



Durham Johnston

Child Protection (Safeguarding)

Based on
'Keeping children safe in school:
Child protection within safeguarding
Policy and Guidance for Durham Schools'

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Children maximise their potential in an environment that is safe, secure and supportive of all their needs, including any needs they have for protection from abuse.

Our school is committed to promoting the welfare of all children by working in partnership with parents and carers, the Local Authority (LA) and multi-agency partners in early help and child protection, in accordance with locally agreed Local Safeguarding Children Board procedures and practices.

Our policy applies to members of the school community in its widest sense. Thus this includes children and young people, their parents/carers, school staff, governors, visitors, specialist staff, and the local and wider community where they interface with the school. Within its framework, the policy outlines entitlements and responsibilities in securing the protection of children who attend the school (Appendix 1).

Our policy is underpinned and shaped by legislation and guidance contained in a variety of documents including: -

- The Children Act 1989; Children Act 2004
- The Education Act 2002; Education and Inspections Act 2006
- Working Together to Safeguard Children 2015
- The Local Safeguarding Children Board (LSCB) procedures (www.durham-lscb.org.uk)
- What to do if you're worried a child is being abused – DfES 2015
- Keeping Children Safe in Education. Statutory guidance for schools and colleges. May 2016 (effective from September 2016)
- Use of reasonable force. Advice for head teachers, staff and governing bodies. DfES. July 2013
- County Durham Practice Framework: Single Assessment Procedures and Practice Guidance September 2015
- Confidential Reporting Code, (Durham Schools Extranet; Documents Library/HR)
- A Guide for Professionals on the Sharing of Information
County Durham Safeguarding Adults Inter-Agency Partnership and Durham Local Safeguarding Children Board
- Operating Procedures for children and young people who either go missing from home or go missing from Care. Durham Constabulary and Durham County Council May 2012
- *Prevent* Duty Guidance: for England and Wales
HM Government 2015
- The Prevent duty Departmental advice for schools and childcare providers
Department for Education June 2015

To emphasise the caring ethos of our school, staff and governors are committed to the following principles:-

- ◆ The welfare and well-being of each child is of paramount importance.
- ◆ Our policy works on the premise that abuse takes place in all communities and that school staff are particularly well-placed to identify and refer concerns and also to act to prevent children and young people from being abused.
- ◆ We respect and value each child as an individual.
- ◆ We are a listening school, and encourage an environment where children feel free to talk, knowing that they will be listened to.
- ◆ The protection of children from abuse is a whole-school issue, and the responsibility therefore of the entire school community.
- ◆ Our policy should be accessible in terms of understanding and availability. Regular training will ensure all adults in school are aware of indicators of concern or abuse and the designated safeguarding leads that such information should be promptly passed on.
- ◆ Our policy will be developed and kept up to date with information from our relevant partners in early help and child protection as well as national documentation issued by HM Government and The Department for Education.
- ◆ We will use the school curriculum to resource our children to protect themselves from abuse, both as victims and as potential perpetrators.
- ◆ The school runs in an open, transparent way.

1. Overview: Safeguarding

➤ **Definition of 'safeguarding'**

'Keeping children safe in education', DfES, 2015, defines safeguarding and promoting the welfare of children 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.

'Children' includes everyone under the age of 18'.

➤ **Safeguarding within this school**

Everyone who comes into contact with children and their families has a role to play in safeguarding children. School staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and their staff form part of the wider safeguarding system for children working with social care, the police and health services both to promote the welfare of children and protect them from harm.

Safeguarding children permeates all aspects of our work as a school, with a preventative role to inform and boost the resilience of all students by enhancing protective factors in their lives. Accordingly this policy links with many other related policies in school:

- Attendance Policy
- Behaviour Policy
- Complaints Policy
- Confidential reporting code (Whistle blowing)
- Grievance Policy and Procedures
- Whole-school Anti-bullying policy, including cyber-bullying
- Health and Safety protocols
- Medication in school/First Aid policies
- Intimate Care Policy
- School Code of Conduct
- Staff Disciplinary Policy
- School visits including risk-assessments
- ICT/e-safety
- SEN/LAC
- Use of Force Policy
- Staff / student acceptable use policies
- Equal Opportunities
- Recruitment and Selection Policy

- ⇒ Durham Local Safeguarding Children Board Child Protection Policy on www.durham-lscb.org.uk The online document is always current.
- ⇒ County Durham Practice Framework: Single Assessment Procedure & guidance. September 2015
- ⇒ Managing Allegations against Staff (Appendix 5 of Durham LSCB Child Protection Procedures)

⇒ Keeping children safe in education. May 2016

➤ ***Safeguarding throughout school life***

Caring ethos

We aim to create and maintain **a caring ethos** where all children and adults feel safe, secure and valued. If children feel happy and enjoy school this will encourage good attendance and then create conditions in which they can do their best in every area of school life. Our school operates as a listening school where children are able to approach adults with concerns. These will be taken seriously and relevant Local Safeguarding Children Board (LSCB) procedures followed without delay if there is a risk/likelihood of, or actual **significant harm**.

Key staff include members of the Leadership Group and pastoral team including Year Leaders and the staff named below.

Mr B Pugh, Student Counsellor (DCC)
Mrs J Coady – Attendance and Welfare Manager
Mrs L Wood – Student Support Centre Manager

Curriculum

Children have access to an appropriate curriculum, differentiated to meet their needs. This enables them to learn to develop the necessary skills to build self-esteem, respect others, defend those in need, and resolve conflict without resorting to violence. Children learn skills to question and challenge to enable them to make informed choices now and later in life. A protective factor for children is personal resilience including strong social and emotional skills. All work with children which boosts confidence and self-esteem is valuable to protect them from peer pressure and outside influences detrimental to their physical and mental well-being.

Children are encouraged to express and discuss their ideas, thoughts and feelings through a variety of activities and have access to a range of cultural opportunities which promote respect and empathy for others. As part of our new Prevent duty under s.26 of the Counter-Terrorism and Security Act 2015, we are aware of the importance of building pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. Schools can build pupils' resilience to radicalisation by providing a safe environment for debating controversial issues and helping children and young people understand how they can influence and participate in decision-making. (See Section 9)

Art, Music, Drama, English are some of the areas of the curriculum in which children can discuss and debate important issues including lifestyles, health, safety and well-being (physical and emotional), sex education and healthy relationships, family life, child care and parenting, forced marriage, domestic abuse, religious beliefs and practices as well as human rights issues. These subjects can be used to teach children and young people to recognise and manage risk, make safer choices, and recognise when pressure from others threatens their personal safety and wellbeing. They can develop effective ways of resisting pressure, including knowing when, where and how to get help.

Universal services and specialist support staff

The following professionals are also available to support individual children in school:

One Point Hub – Durham, DCBC Bracken Court, Ushaw Moor, Durham DH7 7NG
Tel: 03000 2611

Mrs J McCabe, School Nurse (One-Point) – holds confidential drop-in session for students every Tuesday from 12.15 – 1.30 in the Drama Studio. Tel: 03000 261 507

Mr B Pugh, Student Counsellor (Durham County Council) – available in school every Monday. Individual appointments made via Heads of Year Administrator, Miss J Bewley

Educational and Psychological Consultant – Dr M Portwood – Tel: 01388 608 615

Child and Adolescent Mental Health Service – Tel: 0191 3336005
Tel: 0191 441 5733 (24 hour helpline)

On occasion the following visitors may be invited to contribute to our work to safeguard and promote the welfare of our students:

Community police, Fire Brigade/safety carousels, domestic abuse workers, sexual health advisors/drop in sessions, drugs workers providing information and therapeutic cessation work.

The extended day

Our extra-curricular activities are many and varied. Details are published on the school's website each term. <http://www.durhamjohnston.org.uk/news/extra-curricular>

These activities all provide further opportunities for students to develop positive and caring relationships with adults, who themselves will be trained to be aware of signs and behaviours that could suggest concerns. Supportive relationships outside the home, such as those with adults in school and other children are additional, protective factors that boost children's resilience. Staff will always work with children in a professional way and are reminded to respond to disclosures sensitively and appropriately. All adults in school know the names of the designated safeguarding lead (the Designated Teacher for Child Protection) and should be made aware of their responsibility to pass on any issues of concern without delay and make a written record.

Working with parents and carers

Our school believes in effective communication with parents and carers. We welcome parent/carers views and concerns about the welfare of their children and use this feedback to regularly review our practices. Parental views are obtained in the following ways:

- Kirkland Rowell Surveys
- Parents' consultation evenings
- Other subject specific questionnaires (e.g. SRE)

We keep parents informed about important and topical issues, including child protection elements of safeguarding, in the following ways:

- School website
- Friday bulletin
- Parents' information programme session on E-Safety

We aim to have good working relationships with parents and carers and to work in partnership with them through transparency and honesty. However, we do not forget that their child's needs and welfare are our paramount concern, thus obtaining consent to take matters further is **not** always appropriate. This obligation is publicised on the school website www.school@durhamjohnston.org.uk

➤ ***Safeguarding and Child Protection training for all staff/adults working in school***

Our school complies with the advice laid down in 'Working Together to Safeguard Children' 2015 and 'Keeping children safe in education' 2016 to undertake regular training which is covered in more detail in Section 3

Date of last training – November 2014. Whole staff training will take place in June 2017.

A record of those trained may be found in the Single Central Record. Individuals have a certificate to verify their attendance.

- Training for the designated safeguarding lead and other designated teachers in school is undertaken every 2 years.

Child Protection Officers	Name	Date of training
Designated Safeguarding Lead for Child Protection	Mrs Slattery – Deputy Head	December 2016
Additional Child Protection Officer	Mr Weaver – Assistant Head	June 2016
Additional Child Protection Officer	Miss Owen – Year Leader	October 2016
Additional Child Protection Officer	Mr Simpson – Year Leader	December 2016
Additional Child Protection Officer	Mrs Bell – Year Leader	December 2016
Additional Child Protection Officer	Mrs Coady Attendance and Welfare Manager	Re-training pending
Additional Child Protection Officer	Mrs Wood, Student Support Centre Manager	December 2016

- Whole school Prevent training was delivered as an INSET session on 4 September 2016.
- The Nominated Governor with responsibility for Child Protection is Dr S Whitton who has undertaken the following training:

	Date of training
Safer Recruitment in Education	January 2010 – re-training pending – February 2017
Safeguarding Leader Refresher Training	January 2016
Engaging with Families (Safeguarding Level 3)	February 2016
Child Protection Conference Training	March 2016
Serious Case Review Training	May 2016

- The Head Teacher, other staff responsible for recruitment and one Governor have attended 'Safer Recruitment Training'.
- Child protection summary guidance detailing important practical advice is published in school for the attention of all staff and visitors entitled Child Protection Summary 2017
- Guidance for safer working practice for those working with children and young people in education settings. The Safer Recruitment Consortium October 2015.
saferrecruitmentconsortium.org/

2. Child Protection within safeguarding arrangements for all children/young people in school

There are a series of layers of care and intervention ranging from safeguarding for all/universal services (single-agency activities) through to multi-agency work under the Children Acts 1989 and 2004:

- Safeguarding arrangements in school: entitlements under Every Child Matters
- Early Help within universal services
- Child in Need
- Child Protection

The Single Assessment Procedures & Practice Guidance, September 2016, show these diagrammatically on the 'Durham Staircase and continuum of Need' (page 16).

The five steps span a continuous process of assessment from Early Support and Intervention to statutory arrangements.

➤ ***Every Child Matters***

The Children Act 2004 sets out in statute the five outcomes that are seen as key to children and young people's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

Education settings have a significant role in promoting these five outcomes as part of their every-day safeguarding work with pupils.

The Children, Young People and Families Plan 2015/2018, produced by the County Durham and Families Partnership includes the following objectives that link directly to our safeguarding work in schools:

Objective 1: Children and Young People realise and maximise their potential:

Outcome 1: Children are supported to achieve and develop during their early years

Outcome 2: Children and young people are supported to achieve and attain during school years to prepare them for adulthood

Outcome 3: Young people are supported to progress and achieve in education, employment and training to achieve their potential

Outcome 4: Children with additional needs are supported to achieve and attain

Objective 2: Children and young people make healthy choices and have the best start in life

Outcome 5: Negative risk-taking behaviour is reduced

Outcome 6: Children and young people are more resilient

Outcome 7: A range of positive activities are available for children and young people

Objective 3: A *think family* approach is embedded in our support for families

Outcome 8: Early intervention and prevention services improve outcomes for families

Outcome 9: Children are safeguarded and protected from harm

Outcome 10: Children who cannot live with their families achieve permanence and stability

➤ **Life at Home**

The Framework for Assessment triangle, reproduced below, summarises every aspect of a child's life under three headings:

- Child's developmental needs (How I grow and develop)
- Parenting capacity (What I need from people that look after me)
- Family and environmental factors (My wider world)

This structure is mirrored in the Single Assessment Framework Early Help assessment



Aspects from all three domains combine in home life and staff and adults in school should be mindful of these connections as they work with children and their parents/carers in school.

This school believes that it is essential to work with parents and carers in the best interests of their children. However, good relationships with parents and carers should not detract from our primary concern which is the welfare of children in this school.

Staff are made aware in training of the 'toxic four' issues in home life that could have an impact on the way children are parented (Munroe, 2010). The Government research into Serious Case Reviews reveals that the presence of one or more of the following issues could have a detrimental impact on parenting of children in that household:

- Domestic abuse (violence)
- Substance misuse (alcohol and or drugs)
- Adult mental health
- Learning Disabilities



Neglect is the largest category for children being on the Child Protection list (nationally and in Durham). There is Neglect Practice Guidance produced by the LSCB on the website containing factors and can elevate and reduce risk.

➤ ***Signs and behaviours of concern***

All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection'. Keeping children safe in education, May 2016, Part 1 (16)

All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via e-mail, e-bulletins and staff meetings), as required, but at least annually to provide them with relevant skills and knowledge to safeguard children effectively'. *Keeping children safe in education, May 2016, Part 1(13).*

Staff receive regular updates as part of the school's staff CPD programme and through regular staff briefings.

Our school understands that it is best practice to discuss concerns with parents/carers before contacting First Contact Service (providing this does not present a delay), or unless by doing so the child would be put at further risk of harm. First Contact Service: 03000 267979.

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. When 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.
Keeping children safe in education, May 2016, Part 1 (28) (DfE)

➤ **Single Assessment Procedure & Practice Guidance**

All school and college staff should be prepared to identify children who may benefit from early help' *Keeping children safe in education, May 2016, Part 1 (9)*. This is related to work with other universal agencies on Level 2 of the Durham Staircase and Continuum of Need.

Details of recent training attended by staff with child protection responsibilities

Mrs Coady, Attendance and Welfare Manager	Exploitation and Grooming Awareness (DCC)	January 2017
Mr Weaver - Assistant Head	LADO training and Awareness (DCC)	January 2017
Mr Weaver - Assistant Head	Operation Encompass Launch (DCC and Durham Police initiative)	December 2016
Mr Weaver - Assistant Head	Neglect Awareness Workshop	September 2016
Mr Weaver – Assistant Head	Child Sexual Exploitation (CSE) update	July 2016

This school works with the consent of parents and carers to jointly undertake assessments where an unmet need has been identified. However, we are aware from the new document, 'A Guide for Professionals on the Sharing of Information' (Durham, 2014) that it may be necessary to meet with other services and agencies even if this consent for a 'Team around the Family' meeting is not forthcoming. These professionals meetings are important to share concerns, suggest ways forward along with further work to encourage participation by parents/carers in early help processes.

Team around the Family (TAF) is an early means of intervention to provide appropriate advice and support for the parents/carers and young person by working with appropriate local agencies through Team around the Family arrangements. See www.durham-lscb.org.uk

Our local One Point Hub and Families First Team and contacts are:

One Point Hub – Durham
DCBC Bracken Court
Ushaw Moor
Durham
DH7 7NG
Telephone : 03000 2611

Families First - Durham
DCBC Bracken Court
Ushaw Moor
Durham
DH7 7NG
Telephone: 03000 262889

Durham Multi-Agency Safeguarding Hub (MASH)

Where concerns are identified as Level 3 or 4 on the Durham Staircase, our school will cooperate promptly and fully with relevant information to inform further assessments undertaken by the MASH team.

➤ **Child in Need**

Section 17 of the 1989 Children Act
Working Together 2013

Durham LSCB Child Protection procedures 1.18 www.durham-lscb.gov.uk

'those (children) whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, plus those who are disabled'

This school recognises the importance of this work undertaken with the consent of parents and carers at Steps 3 and 4 of the Durham Staircase and Continuum of Need. We work with parents/carers, the child and other relevant agencies. We recognise the importance of attendance at Child Care Plan meetings and the production of relevant reports for these.

➤ **Child Protection and significant harm**

Section 47 of the 1989 Children Act
Working Together 2015

Durham LSCB Procedures 1.20 www.durham-lscb.org.uk

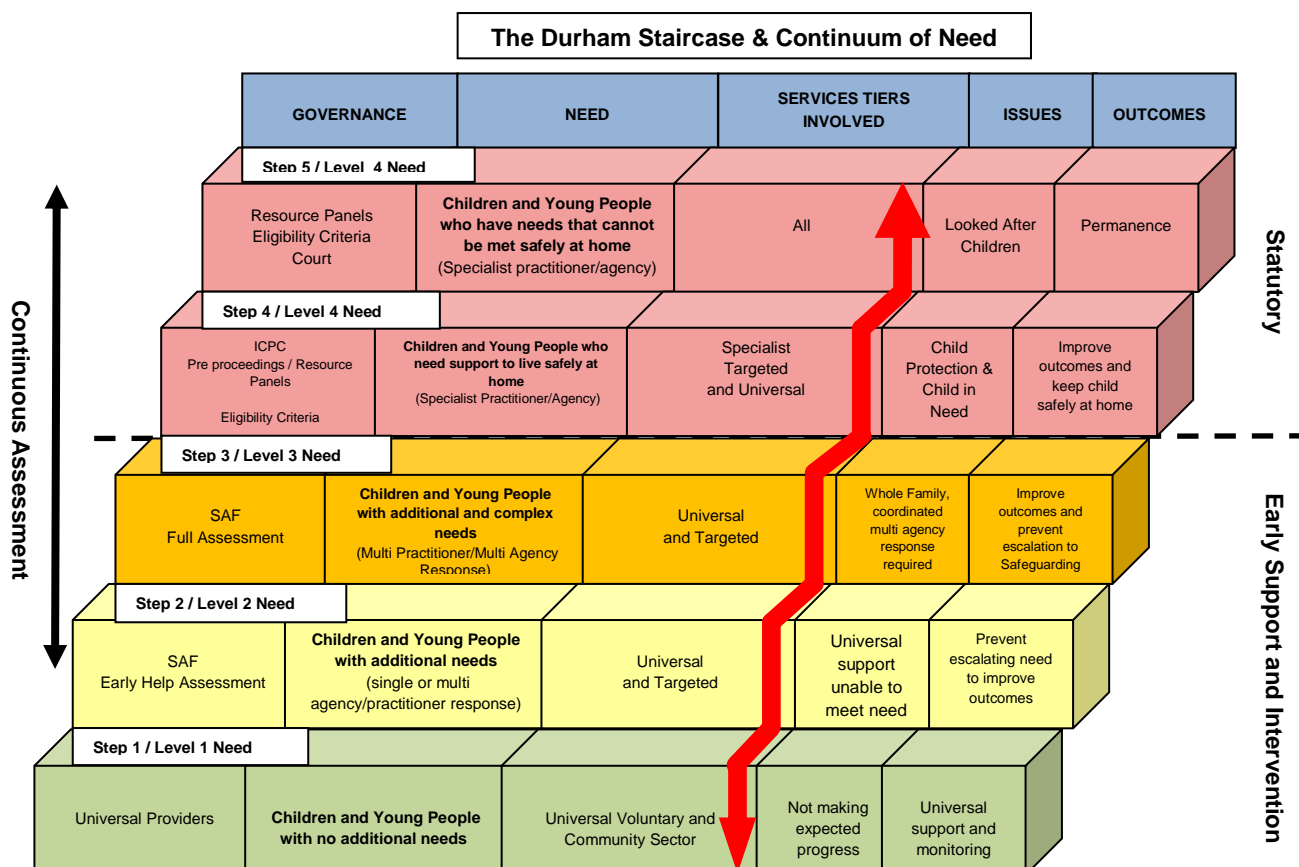
Significant harm is where some children are in need because they are **suffering, or likely to suffer, significant harm**. This is the threshold that justifies compulsory intervention in family life in the best interests of children.

➤ **Prepare for the unexpected**

Staff are aware from their training that some children might display worrying signs/symptoms or disclose information suggesting abuse, when they have never previously given rise to concern. Staff must contact the designated safeguarding lead for child protection **without delay** so concerns can be discussed with [First Contact Service](#) as soon as possible. In all cases it should be borne in mind that other siblings might be at risk in the household as well as the one presenting concerns in school.

➤ **The Durham Staircase**

This is a diagrammatic representation of the continuum of assessment and intervention in Durham from universal services through to child protection arrangements.



Level 1 - Universal Provision Children with no additional needs.

Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.

Level 2 - Early Help – Targeted Provision Children with Additional Needs which can be met by a single practitioner/single agency or where a coordinated multi-agency response is needed.

These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential. The single assessment process Early Help Assessment is the tool to use to identify need and plan help for the family.

Level 3 - Early Help – Targeted Provision for Children with multiple issues or complex needs where a co-ordinated multi-agency response is required.

These are children and families whose needs are not being met due to the range, depth and significance of their needs which makes them very vulnerable and at risk of poor outcomes. A multi-agency response is required using either the single assessment framework whole family assessment tools as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and coordinated approach and more intensive intervention and help. Lead Professionals could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change and reduce the likelihood of moving into Level 4 services.

Level 4 - Services to keep the child safely at home – where a statutory response is required.

These are children whose needs and care is significantly compromised and they may be at risk of harm or at risk of becoming accommodated by the Local Authority. These families require intensive support on a statutory basis. This will include support provided by Children's Services under a Child Protection Plan and may require the use of legal orders. The assessment and multi-agency response will be coordinated by a social worker, will be holistic and consider the needs of all family members.

Level 4 (step 5) - Need that cannot be managed safely at home.

Children and young people who require intensive help and support from a range of specialist

In general, children and young people with disabilities will have their needs met through early help and targeted services at levels 1, 2 and 3. However, some children with a high level of need related to severe disabilities may require specialist services at levels 4.

3. Child Protection Policy for Durham Johnston School

This policy applies to all staff, governors and volunteers working in school. There are six main elements to the policy:

- (1) Establishing a safe environment in which children can learn and develop
- (2) Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children
- (3) Training and supporting staff to equip them to appropriately recognise, respond to and support children who are vulnerable and may be in need of safeguarding
- (4) Raising awareness of child protection issues and equipping children with the skills needed to keep them safe
- (5) Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse
- (6) Supporting pupils who have been abused in accordance with their agreed child protection plan

(1) Establishing a safe environment in which children can learn and develop

This links to the school's overall safeguarding arrangements and duty of care to all students.

The following policies are relevant:

- Attendance Policy
- Behaviour Policy
- Complaints Policy
- Confidential reporting code (Whistle blowing)
- Grievance Policy and Procedures
- Whole-school Anti-bullying policy, including cyber-bullying
- Health and Safety protocols
- Medication in school/First Aid policies
- Intimate Care Policy
- School Code of Conduct
- Staff Disciplinary Policy
- School visits including risk-assessments
- ICT/e-safety
- SEN/LAC
- Use of Force Policy
- Staff / student acceptable use policies
- Equal Opportunities
- Recruitment and Selection Policy

(2) Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children

The following staff and governors have received Safe Recruitment training:

Dr M Wardle, Headteacher (re-training – February 2017)
Dr S Whitton, Vice Chair of Governors (re-training – February 2017)
Mr A O'Sullivan, Deputy Headteacher – (re-training – May 2017)
Mrs D Scrivens, Head's PA (re-training – February 2017)

The staff below will undertake training in February 2017

Miss H Charlton, Director of Resources

Mrs T Flanagan, Personnel Administrator

Mrs C Mathieson Administrator, Resources and Learning Support

Mrs D Scrivens

- Our school will comply with the requirements outlined on the LSCB website 'Key Safeguarding Employment Standards' and in the LSCB Child Protection procedures Section 6.227 onwards as well as national documentation in 'Keeping children safe in education' May 2016, Part 3.
- Our school will refer to its responsibilities regarding safeguarding and child protection in all job descriptions, and/or to its profile in the school, in the general information distributed with application forms. Annex B in Keeping Children Safe in Education May 2016 has specific details of the role of the designated safeguarding lead.
- Our school will undertake appropriate pre-employment checks on all staff working in school, including criminal record checks (DBS checks), barred list checks and prohibition checks together with references and interview information, as detailed in Part 3: Safer Recruitment in Keeping children safe in education, May 2016.
- The level of DBS and other checks required will depend on the role and duties of the applicant. Most staff will be in 'regulated activity' (see page 22 of Keeping Children Safe in Education May 2016) thus most appointments will require an enhanced DBS check with barred list information.
- In a school or college a **supervised** volunteer who regularly teaches or looks after children is not in regulated activity.
- Volunteers will not be left unsupervised with groups of children, nor will they be in areas where they cannot be fully seen by the supervising teacher.
- In accepting the offer of help from volunteers, especially those unknown, staff are aware that schools in general are attractive places for 'unsafe' volunteers.
- Schools may be places where those with unhealthy interests in children seek to find employment (paid or otherwise). Staff should be vigilant about all inappropriate behaviour with children that gives cause for concern. The Head Teacher and governors must be aware of the Durham County Council Confidential Reporting Code arrangements.
- Supply staff - ensure that appropriate DBS checks are carried out before employing supply staff, especially those not available via the Durham Supply Partnership.
- Our Governing Body will be aware of their responsibilities in connection with staff appointments and similarly aware of their liabilities, especially if they fail to follow LA guidance.

- Volunteers and helpers will not be given tasks beyond their capabilities and therefore where they might feel under pressure.
- Volunteers and helpers should feel able to discuss difficulties with the teacher, who will respond with advice and additional guidance and supervision.
- Volunteers and helpers will not have the opportunity to feel that they are in charge and thus in a position of power, which may then be abused.
- Volunteers, helpers and staff new to the school are issued with the Child Protection Summary document (updated 2017) that covers behaviour guidelines for staff and volunteers.

(3) *Training and supporting staff to equip them to appropriately recognise, respond to and support children who are vulnerable and may be in need of safeguarding*

- **All** staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction.
- This should include:
 - The child protection policy
 - The staff behaviour policy (sometimes called a code of conduct); and
 - The role of the designated safeguarding lead', Keeping Children Safe in Education) May 2016 Part 1

Copies of policies and a copy of Part 1 of Keeping children safe in education, May 2016, should be provided to staff at induction.

- In addition staff (including temporary, supply staff, contracted staff and volunteers) should receive an induction covering signs and symptoms to be aware of, response to disclosures and the need for prompt communication to the designated safeguarding leads and accurate recording.
- They will be informed who the designated safeguarding lead is and other trained designated staff supporting this work within school.
- All staff will be made aware of the practical government guidance document 'Guidance on Safer Working practice for Adults who Work with Children and Young People', Safer Recruitment Consortium. October 2015.
- All adults working in school receive regular whole-school safeguarding and child protection training on a three-yearly cycle. The majority of staff receive training in twilight sessions or INSET days. Training is delivered by the Education Development Service at County Hall. 'Introduction to safeguarding and child protection' is regularly updated to reflect new priorities and concerns within the County and priorities of the LSCB.

- Staff who miss these sessions or join the school within the three-year cycle receive training either through e-learning, attendance at a neighbouring school or through an in-house briefing by the designated safeguarding lead in school.
- Names of adults at these sessions are recorded in the Safeguarding File along with the Single Central Record.

Date of last whole school introductory course training: November 2014. Whole staff retraining will take place in June 2017.

- In addition, the following staff are responsible for coordinating child protection and safeguarding work within the broader school curriculum and extended curriculum:

Mr P Kennedy, Subject Leader for Guidance responsible for delivery of the PSHCE programme across the curriculum.

- Members of the staff supporting the safeguarding lead specialise in promoting certain themes within school:

Young Carers - Mrs Wood, Student Support Centre Manager

Domestic abuse awareness – Mr Weaver, Assistant Head

Drugs and alcohol – Mr Kennedy, Subject Leader for Guidance

Child Sexual Exploitation – Mrs Slattery, Deputy Head / Mr Weaver, Assistant Head

Female Genital Mutilation (FGM) – Mrs Slattery, Deputy Head

Prevent – Mr Weaver, Assistant Head

- The designated safeguarding lead and any deputies will undergo training to provide them with the knowledge and skills required to carry out the role. Staff training is updated every two years. Keeping children safe in education, May 2016, Part 2 (57).
- Courses are delivered by Education Durham, Durham County Council, and details are displayed on the Durham Schools Extranet as well as in the CPD directory. In addition to school-specific single agency training courses, staff are encouraged to attend multi-agency courses available through the LSCB. These include a Level 2 Safeguarding processes course as well as specialist themes on Level 3 courses.
- The Nominated Governor with responsibility for Child Protection is Dr S Whitton who has undertaken the following training.

	Date of training
Safer Recruitment in Education	January 2010 – re-training pending – February 2017
Safeguarding Leader Refresher Training	January 2016
Engaging with Families (Safeguarding Level 3)	February 2016
Child Protection Conference Training	March 2016
Serious Case Review Training	May 2016

The Headteacher, other staff responsible for recruitment and one Governor have or are about to undertake 'Safer Recruitment Training in Education' online training

Dr Wardle, Headteacher - Re-training February 2017
Miss B Murphy, Staff Governor – February 2017
Mr O'Sullivan, Deputy Head – Re-training - May 2017
Mrs D Scrivens, Head's PA – Re-training February 2017
Miss H Charlton, Director of Resources – February 2017
Mrs T Flanagan, Personnel Administrator – February 2017
Mrs C Mathieson, Administrator (Resources / Learning Support) – February 2017

(4) *Raising awareness of other safeguarding issues, boosting resilience and equipping children with the skills needed to keep them safe*

We raise other related issues with children and their parents/carers in the following ways:

Children

- Awareness of IT, e-safety issues and cyber-bullying. We are mindful that children are safe from terrorist and extremist material when accessing the internet in schools. There is also suitable filtering in place for this and other potentially risky content. Online safety is continually emphasised in line with Annex C of Keeping children safe in education, May 2016.
- Our PSHCE curriculum covers related themes including, feelings and healthy relationships, guidance and resilience.

Parents/Carers

- Our website and other means of communication with parents will re-enforce the message that our school is committed to the welfare and protection of all children in its care. School staff and governors take this duty of care very seriously.
- Appendix 4 is a link to the policies area on the school website which includes key safeguarding documents.
- Newsletters, letters to parents about specific issues, our school web site and Parents' Consultation Evenings are used to disseminate and re-enforce key safeguarding and child protection information.
- Parents are informed that it is essential that school records are kept up to date. School conducts an annual data checking exercise. Parents are requested to keep school informed of any changes. School will accordingly update records held to reflect:
 - current address and telephone contacts
 - which adults have parental responsibility
 - court orders which may be in force
 - children on the Child Protection list
 - the child's name at birth and any subsequent names (taking care over unusual spellings)
 - any other changes to home circumstances

(5) Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse

Names of designated safeguarding leads in school

All staff, including part-time, peripatetic and adults working with children in school should be informed who these colleagues are. Crucially, this also applies to work-placement students, trainee teachers and supply staff who might be the fresh new face that a child might disclose something important to.

Recording concerns

All concerns, including disclosure of information by children are emailed directly to the Designated Lead Officer for Child Protection, Mrs Slattery, Deputy Head for action. Copies of all related emails are retained for audit purposes.

The more relevant details that staff are able to document the better (approximate size, colour of injury, which arm, if burn is scabbing over etc.) Staff can express concern or sensitively remark about an injury (open ended questions), but should not ask direct questions. They should never do so in front of other children.

All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead....'

Staff should never 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.

Keeping children safe in education, May 2016, Part 1 (16).

Staff should write the exact words used by the child. Any original notes/jottings/reminders made by the adult must be stapled to the form as first-hand information that could be important if a case went to court.

Listening to Children and Receiving Disclosures

- We embrace our role as a listening school where children can discuss concerns with any member of staff or adult who works with them. Staff (teaching and support) will make time and be available should children approach them with a situation they are worried about.
- Concerns must be taken seriously and at face-value. It is easy to make speedy judgements based on previous knowledge of the child or young person.
- 'Staff members working with children are advised to maintain an attitude of **'it could happen here'** where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the **best** interests of the child.' Keeping children safe in education, May 2016, Part 1 (19).
- Staff receiving a disclosure are unable to promise 'keeping a secret' or confidentiality. They will need to explain that depending on what the child says they might need to share the information with someone who deals with these concerns in school
- If the child does not wish to continue and say anything further the adult should pass on the concern to the designated safeguarding lead that might wish to keep an eye on that student and may well be aware of other issues of concern.
- When the member of staff next comes across the child concerned, it would be appropriate to ask how they are and remind them that they are able to come and talk when they wish.
- Staff should never speak to another sibling in the family to make enquiries: to investigate concerns is not the role of the school and parents/carers would be rightly aggrieved.
- If there is concern about another member of staff or adult working in school, the matter must be passed straight to the Head Teacher. The member of staff concerned must not be spoken to.

Please remember:

- (i) The child should be allowed to make the disclosure at his/her own pace and in his/her own way.
- (ii) The member of staff should avoid interrupting except to clarify what the child is saying but
- (iii) Should not probe for any information that the child does not volunteer.

Recording and Response of the designated lead professional

All information received should be stored in the child's 'concern' file. This is kept securely in locked storage and away from the child's individual school records. (The child's individual file will be marked to show the existence of the additional 'concern' file). It is essential that all designated safeguarding leads can access these documents in an emergency.

Good practice is to have a simple 'chronology of events' sheet at the start of the file. This enables more efficient regular monitoring of children's files as part of the on-going work of the designated lead professional.

Schools should make use of the official LSCB chronology template, downloaded from the internet site. Chronologies are made use of in all multi-agency work from Early Help arrangements and Team around the Family right through to Child Protection conferences and meetings. The chronology along with a report is essential preparation for Initial Child Protection conferences. Care must be taken not to alter the fixed widths of columns on this template.

Discussing concerns with the First Contact Service 03000 26 79 79

Section 5 of the LSCB Child Protection procedures (5.116 onwards), www.lscb-durham.org.uk has detailed information about the management of individual cases. In addition staff should refer to the County Durham Practice Framework: Single Assessment Procedure and Practice Guidance, September 2015.

The child's concern file has basic details of name (previous/present surnames), date of birth, address, parents/carers and who has parental responsibility) and telephone contact details. Staff should use the Early Help Assessment to marshal information and concerns to discuss with First Contact. It is essential to record the name of the First Contact colleague, the time and details of advice given and action to be taken. If it is not an immediate concern but likely to require early help, schools may send or fax these Early Help forms to First Contact.

If a concern is taken up as a **referral** under section 47: Child Protection, actual or likelihood of significant harm, parents or carers should be informed of this **unless to do so would place the child at further risk of harm**. First Contact will triage the concerns raised and pass on to colleagues in the appropriate One Point Hub or Families First team within the County.

If the child requires immediate medical attention staff will accompany the child to the nearest Accident and Emergency Department. First Contact will be informed immediately if the injuries are linked to a child protection matter, so an appropriate paediatrician sees the child. The Director of Children and Young People's Services will be informed and parents will be notified of the action taken.

If the situation is an emergency and staff are unable to speak to First Contact they should phone the Police on 0845 60 60 365 and ask to speak to a colleague in the Vulnerability Unit concerning a child.

Police Switchboard: 0345 6060365
Ask for the nearest local Vulnerability Unit to school

Discussions with First Contact will be followed up in writing

Discussions of concern and requests for support will be followed up in writing, using the format of the Early Help Assessment (see [Appendix 5](#)).

The information will be sent via secure e-mail to First Contact, by fax (taking extreme care to ensure the number is correct) or by tamper-proof envelope or by e-mail to a GCSX account. A copy is kept on the child's concern file.

If a member of staff feels that the designated safeguarding lead and/or Head Teacher are not taking concerns seriously enough, then it is appropriate for them to tell that person that they are going to consult with First Contact themselves.

'Any staff member who has a concern about a child's welfare should follow the referral processes set out in paragraphs 21-27'. Keeping children safe in education, May 2016, Part 1 (10).

<p style="text-align: center;">First Contact Service 5, Parson's Court, Newton Aycliffe, DL5 6ZE Telephone: 03000 26 79 79 Fax: 0191 383 5752</p>

Attendance at Strategy meetings if assessed to be child protection concern

Strategy meetings are one of four multi-agency meetings as part of Child Protection processes. LSCB procedures [section 5.150 onwards](#) has detailed guidance about these meetings www.lscb-durham.org.uk

A table to summarise multi-agency meetings, timescales and responsibilities of attendees is published in Appendix 7.

School staff may be invited by a [Families First Team](#) to a strategy meeting. These multi-agency meetings are called to decide whether [the threshold for an s47 enquiry](#) should commence to look into the concerns that have been raised.

These meetings may be called at short notice and we recognise that appropriate staff from this school should attend wherever possible. If the school is the referring agency they should be invited to attend these meetings that are usually held at Families First Team offices.

Staff should make available any handwritten notes, dated and signed, as well as other records from the concern file including the single agency chronology of concerns. Any further written evidence from the child: stories, drawings etc. should be brought to the meeting.

In school, staff should monitor the child discreetly for any further concerns or signs that are worrying and give reassurance to the child.

All information should be treated with discretion and confidentiality and shared in accordance with 'A Guide for Professionals on the Sharing of Information'. Durham LSCB, 2014.

If concerns are not substantiated following the section 47 enquiries our school will work with other agencies to determine what further support the family and child require. The school will continue to monitor and support the child.

- (6) *Supporting pupils who have been abused in accordance with their agreed child protection plan: multi-agency work detailed in Section 4.***

4. Multi-Agency Work in Child Protection

Initial Child Protection Conference: school responsibilities

See LSCB procedures 5.275

Following the final strategy meeting (some complex cases like forced marriage, fabricated and induced illness and organisational abuse may require several strategy meetings) a decision might be made to hold an Initial Child Protection Conference. This work continues within Family First teams within the County.

A conference will be called if there is thought to be an on-going risk or likelihood of significant harm to the child(ren). The date will be within **15 working days** after the last strategy meeting.

School responsibilities

Attendance

It is understood that appropriate school staff should make every effort to attend (unless the date coincides with school holidays). In this case it might be possible for other colleagues with a working knowledge of the child and family to attend. School will determine the most appropriate colleague: Class Teacher, Head Teacher, designated lead professional for child protection, relevant Year Leader or Mrs Coady, Attendance and Welfare Manager. The colleague should be fully briefed about preparation for and conduct of Initial (and Review) Child Protection conferences and they should be in a position to commit the school to continue the work and resources involved in monitoring the child's welfare and any other tasks allocated as part of the Child Protection Plan.

If no one is able to attend, the conference clerk and the Independent Reviewing Officer should be contacted without delay.

Likewise these colleagues should be informed if the invitation to attend the conference arrives too late to enable other responsibilities (writing report, sharing with parents) to be undertaken as laid down in the LSCB procedures.

Preparation of a report

Schools may wish to amplify and develop information provided on the Early Help part of the Single Assessment as the basis of their report. Less experienced colleagues should be supported with the preparation of this document.

The report will contain objective information and provide evidence to support the views contained within it. It will refer to all aspects of the child's life in school, noting specific changes or areas/situations where the child's attitudes and concentration differ from the norm. It will provide details of how the school has worked and might continue to work with the child and their family.

Chronology of significant events

A single-agency chronology should also be produced for this meeting using the template available on the LSCB website www.durham-lscb.org.uk Detailed 'in-house' school chronology should be streamlined to include key relevant incidents noted by school.

Sharing of the report

This may cause tensions between school and the child's parents and carers but this is in line with LSCB procedures. It is the responsibility of all professionals attending the conference. The report should be shared with parents/carers of the child at least **two working days** before the conference. Part of the report may also be shared with the young person, where age-appropriate. This will give the family a chance to question or clarify any issues raised within the report prior to the conference. If there are areas of the report which are confidential then the designated lead professional should contact the Independent Reviewing Officer who chairs the conference.

The report will be passed to the Conference Clerk via the secure e-mail system ready for dissemination to other professionals attending the conference.

Membership of a Core Group

(See LSCB Child Protection Procedures section 5.458 onwards)

This school recognises that membership of a core group is a responsibility that necessitates time and commitment to attend regular meetings and complete the work detailed in the Child Protection Plan.

The merged multi-agency chronology will be regularly updated as part of this on-going work.

Review Child Protection Conference

(See LSCB Child Protection Procedures section 5.483 onwards)

The school will complete the relevant report for the first review conference, after 10 weeks and for any subsequent reviews at intervals of 5 months. The report will detail work undertaken by the school with parents/carers and the child to complete the tasks assigned in the Child Protection Plan. This report should be shared **7 days** before the conference takes place. This report will detail the progress made towards the tasks outlined on the Child Protection Plan.

5. Information-sharing

(1) Parents/Carers

Staff and Head Teacher must **not** automatically contact parents if there is a disclosure by the child or there are other concerns that the child may be at risk of significant harm. Rather schools should discuss concerns with the First Contact Service. Information should not be shared with parents if there was a likelihood that by doing so it might place the child at further risk of harm.

Parents must be aware that once matters have been referred to the First Contact Service the school can only explain the procedure and is not able to give 'progress reports' on the case.

(2) School staff

There is a delicate balance to be struck between alerting members of staff to the concern about the child and the need to protect the child from too many people knowing. Information should only be divulged on a 'need to know' basis. Other members of staff need to know sufficient to prepare them to act with sensitivity to a distressed pupil. They do not need to know details.

(3) Children transferring to another school

When a child on the Child Protection List moves to another school the designated lead professional will inform the new school immediately and arrange the handover of confidential information separately from other records.

If a child for whom there are other existing serious concerns transfers to another school, the new receiving school will be informed immediately and written records will follow. If the school is within the County or close by, information could be handed over personally from one safeguarding lead to another. A form should be prepared for both schools to sign to confirm receipt of the records.

Any child transferring to another school (or at the end of a key stage) who has a concern file, this should be passed on promptly to the new school. If schools fail to do this the new school should phone the previous school and clarify that there are no issues that school should be aware of.

(4) County Guidance and protocols

(See LSCB website for further details, 'Information sharing')

Eight Golden Rules for Information-sharing and flowchart

County Durham Protocol for Working Together in the Delivery of Services to Adults and Children

LSCB Child Protection Procedures Section 2.234

A Guide for Professionals on the Sharing of Information

County Durham Safeguarding Adults Inter-Agency Partnership and Durham LSCB (2014).

Staff at our school are aware of the need to share information appropriately. The documents above emphasise the key point that if there is a suspicion that a child could be at risk of significant harm, they should refer the matter to the First Contact Service without delay. Concerns must always be followed up in writing.

Our school takes care to ensure that information about a child is only given to the appropriate external people or agencies. Staff will take names and ring back via a main switchboard if unsure. All staff within school will be aware of the confidential nature of personal information about a child and the need for maintaining confidentiality. They will seek advice about parental responsibility issues if unsure.

<p>Further advice about legal issues is available from Corporate Legal Services</p>
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6. Allegations against teachers and other staff

(Refer to **LSCB procedures, section 6.224** and Appendix 5 of those procedures and Part 4 of Keeping children safe in education May 2016.)

Allegations of abuse by staff in schools must be investigated in accordance with the LSCB procedures, and when dealing with any allegation against staff, it is vital to keep the welfare of the child as the central concern. However, as in all child protection issues, a balance needs to be struck between supporting and protecting the child and keeping the effects of possibly false allegations to a minimum. Thus, urgent consideration should be given to the substance of the allegations.

- On receiving an allegation, the Head Teacher will proceed in line with recognised procedures - consulting immediately with LA officers (LADO, Local Authority Designated Officer, Sharon Lewis) and/or informing the First Contact Service. If the LADO is unavailable there should be no delay in discussing with First Contact. **The Head Teacher must not start to investigate.**
- Allegations regarding the Head Teacher should be passed to the Chair of Governors. Should this lead to delay, the person receiving details of the allegation should follow the advice above and report the matter immediately to the LADO and First Contact Service. At this stage the Head Teacher should not be informed of the allegation (the same process as for any member of staff or adult in school). The Chair of Governors should be informed as soon as possible and asked to contact the LADO.

<p style="text-align: center;">Local Authority Designated Officer (LADO) Sharon Lewis 03000 26 88 35 First Contact Service 03000 26 79 79</p>

- Investigations will be carried out by the appropriate agencies.
- In dealing with any allegation the Head Teacher and governors need to balance:
 - The seriousness of the allegation.
 - The risk of harm to pupils.
 - Possible contamination of evidence.
 - The welfare of the person concerned.
- Suspension of the member of staff will be considered:
 - (a) if there are any grounds for doubt as to the suitability of the employee to continue to work
 - (b) where suspension may assist in the completion of an investigation.
- Suspension will be carried out in line with LA guidelines. Head Teachers may find it useful to contact the LA Human Resources Department for guidance.
- During the investigation support will be offered to both the pupil making the allegation and the member of staff concerned.

- A disciplinary investigation will be carried out only after Police and Intervention and Assessment Teams propose to take no further action.
- Detailed records will be kept by all parties involved.
- Where recommendations are made to school regarding the outcome of a Child Protection investigation the school will advise Children and Young People's Services regarding their response to the recommendation. For example, if a person is suspended and returns to school, the date of that return should be communicated.

The following definitions are now used when determining the outcome of allegation investigations:

- **Substantiated:** there is sufficient evidence to prove the allegation;
- **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
- **False:** there is sufficient evidence to disprove the allegation;
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

7. Safe Touch

Physical contact other than to control or restrain

Our school has guidelines on the use of touch, including an Intimate Care policy and this references such points as:

- assisting in the washing of young children who have wet/soiled themselves
- intimate care risk assessments for certain children with medical needs or disabilities.
- using physical contact to demonstrate exercises or techniques, for example, in PE, sports coaching or other practical subjects.
- administering First Aid
- supporting younger children and children with special needs who may need physical prompts or help
- giving appropriate comfort to a child who is distressed
- recognising that physical contact is a sensitive issue for some cultural groups
- acknowledging that physical contact becomes increasingly open to question as children reach and go through adolescence
- ensuring a consistent approach where staff and pupils are of different genders
- acknowledging that innocent and well-intentioned physical contact can sometimes be misconstrued
- having a prescribed handling policy for children requiring complex or repeated physical handling, with specific training for staff who deal with them.

8. Physical control and restrictive physical intervention: Use of reasonable force

Our school has a policy on the use of restrictive physical interventions covering the appropriate use of reasonable force.

Our school policy relates to the following pieces of legislation:

Education Act 1996

Education and Inspections Act 2006

Violent Crime Reduction Act 2006

Apprenticeships, Skills, Children and Learners Act 2009

Guidance: The use of force to control or restrain pupils (2013)

- Our school Policy on the Use of Restrictive Physical Interventions gives guidance on:
- when staff may use physical control and restraint
- who is allowed to use physical control and restraint
- what forms physical control and restraint may take in particular circumstances
- what forms of physical control and restraint are not acceptable
- recording of incidents where physical handling has been used
- The Policy also makes it clear that corporal punishment is NOT allowed.

9. The Prevent duty

The Counter Terrorism and Security Act 2015 places a duty on certain bodies, including schools, to have 'due regard to the need to prevent people from being drawn into terrorism'. The DfES has produced non-statutory advice for schools, 'The Prevent duty' June 2015. This duty applies to all schools from 1st July 2015.

This work is part of schools' broader safeguarding responsibilities and protecting children from other harms (drugs, gangs, neglect, and sexual exploitation). During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. Keeping children safe in education (July 2015) summarises four areas in which schools might be involved: risk assessment, working in partnership, staff training and IT policies.

Thus schools should have:

- staff being able to identify children who may be vulnerable to radicalisation. Information or concerns should be passed to the Designated Safeguarding Lead in the same way as other information that might be a safeguarding concern. The DSLs will see if there are already concerns about the young person and might need to consult with Sergeants Jane Freeman and Steve Holden at Durham Constabulary.
- policies and procedures in line with those of DCC, Durham Constabulary and the LSCB.
- training needs more widely should be made in the light of a school's assessment of risk. However, it is a minimum requirement that the designated safeguarding lead undertakes Prevent awareness training. They can provide advice and support to other staff and may need to contact the relevant officers at Durham Constabulary or Community Safety.
- throughout the life of the school as well as in specific lessons to build pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views.
- robust IT policies and mindful of new guidance within Keeping children safe in education, May 2016, Annex C 'Online safety'.

Prevent Duty Guidance in England and Wales (2015), paragraph 64, notes

'Schools should be safe spaces in which children and young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas. The Prevent duty is not intended to limit discussion of these issues. Schools should, however, be mindful of their existing duties to forbid political indoctrination and secure a balanced presentation of political issues'

Through discussion with the specialist colleagues at Durham Constabulary it may be appropriate to make a referral to the Channel programme. This programme focuses on support at an early stage, tailor-made to the individual young person. Engagement with the programme is entirely voluntary. A school representative may be asked to be a member if a student from the school is to be discussed at the Channel panel.

The Prevent Team

Sgt. Jane Freeman and Sgt. Steve Holden 0191 375 2234

HQ special branch@durham.pnn.police.uk

DCC Community Safety 03000 265436/435

Community.safety@durham.gov.uk

(The LSCB website 'Professionals; Prevent-Counter Terrorism; has examples of policies produced by the Safe Durham Partnership)

10. Child Sexual Exploitation

Schools must be aware of young people who could be at risk of sexual exploitation. Keeping children safe in education , May 2016 provides a definition (that may be updated)

‘Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point’ Annex A, page 52.

The definition makes it clear that this is where there is an imbalance of power in a relationship when the young person receives something as a result of engaging in sexual activities. There are varying degrees of coercion, intimidation or enticement that might also link to bullying, peer pressure and e-safety issues. National Serious Case Reviews highlight that sometimes these young people are perceived as ‘bad’ not ‘sad’. Where there is a deterioration in behaviour, work, and changes to friendship patterns along with missing from home or absenting school the underlying factors need to be examined. If there is a concern that a young person may be at risk of sexual exploitation the designated lead should discuss with First Contact Service where there are specialist colleagues trained to assist in these cases.

Durham LSCB has section of their website devoted to resources, guidance, and a risk assessment matrix that assists schools. A new website has been launched by a multi-agency ERASE team, as a source of help and information for children, parents and the wider community, www.eraseabuse.org.

In Primary Schools ‘Child line’ offers a talk on ‘The Underwear Rule’ PANTS:

- **P**rivates are private
- **A**lways remember your body belongs to you
- **N**o means no
- **T**alk about secrets that upset you
- **S**peak up, someone can help

11. Female Genital Mutilation

This comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. This is illegal in the UK (The FGM Act 2003), abusive and has varied long-lasting consequences for the young girl. If adults working with girls suspect that one might be at risk it is essential that they pass the information on to the designated safeguarding lead who will phone First Contact for advice. There is a FGM Helpline also on 0800 028 3550. There is also a useful website: fgmhelp@nspcc.org.uk

The Home Office has produced some free, informative, on-line training that designated leads might wish to access:

Virtual college e-learning: Recognising and Preventing FGM.

If a teacher discovers that an act of FGM has been undertaken on a girl under the age of 18, they have a duty to report this to the police.

Appendix 1

Roles, Responsibilities and Entitlements

Role of the Designated Safeguarding Lead(s)

See also Annex B 'Role of the designated safeguarding lead' in 'Keeping children safe in education' May 2016

Entitlements

To:

- ◆ Appropriate support from the Head Teacher, Governors and all other staff in child protection matters.
- ◆ Access to regular training to enable him/her to be aware of responsibilities, current issues and best practice in safeguarding and child protection.
- ◆ Support from other agencies e.g. Durham Children and Young People's Services (DCYPS) involved in child protection issues, including colleagues in Education Durham.
- ◆ A policy framework for management of and guidance covering child protection within overall safeguarding arrangements in school.
- ◆ An understanding that partners all will carry out their role in line with LSCB procedures and the 'Working Together Protocol' (2013)

Responsibilities

For:

- ◆ Have a working knowledge the Local Safeguarding Children Board (LSCB) Child Protection/Safeguarding Procedures as they apply to the roles and responsibilities of schools.
- ◆ Enacting those procedures when cases of abuse are reported.
- ◆ Ensuring that all staff are aware of their responsibilities in connection with child protection issues and child abuse cases, and that they regularly remind staff of signs and symptoms, how to respond to disclosures and the importance of recording concerns appropriately.
- ◆ Liaising with DCYPS and other agencies regarding individual cases, and on general issues in connection with child protection.
- ◆ Ensuring that all written procedures are readily available and are correctly followed in cases of actual and suspected abuse.
- ◆ Having appropriate in-house forms available to ensure staff document their concerns to add to the DSLs on-going chronology of events
- ◆ Being responsible for ensuring that relevant staff training is arranged that places CP within the overall context of safeguarding. New staff and volunteers need inducting into their responsibilities
- ◆ The Designated Safeguarding Lead must also ensure that he/she is trained appropriately for their role including refresher training every two years.
- ◆ Attending strategy meetings where appropriate.
- ◆ Ensuring that the school is represented when invited to Initial and Review child protection conferences, and that those representing the school are aware of the procedures and requirements of the conference in terms of timescales for report completion, sharing and providing a single-agency chronology.
- ◆ In conjunction with the Head Teacher,

ensuring that those arrangements emanating from any child protection conference which relate to the school are carried out fully.

- ◆ Ensuring that information on individual cases is passed to colleagues on a 'need to know' basis.
- ◆ Ensuring that child protection information and records are kept securely.
- ◆ Working with the Head Teacher and other curriculum leaders to integrate safeguarding and child protection themes within the curriculum.
- ◆ Supporting any staff involved in reporting child abuse cases or in the event of the death of a child (including through natural causes).
- ◆ Liaising with receiving schools on transfer to ensure necessary information and documentation is correctly exchanged.
- ◆ Liaising with the Head Teacher on monitoring and reviewing the policy.
- ◆ A system of regular monitoring and review of all on-going concerns ensuring effective communication between pastoral and Designated Teacher colleagues.

Role of the Head Teacher

Entitlements

To:

- ◆ Support from governors, staff and the Local Authority (LA) and other partners in child protection in relation to child protection matters.
- ◆ A policy framework for management of child protection from Governors.
- ◆ Training/advice/information/support from the LA and other agencies on child protection matters.
- ◆ Access to advice from the LADO (Local Authority Designated Officer) in cases of allegations against staff.
- ◆ All partners in child protection will carry out their role as prescribed by the LSCB procedures.
- ◆ Effective communication and information from Police, DCYPS, and other partner agencies in line with LSCB Child Protection procedures and 'Working Together Protocol' (2010)

Responsibilities

For:

- ◆ Protecting children from abuse.
- ◆ The effective day to day management of child protection in accordance with LSCB procedures within the overall context of safeguarding and promoting the welfare of children.
- ◆ Ensuring that there is a Designated Teacher for Child Protection at an appropriate senior level, who is in a position to liaise with DCYPS and Police as appropriate. In addition further colleagues to share this role within school.
- ◆ Disciplinary issues relating to staff (including suspension where appropriate), liaising with the LADO and conducting internal investigations.
- ◆ Providing a clear lead and sense of direction to the school on child protection matters within safeguarding.
- ◆ Ensuring that the policy framework agreed with Governors is implemented.
- ◆ Undertaking the relevant Safer Recruitment training as detailed in **LSCB Procedures (6.229)**
- ◆ Informing governors of staff suspensions where allegations against staff have been made.
- ◆ Recognising and identifying the individual needs of children.
- ◆ Giving privacy, support and information to children who have, or it is suspected, have been abused
- ◆ Creating an ethos in school where children know that they can disclose their concerns and fears to adults, yet recognising that confidentiality cannot always be offered to those who disclose.
- ◆ Working with Governors and staff towards creating a 'safe' school.
- ◆ Ensuring all staff receive appropriate Safeguarding, Early Help and Child Protection training and that the Designated Teacher receives specialist training every two years.
- ◆ Encouraging Designated staff and other pastoral staff to enhance their basic training with further Level 3 courses provided by the LSCB.
- ◆ Ensuring that the school child protection policy is communicated to staff, parents and volunteers.

- ♦ Practice safe and secure recruitment policy and practice which reflects child protection issues.
- ♦ Maintaining an up-to-date Single Central Record along with records of staff training.
- ♦ Ensuring compliance with the LA Policy on the Use of Restrictive Physical Interventions.

Role of School Staff (including Support Staff and Voluntary Helpers)

Entitlements

To:

- ◆ Training at a minimum of every 3 years to refresh knowledge about child protection within safeguarding
- ◆ Regular 'in-house' reminders about roles, responsibilities, signs and symptoms of concern and appropriate response to disclosures
- ◆ Timely reminders and feedback relating to the detailed and accurate recording of information to pass to the Designated Safeguarding Leads in school
- ◆ Advice, guidance, information and support from the LA.
- ◆ An agreed child protection policy framework established by Governors.
- ◆ Appropriate procedures in line with LSCB procedures.
- ◆ Clear, and well publicised lines of communication between the school and DCYPS, Police, and other agencies.
- ◆ Guidance about the LA Policy on the Use of Restrictive Physical Interventions and the recording of incidents.
- ◆ Support from LA for staff subject to allegations
- ◆ Advice about union membership

Responsibilities

For:

- ◆ Protecting children from abuse.
- ◆ Implementing and working within the framework of the school policy on child protection.
- ◆ Acting as positive role models for parents and children.
- ◆ Making referrals, preferably via the Designated Safeguarding Lead, to the appropriate agencies in accordance with LSCB procedures.
- ◆ Responsibility to act upon concerns including ones related to the confidential reporting code.
- ◆ Working in partnership with other agencies and the LA.
- ◆ Providing a safe, secure and supportive learning environment for children and young people.
- ◆ Listening to children and responding in an appropriate way.
- ◆ Managing and supporting abused children and those suspected of being harmed
- ◆ Respecting and valuing children as individuals.
- ◆ Recognising and addressing the individual needs of children.
- ◆ Working towards an ethos in school where children feel they can disclose their concerns and fears to adults, yet recognising that confidentiality cannot always be offered to those who disclose.
- ◆ Working with the Head Teacher and governors in creating a 'safe' school.

Role of Governors

Entitlements

To:

- ◆ Support/training/guidance/information from the LA regarding child protection matters, at a level appropriate to Governors.
- ◆ Guidance and support for the Chair of Governors in the event of an allegation being made regarding the Head Teacher
- ◆ To be informed that a member of staff has been suspended.
- ◆ Annual, or more frequent termly updates, about Safeguarding and Child protection matters in school and the work of the Designated Safeguarding Leads.

Responsibilities

For:

- ◆ The Governor with CP Responsibility will comply with training appropriate to their role
- ◆ Ensuring that staff/pupil anonymity is safeguarded in all their procedures.
- ◆ Ensuring that LA guidelines and LSCB procedures are followed where allegations are made against the school's Head Teacher.
- ◆ Undertaking the relevant Safer Recruitment training as detailed in **LSCB Procedures (6.229)**
- ◆ Providing a policy framework within which the school staff will manage child protection matters.
- ◆ Ensuring that there is a risk assessment made of the school premises, which has regard to Child Protection/Safeguarding matters.
- ◆ That policy review and monitoring arrangements are defined and implemented.
- ◆ Ensuring appropriate day to day mechanisms are in place and that these adhere to LSCB procedures.
- ◆ The allocation of appropriate resources for the Head Teacher and staff to manage child protection in line with expectations in Keeping Children Safe in Education May 2016, Annex B. Ensuring an appropriate training programme is supported and followed in school.
- ◆ Ensuring disciplinary action is taken against staff where necessary.
- ◆ Supporting the Head Teacher in relation to child protection matters.
- ◆ Working with the Head Teacher and staff towards creating a safe school.

Role of Parents/Carers

Entitlements

To:

- ◆ A safe, secure and supportive school environment for their child/children.
- ◆ Their children being valued and respected as individuals.
- ◆ Their children having their individual needs recognised and addressed.
- ◆ Their children having the freedom to enjoy the activities and experiences appropriate to their age and developmental stage.
- ◆ Their children being safeguarded from inappropriate and damaging influences and experiences.
- ◆ Their children attending a school which manages child protection effectively and efficiently.
- ◆ Their children having information about the Child Protection Policy and how it relates to them.
- ◆ Their children knowing that they can disclose their concerns and fears.
- ◆ Their children being listened to, concerns taken seriously and appropriate action being taken. Working positively with the school in all matters pertaining to their child/children's welfare, education and development
- ◆ Their children having access to appropriately trained adults to discuss their concerns.
- ◆ Their children having privacy, support and information where abuse has been recognised.
- ◆ Access to appropriate support.
- ◆ Access to relevant school policies and opportunities to contribute to discussion about these, as appropriate.

Responsibilities

For:

- ◆ Protecting their child/children from abuse.
- ◆ Providing a safe, secure and supportive home environment for their child/children.
- ◆ Providing positive role models and experiences for their children in relation to their child/ children's physical, sexual, and emotional development.
- ◆ Listening to their child(ren), taking concerns seriously and taking appropriate action following any disclosure of worrying information.
- ◆ Showing value and respect for their child as an individual.
- ◆ Providing activities or experiences appropriate to the age and developmental stage of the child.
- ◆ Working positively with the school in all matters pertaining to their child/children's welfare, education and development.
- ◆ Supporting the staff, Governors and children in creating a 'safe' school.
- ◆ Keeping school regularly informed of important information needed to safeguard their child(ren): up to date contact numbers, address, change of adult with parental responsibility
- ◆ Informing the school should their child be absent from school or not in the appropriate place.

Role of Children/Young People

Entitlements

To:

- ◆ A safe, secure and supportive school environment.
- ◆ A school which manages child protection effectively and efficiently.
- ◆ Being valued and respected as an individual.
- ◆ Having their individual needs recognised and addressed.
- ◆ The freedom to enjoy the activities and experiences appropriate to their age and developmental stage.
- ◆ Being listened to, concerns taken seriously and appropriate responses being made.
- ◆ Access to appropriately trained adults to discuss their concerns.
- ◆ Privacy, support and information where abuse has been recognised.
- ◆ Being safeguarded from inappropriate and damaging influences and experiences.
- ◆ Information about child protection within overall safeguarding and related issues
- ◆ A curriculum that addresses Child Protection (protect) themes, safeguarding and promoting welfare (prevention) in addition to 'increasing resilience' amongst children and young people.

Responsibilities

For:

- ◆ Supporting one another by passing on concerns about friends/peers to staff, within an ethos of a 'telling/listening school'.
- ◆ Honesty, in relation to any disclosures they make.
- ◆ Working with all adults working in school to create a 'safe' school that safeguards and promotes the welfare of all students.
- ◆ Following school rules and behaving responsibly.

Role of safeguarding colleagues in Education Durham

Entitlements

To:

- ◆ Expecting that schools will work within the framework of the LSCB Child Protection procedures
- ◆ That schools will receive regular training to refresh their knowledge of basic good practice
- ◆ That Designated Safeguarding Leads will attend regular relevant training to undertake their role effectively and receive updates on relevant issues following on from Serious Case Review recommendations.
- ◆ Requests for information, the annual audit of Designated Safeguarding Leads, will be acted on promptly
- ◆ Staff will access important safeguarding and child protection information posted on the Durham Schools extranet and also the LSCB newsletter.

Responsibilities

For:

- ◆ Placing CP within the overall framework of safeguarding & promoting the welfare of all children.
- ◆ Protecting children from abuse.
- ◆ Maintaining a record of whole school training undertaken by establishments.
- ◆ Maintenance of a database of Designated Safeguarding Leads at all schools and records of specialist training undertaken.
- ◆ Providing guidance, information, support and advice to schools on generic policy and record-keeping
- ◆ Providing a range of appropriate training opportunities to schools and publicising multi-agency LSCB courses.
- ◆ Maintaining professional confidentiality.
- ◆ Working with other partners in child protection.
- ◆ Developing practice issues.
- ◆ Developing policy with LSCB partners.
- ◆ Clear and well-publicised lines of communication between the school and the LA, Police, DCYPS and other agencies.
- ◆ Supporting Head Teachers and Governors in relation to Child Protection matters.
- ◆ Carrying out the LA role in Child Protection matters according to LSCB procedures and advising on the implementation of any Serious Case Review recommendations.

Appendix 2

INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family. Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is 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 children 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 the 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, though it may occur alone.

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is 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.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self harm, somatising disorder or false

allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of

development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm - eating disorders, self mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

Appendix 3

Behaviour guidelines for staff and volunteers

DO NOT:

- use your position to gain access to information for your own advantage or another's detriment
- intimidate, threaten, coerce or undermine anyone
- engage in any sexual activity (even consensual) with a student under 18 years who is attending your educational establishment
- play games or have physical contact that is inappropriate
- jump to conclusions about people's behaviour without checking facts
- investigate any allegations yourself
- make suggestive remarks or gestures, tell jokes of a sexual nature or engage in inappropriate verbal banter
- create a personal relationship with a student where one does not already exist
- give **any** personal details about yourself or others to a student unless you have agreed this with a senior member of staff
- allow any student to access any of your personal accounts on social networking sites
- rely on your good name to protect you - it may not be enough
- believe that an allegation could not be made against you, it could

DO:

- report all health & safety issues without delay
- keep students safe and protect them from physical and emotional harm
- look after yourself
- treat **everyone** with respect
- provide a positive example you wish others to follow
- work with another appropriate adult in all planned activities whenever possible
- risk assess all situations when you are working alone with a student and make sure you are seen and/or heard by others
- respect peoples' right to personal privacy
- create an environment in which people feel comfortable in pointing out attitudes and behaviours they don't like
- report and challenge all inappropriate and/or abusive activities, such as ridicule or bullying
- familiarise yourself with your school code of behaviour
- report any gifts you receive & ensure they are not of significant value or intention
- give gifts to students **only** as part of an agreed reward system
- follow procedures for reporting all allegations against staff, carers and volunteers See Appendix 5 of Local Safeguarding Children Board Child Protection Procedures www.durham-lscb.org.uk



Remember: someone may misinterpret your actions, however well intentioned. Ask yourself are my actions fair, reasonable, warranted, proportionate, measured, safe and applied equally?

Appendix 4

Link to the policies page on the website, which includes key safeguarding documents, including the Child Protection Policy Summary.

<http://www.durhamjohnston.org.uk/information/parents/16-parents/224-policies>

Appendix 5

		SINGLE ASSESSMENT – PART 1 Early Help Assessment			
1. IDENTIFYING DETAILS <i>(for Unborn Baby, Infant, Child or Young Person, include contact name for Parent/Carer Please use continuation boxes for further children)</i>					
Name of Child/Young Person			Religion		
AKA			Ethnicity		
Date of birth or EDD			Immigration status		
Age:			Language Interpreter/signer		
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/>		GP		
Parent / Carer Name					
School/College/Employer			Date of Enquiry:		
Address & Postcode Contact Tel No.					

Referral relates to Multiple Children Y/N <i>Please complete separate page for each child</i>

Referrer details:	
Name:	
Agency/School:	
Address:	
Email Address:	
Tel:	
Signature of referrer:	

2. THE NEED FOR AN EARLY HELP ASSESSMENT	
(i) Why is an Early Help Assessment needed?	
(ii) What do you hope to achieve from this Assessment?	

Have you obtained consent from the family to discuss the need for early help and share information with appropriate agencies . YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(and they are aware this will be recorded)</i>
Have you discussed this with your manager? YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you attached the chronology of significant events? YES <input type="checkbox"/> NO <input type="checkbox"/>

3. FAMILY INFORMATION INCLUDING SIGNIFICANT OTHERS

Other adults impacting on the Children

Full name	DOB/EDD	Gender	Address	Resident in Household	Family member or relationship to subject child? e.g. Mother, father, child	Ethnic Origin	Do they have PR?	PID No

4. DEVELOPMENT OF BABY, CHILD OR YOUNG PERSON (Please describe in one or two sentences the key areas of need identified ie *Disabled, Young Carer, Educational Attainment, Educational Attendance, School Exclusion, Health, Social Presentation/Relationships/Behavioural Problems/Self Esteem, Emotional Well-being, Child Sexual Exploitation, Child Abuse/Neglect, Pregnancy*)

Child 1

5. PARENTAL CAPACITY (Please describe in one or two sentences the key areas of need identified, ie *Relationship to Subject/Child/PR?, Disability, Learning Disability, Substance Misuse, Domestic Abuse, Mental Well-being, Criminality/Anti-Social Behaviour, At Risk to Children Status, Looked After Child, Pregnancy, How these Affect Parental Capacity*)

6. FAMILY AND ENVIRONMENT (*Home Conditions, Risk of Homelessness, Household Finances, Parents Employment Status, Number of House Moves - in last 2 years, Anti-Social Behaviour, Relationships in the Community, Support from Extended Family Members, Acknowledgement of Needs, Willingness to Engage in Offers of Support*)

7. INVOLVEMENT OF OTHER SERVICES

Which other services are **currently or were previously** involved with the child and family (name, agency), if known

Child(ren)	Name/Agency	Purpose	Ended when/why?

Checks/Outcomes for Child 1

(please update separate page for each child)

8. OTHER INFORMATION - SYSTEMS INFORMATION (completed by First Contact)

SSID:	Has there been previous Pre CAF, CAF or Single Assessment?
Sleuth	
Capita One	

9. DETERMINATION (by First Contact)

- a) Based on the information gathered above, is a further assessment required to determine if a child is a child in need? Y/N (if yes, please include in actions section 11 below and agree who will do this)
- b) Does the family meet the “Stronger Families Criteria”
- Less than 85% attendance or excluded from school Y/N
 - Workless and/or in receipt of benefit Y/N
 - One or more family member involved in Anti-Social or Criminal behaviour Y/N
- (If yes to two or more of the above, nominate to Stronger Families)

10. ANALYSIS OF RISK:

11. AGREED ACTIONS: what have we agreed will happen, whilst the assessment is ongoing, and who will do this?		
Action	Who	When

The following actions have been agreed and link to the Durham Staircase		
Pass to Universal Services Support (Step 1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pass to Targeted Services (further drop down with sub-categories) (Step 2 and 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pass to Assessment & Intervention (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immediate Safeguarding (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pass to Integrated Service for Disabled Children (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Fostering Assessment Required (Step 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nominate for Stronger Families (Steps 1 to 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Agreed Actions with Referrer		
Referrer has been informed in writing/by email of agreed action	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager has agreed course of action	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager's name and signature		

SINGLE ASSESSMENT – PART 2 Full Assessment		
Date Assessment Started:		
Date Assessment Completed:		
Party ID		
1. ASSESSMENT WORK PLAN Description of proposed plan for conducting assessment including sessions/meetings/reviews and timescales and shared with the family		
Agreed Date for QA:		
Manager's Signature		
2. DETAILS OF PERSON UNDERTAKING ASSESSMENT		
Name:		
Role:		
Agency/School:		
Contact Tel No:		
Email:		
Address:		
3. FAMILY INFORMATION AND CONSENT		
<p>I understand the information gathered regarding my family is recorded and will be stored and used for the purpose of providing services to my family. <i>This may include a package of support/services delivered to me and my family as part of the Multi-agency Stronger Families programme.</i></p> <p>Information will not be shared with others without my consent unless there are clear child protection reasons for doing so or for the purposes of reducing or preventing anti-social behaviour and crime and disorder.</p> <p>I agree to the sharing of information, between the professionals working with me and my family. I do not agree to share information with:</p> <p>I have been informed of the complaint procedure and access to records</p>		
Name	Signature	Date

4. THE CHRONOLOGY OF SIGNIFICANT EVENTS**5. THE GENOGRAM****6. (a) THE CHILD(REN) AND THEIR STORY (follow associated guidance)****6. (b) THE CHILD'S WISHES AND FEELINGS**

7. (a) THE ADULT(S) AND THEIR STORY (follow associated guidance)**7. (b) THE ADULT'S WISHES AND FEELINGS****8. FAMILY STRENGTHS AND RESILIENCE****9. CHILD PROTECTION RISKS/THRESHOLD FOR INTERVENTION (including risks associated with family/household)****10. SIGNATURES AND COMMENTS**

Parent/Carer/Young Person Comments and Signature	Name	Date
Assessor's Signature	Name	Date

11. CARE PLAN**12. MANAGER'S SIGN OFF OF CARE PLAN AND REVIEW DATE****Manager's Signature****Name****Date**

Referrals re Multiple Children - please complete a separate sheet below for each additional child.

1. IDENTIFYING DETAILS <i>(for Unborn Baby, Infant, Child or Young Person, include contact name for Parent/Carer Please use continuation boxes for further children)</i>								
Name of Child/Young Person				Religion				
AKA				Ethnicity				
Date of birth or EDD				Immigration status				
Age:				Language Interpreter/signer				
Gender	M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/>			GP				
Parent / Carer Name								
School/College/Employer				Date of Enquiry				
Address & Postcode Contact Tel No.								
3. FAMILY INFORMATION INCLUDING SIGNIFICANT OTHERS								
Other adults impacting on the Children								
Full name	DOB/EDD	Gender	Address	Resident in Household	Family member or relationship to subject child? e.g. Mother, father, child	Ethnic Origin	Do they have PR?	PID No
4. DEVELOPMENT OF BABY, CHILD OR YOUNG PERSON <i>(Please describe in one or two sentences the <u>key areas of need</u> identified ie Disabled, Young Carer, Educational Attainment, Educational Attendance, School Exclusion, Health, Social Presentation/Relationships/Behavioural Problems/Self Esteem, Emotional Well-being, Child Sexual Exploitation, Child Abuse/Neglect, Pregnancy)</i>								
8. OTHER INFORMATION - SYSTEMS INFORMATION (completed by First Contact)								
SSID	Has there been previous Pre CAF, CAF or Single Assessment?							
Sleuth								
Capita One								

9. DETERMINATION (by First Contact)









- a) Based on the information gathered above, is a further assessment required to determine if a child is a child in need? Y/N (if yes, please include in actions section 11 below and agree who will do this)

10. ANALYSIS OF RISK**11. AGREED ACTIONS:** what have we agreed will happen, whilst the assessment is ongoing, and who will do this?

Action	Who	When

Agreed Actions with Referrer		
Referrer has been informed in writing/by email of agreed action	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager has agreed course of action	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manager's name and signature		

Appendix 6

	Multi-Agency Meetings		Page
 Strategy	<ul style="list-style-type: none">•Referral taken up by First contact Service: 'reasonable cause to suspect child is suffering or likely to suffer significant harm'.•To agree whether to start s47 enquiries and to begin/complete a core assessment under Child Act 1989.•Professionals meeting only•Held at short notice (some professionals may be available by phone).Police Sergeant and investigating officer (VU); Assessment and Intervention Team manager and SW, Health, referrer (if professional) and other relevant colleagues.•Usually held in A&I Team office, hospital.•To PLAN how to look into the concern: share information, consider criminal investigation, medicals, interviews etc.		25
 Initial Child Protection Conference	<ul style="list-style-type: none">•15 DAYS after last strategy meeting•Accessible public building: A&I offices•Parents/carers (supporter/legal adviser) and all relevant professionals who work with family members and children attend•Conference is to decide whether the child(ren) are at continuing risk of significant harm and whether CP Plan needs to be put in place.•Tasks: prepare a report for the conference on all children in family you work with•Share report with parents and carers at least two working days before the conference (open/transparent procedure so parents can know and question all information in advance).•Ensure that child's views are given•Produce single-agency chronology.•If children not put on list then consideration of services needed, now passes to relevant Child Protection Team.		32
 Core Group	<ul style="list-style-type: none">•10 DAYS later. Date for this meeting and first Review Conference is set at the Initial Conference•This 'core' of essential professionals will work with the family and the young person to try and achieve change and improvement so that the child is not still at continuing risk of harm (these safety issues are dealt with before other 'welfare' matters)•Key worker is the social worker•The group complete the Child Protection Plan and complete work on the core assessment as part of this•The chronologies are merged and continuously updated as working documents•Initially meetings quite frequent but generally held about every 4-6 weeks		36
 Review CP Conference	<ul style="list-style-type: none">•10 WEEKS (3 months) before first Review conference.•Evaluate effectiveness of Core Group in effecting change and better care of the children•'.to review the safety, health and development of the child against the planned outcomes set out in the child protection plan'•to see whether CP plan should continue to be in place or should be changed•Child's wishes and feelings must be sought and taken into account•if the child is not still at risk of significant harm then they should not require a CP plan•Tasks: report needed and shared with parents/carers 7 days prior to conference: evaluation what has changed, the impact on child's welfare against objectives set out in the plan		40



A Guide for Professionals on the Sharing of Information

NOTE

This practical guide is not intended to replace any information sharing protocols which have been agreed between agencies

Information sharing – “consent and the public interest test”

The importance of effective, relevant and proportionate information sharing to safeguard both adults and children is recognised by both the Safeguarding Children and Adult's Boards in County Durham.

Both Serious case reviews and Domestic Homicide reviews frequently comment on either the absence of, or ineffective, information sharing which impacts on the effective risk assessment of a child or an adult's safety. Professionals can lack confidence about when they should share information and whether they need consent to do so.

The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

The Children Acts of 1989 and 2004 together with Government guidance, Public Inquiry report findings and UK and European case law recognise that protecting people is inter-disciplinary and requires cooperative partnership and multi-agency collaboration, which includes the exchange of information, which should be multi-agency.

This sharing of information can involve the relevant sharing of matters recorded on IT systems, the sharing of reports as well as discussions between professionals. Collectively, this helps professionals to make recommendations and appropriate decisions.

Below are extracts taken from Caldicott principles, current Government guidance, the Durham Working Together protocol and the Durham LSCB 8 Golden rules which you may find helpful in considering your justification for the sharing of information. The complete documents can be sourced easily through google searches or the Local Safeguarding Children Board website.

The position in respect of Caldicott

Dame Fiona Caldicott first investigated issues surrounding confidentiality and the use of patient data in the NHS in 1996-97. This saw the introduction of the “Caldicott principles” and the appointment of Caldicott guardians to take responsibility for the security of confidential information.

Dame Fiona has been asked by the Government to review this as the Government is keen to ensure that there is effective information sharing

across services. A review panel was established for this purpose. This review has coincided with the publication of a report in April 2013 “*Information to share or not to share: the information governance review*” which has been accepted at Government level.

This lengthy report addresses several aspects of information sharing, not just about safeguarding adults or children. However the report does recognise the practical issues faced by professionals, evidenced by the following extracts:

Chapter 3 Direct care of individuals

*When it comes to sharing information, a culture of anxiety permeates the health and social care sector. Managers who are fearful that their organisation may be fined for breaching data protection laws are inclined to set unduly restrictive rules for information governance. Front line professionals who are fearful of breaking these rules do not cooperate with each other as much as they would like by sharing in the interests of patients and service users. There is also a lack of trust between the NHS and local authorities and between public and private providers due to perceived and actual differences in information governance practice. **This state of affairs is profoundly unsatisfactory and needs to change.***

3.6 Sharing personal information effectively is a key requirement of good information governance and cultural change in the health and social care system is key to achieving this. Many projects, pilots and demonstrators have highlighted how sharing information securely can work for the benefit of patients and service users.

The review panel found a strong consensus of support among professionals and the public that the safe and appropriate sharing in the interests of the individual's direct care should be the rule not the exception.

This has coincided with a new Caldicott principle:

That the duty to share personal confidential data can be as important as the duty to respect service user confidentiality.

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

3.9 A culture change is needed to encourage sharing of relevant personal confidential data among the registered and regulated health and social care professionals who have a legitimate relationship with the patient or service user.

Next steps

The Law Commission has announced that it is about to review the law on data sharing between bodies, a report will be published in May 2014. In the interim this most recent review by Dame Caldicott is a valuable contribution to help organisations, and professionals navigate around these often complex issues.

As part of the Health and Social Care Act 2012, there will also be a review of the 2008 Department of Health Code of practice around confidentiality.

HM Government Information Sharing: Guidance for practitioners and managers (2009)

This guidance is still current and applies to both adults and children. The guidance addresses the issue of sharing information without consent when a person's safety is at risk, as well as sharing information for the purposes of the prevention and detection of a crime.

Remember if the service user consents to share then the information should be shared.

The following extracts should assist in decision making:

Paragraph 3.30 *It is good practice to seek consent of an adult where possible. All people aged 16 and over are presumed in law to have the capacity to give or withhold their consent to sharing confidential information unless there is evidence to the contrary.*

Paragraph 3.41 *It is not possible to give guidance to cover every circumstance in which the sharing of confidential information without consent will be justified.*

You must make a judgement on the facts of the individual case. Where there is a clear risk of significant harm to a child or serious harm to an adult, the public interest test will almost certainly be satisfied (except as described in 3.43). There will be other cases where you will be justified in sharing limited confidential information in order to make decisions on sharing further information or taking action – the information shared should be necessary for the purpose and be proportionate.

Paragraph 3.42 *There are some circumstances in which sharing confidential information without consent will normally be justified in the public interest.*

These are:

- *when there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm; or*
- *when there is evidence or reasonable cause to believe that an adult is suffering, or is at risk of suffering, serious harm; or*
- *to prevent significant harm to a child or serious harm to an adult, including through the prevention, detection and prosecution of serious crime.*

Paragraph 3.43 *An exception to this would be where an adult with capacity to make decisions (see paragraph 3.30) puts themselves at risk but presents no risk of significant harm to children or serious harm to other adults. In this case it may not be justifiable to share information without consent.*

Extract from the County Durham protocol for Working Together in the delivery of services to adults and children (2010) agreed by all agencies and services in Durham

"All organisations and practitioners have a duty of care to service users to share information with others both within and outwith their organisation when to do so would promote the welfare of either the service user and any other individual, be it an adult or child

Service User Confidentiality

*In applying these procedures to their day-to-day work, practitioners and their managers whilst being rightly mindful of the need to retain appropriate standards of confidentiality must always take into account that the need to protect the safety and welfare of others (including those employed by their own and other agencies) is **always** paramount over any perceived right of confidentiality of the service user.*

Failure to disclose information to other agencies that would serve to protect any other person is not justifiable under any circumstances and liable to result in disciplinary measures

The LSCB Eight golden rules

"Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.

Note

This golden rule is also recognised in the HM Government guidance above and is also relevant for issues concerning adults.

The practical implications for professionals

In child and adult safeguarding it is essential that all agencies “tasked” with statutory safeguarding responsibilities are able to assess **the family and social circumstances**. Safeguarding involves:

- Assessing family and environmental factors such as family history and functioning (including life style).
- The family’s peer groups, friendships and social networks
- Wider family connections and the family’s social integration

The assessment of harm for children and adults may include an analysis of a single incident or event or a compilation of incidents, both acute and long standing, which interrupt, change or damage a child’s physical and psychological development or pose adult safeguarding concerns.

Experience has shown that:

- A single agency or service is unlikely to develop or access all the relevant information which helps to assess the risk of harm.
- Risk assessment is a continuous, dynamic process. Risk can change quickly, sometimes daily and because of this different agencies or services will have information which, if shared, may escalate or even reduce risk.
- The public and Government expect agencies and services to share information to protect adults and children and trust professionals to do the right thing. This is a judgement call for the professional, commonly referred to as making a proportionate response.

So what should be shared?

Remember agencies across County Durham are committed to delivering Early Help in safeguarding. This relies on effective information sharing at an early stage to prevent matters escalating.

In safeguarding, the ability to share information without consent, or in the public interest, centres on 2 factors:

- Whether there is evidence or reasonable cause to believe that someone is suffering, or is at risk of suffering, significant harm

And/or

- To prevent significant harm to someone, including through the prevention, detection and prosecution of serious crime

In any given circumstances, both these factors may be present or only one.

Professionals must recognise that the information sharing factors do not rely on a professional having evidence of significant harm. Having a reasonable cause to believe that information sharing is necessary to prevent someone from suffering significant harm in the future is equally important. This is what we call “*Early help*”

When a child or adult is exposed to physical or sexual abuse, professionals generally recognise this as significant harm and will share this information.

However there are situations, often relating to the parents of the child or connected with the child’s or adult’s home or family circumstances, where professionals **SHOULD** share information. Often this is linked to problems around alcohol and drug use, domestic abuse or parents who may have mental health problems. For children these are often referred to as “the toxic mix” of risk indicators.

The sharing of information is also necessary where parents are failing to address their responsibilities to cloth, feed and nurture a child.

The sharing of information under both circumstances is proportionate and necessary to help professionals understand how this may impact on children and adults and to assist agencies to coordinate the right support, at the right time.

The sharing of information can be compared to making a jigsaw. You may only have one piece, whilst other agencies may have other pieces. Through information sharing we build the jigsaw, see the picture and then make the right decisions.

Appendix 8

1.6 Eight Golden Rules for Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

3. Be open and honest with the person (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.

4. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

5. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.

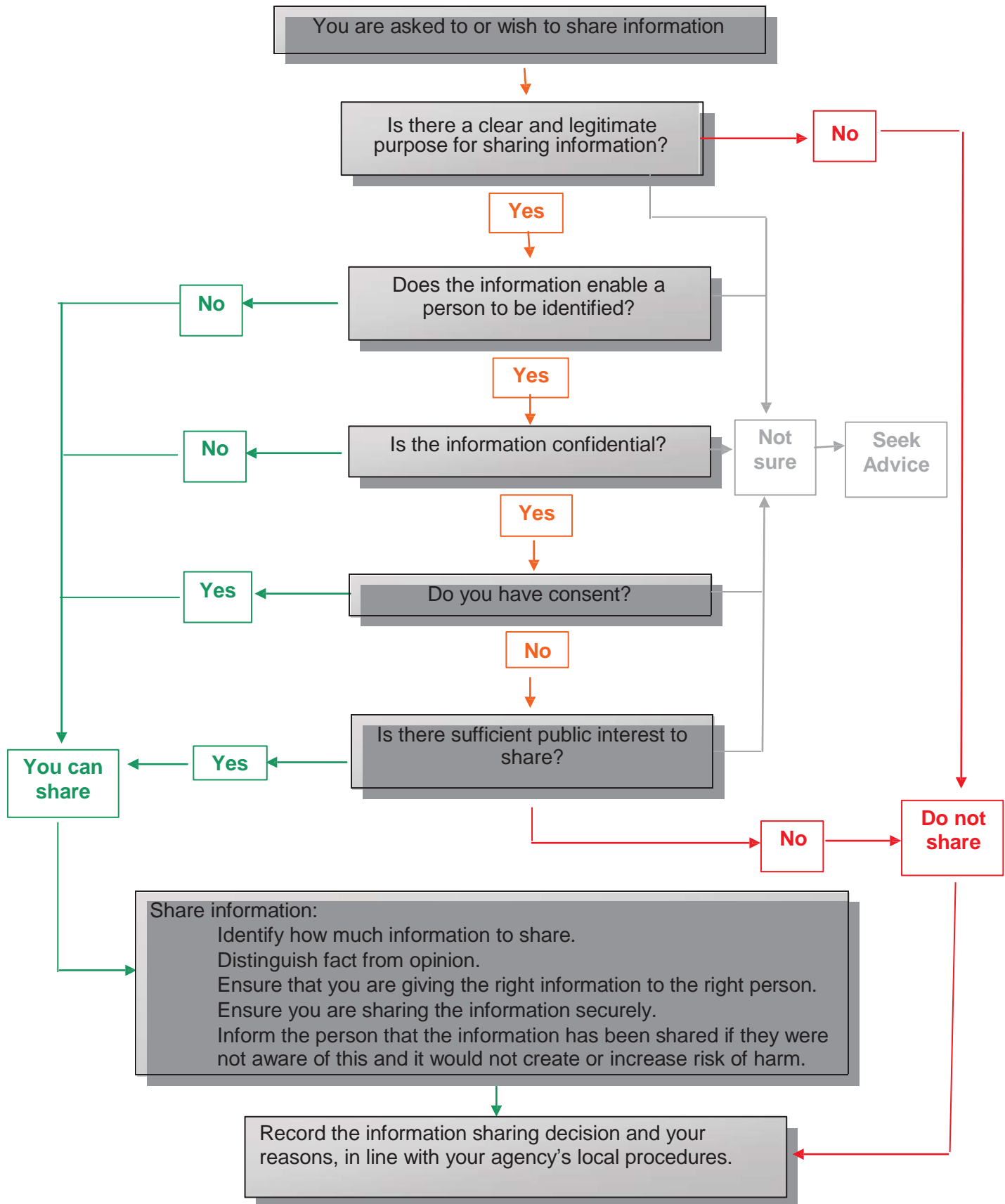
6. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

7. Necessary, proportionate, relevant, 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 people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

8. 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.

Figure 2

Flowchart of Key questions for Information Sharing



If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow the relevant procedures without delay.
Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

