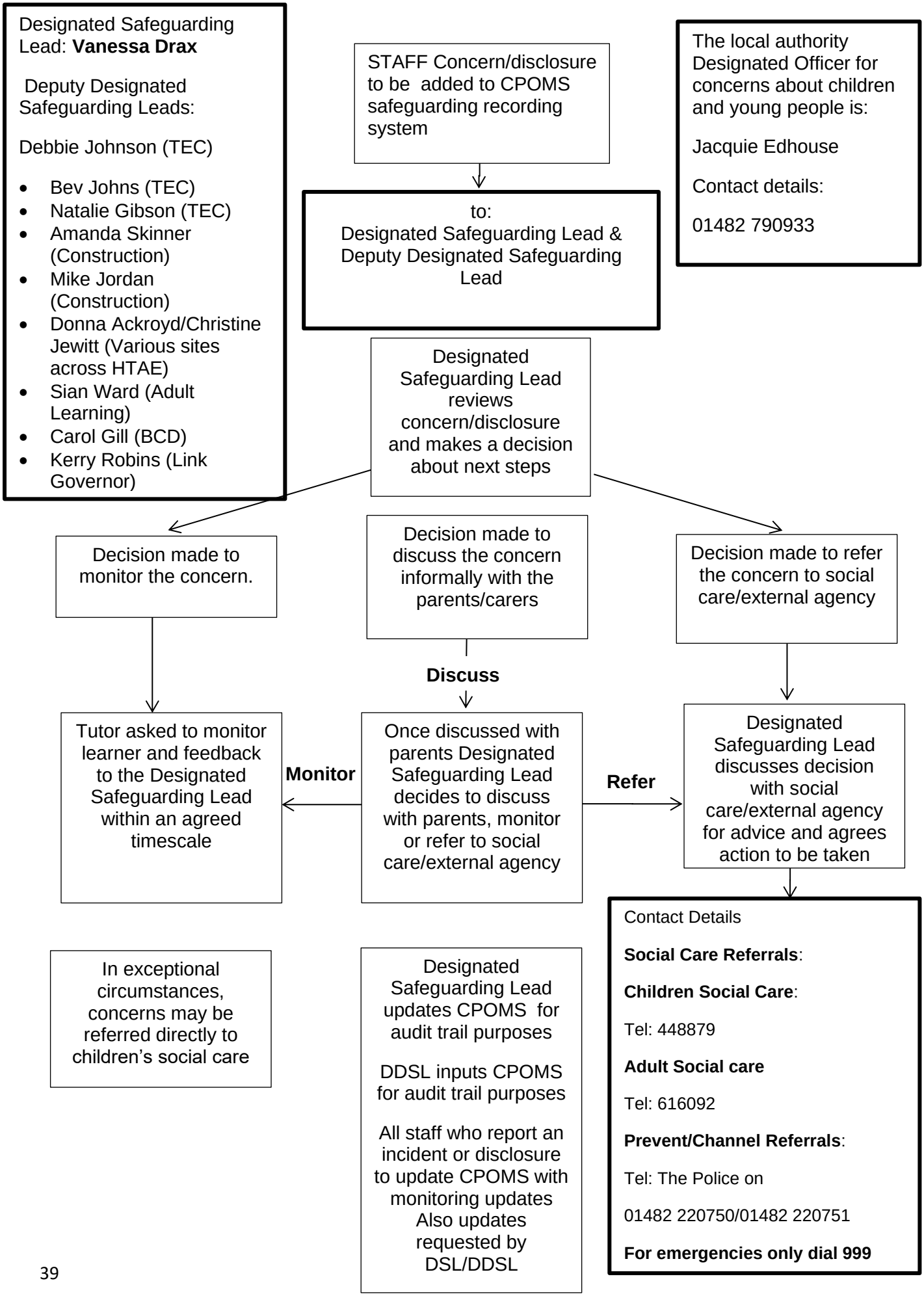
Respond

Report

Record

Refer (where applicable)

Appendix 7 Reporting concerns flowchart – young person or adult



RESPONSE TO REPORTS of Sexual violence

see also KCSIE

Definitions

Sexual Violence
Rape
Assault by penetration
Sexual assault

Sexual Harassment
Unwanted conduct of a sexual nature, including sexual remarks, sexual taunts, physical behaviour or online sexual harassment

Victim reassured

- taken seriously and kept safe; and never be given an impression they are creating a problem
- confidentiality not promised
- listen to victim, non-judgementally
- record the disclosure (facts as reported)
- two staff present (one being the DSL, or reported to DSL as soon as possible) victim sensitively informed about referral to other agencies
- if victim does not give consent to share, staff may still lawfully share in order to protect child from harm and to promote the welfare of children (see 'Sexual Violence and Sexual Harassment' paragraph 62) parents of victim informed, unless this would put victim at greater risk.

Anonymity

Note that in cases of sexual violence there is legal protection of the victim's identity. Remember that this also includes sharing on social media and discussion amongst pupils in the school.

Record-keeping

Remember, to record all concerns, discussions, decisions and reasons for decisions.

Considerations

(Sexual Violence, Sexual Harassment and Harmful Sexual Behaviours)

Immediately: Consider how to support the victim and the alleged perpetrator
wishes of the victim any power imbalance nature of the alleged incident one-off, or part of a pattern of behaviour . ages of the children any ongoing risks to victim or others . development stage of the child other related issues and wider context (e.g. CSE)

MANAGE INTERNALLY

One-off incidents which the school believes that the child(ren) are not in need of early help or statutory' intervention, which would be appropriate to deal with internally under the school's behaviour policy or anti-bullying policy,

EARLY HELP

Non-violent Harmful Sexual Behaviours (see Harmful Sexual Behaviours Framework (NSPCC))

REFER SOCIAL CARE

All incidents where a child has been harmed, is at risk of harm or is in immediate danger.

Social Care staff will decide next steps. Be ready to escalate if necessary.

REFER TO POLICE

All incidents of rape, assault by penetration or sexual assault.

(Incl. if perpetrator is 10 or under) Discuss next steps with police, for example, disclosing information to other staff, informing alleged perpetrator and their parents.

RISK ASSESSMENT
Case-by-case basis
(for details see paragraphs 69 and 70
Sexual Violence and Sexual Harassment between children in schools and colleges (DfE, 2021))

RISK ASSESSMENT
Immediately

Do not wait for outcome of referral

before protecting victim.

Emphasis on victim being able to continue normal routines.

Alleged perpetrator removed from any classes with victim (also consider shared spaces and journey to/from school)
[Not a judgement of guilt]

SAFEGUARD AND SUPPORT VICTIM AND (ALLEGED) PERPETRATOR
(see separate page)

SAFEGUARD AND SUPPORT VICTIM AND (ALLEGED) PERPETRATOR
(see separate page)

DISCIPLINARY MEASURES TAKEN
(see school's Behaviour Policy/Anti-bullying Policy)

DISCIPLINARY MEASURES TAKEN
(may be undertaken based on balance of probabilities, unless prejudicial or unreasonable)

Ensure actions do not jeopardise the investigation
School to work closely with police and/or other agencies

CRIMINAL PROCESS ENDS
Conviction or Caution: follow behaviour policy, consider Permanent Exclusion. If pupil remains in school, make clear expectations; keep victim and perpetrator apart. Consider victim's wishes. Not Guilty: Support victim and alleged perpetrator
No Further Action: Support victim and alleged perpetrator

*PART FOUR: RESPONSE TO REPORTS
see also KCSIE Part 5

REPORT RECEIVED
(from the victim or third-party)
[Onsite, offsite or online]

Definitions
Sexual Violence
Rape
Assault by penetration
Sexual assault

Sexual Harassment
Unwanted conduct of a sexual nature, including sexual remarks, sexual taunts, physical

Victim reassured
- taken seriously and kept safe; and never be given an impression they are creating a problem
- confidentiality not promised
- listen to victim, non-judgementally
- record the disclosure (facts as reported)
- two staff present (one being the DSL, or reported to DSL as soon as possible)
- victim sensitively informed about referral to other agencies
- if victim does not give consent to share, staff may still share in order to protect child from harm and to promote the welfare of children (see

behaviour or online sexual harassment

'Sexual Violence and Sexual Harassment' paragraph 62) parents of victim informed, unless this would put victim at greater risk.

Anonymity

Note that in cases of sexual violence there is legal protection of the victim's identity. Remember that this also includes sharing on social media and discussion amongst pupils in the school.

Record-keeping

Remember, to record all concerns, discussions, decisions and reasons for decisions.

Considerations

(Sexual Violence, Sexual Harassment and Harmful Sexual Behaviours)

Immediately: Consider how to support the victim and the alleged perpetrator

- wishes of the victim
- any power imbalance
- nature of the alleged incident
- one-off, or part of a pattern of behaviour
- ages of the children
- any ongoing risks to victim or others
- development stage of the child
- other related issues and wider context (eg. CSE)

MANAGE INTERNALLY

One-off incidents which the school believes that the child(ren) are not in need of early help or statutory intervention, which would be appropriate to deal with internally under the school's behaviour policy or anti-bullying policy.

EARLY HELP

Non-violent Harmful Sexual Behaviours (see Harmful Sexual Behaviours Framework (NSPCC))

REFER SOCIAL CARE

All incidents where a child has been harmed, is at risk of harm or is in immediate danger.

Social Care staff will decide next steps. Be ready to escalate if necessary.

REFER TO POLICE

All incidents of rape, assault by penetration or sexual assault.

(Incl. if perpetrator is 10 or under) Discuss next steps with police, for example, disclosing information to other staff, informing alleged perpetrator and their parents,

RISK ASSESSMENT

Case-by-case basis

(for details see paragraphs 69 and 70 Sexual Violence and Sexual Harassment between children in schools and colleges (DE, 2021))

RISK ASSESSMENT

Immediately

Do not wait for outcome of referral before protecting victim.

Emphasis on victim being able to continue normal routines.

Alleged perpetrator removed from any classes with victim

(also consider shared spaces and journey to/from school)
[Not a judgement of guilt]

SAFEGUARD AND SUPPORT VICTIM AND (ALLEGED) PERPETRATOR
(see separate page)

SAFEGUARD AND SUPPORT VICTIM AND (ALLEGED) PERPETRATOR
(see separate page)

DISCIPLINARY MEASURES TAKEN
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DISCIPLINARY MEASURES TAKEN
(may be undertaken based on balance of probabilities, unless prejudicial or unreasonable)

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No Further Action: Support victim and alleged perpetrator

*PART FOUR: RESPONSE TO REPORTS
see also KCSIE Part 5

REPORT RECEIVED
(from the victim or third-party)
[Onsite, offsite or online]

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Record-keeping
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Considerations
(Sexual Violence, Sexual Harassment and Harmful Sexual Behaviours)
Immediately: Consider how to support the victim and the alleged perpetrator
wishes of the victim
any power imbalance
nature of the alleged incident
one-off, or part of a pattern of behaviour
ages of the children
any ongoing risks to victim or others
development stage of the child
other related issues and wider context (e.g. CSE)

MANAGE INTERNALLY
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EARLY HELP
Non-violent Harmful Sexual Behaviours
(see Harmful Sexual Behaviours Framework (NSPCC))

REFER SOCIAL CARE
All incidents where a child has been harmed, is at risk of harm or is in immediate danger.

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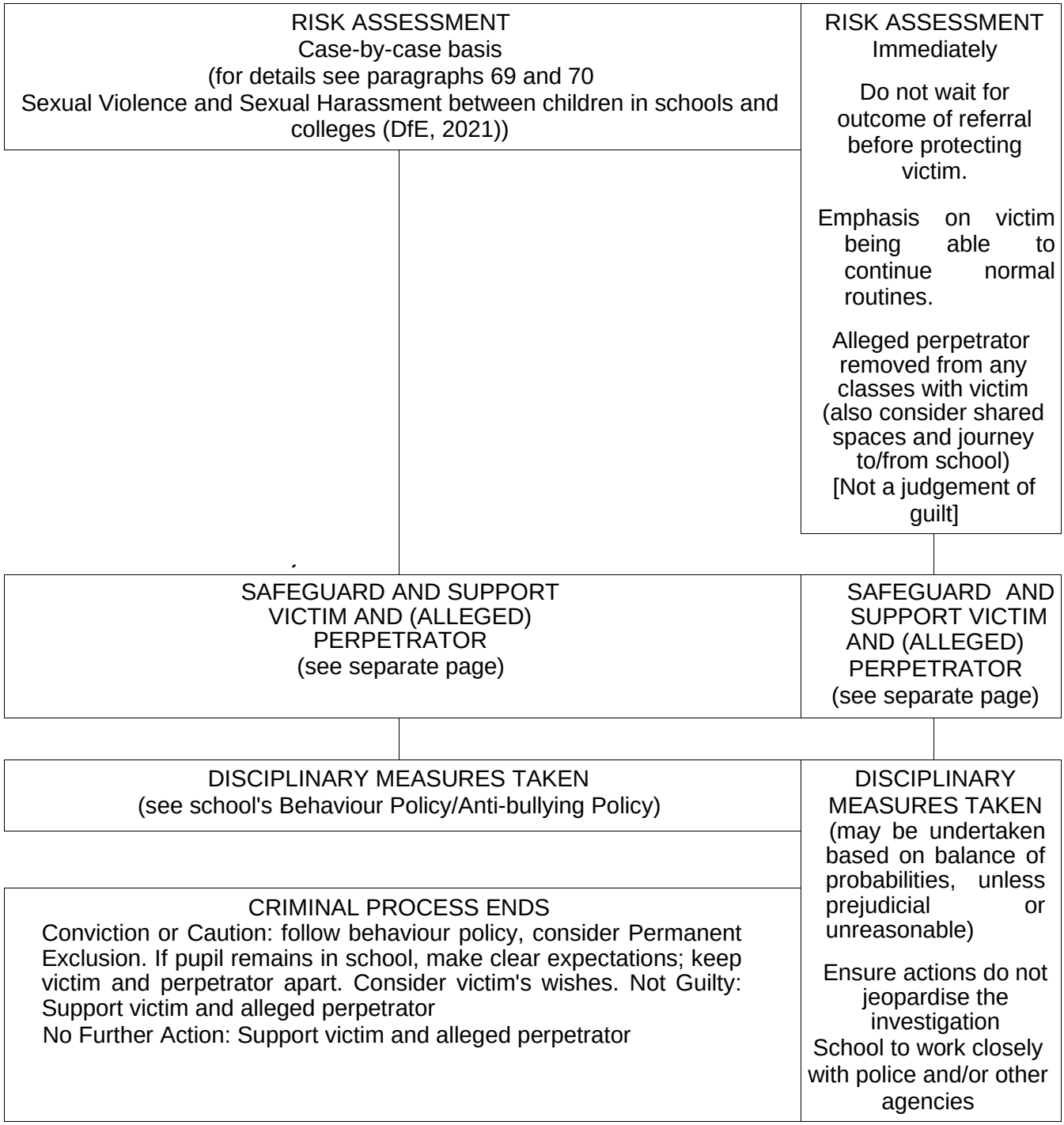
RISK ASSESSMENT
Case-by-case basis
(for details see paragraphs 69 and 70
Sexual Violence and Sexual Harassment between children in schools and colleges (DfE, 2021))
RISK ASSESSMENT
Immediately
Do not wait for outcome of referral before protecting victim.
Emphasis on victim being able to continue normal routines.
Alleged perpetrator removed from any classes with victim (also consider shared spaces and journey to/from school)
[Not a judgement of guilt]
SAFEGUARD AND SUPPORT VICTIM AND (ALLEGED) PERPETRATOR
(see separate page)
SAFEGUARD AND SUPPORT VICTIM AND (ALLEGED) PERPETRATOR
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DISCIPLINARY MEASURES TAKEN
(see school's Behaviour Policy/Anti-bullying Policy)
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(may be undertaken based on balance of probabilities, unless prejudicial or unreasonable)
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No Further Action: Support victim and alleged perpetrator