



St Mary Queen of Martyrs

CHILD PROTECTION/SAFEGUARDING POLICY

Date policy produced: September 2021 – 9th November 2021

Produced by: St Cuthbert's RC Academy Trust

Date policy reviewed: September 2022 or sooner, if required.

Reviewed by:

Other related academy policies that support this Child Protection policy include:- Anti-Bullying, Attendance, Behaviour, Confidentiality & Information Sharing, Induction, Online Safety, Looked After Children, Positive Handling Plan, PSHE, Recruitment & Selection of Staff/Volunteers, Single Equality, Staff Code of Conduct, Supporting Children with Medical Needs, Whistle Blowing, Young Carers, Community Use Policy, Charging Policy



This policy should be read in conjunction with HSCP guidelines and procedures available at:

<http://www.proceduresonline.com/hull/scb/> .

St Mary Queen of Martyrs staff has a responsibility to protect and safeguard the welfare of all 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. We follow the statutory and non-statutory guidance for schools and colleges including Keeping Children Safe in Education, September 2021, Working Together to Safeguard Children 2018, What to do if you're worried a child is being abused: Advice for practitioners, March 2015 and Teacher Standards 2011 (updated 2013).

The person with lead responsibility for safeguarding and online safeguarding within the organisation is:

- Miss E Smith

As a minimum all permanent members of staff have undertaken Hull Safeguarding Children Partnership Level One training; this is updated every 3 years.

The leads for safeguarding have completed additional training to fulfil this role, a list of all Child Protection staff training is available on request. The Headteacher will nominate other staff to receive other relevant training.

Additional updates and training will be given at staff meetings and other training opportunities throughout the year.

All staff and volunteers are made aware of this policy, which is available on the school website, in the staff shared area and on the safeguarding noticeboard in the staff room. Staff should be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children, including how to respond to any child protection concerns and how to make a referral to local authority children's social care or the police if necessary. Parents/carers can read a copy of this policy on the school website and obtain a copy on request from the school office.

All staff and volunteers will have an initial induction with the Child protection coordinator.

A copy of Keeping Children Safe In Education 2021 is given to and read by all members of staff working in (Insert name of school). Follow up checks are completed and recorded by the DSL / Deputy DSL.

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The health, safety and well-being of our pupils are of paramount importance to all adults who work in our school. Staff at St Mary Queen of Martyrs recognise that protecting children and young people is a shared responsibility and depends upon the effective joint working between agencies and professionals that have different roles and expertise. Our children have the right to protection, regardless of age, gender, race, culture or disability. They have a right to be safe in our school.

In our school we respect our children as made in God's image and likeness. The atmosphere within our school is one that encourages all children to do their best. We provide opportunities that enable our children to take and make decisions for themselves.

Safeguarding curriculum

Our pupils are taught about safeguarding, including online safety, through various teaching and learning opportunities, as part of a broad and balanced curriculum. We use different aspects of the curriculum, such as PSHE, ICT, SMSC, and which took effect in September 2020. Relationships and Health Education to educate pupils on how to keep themselves safe, build their resilience, plus manage risk. Opportunities are provided for pupils to develop the skills and strategies they need to stay safe from abuse, including age appropriate discussions about healthy relationships, their bodies and being able to say no to requests that they do not want to carry out. Clear advice and guidance are built into the curriculum to ensure that pupils understand that there are a range of contacts they can turn to for advice and support and that they know where and how to report abuse.

Online Safety

Trustees should ensure that, as part of the requirement for staff to undergo regular updated safeguarding training, including online safety and the requirement to ensure children are taught about safeguarding, including online safety, that safeguarding training for staff, including online safety training, is integrated, aligned and considered as part of the whole school or college safeguarding approach and wider staff training and curriculum planning.

All related safeguarding policies (Child Protection, E-safety, Anti-bullying, Behaviour) should have reference to online safety, especially with regards to online peer on peer abuse, relationships on social media and the use of mobile and smart technology.

The DSL has responsibility for online safety and that online safety must be a running and interrelated theme when developing and devising policies and procedures. In addition, all staff, including new starters will receive appropriate online safety training.

Additional resources relating to online safety, as referenced by 'Keeping Children Safe in Education 2021'.

Aims and objectives

All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm.

This policy ensures that all staff in our school are clear about the actions necessary with regard to a child protection issue.

Its aims are:

- to raise the awareness of all staff and identify responsibility in reporting possible safe guarding issue
- to ensure effective communication between all staff when dealing with child protection issues
- to lay down the correct procedures for those who encounter an issue of child protection

1. Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health and 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.
- Ensuring that all children understand harmful sexual behaviour and what supportive mechanisms are in place to address this.

2. Child protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

As adults, we understand that any form of child abuse is a difficult subject to understand and can be even harder to talk about. However, we too recognise, that due to a number of factors, it can be even more difficult for a child to disclose abuse; thus, telling an adult takes courage.

Any reports or disclosures of harm or abuse will be taken seriously and necessary time will be given to ensure the child is fully supported. Following any disclosure, staff will provide reassurance that the child/young person has done the right thing, plus explain what will happen next.

3. 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, Locality Early Help hubs offer a range of support for practitioners who need advice, guidance or a short intervention when working with children and families with additional needs.

All staff and volunteers should understand the importance of intervening early before problems become entrenched, and know how to access additional support for children, young people and families through the Early Help Hubs. As part of this process staff should complete welfare logs and/or enter information on to our Child Protection and Monitoring System (CPOMS) to ensure early identification of any cause for concern or a build up of minor issues.

The Designated Safeguarding Lead will gain consent from parents/carers (and children depending on their age and understanding) before making a request for a service to the Early Help Hubs.

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

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. Young carers

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can also be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem, substance misuse 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. Staff should identify children they think may be Young Carers to the Designated Safeguarding Lead.

6. 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 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue also known as peer on peer abuse.

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 have a duty to report any concerns about harm in accordance with the Local Safeguarding Children Partnership, Guidelines and Procedures.

Other specific sources of harm

Female Genital Mutilation (FGM) - This is against the law yet for some communities it is considered a religious act and cultural requirement. Therefore, if it is carried out either within the UK or arrangements are made for the child to go abroad, with the intention of having this procedure, the school have a duty to inform either the police or Children's Social Care. Similarly, if staff become aware that this procedure has been carried out, following a direct disclosure for a young person, then there is a legal duty to inform the police, as soon as possible under the Serious Crime Act 2015.

Forced Marriages - A forced marriage is a marriage in which one or both spouses do not (or, in the case of children and some adults at risk, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

If concerns are brought to the attention of staff at St Mary Queen of Martyrs, they will be reported immediately to the appropriate authorities.

Honour Based Abuse (HBA) - Honour Based Abuse is a crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who mistakenly believe someone has brought shame on their family or community by doing something that is not in keeping with the traditional beliefs or culture

At St Mary Queen of Martyrs we take HBA crime very seriously and deal with cases sensitively and confidentially. To this end we work collaboratively with external agencies to keep children and young people safe from harm.

Domestic Abuse –domestic abuse is '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'. Domestic abuse 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 abuse. It is likely to have a damaging effect on the health and development of children.

We are an 'Operation Encompass' school

Operation Encompass is a Police and Education early intervention safeguarding partnership, which supports children and young people exposed to domestic abuse. Working together to safeguard children, the Police will inform the academy's 'Key Adults' about any domestic abuse incident, where the child or young person has been present or exposed to domestic abuse. Information shared enables the academy to provide appropriate support through overt or silent intervention, dependent upon the needs and wishes of the child.

Children Missing Education

Children are best protected by regularly attending school where they will be safe from harm and where there are professionals to monitor their well-being. At St Mary Queen of Martyrs we will encourage the full attendance of all our pupils. Our school has clear procedures for managing unauthorised absences, which helps identify any possible emerging patterns of abuse or neglect, including all forms of exploitation.

DSL and Attendance Lead to meet regularly to discuss if there are underlying safeguarding issues which may impact upon attendance. Content discussed and factors raised in the meeting to be recorded.

Where we have concerns that a child is missing from education we will follow the local authority protocols and refer to the Education Welfare Service, CME Officer who will make reasonable efforts to identify the child's whereabouts.

The child will not be removed from our school roll until notified by the CME officer that it is appropriate to do so.

(Ref: Attendance policy and Local Authority CME protocols)

Elective Home Education

Where a parent/carer has expressed their intention to remove a child from school with a view to educating at home, we recommend that LAs, schools, and other key professionals work together to coordinate a meeting with parents/carers where possible. Ideally, this would be before a final decision has been made, to ensure the parents/carers have considered what is in the best interests of each child. This is particularly important where a child has SEND, is vulnerable, and/or has a social worker.

SEND

We are an inclusive school/academy and recognise that SEND children have exactly the same human rights to be safe from abuse and harm as non-SEND children.

We actively try to remove any barriers to learning and participation that may disadvantage children. We acknowledge that children with SEND are especially vulnerable to all types of abuse and are statically more likely to be targeted due to difficulties they may face in communicating what is happening to them. These can include:

- assumption that indicators of possible abuse such as behaviour, mood, and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviour such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

Therefore, we make certain that SEND children are responded to carefully when they have, or show signs of concern, plus ensure they receive additional pastoral support.

Peer on peer – Allegations against other pupils which are safeguarding issues

St Mary Queen of Martyrs believes that abuse is abuse and it will never be tolerated, dismissed or minimised. Though our broad and balanced curriculum, we will educate pupils about keeping themselves safe, and how to build respectful relationships. All staff should understand, that even if there are no reports in their schools or colleges it does not mean it is not happening, it may be the case that it is just not being reported'.

It is therefore important for staff to: **'think the unthinkable, establish a belief it could happen here, be open minded, and use professional curiosity and judgements'**

Peer on peers abuse usually manifests as one, or a combination of the following:

- **Bullying**
If a child is suffering or at risk of significant harm, a bullying incident should be addressed as a child protection concern. Bullying can take different forms, including physical, verbal, cyber, racist, religious, cultural and homophobic bullying.
- **Domestic Abuse**
Teenage relationships abuse involves controlling, coercive, threatening behaviour and violence. It can be psychological, physical, sexual, financial and/or emotional in nature.
- **Child Sexual Exploitation (CSE)**
Defined as an individual or group taking advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity.
- **Harmful sexual behaviour**
Involves a child engaging in discussions or acts that are inappropriate for their age or stage of development, whether online or offline. It includes sexualised language or role play, viewing pornography, sexual harassment and sexual violence. It also includes causing someone to engage in sexual activity without consent, consensual and non-consensual sharing of nudes and semi nude images and or videos (also known as 'sexting' or youth produced sexual imagery) and 'upskirting', which became a criminal offence following changes to the Voyeurism Act 2019. Please note that this offence does not solely relate to females, as males can also be victims of this form of harmful behaviour.
- **Sexual Harassment**
This is unwanted conduct of a sexual nature, which can include sexual comments, sexual "jokes" or taunting, physical behaviour or online sexual harassment.
- **Sexual Violence**
This includes rape, assault by penetration or sexual assault, as defined by the Sexual Offences Act 2003.

Reports of peer on peer abuse are likely to be complex and require difficult professional judgements to be made. However, if a pupil has been harmed, is in immediate danger, or is at risk of significant harm, basic safeguarding principles, as outlined in this policy, should be applied.

Procedures for managing allegations of sexual harassment

Sexual harassment creates an atmosphere that, if not challenged, can normalise inappropriate behaviour and provide an environment that may lead to sexual violence. These behaviours should never be tolerated, passed off as 'banter' or part of growing up.

- When a report of sexual harassment is made, a factual record should be made. It is important to take into account the wishes and feelings of the alleged victim.
- The Designated Safeguarding Lead should be made aware, and along with Senior Leaders, a decision made on the most appropriate course of action, as per the academy's Anti-Bullying or Behaviour policy.

- Parents of all the children concerned will be contacted and informed of the nature of the incident.
- Pastoral support will be offered to all affected parties.
- Where cases are proven, appropriate sanctions, as outlined in the behaviour policy, will be applied.
- Decisions, reasons for decision, actions and outcomes should be accurately recorded and retained on CPOMS.

Procedures for managing allegations of sexual violence

- When an allegation is made, the Designated Safeguarding Lead should be informed immediately.
- A factual record must be made, but no attempts should be taken to investigate the circumstances, at this stage.
- If required, the Designated Safeguarding Lead will contact EHaSH, or in cases where an alleged criminal offence has been committed, Humberside Police. Advice will be sought on how to proceed and academy will follow the recommended actions. Advice should also be taken on notifying the alleged perpetrator and parents of both parties.
- The Designated Safeguarding Lead will make an accurate record of the concern, the discussions, recommendations and any outcomes. A copy of the record will be retained on CPOMS.
- Pastoral support will be offered to all affected parties.
- It may be appropriate to exclude the pupil being complained about for a period of time, according to our behaviour policy, for example class changes, monitoring of unstructured time and / or a revised timetable.
- Where EHaSH nor the police accept the complaint, a thorough internal investigation should take place into the matter.
- In situations where the school/academy/college considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative supervision plan. This plan should be monitored and a date set for a follow-up evaluation.

Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Significant indicators:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- Entering and/or leaving a vehicle driven by an unknown adult
- Possessing unexplained amounts of money, expensive clothes, or other items
- Frequenting areas known for risky activities
- Being groomed or abused via the internet and mobile technology and,
- Having unexplained contact with hotels, taxi companies, and fast food outlets

Refer to HSCB guidance for practitioners

Child Criminal Exploitation - County Lines

The term County Lines describes gangs and organised criminal networks involved in exporting illegal drugs into other areas of the country, often small towns, using dedicated mobile phone lines or another form of 'deal line' which can be a person. They are likely to exploit children to move and store the drugs and money and will often use coercion, intimidation, violence (including sexual violence) and weapons. At St Mary Queen of Martyrs we will treat any child who is criminally exploited as a victim first and refer to Children's Social Care and/or Humberside Police immediately.

Indicators that a child may be at risk of criminal exploitation

- Increase in 'Missing Episodes – particular key as children can be missing for days and drug run in other Counties
- Having unexplained amounts of money, new high cost items and multiple mobile phones
- Increased social media and phone/text use, almost always secretly
- Having injuries that are unexplained and unwilling to be looked at
- Increase in aggression, violence and fighting
- Carrying weapons
- Travel receipts that are unexplained
- Parents concerns and significant changes in behaviour

Radicalisation & Extremist Behaviour

At St Mary Queen of Martyrs we assist our children to become more resilient to the messages of violent extremists through creating an environment where all young people learn to understand others, value and appreciate diversity and develop skills to be able to debate. Through the balanced curriculum we offer we will help young people learn and explore the values of different faiths in cultures and promote British Values. However, should any concerns of radicalised or extremist behaviours be brought to the school's attention, advice will be sort from the appropriate agencies i.e. Humberside Police or Children's Social Care. Staff should follow DfE guidance on the Prevent Duty.

Children's experiences of significant harm beyond their families is inclusive of different relationships that young people form in their neighbourhoods, schools and/or online, which can feature all forms of abuse and/or violence. Often parents and carers have little influence over these contexts, and young peoples' experiences of extra-familial abuse can undermine the parent-child relationship. Therefore, all staff, but especially the designated safeguarding lead (or deputy) should always consider, as part of their standard safeguarding practice, any wider environmental factors, which could be a threat to a child's safety and/or welfare such as sexual exploitation, criminal exploitation, and serious youth violence.

Mental Health & Wellbeing

Our schools play a key role in helping all pupils build resilience and develop good mental health and wellbeing. We understand that children and young people go through ups and downs during life, but with the right support, nurture and education these difficulties can be overcome. It is acknowledged, that there are occasions when some pupils may face significant life challenges or events, which could have a profound impact on their emotional wellbeing and cause mental ill health. In

addition, we are aware that mental health problems can sometimes be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. We fully understand that only medical professionals can make a formal diagnosis of a mental health condition, but staff must still remain vigilant to any warning signs, which indicates a pupil is experiencing mental health, or emotional wellbeing issues. Any signs should always be taken seriously, and concerns reported via CPOMS to either the SENCo or Pastoral Lead in a swift and timely manner, in order to determine the necessary course of supportive action, which may include referrals to specialist services.

If staff fear that the pupil is in danger of immediate harm, the normal child protection procedures should be followed, and the Designated Safeguarding Lead informed immediately.

Possible warning signs include:

- Becoming socially withdrawn
- Changes in mood, behaviour or activity
- Physical signs of harm that are repeated or appear non-accidental
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Repeated physical pain or sickness with no evidence
- Changes in eating or sleeping habits
- An increase in lateness or absenteeism

For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCP guidelines and procedures;
<http://hullscb.proceduresonline.com>

7. Recognition of harm

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

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

- Information given by the child, his/ her friends, a family member or close associate.
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
 - It does not make sense when compared with the explanation given.
 - The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
 - The child appears anxious and evasive when asked about the injury.
 - Suspicion being raised when a number of factors occur over time, for
 - Contact with individuals who pose a 'risk to children' ('Guidance on Offences Against Children', Home Office Circular 16/2005). This can be someone who has been convicted of an offence listed in Schedule One of the Children and

Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.

- Children may be harmed by other children or young people, peer on peer abuse. Staff will be aware of the harm caused by bullying and will use the school's anti-bullying procedures where necessary. However, there will be occasions when a pupil's behaviour warrants a response under child protection rather than anti-bullying procedures, such as harmful sexual behaviour.

8. 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.

Advice for practitioners can be found in the document What to do if you're worried a child is being abused: Advice for practitioners, March 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

This compliments the document Working Together to Safeguard Children 2018,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

For more information about information sharing and effective communication see appendices 1 and 2)

Seeking Medical Attention

If a child has a physical injury and there are concerns about abuse; medical attention should be sought immediately by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to Children's Social Care should then be followed.

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

Contacting emergency services for urgent medical treatment must not be delayed for any reason.

Managing a disclosure

When managing a disclosure of abuse or harm, we expect staff to adhere to the following basic principles:

- 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 must be informed immediately.

Records and Record Keeping

Records should be kept and include:

- A clear and comprehensive summary of the concern;
- Details of how the concern was followed up and resolved;
- A note of any action taken, decisions reached, and the outcome.

When sharing any new/revised guidance with staff, ensure staff understand accurate record keeping and who the possible recipients of their information may be outside of the school environment e.g. – Social Care services, police, parents/carers etc.

CPOMS is a software application for monitoring and management of safeguarding, child protection, behaviour, bullying, attendance, well-being and home issues and, as such, it is an essential part of school's CPD.

CPOMS is a recording system which enables staff to record issues or concerns. This is an effective way of identifying any emerging patterns, which may require additional interventions.

Every member of staff has a statutory responsibility to report any safeguarding concerns relating to pupils at our academy, which should be uploaded onto CPOMS.

9. Referring concerns about a child

The designated safeguarding lead will act on behalf of St Mary Queen of Martyrs in referring concerns or allegations of harm to the EHaSH or the Protecting Vulnerable People Unit. In the case of it being out of hours the Emergency Duty Team should be contacted.

If the Designated Safeguarding Lead is in any doubt about making a referral it is important to remember that advice can be sought from the 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 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.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral.

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 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.

Allegations/Concerns that do not meet the harms threshold – ‘low level concerns’

Low level concerns are dealt with in accordance to trust HR policies and procedures.

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 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 parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded and communicated with the EH&SH.

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

- St Mary Queen of Martyrs 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 been sought but refused and child protection concerns persist you will be asked what informed your decision making;
- 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**;

<https://www.gov.uk/parental-rights-responsibilities/what-is-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 Hull Safeguarding Children Partnership Contact and Referral Form

When making a referral or sharing information it is useful to complete the strengthening families' referral form prior to contact with EHaSH so that it is clear in your mind what you want to say and no information is missed. Click on a link below to view the Contact and Referral Form

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

If you have secure email the form should be sent to EHaSH accesspodgc@hullcc.gcsx.gov.uk

If you do not have a secure email system, it should be faxed to 01482 444145

- [Contact and Referral Form \(Hand Written\)](#)
- [Contact and Referral Form \(Electronic\)](#)

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.

11. Allegations against staff members/volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working at St Mary Queen of Martyrs including if they:

- behaved in a way that has harmed a child, or may have harmed a child;
- have 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 may pose a risk of harm to children; or
- previous behaviour or may have behaved in a way that indicates they may not be suitable to work with children.

The nature of the allegation or concern should be reported to the Headteacher 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 Headteacher will report the matter to the Local Authority Designated Officer (LADO)

If the allegation concerns the Head of School, a senior member of staff will immediately inform the Executive Head or Chair of Directors, who will then contact the LADO.

When initial discussion with the LADO leads to 'No Further Action' the Case Manager and LADO should:

- keep a record of the decision and justification for it; and,
- agree on what information should be put in writing to the individual concerned and by whom.

Allegations against Supply Staff

Where an allegation is made against a supply teacher, the headteacher or DSL will immediately contact both the agency concerned and the LADO. The school will continue to support any investigation that is required.

Education Act 2011 - Reporting Restrictions

Under the Education Act 2011, it is a criminal offence to publish material that may lead to the identification of the teacher who is subject to an allegation before they are charged. This legislation applies to all stakeholders and parents/carers, and includes any form of disclosure which is addressed to the public at large or any section of the public ie social networking sites, speaking to the press, playground or staff room gossip etc..

12. 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.

13. Unsubstantiated, Unfounded, False or Malicious Reports

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. Records should be reviewed so that potential patterns

of concerning, problematic or inappropriate behaviour can be identified, and addressed.

If a report is determined to be unsubstantiated, unfounded, false or malicious, the designated safeguarding lead should consider whether the child and/or the person who has made the allegation is in need of help or may have been abused by someone else and this is a cry for help. In such circumstances, a referral to children's social care may be appropriate.

If a report is shown to be deliberately invented or malicious, the school should consider whether any disciplinary action is appropriate against the individual who made it as per their own behaviour policy.

Historic Allegations

If an adult makes an allegation of abuse from when they were a child, they need to make a report to the police. However, if a child (18 years or under) make an allegation from when they attended the school, this should be reported to the LADO.

14. Use of Premises for non-school activities

Where Trustees hire or rent out school facilities/premises to organisations or individuals (for example to community groups, sports associations, and service providers to run community or extra-curricular activities) they should ensure that appropriate arrangements are in place to keep children safe.

When services or activities are provided by the Trustees, under the direct supervision or management of their school staff, their arrangements for child protection will apply. However, where services or activities are provided separately by another body this is not necessarily the case. The Trustees should therefore seek assurance that the body concerned has appropriate safeguarding and child protection policies and procedures in place (including inspecting these as needed); and ensure that there are arrangements in place to liaise with the Trustees on these matters where appropriate. The Trustees should also ensure safeguarding requirements are included in any transfer of control agreement (i.e. lease or hire agreement), as a condition of use and occupation of the premises; and that failure to comply with this would lead to termination of the agreement.

13. Whistle Blowing

St Mary Queen of Martyrs has a comprehensive Whistleblowing policy which clearly identifies procedures to be followed, all staff are expected to have read this as part of their induction training. A copy is available in the staff shared area and on request from the office or alternately from the Designated Safeguarding Lead or Headteacher.

Staff or volunteers must report to a senior member of staff any behaviour or practice by a colleague which gives cause for concern in relation to safeguarding the well-being of pupils. However, if staff do not feel comfortable using internal reporting systems this should not prevent a report being made. If this issue does occur, then staff are advised to contact the NSPCC Whistle Blowing helpline tell: 0800 028 0285 or email: help@nspcc.org.uk

14. Recruitment and selection

When recruiting paid staff and volunteers we adhere to St Mary Queen of Martyrs safer recruitment policy. This ensures potential staff and volunteers are screened for their suitability to work with children and young people.

Human Resources providers should ensure that all elements are included within the Trust's recruitment practices and policies. 'Keeping Children Safe in Education 2021' highlights that key elements include:

- Application forms should not include a section on any criminal self-declaration. This should be carried out separately once the individual has been shortlisted.
- If an application has been submitted electronically, you must make sure they sign the document prior to interview
- When to request a separate Children's Barred List
- Enhanced DBS checks should be obtained for individuals working in regulated activity, even if the individual has never been to the UK before.

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 St Mary Queen of Martyrs knowingly employs someone who is barred they will 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, St Mary Queen of Martyrs will notify the DBS.

Childcare Disqualification Requirements 2009

St Mary Queen of Martyrs adheres to the DfE guidance 'Keeping Children Safe in Education', which details the legal requirements for 'Childcare Disqualification' checks to be carried out on relevant staff and volunteers working with children. St Mary Queen of Martyrs will not continue to employ an individual who is disqualified in connection with early or later years childcare provision, nor will a disqualified individual provide or be directly concerned in the management of such provision unless they have received a waiver from Ofsted which covers the role that they wish to undertake. However, this does not imply that individuals are prevented from working in a school in any other setting.

Single Central Record (Staff)

The school has a single central record keeping details of staff, including supply staff even if only working for one day, and volunteers. This should contain information as described Keeping Children Safe Education.

Mobile phones and cameras:

Staff must not use mobile phones in rooms where children are present, including those where children are cared for. It is appropriate to take photographs of children to capture a curriculum activity or a celebration of school life using school equipment providing we have permission to do so from the parents. Staff must not, however, use their personal mobile phone, camera (still or moving images) or other devices to take, edit or store images of children from this school.

15. Contacts

Hull Children's Social Care (Local Authority)

EHaSH	(01482) 448879
Emergency Duty Team (out of office hours)	(01482) 300304
Local Authority Designated Officer	(01482) 790933
Protecting Vulnerable People Unit	101
Hull Safeguarding Children Partnership	(01482) 379090

www.hullsafeguardingchildren.org

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

Referrals	(01482) 395500
For Help and Advice	(01482) 393339
Emergency Duty Team	(01377) 241273
East Riding Safeguarding Children Partnership	(01482)396998/9
Local Authority Designated Officer	(01482) 396999
Police Public Protection Team	101

Seven Golden rules of information sharing

Information sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers, March 2015 supersedes the HM Government *Information sharing: guidance for practitioners and managers* published in March 2008. Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor identified in many serious case reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

1. Remember that the 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 if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf



HULL Multi Agency Contact & Referral Form (EHaSH)



CONFIDENTIAL



Have you consulted the Hull Threshold Document in making this decision? Yes No

Requests for Universal and Additional Early Help support will not be assessed by EHASH for a threshold decision. The Early Help Hubs will assess the request.

Please indicate the reason for contact with the EHASH:

Please tick the relevant box

- Targeted Early Help Support requiring a multi-agency plan
- Safeguarding / child protection concerns

1. Consent

Please include as much information as possible to enable the Early Help and Safeguarding Hub in their decision making.

If a practitioner believes a child is at risk of significant harm they have a duty to make a contact to the EHASH immediately. These contacts do not necessarily require consent but it is good practice to inform an adult with parental responsibility that the contact is being made, UNLESS doing so would place the child at further risk of significant harm or may lead to the loss or destruction of evidence of a crime or influencing a child about the disclosure made. For ALL other contacts **consent** should always be sought from an adult with parental responsibility for the child/young person (or the young person themselves if they are competent) before passing information about them to the EHASH.

If Targeted Early Help support or an Early Help Assessment are being requested then verbal consent from the family must be gained before submitting the form.

When gaining consent, please explain to the family:

- What information is being shared in the request for targeted early help support?
- All requests for targeted early help support may be subject to an early help action and allocation meeting process where information will be shared among different agencies to determine the most appropriate support service for the family.
- EHASH will contact other agencies (including health) for relevant information these agencies may hold about their involvement and the child and family's needs.

Please document the consent in your organisation's record for the individual, detailing who gave the consent and when. Please tick this box to confirm this has been completed otherwise your contact may not be considered.

Have Parents/Carers consented to you making contact with the Early Help and Safeguarding Hub?

Y N

If yes to above:	Choose an item.	Name
If no to above: <i>Please provide a reason why</i>		

2. Details of Person Making Contact

Full Name	
Job Title	
Organisation Making Contact	
Service area and address	
Telephone number	
Email address	

Date of Contact	
Source of Contact	Choose an item.

3. Child Details

Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	School (if applicable)	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.

				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
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4. Parent/Carer Details (whether living in the household or not)

Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	Parental Responsibility	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
				Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.		Choose an item.

5. Children in The Household/Other Significant Family Members

Name	Address including postcode	Contact Number	Date of Birth or EDD	Gender	School (if applicable)	Disability (if applicable)	Ethnicity	Religion	First Language	Interpreter Required
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
				Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.

6. Significant Agencies Involved and Their Reasons for Involvement - please include GP details

Agency	Contact Name	Contact Number	Address	Brief Reason for Involvement

7. Brief History of Your Involvement

How long have you been involved with this family?

Please summarise your involvement & knowledge of family history

Do you have knowledge of any previous early help assessments or Team around the Family (TAF) meetings held and details of the lead practitioner?

Please Identify Only ONE Main Issue of Concern:

8. Presenting issues

Abuse - Emotional	Family in acute stress due to low income	Radicalisation
Abuse - Neglect	Female Genital Mutilation (FGM)	Remanded to Custody - child
Abuse - Physical	Bullying (Physical and Cyber)	Sexually Inappropriate Behaviour
Abuse - Sexual	Child Missing From Education	Parental Illness
Asylum seeker - Accompanied	Housing/ Homelessness (Family)	Socially Unacceptable Behaviour
Asylum seeker - Unaccompanied	Housing/ Homelessness (lone child)	Step Parent Adoption
Chronic School Attendance Issues	Child Left Home Alone	Special Educational Needs
Child with a disability/complex health needs	Parental/ Adults Conflict	Youth Offending
Child Sexual Exploitation (CSE)	Parenting Issues	Young Person Mental/Emotional Health

Child Criminal Exploitation	Parental/Mental/Emotional Health	Young Person Substance Misuse
Crime concern (adults)	Parental offending	Young Carer
Domestic Violence/ Abuse within the household	Parental Substance Misuse	Vulnerable Pregnancy Pathway
Family Dysfunction	Private Fostering Enquiry	Vulnerable Health Pathway

Please complete for safeguarding/ child protection concerns and targeted early help support which requires a multi-agency plan

9. Please outline your concerns and why you believe this child is at risk of significant harm or in need of targeted early help

Explain what you are worried about describing what life is like for the child and family, including your assessment of what is concerning you, including

your assessment of the family situation,

Please identify the key factors in relation to the following areas, with particular attention as to how this is affecting the child.

Danger/Harm

Detail about significant child protection incident or patterns and history that indicate child protection concerns

Safety

How the child/ren have been protected

<p>Complicating Factors <i>Conditions / behaviours which contribute to greater difficulty for the family</i></p>
<p>Strengths / Protective Factors <i>Assets, resources, capability within the family, individual / community</i></p>
<p>Grey areas / disputed facts <i>Issues where further clarification is needed</i></p>
<p>What have you already tried or offered? Please outline what services you will continue to provide. <i>What is working well, what needs to happen/change, what can your agency contribute to keep the child safe/support the child family?</i></p>
<p>What does the family/child young person think of their situation and what do they want to change? Please comment on the families capacity to change.</p>

Contacts relating to risk of significant harm must be made via telephone and followed up in writing within 24 hours

Completed contact and referral forms should be sent to Hull EHASH: EHASHgc@hullcc.gcsx.gov.uk

If out of hours, please contact: Emergency Duty Team – Telephone 01482 300304

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