

Safeguarding & Child Protection Policy



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1 Introduction

Safeguarding is defined as: protecting people from maltreatment, preventing impairment of their health or development, ensuring that they are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all to have the best outcomes. (Working Together to Safeguard Children, (DfE, 2018), p6)

This Child Protection Policy forms part of a suite of our policies which relate to the safeguarding responsibilities of all staff. All staff should be aware of systems within H4H which support safeguarding, and these will be explained to them as part of staff induction and reviewed annually as part of staff training and annual declaration. This includes the:

- child protection policy, which includes amongst other things the procedures to deal with peer-on-peer abuse.
- behaviour and safe handling policy (which includes measures to prevent bullying, including cyberbullying and sexual harassment, prejudice-based and discriminatory bullying).
- staff code of conduct.
- role of the designated safeguarding lead (including the identity of the designated safeguarding lead).

Purpose of a Child Protection Policy

- To inform staff, parents/carers about our responsibilities for safeguarding.
- To enable everyone to have a clear understanding of how these responsibilities should be conducted.

H4H Staff (inc. contractors) - All staff at H4H have a responsibility to provide a safe environment in which clients can learn. Staff are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop for those they have regular contact with.

All staff will receive appropriate safeguarding children training, (which is updated regularly) so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. In addition, all staff members will receive safeguarding and child protection updates as required.

All visitors to H4H will have access to the safeguarding policies and procedures. They are available on the H4H website.

Mission Statement

Establish and maintain a service where everyone feels secure, are encouraged to take part, are listened to, and responded to when they have a worry or concern.

Ensure that clients, who have additional/unmet needs are supported appropriately. This could include referrals to Early Help Services to specialist services if they are a child in need or have been / are at risk of being abused and or neglected.

Staff members working with students are advised to maintain an attitude of 'it could happen here' and 'it could be happening to this child,' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child.

Implementing, Monitoring & Review of H4H Safeguarding & Child Protection Policy

The policy will be reviewed at least annually. It will be implemented through the induction and as part of day-to-day practice. Compliance with the policy will be continually monitored.

Monitoring and review of this policy and practice is achieved through briefings and updates to the staff team.

2. Statutory Framework

To safeguard and promote the welfare of clients H4H will act in accordance with the following legislation and guidance:

1. The Children Act 1989
2. The Children Act 2004
3. Children and Social Work Act 2017
4. Education Act 2002 (Section 175/157)
5. Wirral Childrens Services Procedures Manuel [Procedures online](https://wirralchildcare.proceduresonline.com)
<https://wirralchildcare.proceduresonline.com>
6. Keeping Students Safe in Education (DfE, September 2022)
7. Working Together to Safeguard Students (DfE 2018)
8. The Education (Pupil Information) (England) Regulations 2005
9. Sexual Offences Act (2003)
10. Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
11. Female Genital Mutilation Act 2003
12. FGM (Section 74, Serious Crime Act 2015)
13. Anti-social Behaviour, Crime and Policing Act 2014
14. Serious Violence Strategy 2018
15. Sexual violence and sexual harassment between students in schools and colleges (DfE 2021)

3. The Designated Safeguarding Lead (SGL)

Sally Grogan (see details on last page)

The broad areas of responsibility for the DSL are:

1. Coordinate Child Protection Contact Referrals and cases
2. Contacting the Wirral Child Protection team when advice is needed regarding child protection concerns which meet the threshold for statutory intervention
3. Coordinating the completion of Child Protection Contact Referrals for all cases of suspected abuse or neglect where there is a risk of significant harm to the child/young person, Police where a crime may have been committed and to the Prevent programme where there is a radicalisation concern.
4. Consult with the Board of Trustees when necessary.

5. Function as a source of support, advice, and expertise to staff on matters of safety and safeguarding and when deciding whether to make a Child Protection Contact Referral by consulting with relevant agencies

6. Support staff who make Child Protection Contact Referrals and other service referrals

7. Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.

8. Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child or those currently working with a social worker.

The DSL should undergo formal training every two years. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

The DSL should undertake Prevent Awareness Training every 3 years. Training should provide a good understanding of their own role, how to identify, understand and respond to specific needs that can increase the vulnerability of clients, as well as specific harms that can put clients at risk, and the processes, procedures, and responsibilities of other agencies, particularly a child's social care, so they:

1. Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority students' social care referral arrangements

2. Have a working knowledge of how Wirral, or other LA Safeguarding Children Board, conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so

3. Understand the importance of the role the designated safeguarding lead has in providing information and support to client's social care to safeguard and promote the welfare of clients

4. Understand the lasting impact that adversity and trauma can have, including on child's behaviour, mental health, and wellbeing, and what is needed in responding to this in promoting educational outcomes

5. Are alert to the specific needs of clients in need, those with special educational needs and disabilities (SEND), those with relevant health conditions and young carers

6. Understand the importance of information sharing with safeguarding partners, other agencies, organisations, and practitioners

7. Understand and support with regards to the requirements of the Prevent duty and can provide advice and support to staff on protecting students from the risk of radicalisation

8. Can understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep students safe if they are online during their time at the provision

9. Can recognise the additional risks that students with special educational needs and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support students with SEND to stay safe online

10. Obtain access to resources and attend any relevant or refresher training courses and encourage a culture of listening to students and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them.

Raising Awareness: The DSL should:

1. Ensure all staff whether permanent or temporary are aware of the policies, that these are understood and used appropriately.
2. Work with the Trustees to ensure that the Provision's Safeguarding and Child Protection policy is reviewed annually, and the procedures and implementation are updated and reviewed regularly.
3. Ensure the safeguarding and child protection policy is available publicly and that parents/carers are aware that advice regarding early help and child protection concerns could be sought and where from.
4. Link with Wirral BC Safeguarding Children Partnership to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

4. Management of Safeguarding

Sally will ensure that she complies with the duties under legislation. They will also have regard to this guidance to ensure that the policies, procedures, and training are always effective and comply with the law.

The responsibility of the Board includes:

To ensure there are appropriate policies and procedures in place for appropriate action to be taken in a timely manner to safeguard and promote everyone's' welfare e.g.

- Safeguarding & Child Protection policy in place
- Staff code of conduct
- Information regarding the role and identity of the designated safeguarding lead should be provided to all staff on induction
- that all staff undergo child protection training (including online safety) at induction. The training should be regularly updated.
- all staff should receive regular safeguarding and child protection updates at least annually
- opportunity is therefore be provided for staff to contribute to and shape safeguarding arrangements and Child Protection Policy.
- H4H will work with social care, the police, health services and other services to promote the welfare of clients and protect them from harm.

The Board will ensure that:

- they prevent people who pose a risk of harm from working with H4H by adhering to statutory responsibilities to check staff who work with students, taking proportionate decisions on whether to ask for any checks beyond what is required.
- there are procedures in place to manage concerns and allegations against staff.
- procedures are in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.
- all staff should be clear about policy and procedures regarding peer-on-peer abuse.
- where there is a safeguarding concern, ensure the child's wishes and feelings are considered when determining what action to take and what services to provide. All systems and processes operate with the best interests of the child at heart.
- the DSL undergoes formal child protection training every two years.

5. When to be Concerned

Knowing what to look for is vital for the early identification of abuse and neglect. All staff should be aware of the indicators of abuse and neglect so that they are able to identify cases who may need help or protection.

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. They may be abused by an adult or adults or by another child or students.

Abuse can take place online, or technology may be used to facilitate offline abuse.

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.

Indicators in a child/ young person

- Bruises – shape, grouping, site, repeat or multiple Withdrawal from physical contact.
- Bite-marks – site and size
- Burns and Scalds – shape, definition, size, depth, scars.
- Aggression towards others, emotional and behaviour problems
- Improbable, conflicting explanations for injuries or unexplained injuries
- Frequently absent from school
- Untreated injuries Admission of punishment which appears excessive.
- Injuries on parts of body where accidental injury is unlikely.
- Fractures
- Repeated or multiple injuries
- Fabricated or induced illness

Emotional abuse - The persistent emotional maltreatment of a child such as to cause severe and 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 as far 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 students. 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 from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing students frequently to feel frightened or in danger, or the exploitation or corruption of students. Some level of emotional abuse engages in all types of maltreatment of a child, although it may occur alone.

Indicators in a child/ young person

- Self-harm Over-reaction to mistakes / Inappropriate emotional responses
- Chronic running away Abnormal or indiscriminate attachment
- Drug/solvent abuse Low self-esteem
- Compulsive stealing Extremes of passivity or aggression
- Makes a disclosure.
- Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly preschool.
- Developmental delay
- Depression
- Neurotic behaviour (e.g., rocking, hair twisting, thumb sucking)
- Desperate attention-seeking behaviour

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, for example, because 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.

Indicators in a child / young person

- Failure to thrive - underweight, small stature.
- Low self-esteem
- Dirty and unkempt condition
- Inadequate social skills and poor socialisation
- Inadequately clothed Frequent lateness or non-attendance at school
- Dry sparse hair Abnormal voracious appetite at school or nursery
- Untreated medical problems Self-harming behaviour
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold.
- Constant tiredness
- Swollen limbs with sores that are slow to heal, usually associated with cold injury.
- Disturbed peer relationships

Sexual abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether 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 students in looking at, or in the production of, sexual images, watching sexual activities, encouraging students 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 students. The sexual abuse of students by other students is a specific safeguarding issue (also known as peer-on-peer abuse) in education and all staff should be aware of it and of their school or colleges policy and procedures for dealing with it.

Indicators in a child/ young person

- Self-harm - eating disorders, self-mutilation, and suicide attempts.
- Poor self-image, self-harm, self-hatred
- Running away from home Inappropriate sexualised conduct
- Reluctant to undress for PE Withdrawal, isolation, or excessive worrying.
- Pregnancy Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit.
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn.
- Poor attention / concentration (world of their own)
- Pain, bleeding, bruising, or itching in genital and /or anal area.
- Sudden changes in schoolwork habits, become truant.
- Sexually exploited or indiscriminate choice of sexual partners

If staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this policy and speak to the DSL.

Extra Familial Harm (formerly contextual Safeguarding) - Safeguarding incidents and/or behaviours can be associated with factors outside of H4H. All staff, but especially the DSL should be considering the context within which such incidents and/or behaviours occur. This is known as Extra Familial Harm (contextual safeguarding), which simply means assessments of students should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

A child centred and coordinated approach to safeguarding.

Safeguarding and promoting the welfare of children is everyone's responsibility. To fulfil this responsibility effectively, each professional should make sure their approach is child centred. This means that they should consider, always, what is in the best interests of the child.

It is important for children to receive the right help at the right time to address risks and prevent issues escalating.

Students with special educational needs and disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of clients.

This can include:

- Assumptions that indicators of abuse such as behaviour, mood and injury relate to the child's impairment without further exploration.

- Assumptions that students with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs.
- Communication barriers and difficulties.
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child).
- Disabled students often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- A disabled child's understanding of abuse.
- Lack of choice/ participation.
- Isolation.

Child on Child abuse

All staff will be aware that safeguarding issues can manifest themselves via child-on-child abuse. This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying).
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- Sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- Sexual harassment, such as sexual comments, remarks, jokes, and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- Up-skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm.
- Sexting (also known as sharing nudes or semi-nudes).
- Initiation/hazing type violence and rituals.

All staff will be aware that abuse is abuse and peer on peer abuse will never be tolerated or passed off as "banter," "just having a laugh" or "part of growing up." All peer-on-peer abuse is unacceptable and will be taken seriously.

To minimise the risk of child-on-child abuse H4H:

- Have a close-knit community and systems in place for anyone to raise concerns with staff, knowing that they will be listened to, believed, and valued. The ethos is built on strong relationships thus promoting a feeling of safety for all in a positive working environment.
- Ensure victims, perpetrators and any other child affected by peer-on-peer abuse will be supported and valued.
- Develops robust risk assessments where appropriate.
- Have relevant policies in place.

Where there is an allegation or concern that a child has abused others, staff should refer to the matter to the DSL immediately.

Serious violence

All staff should be aware of indicators, which may signal that children students are at risk from or are involved with serious violent crime. Such as:

- Increased absence
- Change in friendships or relationships with older individuals or groups.
- Significant decline in performance
- Signs of self-harm or notable change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts/new possessions.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and students or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual, and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Mental Health

All staff will be 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. Only appropriate trained professionals should attempt to make a diagnosis of a mental health problem. Staff, however, are well placed to observe clients and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by following the procedures in this policy and speaking to the DSL.

Prevent: Safeguarding Children and Young People from Radicalisation

Children can be vulnerable to extreme ideologies and radicalisation. Like protecting them from other forms of harm and abuse, protecting from radicalisation is part of H4H safeguarding approaches.

All schools and colleges are subject to the Prevent Duty under Section 26 of the Counter Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions to have “due regard to the need to prevent people from being drawn into terrorism.”

There are signs and vulnerability factors that may indicate a child is susceptible to radicalisation or is in the process of being radicalised. It is possible to protect vulnerable people from extremist thinking and intervene to safeguard those at risk of radicalisation. Staff will be alert to changes in students’ behaviour, which could indicate that they may need Prevent support. They will act proportionately to the concern using the Prevent ‘notice, check, share’ approach, which may lead to the DSL making a Prevent referral.

Domestic Abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged sixteen 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.

All students can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.

6. Dealing with Disclosure

If a child confides in a member of staff and requests that the information is kept secret, the member of staff will tell the child in a manner appropriate to the student's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the student or other students safe.

If a student discloses that he or she has been abused in some way, the member of staff will:

- Listen to what is being said without displaying shock or disbelief.
- Accept what is being said.
- Allow the child to talk freely.
- Reassure the child, but not make promises which might not be possible to keep.
- Never promise a child that they will not tell anyone - as this may not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault.
- Stress that it was the right thing to tell.
- Listen, only asking questions when necessary to clarify what is being said.
- Not criticise the alleged perpetrator
- Explain what must be done next and who must be told.
- Make a written record (see Record Keeping)
- Pass the information to the DSL without delay. If this is not possible, and the student is at risk of immediate harm and/or have suffered significant harm, Social Worker should be contacted immediately, to ensure if necessary, reporting to Police and/or Children Services is not delayed).

Third Party Disclosures

It is everyone's responsibility to report concerns related to clients and make referrals to Children Services and the Police if suspected that a student has been abused or is at risk of abuse.

Therefore, when safeguarding concerns are shared to the DSL by a parent/ carer or member of the public, it is important to note that there is equal responsibility by the complainant to report the matter also directly rather than assume the responsibility is that of H4H. If unsure of how to do this speak to Pam and she will advise accordingly.

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff should, therefore, consider seeking support for him/herself and discuss this with the DSL.

If a staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy – Allegations involving staff.

7. Record Keeping

All staff should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information, which is sensitive and personal, and should be treated as 'special category personal data'.

All concerns, discussions and decisions made and the reasons for those decisions will be recorded in writing. If in doubt about recording requirements staff should discuss with the DSL.

- Record as soon as possible after the conversation
- Ensure the date, time, place is recorded, and any noticeable non-verbal behaviour and the words used by the child.
- Use a body map chart to indicate the position of any injuries and a clear description of the injury.
- Record statements and observations rather than interpretations or assumptions.
- Do not destroy any original records in case they are needed by a court.
- All records need to be given to the DSL promptly. No copies should be retained by the member of staff.

8. Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff.

1. All staff at H4H have a responsibility to share relevant information about the protection of children with the DSL.
2. Staff who receive information about students and their families in the course of their work will share that information only within appropriate professional contexts.

9. Provision Procedures

If any member of staff is concerned about a client, they must inform the DSL.

- The DSL will contact the student's school and Social Worker to share any concern, suspicion, or disclosure. The DSL will be led by the student's educational and professional team as to any further action that is required by H4H. This should happen within 24 hours of the disclosure being made.
- The client (subject to their age and understanding) and the parent/carer will be told that a referral is being made, unless to do so would increase the risk to the child.
- If after a referral the situation does not appear to be improving the DSL (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the client's situation improves.
- If a child is in immediate danger or is at risk of harm a referral should be made to the police immediately. Anybody can make a referral.
- Where referrals are not made by the DSL/, the DSL should be informed as soon as possible.

All reported concerns, whether eventually considered to be a Safeguarding Child Protection issue or not, must have written records and proper standards of confidentiality must be observed.

All written accounts including rough notes and all other related material should be kept in a sealed file marked CONFIDENTIAL. These files are kept secure and are password protected.

If a member of staff at H4H, discovers that an act of Female Genital Mutilation (FGM) appears to have been conducted on a girl under the age of eighteen the member of staff must report this to the police via 101. This is a mandatory reporting duty.

If the allegations raised are against other clients, the DSL will follow the anti-bullying policy for more details on procedures to minimise the risk of peer-on-peer abuse.

10. Communication with Parents/Carers

H4H will ensure the Child Protection Policy is available publicly either via the website or a hard copy will be held on site.

Parents/carers will be contacted to discuss any concerns about a student. This will be overseen sensitively and normally the DSL will contact the parent in the event of a concern, suspicion, or disclosure, unless it is considered to do so might place the student at increased risk of significant harm by:

1. The behavioural response it prompts e.g., a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed.
2. Leading to an unreasonable delay.
3. Leading to the risk of loss of evidential material. (H4H may also consider not informing parent/carer(s) where this would place a member of staff at risk).

Where there are concerns about forced marriage or honour-based violence parents should not be informed, to do so may place the child at a significantly increased risk. A referral to the student's school and Social Worker should be made.

H4H will endeavour to ensure that parent/carers understand the responsibilities placed on us for safeguarding children.

Where possible we will hold more than one emergency contact number for each student.

Further guidance around information sharing can be located within.

Information sharing, Advice for practitioners providing safeguarding services to children, young people, parents, and carers (DfE, 2018).

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharingadvice>

11. Allegations of Abuse made against adults who Work with Students & Young People

An allegation is any information which indicates that a member of staff may have:

1. Behaved in a way that has / may have harmed a client.
2. Committed a criminal offence against or related to a child.
3. Behaved towards a child in a way which indicates he or she would pose a risk of harm to children or
4. Behaved / may have behaved in a way that indicated they may not be suitable to work with students.

This relates to members of staff who are currently working for H4H regardless of whether this is where the alleged abuse took place. Allegations against a staff member who is no longer working at H4H should be referred to the police.

Historical allegations of abuse should also be referred to the police.

What staff should do if they have concerns about another member of staff who may pose a risk of harm to clients'/allegations against a professional:

1. If staff have safeguarding concerns, or an allegation is made about another member of staff posing a risk of harm to clients, this is to be referred to Sally Grogan

2. Where Sally is the subject of an allegation, another member of the Board of Trustees should discuss the allegation immediately with the Local Authority Designated Officer(s) LADO.

Staff may consider discussing any concerns with the designated senior lead (DSL) or the safeguarding officer if appropriate, for safeguarding and if appropriate make any referral via them.

Staff may consider discussing any concerns with the DSL if appropriate make any referral via them.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. They should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date, and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated, and immediately passed on to the DSL.

The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The DSL will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (LADO Threshold Guidance may be used to inform this decision.)

If the allegation meets any of the four criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

Where a staff member feels unable to raise an issue with their employer/through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- Children's Services
- Safeguarding Children Board Contact
- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.

Appendix Further Child Protection Information & Support

What staff should do if they have concerns about safeguarding practices within H4H?

1. All staff should feel able to raise concerns about poor or unsafe practice and potential failures in the provision's safeguarding arrangements.
2. Appropriate whistleblowing procedures, which are suitably reflected in staff training policies, should be in place for such concerns to be raised with Pam.

Safer working practice:

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the code of conduct and Safer Recruitment document Guidance for safer working practice for those working with children and young people in education settings (May 2019) and Addendum April 2020 available at

<https://www.saferrecruitmentconsortium.org/>

HFH Safeguarding Officer - Sally Grogan

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HFH Safeguarding deputy - Contact details

Pamela Clothier 07803130889


Hoovesforhealing01@gmail.com

07803 130 889

Local Authority Safeguarding Team - Integrated front door

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