

Child Dynamix

Safeguarding and Child Protection Policy

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

Lead person and line managers with responsibility for Child Protection.

The named person with lead responsibility for safeguarding within the organisation is: **Amie Wheal, Children and Families Service Manager**. Amie will collate and analyse safeguarding data for the charity and the trustees and will update the Safeguarding and Child Protection Policy each September. Amie can be contacted for advice and guidance on any safeguarding matter. To ensure that safeguarding is dealt with swiftly and consistently all line-managers take a lead role for their setting/team and will provide the lead worker role in the case of a safeguarding situation.

The lead workers for safeguarding have completed additional training to fulfil this role which are recorded on our HR System, and renewed in line with the Hull Children's Safeguarding Partnership:

- Safeguarding Children – A Shared Responsibility – Awareness, Recognition & Responses
- Safeguarding Thresholds Training
- Safeguarding Children – A Shared Responsibility – Working Together Effectively – Processes, Principles and Dilemmas
- Dealing With Allegations Against People Who Work with Children

Safeguarding leads must keep themselves up to date with safeguarding matters, this can be achieved by accessing the Hull Safeguarding Children's Partnership website and reading monthly newsletters/updates cascading them to other leads within the organisation and staff within their area.

Responsibilities of employees, workers and volunteers

All employees, workers and volunteers are made aware of this policy at induction, who the safeguarding lead is in their area of the organisation and must be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children. They should know how to respond to any child protection concerns or disclosure and how to make a referral to local authority children's social care or the police if necessary.

Supervision and performance appraisals are key times to ensure safeguarding training is up to date and relevant to the role. Information about this can be found as part of the Hull Safeguarding Children's Partnership training program accessible through their website. Child Protection and safeguarding training is also available through the Charity's online learning system and is accessed by some teams in addition to or instead of training available from Hull Safeguarding Children's Partnership.

Everyone should:

- read this policy annually or when changes are made
- read Part One of Keeping Children Safe in Education annually or when changes are made.

This policy can be found in the Employee Handbook and can be found in hard copy in each of the organisations settings/projects. The policy should be read in conjunction with Hull Safeguarding Children Partnership Procedures and Practice Guidance <http://hullscb.proceduresonline.com/>. Links contained within this policy directly relate to this resource.

Related documents include:

- Keeping Children Safe in Education – statutory guidance for schools and colleges September 2021
- Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018
- What to do if you're worried a child is being abused: advice for practitioner's March 2015
- Working together to safeguard children July 2018

Child Dynamix Trustees

The Charity's Trustees are responsible for ensuring the work conducted by employees is in line with this policy and Hull Safeguarding Children's Partnership guidance. To achieve this they undertake safeguarding children training refreshed every three years, renewal dates for this training are monitored through our volunteer Single Central Record. Trustees receive regular updates through committees and Board meetings of significant safeguarding matters and receive an annual update from the Charity's CEO. They also read through the Child Protection policy annually and upon any change.

Legislation and statutory guidance

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Working Together to Safeguard Children 2018 HM Government is the statutory guidance, which underpins the legal requirement.

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1. Safeguarding and promoting the welfare of children

Working Together to Safeguard Children defines Safeguarding 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.

A national focus has been given to specific safeguarding issues to increase focus and awareness. These are:

- Bullying (including cyber bullying)
- E-safety
- Child Sexual Exploitation (CSE),
- Child Criminal Exploitation (CCE)
- Female Genital Mutilation (FGM)
- PREVENT safeguarding children against radicalisation and violent extremism and Channel referral.
- Domestic Abuse
 - This can be psychological, physical, sexual, financial, or emotional
 - Can impact on children through seeing, hearing or experiencing domestic abuse

Child Dynamix commits to these areas of focus through our programme of mandatory training.

2. Children

Anyone who has not yet reached his or her 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 a secure facility, does not change his/her status or entitlements to services or protection.

3. Young carers

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can also be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable and, under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

4. Targeted Early Help

Children and their families will require different levels and types of support from agencies at different points in their lives. All children require access to high-quality universal services (such as schools, health visitors, school nurses and early years education), but some will also benefit from extra support to address their assessed needs. In Hull this support is called Targeted Early Help.

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

Working Together to Safeguard Children 2018.

From the perspective of a child, it is clearly best to receive help before they have any, or have only minor, adverse experiences.

In Hull, the Early Help and Safeguarding Hub (EHaSH) and Locality Early Help hubs offer a range of support for practitioners who need advice, guidance or advice with decision making when working with children and families who require additional support.

All staff and volunteers should understand the importance of intervening early, before any problems become entrenched, and know how to access additional support for children, young people and families through the Locality Early Help Hubs.

Any child may benefit from early help, but practitioners should, in particular, be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs;
- Has special educational needs (whether or not they have a statutory Education, Health and Care Plan);
- Is a young carer;
- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- Is frequently missing/goes missing from care or from home;
- Is at risk of modern slavery, trafficking or exploitation;
- Is at risk of being radicalised or exploited;
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- Is misusing drugs or alcohol themselves;
- Has returned home to their family from care;
- Is a privately fostered child.

The consent of parents / carers (and children depending on their age and understanding) should always be sought before making a request for a service for Targeted Early Help.

The Threshold of Need Framework and Guidance should be consulted to ensure the request contains the appropriate level of information and detail. [Threshold Windscreen](#) and [Table](#)

If at any time the concerns about the child become more serious, they should be referred to Children's Social Care Early Help and Safeguarding Hub (EHash) (See Section 7)

5. 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.

6. Definitions of harm

The following definitions are taken from Working Together to Safeguard Children and **Keeping Children Safe in Education**:

Abuse: Abuse is 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. Abuse can take place wholly online, or technology can be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Physical abuse: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve:

- conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;

- It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate;
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- It may involve seeing or hearing the ill-treatment of another;
- It may involve serious bullying (including online bullying);
- Causing children frequently to feel frightened or in danger; or
- the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse: Sexual abuse involves forcing or enticing a child 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.

Sexual abuse 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; sexual abuse includes abuse of children through sexual exploitation which 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 sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching:

- Sexual activity with a child under 16 is also an offence;
- It is an offence for a person to have a sexual relationship with a 16 or 17-year-old if they hold a position of trust or authority in relation to them;
- Where sexual activity with a 16 or 17-year-old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- Non-consensual sex is rape whatever the age of the victim; and
- If the victim is incapacitated through drink or drugs, or the victim or their family has been subject to violence or the threat of it, they cannot be considered to have given true consent; therefore, offences may have been committed.

Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group

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. They have a duty to report any concerns about harm in accordance with the Hull Safeguarding Children Partnership, Procedures and Practice Guidance.

7. Other specific sources of harm

Staff / volunteers also need to be aware of other specific sources of harm which may include [Female Genital Mutilation \(FGM\)](#), [Radicalisation](#), [Child Criminal Exploitation \(CCE\)](#) and [Child Sexual Exploitation \(CSE\)](#). For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCP guidelines and procedures: <http://hullscb.proceduresonline.com>.

8. Child on Child sexual violence and sexual harassment

Sexual violence and sexual harassment can occur between two or more children of any age and sex, from primary through to secondary stage and into college. It can occur also through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face-to-face (both physically and verbally) and are never acceptable. Child Dynamix is aware of the importance of:

- making clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It

should never be passed off as “banter”, “just having a laugh”, “a part of growing up” or “boys being boys”. Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it.

- recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported.
- challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them .

This policy does not attempt to set out a defined process for dealing with incidents of child on child abuse, especially of a sexual nature. Staff, particularly youth workers, will work with young people, parents, the Police and Early Help / Childrens Social Care as appropriate for each individual occurrence.

9. Potential risk of harm to an unborn child

The parents' background, or current behaviour, may indicate that significant harm to an unborn child is likely.

Any concern should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care to the baby.

Examples of circumstances where this may be the case include:

- Where a parent has a conviction for harming another child;
- Where another child has been removed from the care of one of the parents; or
- Where a parent's lifestyle is such that there is the likelihood of significant harm to the child; for example, exposure to domestic abuse, severe emotional, behavioural or mental health difficulties, or dependency on drugs, alcohol or other substances.

10. Recognition of harm

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

All staff and volunteers should, in particular, be alert to the potential need for early help for a child who:

- is living in family circumstances which present challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse, children who are showing signs of being drawn into anti-social or criminal

behaviour, including gang involvement and association with organised crime groups;

- is misusing drugs and alcohol themselves;
- has special educational needs,
- are living away from home (including privately fostered children), children who are Looked After by the local authority or have recently returned home to their family from care;
- is frequently missing/goes missing from care or from home;
- is at risk of modern slavery, trafficking or exploitation;
- is at risk of being radicalised or exploited;

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

- Information given to you by the child, his/ her friends, a family member or close associate.
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
 - It does not make sense when compared with the explanation given.
 - The explanations differ depending on who is giving them (*e.g.*, differing explanations from the parent / carer and child).
 - The child appears anxious and evasive when asked about the injury;
 - Of bruising to a pre mobile baby.
- 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' (see **Managing Individuals who Pose a Risk of Harm to Children Safeguarding Practice Guidance**); or

- The parent's behaviour before the birth of a child indicates the likelihood of significant harm to an unborn child. See **Section 5, Potential Risk of Harm to an Unborn Child**.
- A child who is not brought to appointments, particularly medical appointments

11. Non recent abuse

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser and shame or fear that the allegation may not be believed. An awareness that the abuser is being investigated for a similar matter or suspicions that the abuse is continuing against other children may trigger the reporting of the abuse at a later date.

Reports of non-recent or historical allegations can be complex as the alleged victims may no longer be living in the situations where the incidents occurred or the alleged perpetrators may no longer be linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns and the **Contacts and Referrals with Children's Social Care Procedure** should be followed. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for, children.

Child Dynamix responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
- Criminal prosecutions can still take place despite the fact that the allegations are non recent or historical in nature and may have taken place many years ago;

- If it comes to light that the non recent or historical abuse is part of a wider setting of institutional or organised abuse, the case will be dealt with according to the **Organised and Complex Abuse Procedure**.

12. Acting on concerns

No one should assume that someone else will pass on information which they think may be critical to keeping a child safe. If you have a concern about a child's welfare and believe they are suffering or likely to suffer harm, whilst at work you have a responsibility to share the information with your line manager. If the concern is out of work you again have responsibility to share the information with the local authority's children's social care. (Working Together to Safeguard Children July 2018) (For more information about information sharing and effective communication see appendices 1 and 2)

Seeking Medical Attention

If a child has been harmed, is unwell or has suffered a physical injury, and is in need of immediate medical attention this should be sought without delay by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to Local Authority Children's Social Care should then be followed.

Any safeguarding concerns should be shared with the Ambulance staff, Medical and Nursing staff in order that they can appropriately assess and treat the child, and share relevant information.

Contacting emergency services for any urgent medical treatment must not be delayed for any reason if it is suspected that the child is suffering from neglect, physical or sexual abuse

Understanding what like is life for the child – keeping the child in focus

As Munro noted in her review of the Child Protection System (See **The Munro Review of Child Protection, Part One: A Systems Analysis**), for moments “in the shoes” of the child you are trying to help is central to finding interventions that work. Some of the worst failures of the system have occurred when practitioners have lost sight of the child and concentrated instead on their relationship with adults.

Children want to be respected, and their views to be heard, to have stable relationships with practitioners which are built on trust and to have consistent support which is provided for their individual needs. This should guide the behaviour of practitioners, and involves:

- Developing a direct relationship with the child;
- Obtaining information from the child about their situation and needs;
- Eliciting the child's wishes and feelings - about their situation now as well as plans and hopes for the future;
- Providing children with honest and accurate information about the current situation, as seen by practitioners, and future possible actions and interventions;
- Involving the child in key decision-making;
- Providing appropriate information to the child about their right to protection and assistance;
- Inviting children to make recommendations about the services and assistance they need and/or are available to them; and
- Ensuring children have access to independent advice and support (for example, through **Advocates** or children's rights officers) to be able to express their views and influence decision-making.
- Work restoratively with children, young people and adults at all times

See also **Good Practice Supporting the Voice of the Child Procedure**

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;
- Never promise the child that what they have told you can be kept secret. It should be explained to the child that whilst their views will be taken into account, practitioners have a responsibility to take whatever action is required to ensure the child's safety and /or the safety of other children, including making a referral to Children's Social Care or Police; and
- If the child can understand the significance and consequences of making a referral to Children's Social Care, they should be asked for their views and for their consent (For further information see **Effective Communication, Consent and Information Sharing Procedure**).
- Make a note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- The designated lead for safeguarding within your organisation must be informed immediately.

See also [One Minute Guide to Responding Effectively to Disclosures from and about Children, Young People and Adults](#)

13. Referring concerns about a child

The setting/team safeguarding lead will act on behalf of Child Dynamix in referring concerns or allegations of harm to the local authority Early Help and Safeguarding Hub (EHASH) or the Protecting Vulnerable People Unit. In the case of it being out of hours the Immediate Help Team should be contacted.

If the designated safeguarding lead is in any doubt about making a referral it is important to remember that advice can be sought from the Early Help and Safeguarding Hub. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the designated safeguarding lead to undertake an investigation into the concerns or allegation of harm. It is the role of the designated safeguarding lead to collate and clarify details of the concern or allegation and to provide this information to the Early Help and Safeguarding Hub, 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 to share information

Issues of consent should always be considered.

Before making a referral, parents / carers must be informed that you are making contact with Children's Social Care - including the reasons for you doing this - and asked to give their consent to the referral being made. It is important to be open, honest and respectful 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 to seek their agreement to this sharing. This includes protecting a child from Significant Harm. However, information may be shared without consent if it is in the Public Interest

Circumstances in which it may be appropriate to dispense with consent.

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

- Discussion with parents / carers could place the child or other family members at risk;
- Discussion with parents may lead to the loss or destruction of evidence of a crime or influencing a child about the disclosure made;
- The child is at risk of significant harm;
- Discussion with parents / carers may place you or another member of staff at risk.

It should be noted that parents, carers or child may not agree to information being shared, but this does not prevent professionals from being able to make a referral where concerns persist. When sharing information without consent it is important to record why any such decision was made and the rationale for this decision. Each situation should be considered on a case-by-case basis, safeguarding leads can offer support when clarification about consent is required.

Fears about sharing information **MUST NOT BE ALLOWED** to stand in the way of the need to promote the welfare, and protect the safety of children, which must always be the paramount concern (Working Together 2018)

The **Threshold of Need Framework and Guidance** provides more information which can support decision making in relation to contacting Children's Social Care.

The Strengthening Families Framework provides a structure to consider the information in relation to the following factors, which helps to describe what life is like for the child and family.

- **Danger/Harm**
Significant child protection incident or patterns and history that indicate child protection concerns.
- **Safety**
How children have been protected.
- **Complicating Factors**
Conditions/behaviours which contribute to greater difficulty for the family.
- **Strengths / Protective Factors**
Assets resources capability within the family, individual / community.
- **Grey areas/Disputed Facts**
Issues where further clarification is needed.

Before contacting CSC to discuss any concerns which you have about a child, the following questions will help you to be as clear as you can about why you are worried:

- What have you seen?

- What have you heard from others?
- What has been said to you directly?
- What have you done?
- What more do you need to do?
- Are there any other children in the family?
- Is the child in immediate danger?
- During the conversation that takes place, CSC 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 the person making contact has or has had with the child and / or family.

Questions Children's Social Care may ask at Initial Contact

When making contact with Children's Social Care you will be asked to provide details of your concerns and any information you may have gathered. You will be asked for the following information, you may not have all the detail but it is helpful to know what you could be asked to share:

- Your agency, who you work for (Child Dynamix) and your work address and contact details (telephone number and email if you have an email address);
- Have you consent to make the referral? And parent knowledge about the referral, for example you have consent but they are not pleased or disagree;
- If you have not got consent, you can explain why. There are lots of times where gaining consent from parents before a referral is not possible but you can explain;
- Where consent has been sought but refused and you continue to have safeguarding or child protection concerns you can explain. This provides you an opportunity to share what has happened for the child and your attempts to engage with parents to gain consent;

- Full names (including aliases and spelling variations), date of birth and gender of all child/en in the household (you may not know other children live in the house, if you do share as much information as possible);
- Family address and, where relevant, school/nursery attended;
- Previous addresses (you may/may not know this);
- The cause for concern, why are you worried? Try to include as much information: details of allegations/events, how you know this information (shared directly with you, disclosure from a child), try to include dates, times, location etc;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children – you may not know all this information but share as much as possible);
- Referrer's relationship with and knowledge of the child and his or her family;
- The child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Identity of those with **Parental Responsibility**;
- Names and dates of birth of all members of the household; including other significant adults who may be involved in caring for the child;
- The child's views and wishes, if known. They may share that they are worried about what might happen next, be concerned for their siblings;
- Nursery, school, college they attend;
- Ethnicity, first language and religion of children and parents/carers;
- What the needs of the child and family are – you may know what they need right now;
- Any significant recent or historical events/incidents in the life of the child or family which you know about or has been recorded for that child;
- Information about other agencies involved with the child or family (school, Renew, Women's Aid etc etc);
- Details of any significant others (these maybe supportive people to the child or people who you are worried about that are connected to the family);
- Whether an interpreter may be required;

- Any special needs of the children or of the parents and carers;
- If consent for further information sharing / seeking has been sought/obtained;
- If they hold any information about difficulties being experienced by the family/household due to domestic abuse, mental illness, substance misuse and/or learning difficulties.

Information may not be available at the time of making contact. REMEMBER - the collation of additional information should not result in a delay in making a referral

The Early Help and Safeguarding Hub (EHaSH) Contact and Referral Form

All telephone referrals made by practitioners should be followed, **within 48 hours by a written referral giving specific and detailed information**. A template Contact and Referral Form has been developed for this purpose. It is named: Multi Agency Contact & Referral Form (MARF). All Safeguarding referrals should be shared on the form.

If you have secure email the form should be sent to the Early Help and Safeguarding Hub: ehashgc@hullcc.co.uk. otherwise it should be password protected.

Early Help

All early help referrals are made through an online portal. Please ensure you use the thresholds guidance to make the most appropriate request for help.

This following link should be used to share **Early Help referrals**:

<https://childrensportallive.hullcc.gov.uk/web/portal/pages/professional>
Concluding a contact/referral

At the end of your discussion you and Children's Social Care (CSC) should be clear about:

- The reason for your contact / referral;
- Whether the appropriate consent has been sought;
- The proposed action and who will be taking it;
- The timescales for any action; and
- The decision, which should be recorded by both CSC and you.

Expectation of feedback

The Social Worker and Team Manager will consult and a decision will be made (and recorded) on how to respond to the contact within a minimum of **1 working day**. The decision to accept a contact as a referral is made by the Social Worker. CSC will acknowledge receipt of a referral **within 1 working day**.

If you or your safeguarding lead have not received an acknowledgement of your written referral within **5 working days** contact CSC again.

When a contact is assessed as requiring Targeted Early Help support, you will be given verbal confirmation of this outcome.

When a referral is accepted by CSC, the allocated Social Worker should send a standard letter within **5 working days** to share the outcome of the decision.

14. Allegations against staff members / volunteers

Allegation remit

All allegations of harm towards children by those who work or volunteer for Child Dynamix will be taken seriously and includes the whole workforce (paid employees, volunteers, students etc). Allegations can cover a wide range of circumstances, including our personal life. For example:

- Behaviour which 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 they are unsuitable to work with children.

This could include children within the workplace or outside of it, including the employees/volunteers own children.

These behaviours will be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). This includes concerns relating to inappropriate relationships between members of staff/volunteers and children or young people.

Allegations of non-recent abuse will be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children.

What should happen

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual, they should share the allegation or concern immediately. Lisa Darnell and Caroline East are the organisation's designated officers for dealing with allegations within the organisation and they must be informed as soon as possible.

Action by the person receiving or identifying an allegation or concern.

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

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

They should:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the Designated Officer (Lisa Darnell/Caroline East)

They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

The Designated Officer (Lisa Darnell/Caroline East) will report the matter to the Local Authority Designated Officer (LADO) within 24 hours. One working day is allowed for The Designated Officer to collate relevant information to share with the LADO.

Allegations made against members of staff within our early years settings will be reported to the Local Authority Early Years team and Ofsted. The Charity's Designated Officer and the LADO will agree at what point in the investigation this is appropriate.

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

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

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

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

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

15. Low Level Concerns

Child Dynamix takes our safeguarding responsibility very seriously. This includes ensuring all adults that are in a position of trust in our charity, work in accordance with the charity's policies and expectations at all time.

It is important that all concerns, including those defined as 'low level' are reported and recorded appropriately.

Identifying a Low Level Concern

Part 4 of Keeping Children Safe in Education 2022 defines a low level concern as a feeling of unease about a persons practice or a 'nagging doubt' that a person may have acted inappropriately. This includes inappropriate behavior outside of the workplace.

Examples of such behavior could include:

- Being over friendly with children.
- Having favourites,
- Taking photographs of children on their personal phone,
- Engaging with a child on a one to one basis on a secluded area or behind a closed door,
- Using inappropriate sexualised, intimidating or offensive language,

Sharing a Low Level Concern

All staff are encourage to share low level concerns with their line manager, senior leader or designated officer.

The procedure for sharing a low level concern in the same as detailed above for reporting allegations. Staff do not need to determine if the information they share is a low level concern or an allegation, the Designated Officer will review the information and make a decision regarding the appropriate action and response.

A concern may initially be shared verbally, however it is important that this is followed up in writing.

Serious case reviews and Safeguarding Practise Reviews evidence how low level concerns felt or expressed by staff have not been recorded meaning they cannot be reviewed or studied for patterns in behaviour.

Low level concerns shared about supply staff, contractors or a delivery partner's staff member should be shared in the same way. The line manager or designated officer will share the concern with their employer enabling them to identify any patterns in behaviour.

Responding to a Low Level Concern

The concern will be reviewed by the Designated Officer and an appropriate manager. The seriousness of the concern will be considered along with the reviewing any other concerns that may highlight a pattern of concerning behaviour.

Witnesses maybe spoken to along with the person raising the concern and the person the concern is in relation to.

If the concern is considered serious enough to reach the threshold for LADO a full investigation will take place. If the concern is considered to be a low level concern it will likely be resolved through additional training or the performance management process.

Recording Low Level Concerns

All low level concerns will be recorded in writing and will include details of the concerns, the context and the action taken. The records will help confidentially and securely within the HR team.

Records of the low level concern will be kept until the person leaves the charity.

References

Low level concerns will not be included in references except where they have met the threshold for a referral to LADO and found to be substantiated, in which case they should be referred to in references.

16. Recruitment and selection

When recruiting paid staff and volunteers Child Dynamix uses recruitment policies developed with the Safeguarding Children's Partnership's Safer Recruiting guidance. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people. Please see the Recruitment Policy for paid staff as well as the volunteer policy for further information.

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

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

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer or try to work or volunteer with those groups. If Child Dynamix 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, Child Dynamix will notify the DBS.

17. Contacts

Hull - Children's Social Care (Local Authority)

Early Help and Safeguarding Hub	(01482) 448879
Immediate Help (out of office hours)	(01482) 300304
<u>Local Authority Designated Officer</u>	(01482) 790933
<u>Protecting Vulnerable People Unit</u>	101
<u>Hull Safeguarding Children Partnership</u>	(01482) 379090

www.hullsafeguardingchildren.co.uk

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

Referrals	(01482) 395500
For Help and Advice	(01482) 393339
Emergency Duty Team (out of office hours)	(01377) 241273
<u>Local Authority Designated Officer</u>	(01482) 606112
<u>Police Public Protection Team</u>	101
<u>East Riding Safeguarding Children Board</u>	(01482)396998/9

Appendix 1

Seven Golden rules of information sharing

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

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

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Appendix 2

Considerations when Contacting another Agency/Service

1) Effective Communication between Agencies

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

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

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

- **Share Information**

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

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

- **Signpost to Another Service**

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

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

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

- **Seek Advice and Guidance**

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

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

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

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

- **Facilitate Access to a Service**

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

- **Refer a Child or Family**

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

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

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

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

2) Professional Differences

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps. [Resolving Interagency Disagreements Guidance](#)

3) Recording

Well-kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

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

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998