



# Child Protection and Safeguarding Children and Young People Policy

*Author: Angela Saunders - First Issued September 2020*

*Designated Safeguarding Lead (DSL) Angela Saunders*

*Deputy Safeguarding Lead (Deputy DSL) Hannah Lant*

*Next review date 29/03/2025*

# 1 Introduction

## 1.1 A child centric and coordinated approach to safeguarding

PCT Progressive Consultancy and Training Ltd work with children and as such is legally required to have a child protection policy that is kept up to date and is understood by all personnel who work on behalf of PCT.

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action<sup>1</sup>.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who meets children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, we take our roles and responsibilities seriously and ensure our approach to safeguarding and child protection is child centric. This means that all our staff will always consider what is in the best interests of the child.

We recognise the importance of our policy and procedures are robust and clearly understood by all staff and that no single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who meets them has a role to play in identifying concerns, sharing information and taking prompt action. Regular staff meetings and newsletters, ensures safeguarding is at the forefront of all our minds.

## 1.2 Purpose and Scope of this Safeguarding Policy

The purpose of this policy is to clearly set out our safeguarding aims and activities we carry out:

- to protect children and young people who receive PCT's services from harm. This includes the children of adults who use our services;
- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of PCT or one of their partners, including senior managers, paid staff, volunteers, sessional workers, agency staff and regular visitors (mental health and wellbeing counsellors and specialist therapists).

We work closely with local authorities and AP provision through Warwickshire AP and Coventry AP teams, as a result, our Safeguarding policies and procedures are aligned and refer to their guidance.

This policy is available to all personnel, schools, local authorities, parents, carers and students. As part of our safer recruitment policy and onboarding processes, all personnel working on behalf of PCT must have an enhanced DBS, and have attained the Level 2 Safeguarding training, plus local authority safeguarding training (where available). Moreover, each person must read and understand the policy and guidelines before commencing work.

## 1.3 Terms and Definitions

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: ***protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.***

- 'Child' refers to anyone under the age of 18.
- 'Child Protection' refers to the intervention made as a result of a child that has been harmed or at significant risk of being harmed.
- 'Parent' refers to birth parents and other adults in a parenting role such as, adoptive parents, step parents and foster carers.
- 'Staff' or 'members of staff' refers to all teaching, non-teaching, support, supply, contract staff and volunteers who work on behalf of PCT.

## 1.4 The Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England/Northern Ireland/Scotland/Wales [select the relevant nation].

A summary of the key legislation and guidance is available from →

<https://nspcc.org.uk/childprotection>

## 1.5 Supporting Documents

This policy statement should be read alongside our other policies, procedures, guidance and other related documents, as below:

Ref:	Description	
	Role description for the designated safeguarding officer	X
	Dealing with disclosures and concerns about a child or young person	X
	Managing allegations against staff and volunteers	
	Staff Code of Conduct (including volunteers and regular visitors e.g. specialist experts and therapists)	
	Photography and sharing images guidance	
	Safer Recruitment	
	Anti-bullying	
	Online safety (use of social media and exposure to inappropriate material)	
	Managing complaints	
	Whistleblowing	
	Health and Safety	
	Staff Induction, training, supervision and support adult to child supervision	

## 2. The role of all staff within the Learning Centre

Knowing what to look for is vital to the early identification of abuse and neglect. If staff members

are unsure, they should always speak to the designated safeguarding lead (DSL). Your DSL details will be shared with you during your induction.

Keeping children safe in education (KCSIE) 2023 is currently in force and all schools and colleges must use it. The updates include:

- Job applicants and online searches
- Filtering and monitoring
- Allegations against agencies and individuals
- Children absent from education
- DSL job description

## **2.1 All staff roles and responsibilities**

2.1.1 All staff members will receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff members will receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

2.1.2 All centre staff have a responsibility to provide a safe environment in which children can learn. To be responsible for identifying concerns early, provide help for children, and prevent concerns from escalating.

2.1.3 We have a designated safeguarding lead (DSL) who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

2.1.4 All centre staff are prepared to identify children who may benefit from early help. 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. In the first instance staff should discuss early help requirements with the designated safeguarding lead (DSL). Staff may be required to support other agencies and professionals in an early help assessment.

2.1.5 All staff members are aware of the signs of abuse and neglect so that they can identify cases of children who may need help or protection. Types of abuse and neglect, and examples of safeguarding issues are described in section 1.4 of this guidance.

2.1.6 Any staff member who has a concern about a child's welfare should follow the referral processes set out under Appendices. Staff may be required to support social workers and other agencies following any referral.

2.1.7 The Teachers' Standards 2012 state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties<sup>2</sup>.

2.1.8 All staff members are made aware and explained to them our Safeguarding Policy and Procedure as part of staff induction. This includes:

- the Safeguarding policy (includes the role of all personnel, the DSL and Deputy DSL. Including who are assigned DSL, Deputy DSL and how to get in contact with them)
- the staff code of conduct and what is expected from everyone in terms of keeping children, young people, staff and visitors safe
- the local authority Safeguarding processes and procedures

2.1.9 All staff are aware of the early help process and understand their role in it. This includes identifying emerging problems, liaising with the DSL, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

2.1.10 All staff are aware of the process for making referrals to children's social care and for statutory assessments under Children Act 2004 is up to date with all changes known to be in force on or before 25 March 2024<sup>3</sup> that may follow a referral, along with the role they might be expected to play in such assessments<sup>4</sup>.

2.1.11 All staff know what to do if a child tells them he/she is being abused or neglected. Staff understand how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the DSL (designated safeguarding lead) and children's social care. Staff are aware not to promise a child that they will not tell anyone about an allegation- as this may ultimately not be in the best interests of the child.

2.1.12 If a staff member has a concern about another staff member then this should be referred to the DSL immediately. Where there are concerns about the DSL this should be referred directly to the designated safeguarding officers within children's social care. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

## **2.2 Specific safeguarding issues**

2.2.1 All staff should have an awareness of safeguarding issues- some of which are listed below.

Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

2.2.2 All staff should be aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender-based violence/sexual assaults and sexting. Staff should be clear as to the school or college's policy and procedures with regards to peer on peer abuse.

## **2.3 Role of the Designated Safeguarding Lead (DSL)**

The nominated child protection lead is the point of contact for anyone in an organisation who is concerned about a child. The role is also responsible for leading on:

- safeguarding policies and procedures
- training and development
- receiving concerns about a child
- keeping all parties informed and updated on any concerns or referrals made
- reporting, storing and retaining child protection records following the organisation's policies and procedures.

'Governing bodies and proprietors should appoint an appropriate senior member of staff, from the school or college leadership team, to the role of designated safeguarding lead. The designated safeguarding lead should take lead responsibility for safeguarding and child protection.

It is the responsibility of the DSL to appoint one or more trained deputies and to arrange adequate cover for any absence during term time and out of hours/out of term time activities. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for safeguarding and child protection, as set out above, remains with the designated safeguarding lead. This responsibility should not be delegated.

The designated safeguarding lead and any deputies should liaise with the local authority and work with other agencies in line with Working together to safeguard children.

The designated safeguarding lead and any deputies are trained to provide them with the knowledge and skills required to carry out the role. The training is updated every two years with annual refreshers.

In addition to their formal training, as set out above, their knowledge and skills will be updated, (for example via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, but at least annually, to keep up with any developments relevant to their role.

## 2.3.1 Managing Referrals - The Designated Safeguarding Lead/Deputy is expected to:

- Refer cases of suspected abuse to the local authority children's social care as required.
- Support staff who make referrals to local authority children's social care.
- Refer cases to the Channel programme where there is a radicalisation concern as required.
- Support staff who make referrals to the Channel programme.
  - Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required.
- Refer cases where a crime may have been committed to the Police as required.
  - Liaise with the headteacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the [Children Act 2004](#) and police investigations.
  - As required, liaise with the "case manager" the Designated Officer(s) at the local authority for child protection concerns (all cases which concern a staff member).
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.
- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the school's protection policy and procedures, especially new and part time staff.
- Are alert to the specific needs of children in need, those with special educational needs and young carers<sup>5</sup>
- Must keep detailed, accurate, secure written records of concerns and referrals.
- Understand and support the centre with regards to the requirements of the Prevent duty and can provide advice and support to staff on protecting children from the risk of radicalisation.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the centre may put in place to protect them.
- The designated safeguarding lead should ensure the school's child protection policies are known, understood and used appropriately.
- Ensure the learning centres child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing



bodies or proprietors regarding this.

- Ensure the child protection policy is available publicly and parents know referrals about suspected abuse or neglect may be made by the centre staff.
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- For students who are transferred to a new school, the DSL is responsible for ensuring their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

### **2.3.2 Availability of the DSL**

- a. During term time the designated safeguarding lead (or a deputy) will always be available (during opening hours in term time and out of term special events/holiday clubs). The term available, means available in person, onsite. However, in exceptional circumstances availability via phone and or Skype or other such mediums is acceptable.
- b. It is a matter for individual schools and colleges and the designated safeguarding lead to make appropriate arrangements for any out of hours/out of term activities.
- c. PCT works closely with local authorities and Coventry AP and Warwickshire AP, as a result, a deputy will be onsite at all times if the DSL is not available. A debriefing at the end of the day will be held with key team members.

## **3. Effective safeguarding**

It is important to remember that safeguarding and child protection are not the same.

Safeguarding is what we do for all children and young people to keep them safe whilst in our care. Child protection describes the policy and procedures specifically for those young people who are at risk of serious harm or have been seriously harmed.

As we are a collaborative service working in partnership with many organisations, schools and agencies, it is imperative that our young people are safeguarded and that all safeguarding concerns are reported in the correct way.

All providers have demonstrated how their organisation adheres to all safeguarding requirements and confirmation is received each academic year that staff have completed safeguarding training.

- recording concerns and information sharing
- child protection records retention and storage

If a safeguarding concern or disclosure arises during training a safeguarding form **must** be completed and submitted.

These forms must be completed with accurate, detailed information. All fields of the form **must** be completed before submitting.

Upon receipt of this safeguarding form, a copy will be forwarded to the DSL of the school where the child in question is on roll. The DSL of the provider should have made contact with the DSL to advise them of this concern as soon as possible.

If a referral to **MASH** or any other agency is required as a result of the concern or disclosure, provider staff **must** do this if they are the organisation raising the concern or receiving the disclosure.

We have provided a **Helpline Directory** which was produced by **Andrew Hall - Safeguarding Specialist** for your reference if you are unsure of what support to offer.

## **LADO**

Reports are made when an adult who works with children has alleged to have abused their position of trust within their setting, this includes both employment or in a voluntary capacity.

If you have concerns around another professional's conduct in regards to the safety of young people or children, this should be reported to WRL Service Lead who will investigate and gather information initially. For more information please refer to our **Local Authority Designated Officer (LADO) web page**.

## **Multi-Agency Safeguarding Hub (MASH)**

The aim of the **Multi-Agency Safeguarding Hub (MASH)** is to bring together key professionals from across the city to facilitate early, high-quality information sharing, analysis and decision-making to deliver quality outcomes for children, young people and families.

As a result, decisions will be made quicker and support targeted towards the most urgent cases. Indeed, more effective coordination between agencies will also lead to an improved service for

children and their families, as well as allowing agencies to enhance risk management and mitigation.

Any concerns regarding the safety and welfare of young people must be reported to the MASH service.

### What staff should do if they have concerns about safeguarding practices within the centre

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in PCT safeguarding regime and that such concerns will be taken seriously by the senior leadership team. In the first instance, please refer to our Whistleblowing policy, however, where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be worth pursuing:

- General guidance can be found at- Advice on whistleblowing <https://www.gov.uk/whistleblowing>
- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk). Alternatively, if the matter is not urgent, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain Road, London EC2A 3NH.

### Safeguarding Procedure - Responding to signs of abuse or disclosures

What staff should do if a child is in immediate danger or at risk of harm

If a child is in immediate danger or is at risk of harm a referral should be made to children's social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead the designated safeguarding lead should be informed, as soon as possible, that a referral has been made. Reporting child abuse to your local council directs you to your local children's social care contact number.

What to do if you have concerns about a child

If staff members have any concerns about a child (as opposed to a child being in immediate danger) they will need to decide what action to take. Where possible, there should be a conversation with the designated safeguarding lead to agree a course of action, although any staff

member can make a referral to children's social care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board.

If anyone other than the DSL or Deputy makes a referral, they must inform the designated safeguarding lead immediately (within 30 minutes). The local authority should decide within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming.

**Step 1:** Complete a concern form and request to speak to the DSL or Deputy. Depending on the level of concern or urgency, either request an immediate meeting with DSL or Deputy. For less urgent matters, ensure the concern has been discussed prior to the end of the school day.

**Step 2:** Present your concern to the DSL or Deputy at the meeting. During discussion, it may be appropriate to speak with the student directly. If not, a call to the parent/carer to discuss further may be necessary. Next steps will be agreed and documented for sharing with other parties and agencies involved in the protection of children.

**Step 3:** Log the concern on the relevant platform to notify all stakeholders (this will be managed by the DSL/Deputy):

- Discuss with local authority DSL and referring school DSL, complete a safeguarding form online. All updates to be followed up by telephone call to DSL/Deputy.

- Contact CCC local authority MASH using <https://www.coventry.gov.uk/mash>

- WCC local authority - contact warwickshire safeguarding team.

<https://www.safeguardingwarwickshire.co.uk>

- The online tool - Reporting child abuse to your local council → <https://www.gov.uk/report-child-abuse> This will direct you to your local children's social care contact number using postcode CV5 6EQ.

- Contact WCC local authority MASH using <https://www.warwickshire.gov.uk/mash>

**Step 4:** All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

Keep full records safely and confidentially, including any updates and follow on meeting actions. Seek advice from your DSL/Deputy to agree folder location on the system. If after a referral the child's situation does not appear to be improving the designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been

addressed and, most importantly, that the child's situation improves.

### **Safe storage of records**

For digital forms and documents, safely store information within the Safeguarding folder → create a new folder with student initials and date e.g. AS020423. All handwritten documents must be stored in the lockable cabinet held in the staff room.

### **Consider Early Help**

If early help is appropriate the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate. The case should be kept under constant review and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving.

### **Female Genital Mutilation**

If a teacher, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18 the teacher must report this to the police.

•



# APPENDIX A: Recognising the signs of Abuse

Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. In addition to the descriptions below, please refer to the NSPCC website, which also provides useful additional information on types of abuse and what to look out for.

There are four categories of abuse, which may result in a child being placed on the Child Protection Register. They are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

## 1.4.1 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.

## 1.4.2 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.

## 1.4.3 Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only 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 cyberbullying), 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, although it may occur alone.

#### **1.4.4 Sexual Abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

#### **1.4.5 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.



# APPENDIX B: Indicators of Abuse

This guidance is provided as a useful reminder of the indicators of abuse but should always be considered within the context of a comprehensive training programme and not as a substitute for more in depth consideration

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Unexplained injuries including burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which seems excessive
- Bald patches
- Withdrawal from physical contact
- Arms and legs covered, even in hot weather
- Fear of returning home
- Fear of medical help
- Self-destructive tendencies
- Aggression towards others
- Running away

## Indicators of Emotional Abuse

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Physical and/or mental and/or emotional development lags
- Admission of punishment that appears excessive
- Over-reaction to mistakes
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour e.g. thumb sucking, hair twisting, rocking
- Self-mutilation

- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Running away
- Compulsive stealing or scavenging.

### **Indicators of Sexual Abuse**

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused:

- Sudden changes in behaviour or in school performance
- Displays of affection in a sexual way, inappropriate to age
- Tendency to cling or need reassurance
- Regression to younger behaviour e.g. thumb sucking, acting like a baby, playing with discarded toys
- Complaints of genital itching or pain, or anal pain
- Distrust of a familiar adult, or anxiety about being left with a relative, babysitter or lodger
- Unexplained gifts or money
- Depression and withdrawal
- Apparent secrecy
- Bedwetting, daytime wetting and/or soiling
- Sleep disturbances, nightmares
- Chronic illness, e.g. throat infection, venereal disease or other STD
- Anorexia, bulimia
- Unexplained pregnancy
- Fear of undressing, e.g. for sport
- Phobias or panic attacks

### **Indicators of Neglect**

Some of these indicators would clearly suggest child abuse, whilst others, when combined, may suggest that a child is being abused.

- Constant hunger
- Poor personal hygiene

- Constant tiredness
- Poor state of clothing
- Emaciation
- Frequent lateness or non-attendance at school
- Untreated medical problems
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing or scavenging.

# APPENDIX C: Understanding reasons for non-reporting of Abuse

## REASONS WHY SOME PEOPLE HESITATE TO REPORT ABUSE

The following list contains a range of reasons why people commonly hesitate to report abuse. It is provided for information but be aware that none of these reasons is a justification for failing to report a child protection concern or disclosure.

- The child asks you to keep silent – keep a secret
- Fear of breaking up the family
- Fear of exposing the child to further abuse
- Fear of breaking a trusting relationship with child/family
- Painful memories of your own abusive experiences
- Fear of reprisals to yourself/your children/family
- Fear of presenting evidence in court
- Afraid of misinterpreting or overreacting to the situation
- Assuming another agency is dealing with the problem
- The 'rule of optimism' – everything will work out OK
- Assuming one parent/carer will protect
- Believing the child is fantasising/lying
- Being persuaded by the child's retraction
- Allowing a temporary improvement in the child's situation to distract you from the reality of continuing abuse
- Being unable to comprehend the unbelievable nature of the disclosure
- Not understanding procedures

## WHY CHILDREN CAN'T TELL ABOUT ABUSE

- Threats from abuse – withdrawal of 'favours' or physical threats – may be implicit derived from abuse of power
- Threats from peers also involved in abuse
- May think s/he is to blame and fear arrest
- Fear the loss of the child's world – family, school etc.

- May be emotionally dependent on abuser
- May have compartmentalised abuse
- Think they won't be believed
- Low sense of self-esteem makes disclosure difficult
- May not realise sexual abuse is a crime – thinks it's normal
- May not wish to betray abuser
- May fear exposure and particularly public exposure
- May be ambivalent about sexual identity or feel guilty about taking part in abuse
- Lack of faith in justice system particularly for children with disabilities and from ethnic minorities
- Hasn't got adult permission to tell
- Lack of appropriate language skills

### **WHY REFER?**

- Children have the right to be safe
- Adults have a responsibility to protect children
- Abuse is damaging
- Child abuse exists in a world of secrecy and silence – the cycle of abuse has to be broken
- You only have one small piece of a jigsaw
- Children rarely lie about abuse
- An abuser may well abuse many other children who also have a right to protection

For guidance and support, contact the Children's Social Care Referral and Assessment Service  
Telephone: 024 7678 8555.

**MAKING A DECISION** Further guidance for making a decision is provided in the Children's Social Care, Thresholds and Practice Standards, available at:

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

### **APPENDIX B: Safeguarding guidance for professionals**

Expert and professional organisations are best placed to provide up-to-date guidance and

practical support on specific safeguarding issues.

Information for schools can be found on the following websites:

- Regional child protection procedures for West Midlands <https://westmidlands.procedures.org.uk>

This website contains up to date information on statutory child protection procedures, regional safeguarding guidance and local area specific safeguarding information and procedures.

- Early help is an effective way of promoting the welfare of children rather than reacting when problems become more serious. Refer to your DSL or consult the local authority early help team for guidance.

- TES, <https://www.tes.com/teaching-resources> MindEd <https://www.minded.org.uk/course/view.php?id=402> and the NSPCC <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/> websites. School and college staff can access government guidance as required on the issues listed below via GOV.UK and other government websites:

- bullying including cyberbullying <https://www.gov.uk/government/publications/preventing-and-tackling-bullying>
- children missing education – and Annex A <https://www.gov.uk/government/publications/children-missing-education>
- child missing from home or care <https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>
- child sexual exploitation (CSE) – and Annex A <https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>
- domestic violence <https://www.gov.uk/guidance/domestic-violence-and-abuse>  
drugs <https://www.gov.uk/government/publications/drugs-advice-for-schools>
- fabricated or induced illness <https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>
- faith abuse <https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>
- female genital mutilation (FGM) – and Annex A <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

- forced marriage- and Annex A <https://www.gov.uk/guidance/forced-marriage>
- gangs and youth violence <https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence>
- gender-based violence/violence against women and girls (VAWG) <https://www.gov.uk/government/policies/violence-against-women-and-girls>
- hate <http://educateagainsthate.com/>
- mental health <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- missing children and adults strategy <https://www.gov.uk/government/publications/missing-children-and-adults-strategy>
- private fostering <https://www.gov.uk/government/publications/children-act-1989-private-fostering>
- preventing radicalisation – and Annex A <https://www.gov.uk/government/publications/prevent-duty-guidance>
- relationship abuse <https://www.disrespectnobody.co.uk/relationship-abuse/what-is-relationship-abuse/>
- sexting <https://www.disrespectnobody.co.uk/sexting/what-is-sexting/>
- trafficking <https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

<sup>3</sup> Under the Children Act 1989, local authorities are required to provide services for children in need in their area for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take. <sup>4</sup>Detailed information on statutory assessments can be found in Chapter 1 of Working together to safeguard children <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

## APPENDIX F - Managing a Young Person's Allegation against an Adult (e.g. a Parent etc.)

1. A young person makes an allegation against an adult (e.g. a parent, carer, other adult etc.) to a volunteer or to another adult at the Delivery Provider.
2. The member of staff / volunteer or other adult reports the allegation to the Designated Person at the Provider, as soon as possible.
3. The Designated Person at the Delivery Provider contacts the Home Learning Base and the Head of Related Learning Service, as soon as possible. Follow up with completion of the concern referral form.
4. If the allegation occurs out of hours and no one is available at the Home Learning Base, contact the Assessment Service (RAS) in Coventry.
5. The Designated Person at the Delivery Provider investigates the allegation from the young person and down the relevant information.
6. The Designated Person at the Home Learning Base decides how to deal with the allegation (e.g. the case to RAS or to the Child Abuse Investigation Unit etc.)
7. The staff at RAS decide whether to contact the police (e.g. depending on the nature of the allegation).
8. The Designated Person at the Home Learning Base provides appropriate support for the young person depending on the nature of the allegation and provides feedback to the provider.



## APPENDIX G - Managing an Allegation made against a Member of Staff or Volunteer

1. The member of staff / volunteer speaks to the Operational Manager / Managing Director / Chief Executive (CEO), as soon as possible, about an allegation made against another member of staff or volunteer.
2. The Operational Manager / Managing Director / CEO contacts the Head of the Work-Related Learning and the Education Officer (SEN) and Local Authority Designated Officer (LADO).
3. The Education Officer (SEN) and Local Authority Designated Officer (LADO) telephones the appropriate agencies (e.g. the Local Authority Safeguarding Team, the Referral and Assessment Service and / or the police etc.) to discuss the nature of the allegation.
4. The Delivery Provider should follow their own Human Resources policies (which may involve suspending the member of staff etc.)
5. The Education Officer (SEN) and Local Authority Designated Officer (LADO) decides whether to hold a Strategy Meeting, based on the information available.
6. The Education Officer (SEN) and Local Authority Designated Officer (LADO) chairs a Strategy Meeting if appropriate, and liaises with the relevant agencies or the Police etc.
7. The Education Officer (SEN) and Local Authority Designated Officer (LADO) carries out the appropriate actions at the end of the Strategy Meeting (e.g. a criminal investigation and/ or a Human Resources disciplinary procedure).
8. The actions from the Strategy Meeting are followed up, as appropriate (e.g. hold a further Strategy Meeting to close the case)

## APPENDIX H - Potential Questions for Senior Board Management / Chief Executive / Director to ask regarding Safeguarding

Safeguarding

- Over time are the number of families on the Child Protection Register increasing or decreasing?
- Do we have enough trained staff to meet the workload associated in this area?
- This is stressful work, are we happy that there are adequate support systems in place?
- How does the progress of these young people compare with the overall cohort?
- Is there further support needed by these young people?
- How much time is used up by the staff involved in this work?
- What is the impact upon teaching commitments?
- How do you ensure good communications between staff?
- What are the issues associated (at this time) with any inter agency working?

#### Training

- Is all training up to date – including training for Senior Management / Director etc.?
- Are training records up to date and are there any areas identified for further training?
- Is the Provider covered by First Aid when young people are onsite?

#### E-safety

- When was the last time there was a staff audit of staff needs?
- Is there a plan which highlights e-safety training/induction for young people?
- What is the policy regarding mobile phones?
- Are there any issues at the Provider around the use of Social Media at home?

## APPENDIX I - Safeguarding & Child Protection Concerns Form

### CONFIDENTIAL

**Please complete this and send a password protected copy to the school Designated Safeguarding Authority within 24 hours. Attach any witness statements / detailed accounts where relevant.**

**Safeguarding & Child Protection Concerns Form** – to be used where there are concerns re neglect, sexual abuse, or emotional abuse. This could include domestic violence.

The concerns must be shared with the school's Designated Safeguarding Lead, or his/her deputy, witho

Child's name:

Date of birth:

WHAT IS THE CONCERN?

Signature of person expressing concern:

Date:

This form must be passed to the Designated Safeguarding Lead (or his/her deputy) without delay.

**The following section to be completed by the Designated Safeguarding Lead**

Planned action, in addition to placing this record of concern on the child's safeguarding file: Signature (of Designated Safeguarding Lead making decision on planned action):

Date:

[APPENDIX J - Safeguarding & Child Protection Disclosure / Immediate Referral Form](#)

**Safeguarding & Child Protection Disclosure / Immediate Referral Form** – to be used where there is a concern that what may be neglect, physical abuse, sexual abuse or emotional abuse. This could include domestic violence. A disclosure may be made by the allegedly abused child, by another child or by an adult.

**CONFIDENTIAL**

**INITIAL REPORT FORM**

Name of person reporting the disclosure:

Location of the disclosure (including what activity was taking place):

Date and time of the disclosure:

Name of child or adult making the disclosure:

Name of child alleged to have been abused (if different to above):

Date of birth of child alleged to have been abused:

ACCOUNT OF THE DISCLOSURE (This should be in as much detail as possible including how the child communicated the concern, if in body language):

Time INITIAL report was handed on to Designated Safeguarding Lead (or his/her deputy):

When the Designated Safeguarding Lead, or in his/her absence, the Deputy Safeguarding Lead, has been notified, he/she shall make the decision whether to refer the concern to Social Care.

Referrals must be made as soon as possible, and the appropriate forms (Multi-Agency Referral Form) completed at the same time.

The Multi-Agency Referral Form is available at: [www.coventrylscb.org.uk/reporting\\_concerns.html](http://www.coventrylscb.org.uk/reporting_concerns.html)

Referrals to Children's Social Care must be made to the citywide Referral and Assessment Service (see details below)

**Children's Social Care Referral and Assessment Service 4<sup>th</sup> Floor Broadgate House, Broadgate, COVENTRY CV1 1NG.**

Telephone: 024 7678 8555 (the same telephone number as previously) Send online referrals to: [RAS@coventry.gcsx.gov.uk](mailto:RAS@coventry.gcsx.gov.uk)

**The Referral and Assessment Service must be consulted when there is uncertainty about whether a referral should be made.**

## APPENDIX K – Report to Social Core

### **CONFIDENTIAL**

### **REPORT TO SOCIAL CARE**

When making this report the Designated Safeguarding Lead (DSL) for Safeguarding should have as much information about the child's family available as possible (e.g. Dates of birth, Addresses of as many 'family members' as possible, Names of family members, Nationality, National Insurance numbers, Telephone numbers, etc). A history of key events is useful when communicating concerns so that patterns are recognised.

Name of DSL making the report:

Date:

Time the report is made:

Name of social worker report made to:

Initial advice and comments from Social Care:

Subsequent contacts with Social care or other agencies (The DSL should log here ALL subsequent contacts with all agencies. These contacts should ALWAYS contain – date, time, who is speaking, brief notes on the content of the contact).