



# **Children's Services Safeguarding Policy and Safeguarding Flowchart**

## Children's Services Safeguarding Policy and Safeguarding Flowchart

### DAME HANNAH ROGERS' TRUST SCHOOL AND CHILDREN'S HOME

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In Confidence

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## INTRODUCTION

This policy reflects current legislation. It has been reviewed by the Board of Governors and Trustees and is updated annually.

**The Children Act 1989 emphasises that safeguarding children is everyone's business.**

At Dame Hannah Rogers' Trust we believe that effective and dynamic safeguarding is the foundation of our provision.

Guidance from "Working Together" and subsequent legislation / statutory guidance including Keeping Children Safe in Education (September 2018) asserts that all agencies concerned with the care of children must be aware of the need to adapt and change in response to a changing world in the context of potential threats to the well-being of young people.

**Children with disabilities are particularly vulnerable.** Staff at Dame Hannah Rogers' Trust should recognise that disabled children are at increased risk of abuse and neglect and that the presence of multiple disabilities increases that level of risk. Staff need to be made aware of the different types of abuse and to recognise potentially abusive situations. They must be made aware that safeguarding is a key responsibility whether in the school environment, children's home, or on outings and activities.

Vigilance, training, working as a team and working with other agencies underpin our responsibilities as an organisation and provide a foundation for a strong safeguarding culture that protects everyone in the Trust community.

In addition, Dame Hannah Rogers' staff have the responsibility whenever possible to raise the children's awareness of potential risks in order to help them to recognise abusive situations. All School and Children's Home guidelines and policies must be adhered to and this policy and the guidelines must be read within a group of other policies related to safeguarding young people.

No one policy constitutes "safeguarding". A strong safeguarding ethos is achieved by utilising a mixture of policy and protocol guidance, safer recruitment, training, supervision, quality assurance and accurate observation of practice, within an open and transparent culture that promotes professional curiosity.

**In the interests of creating a safeguarding culture that is clear and consistent, the Trust has taken the decision to put in place a 'joint' safeguarding policy for the school and children's home. As the vast majority of young people in the children's home attend the school and the staffing of the two registered services is integrated, this step will ensure that staff are clear about their responsibilities in relation to the safeguarding policy. This joint working will also prevent 'gaps' forming between the two services and promote a robust safeguarding ethos.**

## AIMS OF THIS POLICY

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1. To ensure that staff understand that we ALL have an equal responsibility to act on any suspicion or disclosure that may suggest that a young person is at risk of harm.
2. To provide staff with all the necessary information to enable them to meet their child protection responsibilities.
3. To ensure consistent good practice.
4. To demonstrate the school and children's home commitment with regard to safeguarding to young people, parents and other stakeholders.
5. To demonstrate the Trust's view that the welfare of any young person is paramount.
6. To ensure that safeguarding practice applies equally to all regardless of age, gender, ability, culture, race, language, religion or sexual identity.
7. To make staff and young people aware of the appropriate support available to them.
8. To encourage a culture which enables challenge and when required, whistleblowing.

### ROLES WITHIN DHRS

#### **Children's Safeguarding Group**

In order to ensure clear communication, robust processes and strong 'link-up' between the school and children's home, members of each safeguarding team sit on a group with a focus on safeguarding policies and practices and direct oversight in the context of safeguarding referrals. The Group meets once a week and all meetings are minuted.

#### **The Designated Safeguarding Lead (DSL) - Head Teacher / Registered Manager**

- is an appropriately trained senior member of staff with the role of DSL defined in their job description
- acts as a source of support and expertise to the school and children's home community
- will lead on all aspects of referral
- will maintain requisite records
- attends meetings (as appropriate)
- develops and maintains links with relevant agencies
- ensures that the Safeguarding Policy is updated annually
- liaises with the Chair of Governors/Trustees and the nominated governor(s) for safeguarding
- keeps a record of staff attendance at safeguarding training
- ensures that the Safeguarding Policy and procedures are implemented and followed by all staff
- ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with whistle blowing procedures
- ensures that pupils' safety and welfare are addressed through the curriculum
- makes the Safeguarding Policy available to parents
- Meets up to 6 times a year with the Deputy Designated Safeguarding Lead (see below) for professional discussion, practice review and supervision as required

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- The DSL ensures that full cover for the role is available across all term time hours of the school.

### The Deputy Designated Safeguarding Lead (DDSL)

- is appropriately trained with the DDSL written in to their job description
- in the absence of the DSL carries out those functions necessary to ensure the on-going safety and protection of pupils (see above)
- in the event of the long-term absence of the DSL will assume all of the functions above
- will meet up to 6 times a year with the DSL for relevant supervision. They will meet more regularly as needed

### The Trustee and Governing Body

- ensures that the school has a DSL for child protection who is a member of the senior leadership team
- ensures that the Safeguarding Policy is reviewed annually and is made available to parents on request
- ensures that procedures are in place for dealing with allegations of abuse made against members of staff, including allegations made against the Head Teacher. The Chair of Governors is responsible for liaising with the Local Authority Designated Officer (LADO / MASH) and other agencies in the event of an allegation being made against the Head Teacher
- nominates at least one governor and/or Trustee to undertake the role of Safeguarding Governor who is responsible for providing the annual report. This report to be scrutinised by the Governing Body who ensures any identified weaknesses in safeguarding within the school are rectified without delay
- confirms that a training strategy ensures all staff, including the Head Teacher, receives safeguarding training, with annual updates
- confirms that the DSL receives refresher training at annual intervals

## CHILD ABUSE

The UK government guidance *Working Together to Safeguard Children 2015* identifies four types of child abuse - **Physical abuse, Neglect, Emotional abuse and Sexual abuse**.

**Bullying / Cyber bullying** is also recognised as abuse and is included within this policy.

Other concerns regarding abuse are raised by **Female Genital Mutilation (FGM) and Child Sexual Exploitation**.(CSE)

### Identification and Recognition of Child Abuse

Abuse is about power and may reflect an imbalance of power. Therefore someone who feels disempowered, a failure, inadequate or lacking in recognition may bolster their ego and sense of power by picking on someone more vulnerable who cannot, or is less able, to fight back. This can give a sense of power that is reinforced by the abuse.

Where a child has disabilities abuse may take place because of:

- sheer frustration
- guilt
- anger
- child not understanding



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- carers getting exhausted – reaching “screaming point”
- parents 24 hours plus with no respite
- not enough support
- abuse of power by staff / others
- child's lack of or poor communication
- the need for intimate care
- poorly co-ordinated and inconsistent care from multiple carers
- the views of disabled children not being valued or sought

The following signs and symptoms are for guidance only. It must be remembered that alternative medical or social explanations may exist for the problems listed here. With any child, there may be considerable overlap between one category of abuse and another.

### **Physical Abuse – including fabricated or induced injury / illness:**

**Please note: Most injuries to children are accidental and can be readily explained but must be explored thoroughly. All children receive bumps and bruises as a result of the rough and tumble of normal play.**

Factors associated with injuries which may arouse suspicion that they are not accidental include:

- where the explanation is not consistent with the injury, or with the child's age and stage of development;
- where there is no explanation at all, or the explanation offered changes;
- where there has been unreasonable delay in seeking medical advice;
- where there is a history of frequent injuries, even though the explanation of each individual occurrence may appear adequate. This can also indicate lack of supervision or possible medical problems;
- where the child has bruises or other injuries of different ages at the same time;
- where there is multiple facial bruising, particularly around the mouth, ears or eyes;
- where there are unexplained or inadequately explained burns or bite marks, or both;
- where there is evidence of ‘finger-tip bruising’, (ie bruising caused by part of a child's body being gripped tightly to shake it);
- ingestion of toxic substances, particularly when there is more than one incident.

### **Neglect**

Neglect is defined as the failure to meet the basic needs of the child or to ensure their safety - it may be wilful or unintentional. It may include failure to provide food, warmth, clothing, appropriate stimulation or inconsistent care taking. It may include potential neglect of the foetus in pregnancy as an indication of future parenting capacity.

In the case of children with disability this may also include failure to ensure a safe environment, or maintain safe and reliable functioning of essential equipment eg Oxygen provision / hoists.

Signs of neglectful treatment may include:

- failure to thrive, for which no medical cause has been demonstrated;
- stealing or gorging of food (in older children);
- extreme hunger; or lack of appetite and increased feeding difficulties (in young babies);
- inappropriate or inadequate clothing;

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- poor hygiene eg persistent head lice, scabies;
- lack of appropriate supervision;
- persistent failure to seek or to follow medical or nursing advice;
- developmental delay for which no medical cause has been demonstrated – particularly if language and social skills are disproportionately affected;
- inappropriately poor academic performance and poor school attendance;
- poor relationships with peers, but attention seeking from adults;
- physical signs of long-standing neglect, including poor growth, thinning hair, protuberant abdomen and persistently cold, reddened hands / feet;
- accidents or incidents of a frequency over and above that which would be expected for the child's age / developmental level eg frequent bruises / cuts / falls.

### **Emotional Abuse**

All forms of abuse involve emotional harm. Some children, however, may be emotionally abused although their physical care is good. An emotionally abused child may be subjected to repeated criticism and 'scape-goating'. There may also be continuous withholding of approval and affection. Discipline may be severe and inappropriate; or non-existent with few boundaries set. The child may be exploited to fulfil the emotional needs of a parent:

Signs of emotional abuse may be:

- impaired ability for enjoyment and play;
- lack the normal curiosity and natural inquisitiveness;
- delayed in language development and play skills;
- low self-esteem;
- shows eating disturbances or growth failure;
- in severe cases may show physical signs of deprivation as described under "Neglect".
- impairment of the ability to make appropriate relationships.

These may occur even though physical care appears adequate and there may be no physical cause;

- substance abuse eg alcohol / drugs;
- poor sleep pattern;
- poor hygiene;
- over compliance;
- withdrawal.

### **Sexual Abuse**

Where there are worries about a child's behaviour which cannot be explained satisfactorily, the possibility of sexual abuse should be borne in mind.

Physical signs which may be present include:

- genital or anal lacerations, bleeding or other trauma;
- genital or peri-anal inflammation or irritation;
- persistent or recurrent vaginal discharge;
- sexually transmitted disease, including peri-anal or genital warts;
- pregnancy;
- female genital mutilation (FGM).

Medical problems such as:

- recurrent urinary problems or 'cystitis';

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- secondary enuresis or encoporesis (wetting or soiling) in a normally continent child;
- recurrent unexplained abdominal pain.

Behavioural problems can include:

- overt sexualised behaviour
- compulsive masturbation
- acting out aggressive behaviour
- drawings or play activity which are explicitly sexual
- inappropriate language
- withdrawn
- overtly compliant behaviour ie eager to please
- depression and suicidal behaviour
- self-mutilation
- running away
- school refusal and truancy
- drug and alcohol abuse
- promiscuity
- a sudden change in normal behaviour patterns, or sexual awareness
- sexual knowledge in advance of what would be expected at the child's age
- sexting

**Remember, children who are being sexually abused may only display subtle changes in behaviour and staff should be alert to these.**

### **Bullying / Cyber-bullying**

Bullying may 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, verbal and emotional. The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self 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. (NSPCC June 2010).

Cyber bullying is recognised as a form of bullying using email, social network sites such as Facebook, Twitter and its impact can be profound on the individual concerned.

### **Child Sexual Exploitation (CSE)**

Guidance has been issued in relation to the safeguarding of children and young people and sexual exploitation by HM Government – it is a supplement to Working Together to Safeguard Children. Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people; victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health. It can be linked to child trafficking. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the DSL.

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If these are likely or actual issues for the young person / people then the child protection procedures must be followed including referral to the LADO / MASH.

Assessment of risk, planning, review, staffing, training, risk management, education, involvement of all professionals and most importantly the young person will be utilised.

### **Female genital mutilation (FGM)**

FGM is illegal in the UK and it's prevalence in the UK is difficult to assess because of the hidden nature of the crime. An awareness of its presence and potential within vulnerable female groups is essential. Staff in DHRS will be briefed and furnished with extracts from the Multi Agency Practice Guidelines (2016)

As from 30<sup>th</sup> October 2015 there is a legal requirement on all teachers, nurses, midwives and doctors to report all cases of FGM to the police. (Home Office - Mandatory reporting of Female Genital Mutilation – procedural information. October 2015)

### **Breast Ironing**

"Breast ironing" refers to the painful practice of massaging or pounding young girls' breasts with heated objects to suppress or reverse the growth of breasts. The objects used include plantains, wooden pestles, spatulas, coconut shells, and grinding stones heated over coals. Breast ironing is often performed by mothers or female relatives of victims misguidedly wishing to protect their young relatives from rape, unwanted sexual advances, early sex.

### **Breast binding**

Breast binding refers to the painful practice of binding young girls for extended periods of time for concealment of breasts or breast development, during this process side effects can include rashes or yeast infections under the breasts.

Unsafe binding may also lead to permanent deformation of the breast and long-term binding may adversely affect the outcome of a future mastectomy.

### **Domestic Abuse**

Children can suffer directly and indirectly when they live in households where there is violence. Staff need to be trained to recognise that this is a safeguarding issue and to respond accordingly, as per guidelines.

### **PREVENT Duty**

Within the Counter Terrorism Act and Prevent Duty of 2015 schools are required to give due regard to the need to prevent children and young people from being drawn into terrorism or other forms of extremism or a rejection of core British Values. This should be reflected throughout the curriculum and ethos of the school within a promotion of the physical, spiritual, moral, cultural and mental development of children and young people.

Within both an education and home setting children and young people should feel safe in learning to understand and discuss topics which could include terrorism and the extremist ideas and views which can lead to such acts. They should learn how to challenge such ideas.

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Within Hannah's School and Home the cognitive development of children and young people is usually severely delayed and they cannot take on board abstract ideas or for the majority concrete functions of thought and expression. It is our responsibility to be aware of their profound vulnerability and to adapt PHSE to accommodate their cognitive disability and express ideas in ways that they can understand or access.

The curriculum has been adapted to include the ideas and values encapsulated within Fundamental British Values and are expressed and shared at the appropriate level of understanding.

Staff are made aware of the issues which can arise and all are trained regarding the unacceptable use of the internet and various other media and equipment.

Staff are made aware of the wider need to stop individuals being drawn into terrorism and to be aware of voiced or active opposition to fundamental British Values eg the rule of law, liberty, tolerance and respect – underpinned by democratic processes. Such concerns should be reported within the school to the DSL or the DDSL, Safeguarding Governor or other manager as required / available.

### **Forced Marriage**

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological and can come from parents and other family members or elders in a particular religion.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them. If a member of staff suspects that a child is being forced into marriage, they will speak to the child about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the child about the concerns in a secure and private place

Activate the local safeguarding procedures and refer the case to the local authority's designated officer;

- Seek advice from the Forced Marriage Unit on 020 7008 0151 or [fm@fco.gov.uk](mailto:fm@fco.gov.uk) ; refer the child to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate

### **Allegations of abuse made against other children (peer-on-peer abuse)**

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter" or "part of growing up".

Most cases of children hurting other peers will be dealt with under our school and home's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence;
- Could put children in the school and home at risk;

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- Is violent;
- Involves children being forced/coerced into drugs or alcohol;
- Involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting).

Staff are made aware of the importance of: making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up; not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts; Dismissing or tolerating such behaviours risks normalising them; When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include: sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;

- Sexual “jokes” or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes and displaying pictures, photos or drawings of a sexual nature; and online sexual harassment; non-consensual sharing of sexual images and videos;
- Sexualised online bullying;
- Unwanted sexual comments and messages, including, on social media;
- And sexual exploitation; coercion and threat.

### **If a child makes an allegation of abuse against another child:**

- You must tell the DSL and record the allegation, but do not investigate it;
- The DSL will contact the local authority children’s social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence;
- The DSL will put a risk assessment and support plan into place for all children involved – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed; the DSL will contact the children and adolescent mental health services (CAMHS), if appropriate.

We will minimise the risk of peer-on-peer abuse by: challenging any form of derogatory or sexualised language or behaviour; being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys; ensuring our curriculum helps to educate pupils about appropriate behaviour and consent; ensuring pupils know they can talk to staff confidentially; ensuring staff are trained to understand that a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy.

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## DAME HANNAH ROGERS' SCHOOL SAFEGUARDING PROCEDURES

### South West Safeguarding and Child Protection Policies forms the overarching local policy base upon which our policy is constructed

Policies and procedures can be found at:

<http://www.devonsafeguardingchildren.org/>

Hard copies of these policies and procedures are held in all key areas eg Head Teacher's and Registered Manager's offices, administration office.

1. Tracking against any changes in SWSCP guidance or policies is monitored. .
2. Managers are notified of changes
3. Any changes are : substituted as hard copy  
: notified to the team via e-mail

## WHENEVER SOMEONE TELLS YOU THEY HAVE BEEN ABUSED

### Immediate Response

#### DO

**Always make sure the young person is safe first.**

- Listen to the person
- Stay calm
- Listen patiently
- Let them take their time
- Reassure them that they are doing the right thing in telling you
- Explain to them what you are going to do now and continue to keep them informed.
- Fill in a 'Safeguarding Referral Form' (Available on the Public Drive under 'Safeguarding')  
Ensure you keep these original notes. Follow guidance in respect of keeping legally compliant notes – information given at induction training; safeguarding training; see DSL.

#### DON'T

- Appear shocked, horrified, disgusted or angry
- Make comments or judgements, other than to show sympathy and concern
- Ask leading questions
- Promise to keep secrets
- Give sweeping reassurances
- Ask the child / young person to repeat allegations to anyone other than the DSL
- Discuss with anyone else (other than the DSL or Deputy DSL or your manager see [flow chart](#))

**You are now “the Alerter”**

### Next Action

#### See flowchart

- “The Alerter” must now inform the **Designated Safeguarding Lead (DSL)** or **Deputy Designated Safeguarding Lead (DDSL)** or **other manager**.
- If indicated, urgent medical attention should be sought by dialling **(9)999**
- DSL or DDSL to inform parents unless otherwise indicated.

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- If abuse is suspected the **DSL or DDSL** will then either:
  - a) Refer to Local Authority Designated Officer / Multi Agency Safeguarding Hub (**LADO / MASH**)  
Or
  - b) Re-assure the child that other relevant agencies will be consulted when the allegation is not deemed to be a matter for Child Protection.
- If a crime is suspected the Police (Safeguarding Team) should be notified by the DSL or DDSL or LADO or MASH.
- Once a referral is received by the LADO / MASH, a strategy meeting should be convened to determine the nature and scope of the investigation into the allegation. This will be determined by the LADO / MASH and they will be responsible for communications unless participants at the meeting are delegated to do so.
- In the rare event that the LADO / MASH feels that a strategy meeting is not indicated, but the DSL feels it is, then the DSL has the right to call a strategy meeting.
- A written record will be kept of all action taken.
- The DSL / DDSL (and relevant staff) should attend all Strategy Meetings and case conferences that discuss a child from the School or the home. The DSL / DDSL should ensure the best possible outcomes for the young person as per the strategy decisions and be prepared to challenge other agencies.
- All main agencies will be notified via the Multi Agency Safeguarding Hub (MASH) or Local Authority Designated Officer (LADO).

### THE FLOW CHART PROCESS

**THIS APPLIES TO ALL THE FOLLOWING SITUATIONS AND REQUIRES ACTION BY THE ALERTER, THE DSL or DDSL, THE LADO, THE MASH**

#### **A) Child Disclosures regarding people other than DHRT staff members**

- A young person may disclose details of incidents, concerns, anxieties which they may have and it is the Alerter's responsibility to follow the process designated and relay the information to the Designated Safeguarding Lead who will follow appropriate processes in referring to the LADO / MASH or putting in place the support the child needs to deal with the issue.

#### **B) Staff Disclosures regarding people other than DHRT Staff members**

- Staff must be aware that there is a duty on them to disclose any information to the school or children's home, the substance of which may impinge on their capacity to carry on working with children or young people. This may include the behaviour, convictions of a partner, family member.

Depending on circumstances and information gathered, the DSL may make a referral to the LADO / MASH and / or invoke the Trust's Disciplinary Procedure and liaise with HR.

Staff have a duty to report such suspicions or disclosures to the DSL however difficult it may be.

#### **Allegations of Abuse by Members of DHRT Staff**

- All staff involved in the provision of support for children in education settings must be alert to the possibility of abuse by other children, visitors, volunteers, and **members of**



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### **staff.**

- It is regrettably the case that some members of staff in schools and residential homes have been found to have committed child abuse. Trust has been breached and it is vital that if there is a suspicion that a staff member has been involved in the abuse of a child, it **MUST** be reported to the DSL.
- If a child makes a formal complaint against a member of staff, alleging abuse, the staff to whom the complaint has been made will **ensure the child is safe and IMMEDIATELY NOTIFY THE DSL.**
- The DSL will immediately ensure the safety of the child who has made the complaint and any other children who may be affected. The need for medical action will be assessed.
- The DSL will immediately:
  - a) Report the matter to the LADO / MASH **or**
  - b) Invoke the Trust's Disciplinary Procedure liaising with the Human resources.

Any members of staff suspected of abuse may be suspended from duty (as a neutral act) whilst an investigation takes place.

- Staff can be supported in these circumstances by DHR employee support processes.
- Contact by a designated member of staff will be made on a regular basis.
- The Head Teacher will inform the Governing Body – Chair of Governors; Safeguarding Governor. The Registered Manager will inform the Responsible Individual and Chair of Trustees.
- All appropriate agencies will be notified.

### **D) Allegations against the DSL**

- Such an allegation should be made to the Chair of Governors, a Governor, Chair of Trustees, a Director or approach a Manager who can pass on their concerns. The Whistle Blowing Policy should be followed.
- Any such allegation would result in the suspension of the Head Teacher as a neutral act and does not imply guilt. This process is for the protection of all concerned whilst an investigation takes place.
- Appropriate referral processes would be initiated to the LADO / MASH (if required). This process would be carried out by the Chair of Governors, Chair of Trustees or, designated Director.
- Policies and procedures in relation to any disciplinary processes, engagement with the strategy process would be followed and fully implemented.
- The Head Teacher and registered manager would be offered appropriate levels of support by someone not directly involved in any part of the investigation or disciplinary process.

### **Reporting directly to Child Protection Agencies:**

Staff should follow the reporting procedures on the [Flow Chart](#) in situations A, B, C, and D. However, they may also share information directly with Children's Social Care, Police, or the NSPCC if:

- the situation is an emergency and the DSL, or DDSL, or Chair of Governors are all unavailable.
- They are convinced that a direct report is the only way to protect a young person's safety.

## Children's Services Safeguarding Policy and Safeguarding Flowchart

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### **Allegations made by external agencies of abuse by members of DHRT staff**

In certain circumstances it may occur that allegations are made against members of staff directly to the Child Protection Team.

The DHRS DSL will be required to attend Strategy Meetings and keep staff informed in line with instructions from the Strategy Team. This may include the Chair of Governors and / or Chair of Trustees.

HR or other appropriate person will offer support to the staff member against whom allegations have been made.

### **Support and Communication for the Child or Young Person and their Family**

It is essential to be aware of the short, medium and long term impact that issues related to disclosure may have both on and for the child or young person and their families.

The needs of each young person will be INDIVIDUALLY assessed and a package of support put in place.

The school will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and the DSL / DDSL will make contact with the parent in the event of a concern, suspicion or disclosure.

**However**, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will first be sought from Children's Services.

As our young people have special educational needs, our relationships with the family are especially important. Subsequent dealings with and expectations of the parents must be handled with particular care.

**It is important that staff should be aware that under these circumstances we are led by the external agencies and are obliged to follow their procedures and advice.**

## **THE CONTRIBUTION OF LEARNING AND TRAINING AND SUPERVISION**

### **Young People as Learners.**

In the long term, the Children's home and school is able to play a part in the prevention of child abuse through the teaching it offers. Life skill courses including Social Education may help young people to develop more realistic attitudes towards the responsibilities to adult life, including parenthood. It is also considered an important aspect of the development of self-assertion whereby young people are enabled to have the self-confidence to report abusers and to say "no" to possible abusers. Further materials and the development of programmes appropriate to the level of our children will be a matter of sensitive professional judgement and delivery of individual programmes to young people as a part of their programme in school and their 'wrap-around' education in keeping with the SOP.

### **Staff**

Mandatory training undertaken by all Children's Service staff includes Child Protection / Safeguarding training.

Regular supervision has been shown to be a protective factor in Safeguarding.

## Children's Services Safeguarding Policy and Safeguarding Flowchart

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Staff will receive regular supervision as detailed in the Children's Service policies re:

- Performance monitoring.
- Performance management. NB Staff may seek advice and support at **any** time outside regular supervision sessions.

Guidance documentation for staff and managers is also lodged on:

- public folders
- policies and procedures current
- HR folder

### **OTHER CHILDREN'S SERVICES SAFEGUARDING PROCESSES**

#### **A) E-safety**

It is the responsibility of the school and children's home to ensure that staff are aware of online risk, particularly as the young people at DHRS may not have this level of cognitive awareness themselves. Staff will need to be aware that students need to be supported in safeguarding themselves, their personal information and support them to mitigate risk.

Staff will receive annual training / updates re acceptable use of equipment and e-safety awareness.

The IT manager will work with the school and children's home to ensure appropriate filtering systems are in place as well as appropriate security systems.

Consents will be sought from parents and prime carers should children wish to or parents wish to utilise Skype or other technologies. Students will receive appropriate levels of personal support in order to access and use these technologies.

#### **B) Confidentiality and Data Protection**

The Data Protection Act does not prevent School or home staff from sharing information with relevant agencies, where that information may help protect a child.

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the DSL or Chair of Governors/Trustees (depending on who is the subject of the concern) who will disseminate the information on a 'need-to-know' basis.

Safeguarding information will be stored and handled in line with GDPR 2018 principles: Information is:

- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- kept within the legal requirements / timeframe for children's records ie up to 80 years
- processed in accordance with the data subject's rights
- secured in a locked facility

## Children's Services Safeguarding Policy and Safeguarding Flowchart

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- electronic information will be password protected and only made available to relevant individuals.

### **C) Record Keeping of Safeguarding Issues**

Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. Any request from a young person or parent to see child protection records will be referred to the DSL who will consult the appropriate local authority.

Guidance for Record Keeping:

- Objective (any personal opinion expressed must be identified as such eg write (my opinion)
- Legible
- Written in black ink
- Be titled with the child's full name and date of birth
- Written as soon after events as possible using the child or young person's own words
- Avoid jargon and explain all abbreviations used
- All rough notes should be kept
- Notes should be signed, name printed, dated and include job title, date and time of event, and the date and time of the written recording

The safeguarding / child protection file will contain the following:

- A record of the young person's core data
- Chronology: a log of your day-to-day contacts with social care and other agencies - to include names and contact details and dates
- Date (including year) and time of the event / concern
- The nature of the concern raised
- As full an account as possible of what the child said
- An account of questions put to the child
- Time and place of disclosure - where the child was taken and where returned to at the end of disclosure
- Who was present at time of disclosure
- The demeanour of the child
- The action taken and by whom
- Outcome of any action
- Name and position of the person making the record
- Relevant body maps
- Minutes of meetings with parents / carers, professionals, school staff
- Confidential reports and minutes of inter-agency meetings eg case conferences.
- A log of contact with parents – this is particularly important when you are seeking permission from a parent for a referral to take place – failure to contact a parent should not preclude contacting social care where you have concerns
- Correspondence including copies of all emails
- Records of all related telephone conversations
- Copy of the formal referral to LADO / MASH

## Children's Services Safeguarding Policy and Safeguarding Flowchart

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### **Abbreviations:**

LADO - Local Authority Designated Officer

MASH - Multi Agency Safeguarding Hub

SWSCP - South West Safeguarding and Child Protection

DSL - Designated Safeguarding Lead

DDSL - Deputy Designated Safeguarding Lead

CP - Child Protection

DCSB - Devon Children's Safeguarding Board

# Children's Services Safeguarding Policy and Safeguarding Flowchart

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Intentionally blank – for any notes.

# Children's Services Safeguarding Policy and Safeguarding Flowchart

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DAME HANNAH ROGERS SCHOOL, WOODLAND ROAD, IVYBRIDGE, DEVON. PL21 9HQ  
Tel. No. 01752 892461

**Strictly Confidential**

## **SAFEGUARDING / MASH / LADO REFERRAL**

To: MASH, LADO, Early Intervention, Other      cc: Placing Authority  
Social Services Department .....

.....

.....

.....

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CHILD'S NAME ..... DOB .....

HOME ADDRESS .....

.....

.....

PARENT'S / GUARDIAN'S NAMES .....

Telephone Number.....

GP (If known) .....

I am confirming my telephone call of the (date) .....

Nature of referral:.....

.....

.....

.....

Signed ..... Designation .....

Date .....

---

## **LADO, MASH, Early Intervention, Other - ACKNOWLEDGEMENT & REPLY**

To: ..... **Strictly Confidential**

Thank you for your referral regarding .....

DOB .....

The following action is being taken: .....

.....

.....

.....

A contact for further information is: .....

Signed..... Designation.....Date .....





## Children's Services Safeguarding Policy and Safeguarding Flowchart

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The key contacts in respect of reporting concerns are:

### Roles and Responsibilities - Key personnel

#### Key Contact numbers

Multi Agency Safeguarding Hub (MASH) – 0345 155 1071

LADO's office – 01392 384964

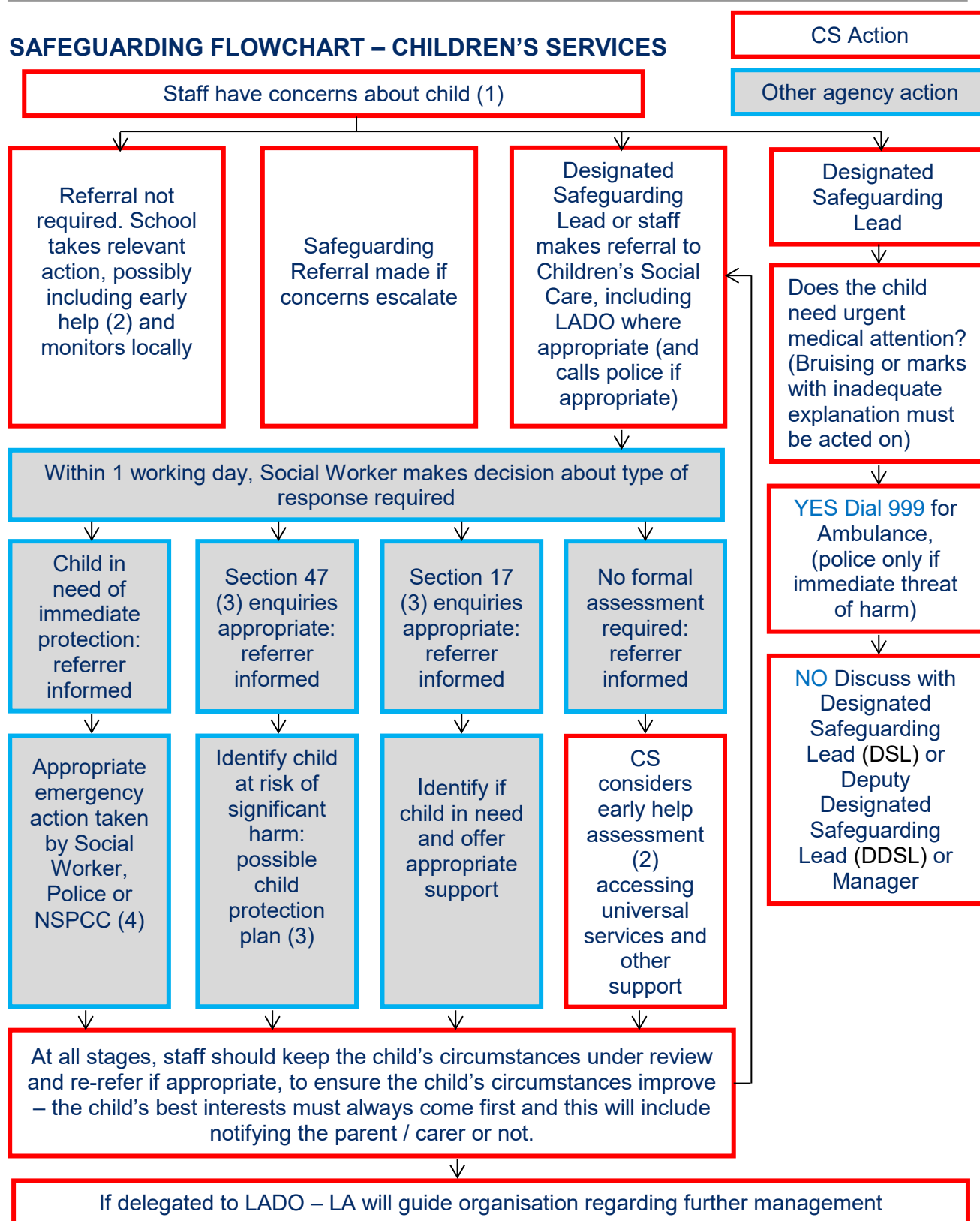
Emergency Duty Team - 0845 6000 388

NSPCC - 0808 800 5000

NSPCC Whistle Blower contact - 0800 0280285

# Children's Services Safeguarding Policy and Safeguarding Flowchart

## SAFEGUARDING FLOWCHART – CHILDREN'S SERVICES



1. In cases which also involve an allegation of abuse against a staff member, see Part Four of [Keeping Children Safe in Education](#).
2. Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter One of [Working together to safeguard children](#) provides detailed guidance on the early help process.
3. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter One of [Working together to safeguard children](#).
4. This could include applying for an Emergency Protection Order (EPO).



## Safeguarding Referral Form

Please complete this form electronically and e-mail to:  
[safeguarding.group@discoverhannahs.org](mailto:safeguarding.group@discoverhannahs.org)

Name of Young Person	
Name of Staff Member Completing Form	
Date & Time of Concern	
Other Staff / Children Involved	

<b>Outline of Concern</b> <i>Please be concise and factual</i>

<b>Actions Taken</b>

Signed \_\_\_\_\_ Date \_\_\_\_\_

**This section is to be completed by management.**

Action Taken as a Result of Referral
--------------------------------------

In Confidence					
Subject:	Children's Services Safeguarding Policy and Safeguarding Flowchart		Author:	Jason Ryder	
Document Type:	Policy		Authorised By:	Jason Ryder	
Effective Date:	19/09/2017		Next Review:	18/09/2020	
Page Number:	27 of 29		Version:	1.1	
Printed:	26/09/19	Time:	11:47 AM	Academic Year:	2019-2020

# Children's Services Safeguarding Policy and Safeguarding Flowchart

***Please tick all that apply***

SW Informed

Parent Informed

LADO / MASH Informed

Training Need Identified

<b>Review</b>

Manager \_\_\_\_\_ Date \_\_\_\_\_

In Confidence					
Subject:	Children's Services Safeguarding Policy and Safeguarding Flowchart	Author:	Jason Ryder		
Document Type:	Policy	Authorised By:	Jason Ryder		
Effective Date:	19/09/2017	Next Review:	18/09/2020		
Page Number:	28 of 29	Version:	1.1		
Printed:	26/09/19	Time:	11:47 AM	Academic Year:	2019-2020

# Children's Services Safeguarding Policy and Safeguarding Flowchart

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## AMENDMENT RECORD AND REVISION HISTORY

Procedures are reviewed annually to ensure relevance to the system and processes.

A record of contextual additions or omissions is given below.

Date	Page	Addition or Omission	Context	Initial	Version
20/5/19		Wholesale		JR	

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In Confidence

Subject:	Children's Services Safeguarding Policy and Safeguarding Flowchart	Author:	Jason Ryder		
Document Type:	Policy	Authorised By:	Jason Ryder		
Effective Date:	19/09/2017	Next Review:	18/09/2020		
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