



Registered charity number: 1175863

Child Safeguarding Policy and Procedures

Downright Special is a charity based in Hull and the East Riding of Yorkshire. It aims to help families with children with Down Syndrome. We provide advice, advocacy and support for parents. We hold educational and play sessions for children and a baby group. We provide training and support for teachers and teaching assistants and help with areas such as Education and Health Care Plans and social events.

All Child Safeguarding policies should be read in conjunction with Hull Safeguarding Children's Board guidelines and procedures.

<http://hullscb.proceduresonline.com/>

See also relevant Downright Special policies:

- Health & Safety Policy, Risk Assessments
- Recruitment & Selection of Staff / Volunteers
- Complaints & Disciplinary Policy
- Diversity & Equality Policy
- Data protection & Information Sharing

This child protection policy was written: 08/12/2015

Last Review date: 08/12/2018

Next Review date: 8/12/2019

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

**The person with lead responsibility for safeguarding within the organisation is:
KATIE BEWELL**

**The lead for safeguarding has completed additional training to fulfil this role
(list training including dates)**

Level 1 Safeguarding Children: A Shared responsibility, Awareness, Recognition and Responses. (Oct 17)

Threshold of Need Framework and Guidance Training (Jan 19)

Level 2 Safeguarding Children: A Shared Responsibility, Working Together Effectively, Processes, Principles and Dilemmas (11/3/19)

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1. Statement of intent

All staff and volunteers are made aware of this policy and the process for reporting concerns. Downright Special will aim to protect and safeguard children and young people by:

- Ensuring that all staff / volunteers are carefully selected, trained and supervised. All personnel will undergo enhanced DBS checks. Training will be provided regarding child protection issues and specifically the child protection policy.
- Having a Child Safeguarding Policy and Procedure and regularly reviewing and updating this in line with national and local policy developments. This will be the responsibility of the designated safeguarding officer, **Katie Bewell**.
- Ensuring that all staff and volunteers are familiar with the Child Safeguarding Policy and Procedure. The relevant documentation will be easily accessible to all staff and volunteers.
- Ensuring that staff / volunteers attend appropriate Local Safeguarding Children Board (LSCB) Child Protection Training. Training will be organised and monitored by the designated safeguarding officer.
- Ensuring that Downright Special has a designated safeguarding officer and that all staff and volunteers are aware of the named person and process of reporting concerns to them. This is currently Katie Bewell.
- Assessing the risk that children and young people may encounter and taking steps to minimise and manage this. Children are not seen alone by staff or volunteers. Any additional visitors to the group (for example, teachers, fundraisers) are accompanied at all times by a designated member of the Downright Special staff. Doors to the building utilised by Downright Special for group sessions are alarmed and casual visitors are not permitted on the premises during such sessions. All those attending Downright Special events

are requested to sign in and out of the building. Photographs of children are only taken by photographers approved by the Board of Trustees and with written consent of parents.

- 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. Details of how to contact the designated safeguarding officer are displayed at group sessions and on the Downright Special website. Other members of staff and volunteers are also readily available at group sessions, or via telephone or email, details of which can be found on the charity's leaflets and website.
- Giving children, young people, parents and carers information about what Downright Special does and what they can expect. There are a series of leaflets available documenting the services provided. The website also carries such details. Parents will be made aware of our child protection policy when they join the group and this will be revisited annually or when any changes are made.
- Encouraging families to access the support network of Downright Special and providing relevant advice, advocacy and information.
- Within the educational activities of Downright Special, providing children with a means of communication through the use of improved speech, signing and symbols, to enable them to discuss their feelings and worries.

2. Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

3. 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.

4. 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.

5. Children in Need

Children who are defined as 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. This includes those children with a disability. Local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children

in their area. (HM Government 2018: Working Together to Safeguard Children page 6)

6. Early Help

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

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

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 Early Help Hubs.

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

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 (See Section 10).

7. Definitions of harm

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or

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

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Local Safeguarding Children Board, Guidelines and Procedures.

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](#) and [Child Sexual Exploitation \(CSE\)](#). For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCB guidelines and procedures <http://hullscb.proceduresonline.com>

8. 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.
 - They are a pre-mobile baby with bruising
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- A young person having contact with an individual or individuals who have been identified as presenting a risk or potential risk of harm to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their carers.

9. Additional factors to consider:

- I. **Substance misuse** - the potential for a child to be harmed as a result of the excessive use of alcohol, illegal and controlled drugs, solvents or related substances may occur during a young person's life. The use of drugs or other substances by parents or carers does not in itself indicate child neglect or abuse, and there is no assumption that a child living in such circumstances will automatically be considered under the child protection procedures. It is important to assess how parental substance use impacts upon the children or young people in the family.

- II. **Mental Health** - Mental illness in a parent or carer does not necessarily have an adverse affect on the child or young person but it is important to assess its implications for any children involved in the family. The adverse affects of parental mental illness on the child are less likely when parental problems are mild, last for a short period of time, are not associated with family disharmony, and where there is another parent or family member who can respond to the child's needs and offer protection. Where mental illness is accompanied by problem alcohol use, domestic violence or associated with poverty and social isolation, children are particularly vulnerable. The potential impact of a parental mental illness and the child's ability to cope with it is related to age, gender and individual personality (HM Government 2010: pages 265-269).

- III. **Domestic Violence** - The Home Office (2009) defines domestic violence as 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (HM Government 2010: page 262, paragraph 9.17). Domestic violence affects both adults and children in the family. Children and young people can suffer directly and indirectly if they live in a household where there is domestic violence. It is likely to have a damaging effect on the health and development of children. The amendment made in section 120 of the Adoption and Children Act 2002 to the Children Act 1989 clarifies the meaning of harm to include, for example, impairment suffered from seeing

or hearing the ill-treatment of another. This can include children witnessing violence in the home.

- IV. **Bullying** - This can be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g., hitting, kicking, theft), verbal (e.g., racist or homophobic remarks, threats, name calling) and emotional (e.g., isolating an individual from activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet) can frequently be underestimated. Bullying can be through the use of electronic communication, e.g., text or social network sites, and is commonly known as cyberbullying. Bullying can cause considerable distress, to the extent that it can affect health and development and at the extreme significant harm. All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies (HM Government 2010: pages 305-307).
- V. **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 and under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

10. 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 To Safeguard Children 2018) (For more information about information sharing and effective communication see appendices 1 and 2)

11. 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.

12. Managing a disclosure

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The designated lead for child protection within your organisation must be informed immediately.

13. Referring concerns about a child

The designated safeguarding lead will act on behalf of Downright Special in referring concerns or allegations of harm to Local Authority Early Help and Safeguarding Hub Team or the Police 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 note that advice can be sought from Local Authority Early Help and Safeguarding Hub (EHaSH). 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 Local Authority EHaSH, 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.

14. Consent

Issues of consent should always be considered.

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

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

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

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

15. Making a referral to the appropriate service within the local authority.

A member of staff or volunteer must report any concerns or allegation of harm immediately to the designated safeguarding officer. In the absence of the designated safeguarding officer the matter should be reported to the person identified as their deputy. In the event of neither of these individuals being available the matter should be reported through the line management. In the unlikely event of management not being available the matter should be reported directly to the appropriate Local Authority EHaSH Team, or Locality Team if Children's Social Care is already involved. In the case of it being out of hours the Emergency Duty Team should be contacted (see contact details below).

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.
- **Other information may be relevant and some 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 HSCB Confirmation of Referral Proforma

All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information. The attached Hull Safeguarding Children's Board proforma can be used for this purpose.

http://hullscb.proceduresonline.com/chapters/docs_library.html#core_procedures

Completed contact and referral forms should be sent to Hull EHASH (Early Help and Safeguarding Hub): EHASHgc@hullcc.gcsx.gov.uk for all secure correspondence.

If out of hours, please contact: Emergency Duty Team - Telephone 01482 448879

Early Help requests for support should be sent to the Early Help Hubs: Early.Help@hullcc.gcsx.gov.uk

Expectation of feedback

Children's Social Care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact Children's Social Care again.

16. 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 Safeguarding Officer for dealing with allegations against staff/volunteers/carers, *etc.*, (Katie Bewell) 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 Safeguarding Officer for your organisation will report the matter to the Local Authority Designated Officer (LADO).

In the case that the concern or allegation relates to the Designated Officer, their line management should be contacted (Charity Manager of Downright Special - Gillian Bowlas). If the immediate line manager / or other members of the management structure is implicated in the concerns or allegations or the Designated Officer is not available then the matter should be reported directly to the Local Authority Designated Officer. If suspension of the alleged abuser is required the designated officer should discuss this with the LADO to consider the timing.

In cases where there is an immediate risk to any child or young person, the information must be passed to Local Authority Children's Social Care or the Police, as soon as possible.

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.

17. Staff & Volunteer Self Protection

Adherence to guidelines on self protection for staff and volunteers working with children and young people can avoid vulnerable situations where false allegations can be made.

Staff and volunteers at Downright Special are advised:

- To avoid situations where a staff member or volunteer is on their own with a child.
- In the event of an injury to a child, accidental or not, ensure that it is recorded and witnessed by another adult in the accident book, located in the Downright Special office.
- Keep written records of any allegations a child makes against staff and volunteers and report in line with the Child Protection Policy.
- If a child or young person touches a staff member or volunteer inappropriately record what happened immediately and inform the Designated Safeguarding officer.
- To follow Downright Special guidance on behaviour management (policy in development). Specific training on behaviour management relevant to children with Down Syndrome is provided by the organisation.

18. Recruitment and selection

It is important when recruiting paid staff and volunteers to adhere to the organisations recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

- All paid staff and volunteers with access to children and young people or sensitive information relating to children will be required to undertake an enhanced DBS check.
- Staff and volunteers working directly with children or with access to sensitive information will be required to complete HSCB Child Safeguarding Training. Their training will be reviewed in supervision.
- All staff and volunteers will be required to read the Child Safeguarding Policy and procedures.
- All staff and volunteers to complete an application form, including details of previous employment, details of any conviction for criminal offences (including spent convictions under the Rehabilitation of Offenders Act 1974), agreement for an enhanced DBS check, permission to contact two referees, including their current or most recent employer (which should be taken up).
- The potential staff member or volunteer will be interviewed for their suitability for the post by members of the board of trustees of the charity.
- Staff and volunteers will have a period of induction where they will complete any induction training (specifically an introduction to Down Syndrome and the learning profile of children with Down Syndrome, Child Protection training, Counselling training, first aid training and information regarding internal policies such as the Child Protection Policy and the Data Protection 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 **Downright Special** 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, **Downright Special** will notify the DBS.

19. Code of Practice

Staff / Volunteers should always;

- Take all allegations, suspicions or concerns about abuse that a young person makes seriously (including those made against staff) and report them through the procedures.
- Provide an opportunity and environment for children to talk to others about concerns they may have.
- Provide an opportunity and environment for parents to discuss any stresses they may be experiencing and to seek help where necessary.
- Provide an environment that encourages children and adults to feel comfortable and confident in challenging attitudes and behaviours that may discriminate others.
- Risk assess situations and activities to ensure all potential dangers have been identified.
- Treat everyone with dignity and respect.

Staff / volunteers / children should not;

- Permit or accept abusive or discriminatory behaviour.
- Engage in inappropriate behaviour or contact.
- Use inappropriate or insulting language.
- Show favouritism to anyone.

- Undermine or criticise others.
- Give personal money.
- Use social networks for personal communication with children and young people for whom they are responsible.

20. 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 Board</u>	(01482) 379090

<http://www.hullsafeguardingchildren.co.uk/>

East Riding of Yorkshire

Children's Social Care (Local Authority)

Referrals	(01482) 395500
For Help and Advice	(01482) 393339
Emergency Duty Team (out of office hours)	(01377) 241273
<u>Local Authority Designated Officer</u>	(01482) 396999
<u>Police Public Protection Team</u>	101
<u>East Riding Safeguarding Children Board</u>	(01482)396998/9

<http://www.erscb.org.uk/#>

21. Resources and Internet links

This section acts as a guide, rather than an exhaustive list. Its aim is to provide you with some useful resources and links.

1. HM Government (2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of Children*. Department for Education Internet link: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

2. HSCB (2018) *Procedures and Guidance*. Hull Safeguarding Children Board.
<http://hullscb.proceduresonline.com/index.htm>
 3. DfE (2015) *What to do if you're worried a child is being abused*. Internet link:
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
 4. Department of Health and Social Care (2017) *Responding to domestic abuse: A handbook for health professionals*. Internet link:
<https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>
 5. Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*. London: Jessica Kingsley Publishers.
 6. Cleaver, H., Unell, I. and Aldgate, A. (2010) *Children's Needs - Parenting Capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use, and domestic violence on children's safety and development*. 2nd Edition. London: Jessica Kingsley Publishers.
 7. HM Government (2010b) *Safeguarding Children and Young People who may be affected by Gang Activity*. Internet link:
<http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productiondetails&PageMode=publications&ProdcutId=DCSF-00064-2010>
 8. HM Government (Home Office) Sept 2018 *Criminal Exploitation of children and vulnerable adults: county lines*. InternetLink:
<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>
 9. DoE (2017) *Preventing and Tackling bullying*. Internet link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/623895/Preventing_and_tackling_bullying_advice.pdf
 10. DoE (2014) *Cyberbullying: Advice for Headteachers and School Staff*. Internet link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying_Advice_for_Headteachers_and_School_Staff_121114.pdf
- DoE (2014) *Cyberbullying - Advice for Parents and Carers* Link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444865/Advice_for_parents_on_cyberbullying.pdf

11. Get Safe Online: awareness and advice. Internet link: www.getsafeonline.org
12. CEOP Website - Think U Know: awareness and advice. Internet link: <https://www.thinkuknow.co.uk/>
13. Child Protection in Sport Unit (CPSU); www.thecpsu.org.uk/
14. NSPCC Child Protection Helpline: tel 0808 800 5000. Email help@nspcc.org.uk. Website www.nspcc.org.uk.

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, July 2018) 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. *Internet link:* <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

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

- 1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 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, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.*
- 4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis 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 clear of the basis upon which you are doing so. Where you do not 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 2018 and GDPR (General Data Protection Regulations).

Staff should record any concerns on the form "Downright Special Record of Concern" and use the document "Downright Special Body Map- record of Concern" to detail any injuries or marks observed on the child.