



INVESTOR IN PEOPLE

MALET LAMBERT

CHILD PROTECTION: POLICY AND PROCEDURES

- Designated member of Staff : Steven Fenna
- Child Protection Coordinators : Steven Fenna , Sonia Ellerington
- Governor: Gill Andrews

Completed by:	SEL/SFE
Date Completed	May 2016
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Other related policies that support this policy include	<ul style="list-style-type: none">• Health & Safety Policy• Recruitment & Selection of Staff and Volunteers• Complaints & Disciplinary Policy• Staff Behaviour Policy/Code of Conduct Policy• Diversity & Equality Policy• Staff Induction / Development Policy• Confidentiality & Information Sharing Policy• Anti-bullying Policy• E-safety Policy
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It is expected that all staff will read this policy in conjunction with Keeping Children Safe in Education (Part 1) - Statutory guidance for schools September 2016. Copies of the CP policy and KCSIE Part 1 will be distributed to all staff in September 2016.

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Introduction

Malet Lambert has the responsibility to protect and safeguard the welfare of young people with whom it comes into contact. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

“Processes and procedures are never ends in themselves, but should always be used as a means of bringing about better outcomes for children. No guidance can, or should, attempt to offer a detailed prescription for working with each child and family. Work with children and families where there are concerns about a child’s welfare are sensitive and difficult. Good practice calls for effective cooperation between different agencies and professionals: sensitive work with parents and carers in the best interests of the child; and the careful exercise of professional judgement and critical analysis of the available information” (*Working Together to Safeguard Children – A Guide To Inter-Agency Working To Safeguard And Promote The Welfare Of Children-HM Government 1999*).

The person with lead responsibility for safeguarding within Malet Lambert is S Fenna and additional Child Protection & Multi Agency Liaison Officer is S Ellerington.

Training Received

S. Fenna	S. Ellerington
<ul style="list-style-type: none"> • Safeguarding Threshold Training 26/2/2016 • Safeguarding Level 1 - 05/01/2015 • School Child Protection Coordinators Level 2 – 15/03/2016 • Safer Recruitment – 03/02/2016 	<ul style="list-style-type: none"> • Safeguarding Level 1 24/9/2010 – refreshed on 05/01/2015 • School Child Protection Coordinators Level 2 22/11/2010 • Train the Trainers 17/2/2011 – refreshed on 29/11/2013 • Domestic Abuse Awareness Parts 1 and 2 3/12/2012 ; 14/12/2012 • Safeguarding Thresholds Training 7/12/2012 • Exploring the Impact of Child Sexual Abuse 10/01/13 • Dealing with Allegations against Staff 8/2/2013 • Female Genital Mutilation Training 4/07/2013 • Strengthening Families Approach to Child Protection Conferences 13/7/2013 • CEOP (Child Exploitation & Online Protection) Training – 07/10/2013 • Serious Case Reviews – 25/06/2014 • Mental Health First Aid Training – 18/05/2015 • Self-Harm & Depression Training – 23/09/2015 • Preparation for and Attendance at Child

Malet Lambert will aim to protect and safeguard children and young people by:-

- Ensuring that all staff / volunteers are carefully selected, trained and supervised. All teaching and non teaching staff, volunteers, governors and all other adults are subjected to an enhanced DBS check.
- Staff and visitors are issued with a lanyard/badge which represents their level of DBS status. Staff and pupils have been informed of the colours and what they represent:

Black - Issued to all Malet Lambert staff – fully DBS checked

Blue - Issued to visitors or new staff who have produced a valid DBS on arrival.

Green - Issued to members of the 'Education Alliance' – fully DBS checked.

Red - Issued to visitors who do not have a valid DBS – these visitors must be escorted at all times.

- Having a Child Protection Policy and Procedure and regularly reviewing and updating this in line with national and local policy development. This will be done annually with consultation with governors. Once confirmed by governors this will form part of the induction pack for all new staff and will be stored on the common drive on the school network. In addition it will be accessible to parents through the school web site
- Ensuring that staff / volunteers complete appropriate Safeguarding/Child Protection Training as part of a rolling programme that seeks to train all staff to have an awareness of child abuse and neglect and ensure that the training is updated at least every 3 years.
- Ensuring that the Malet Lambert has an appropriately trained designated Child Protection Co-ordinator and Child Protection Officer and that all staff and volunteers are aware of the named persons and process of reporting concerns to them.
- Assessing the risk that children and young people may encounter and taking steps to minimise and manage this through trip and alternative placement risk assessments, CP statements from our partner providers and governor scrutiny of accident book records and safeguarding arrangements.
- Letting parents, carers, children and young people know how to report concerns about a child, young person, staff member or volunteer or complain about anything that they are not happy about. This will be communicated to parents and students through the web site but also through the display of the CPCs around the school and through the information given to all new students on entry into the school
- Ensuring that all concerns will be dealt with sensitively, with routine and rigour and with the child at the centre of all actions.

All staff and volunteers are made aware of this policy and process for reporting concerns:-

- Safeguarding area – RM Unify - Malet Lambert Polices, contains safeguarding documents
- Safeguarding policy is available to all parents and visitors on the school website as well as on the school VLE
- Safeguarding training is a part of new staff induction
- Keeping Children Safe in Education – Part 1 booklet given to new staff
- All staff members complete the online training course 'Awareness of Child Abuse & Neglect' and refresh within 3 years.
- Information sheet given to all visitors informing them of which members of staff to contact to express any safeguarding or CP concerns they may witness whilst in school.

1. Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:-

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

2. Child protection

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

Early Help

It is important for children to receive the right help at the right time to address risk and prevent issues escalating. Therefore, at Malet Lambert Academy we aim to identify where early interventions are needed to support families in need by closely monitoring children and highlighting any emerging issues. If necessary, and with appropriate consent, information is shared or meetings are convened with other professionals to support effective early help assessments.

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years” (Working Together to Safeguard Children 2015).

We currently work with the following external agencies:

Fortis – therapy for students on a 1:1 basis re mental health issues

Hull Families - work individually or with the whole family on a variety of issues.

Boys & Young Men Project - from Cornerhouse, mainly anger management.

Connexions - work to ensure impartial careers guidance with potential NEETS and SEN.

Corner House - child sexual exploitation and healthy relationships and e-safety.

CAHMS/MIND - individual work with pupils re mental health issues.

Sexual Health Nurse - to ensure the sexual safety of our more vulnerable pupils.

School Nurse - deals with all health and emotional wellbeing related queries.

Cruse - bereavement advice

Hull Domestic Abuse Partnership – supporting individuals re domestic incidents/abuse.

Barnardo’s – supporting young carers and sibling support.

Refresh – drug and alcohol support.

NSPCC – supporting individuals and families on a variety of issues.

Medical Pru/Home Tuition – supporting pupils with complex difficulties emotional and physical.

HRI Medical Classroom – supporting students with medical needs/injuries

Youth Development Service – to engage young people in positive activities outside of school.

Pupil Referral Units – supporting pupils with barriers to learning.

Headstart – work with pupils to promote emotional wellbeing.

Social Care – assess and support families offering a range of services relating to their needs.

3. Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

4. Definitions of harm

Abuse

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

Physical abuse

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

Emotional abuse

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

Sexual abuse

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

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment,) failing to protect a child from physical and emotional harm or danger, failing to ensure adequate

supervision (including the use of inadequate care-givers) or failing to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

Self-Harm

School staff can play an important role in preventing self-harm and also supporting student, peers and parents currently engaging in self-harm.

Any member of staff who is aware of a student engaging in or suspected of being at risk of engaging in self-harm should **always** consult the Child Protection Co-ordinator.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality.

If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.

Child Sexual Exploitation (CSE)

CSE occurs when a child or young person or another person, receives 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child or young person performing sexual activities, or another person performs sexual activities on a child or young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to Children's Social Care Access & Assessment team.

Significant indicators:

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

Refer to HSCB guidance for practitioners

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon teachers to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. In addition, it is illegal for someone to arrange for a child to have this procedure. Therefore, if concerns are raised about the possibility of this taking place Children's Social Care and/or the Police will be notified. **Refer to the Home Office guidance - Mandatory Reporting of Female Genital Mutilation – procedural information, October 2015.**

At Malet Lambert we believe that our pupils should be kept safe from harm. If staff have a concern they should activate local safeguarding procedures using existing national and local protocols for multi-agency liaison with police and children's social care.

Honour Based Violence

Honour Based Violence is a crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame on their family or community by doing something that is not in keeping with the traditional beliefs or culture

At Malet Lambert we take HBV crime very seriously and deal with cases sensitively and confidentially. To this end we work collaboratively with external agencies to keep children and young people safe from harm.

Peer on Peer Abuse

Peer on peer abuse can include: all forms of bullying, being coerced into sending sexual images (sexting), physical or sexual assaults, child sexual exploitation or teenage relationship abuse.

At Malet Lambert we do our utmost to ensure that children and young people are protected from harm and will educate pupils on how to build resilience. Our staff receive regular training to help equip them with the tools to recognise different forms of peer abuse, and the mechanisms for responding and reporting incidents.

A pupil against whom an allegation of abuse has been made may be fixed term excluded pending an investigation and the school 'Behaviour' policy may apply. The school will take advice from Children's Social Care and/or the police on the investigation of such allegations and will take appropriate action to ensure the safety and welfare of all pupils involved.

Special Educational Needs and Disability (SEND)

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

We actively try to remove any barriers to learning and participation that may disadvantage children. We acknowledge that children with SEND are especially vulnerable to all types of abuse and are statically more likely to be targeted due to difficulties they may face in communicating what is happening to them. Therefore, we ensure that SEND children are responded to carefully when they have, or show signs of concern.

We feel it is particularly important that all staff and volunteers are fully informed and adequately trained in order to protect vulnerable groups.

Children Missing in Education

Children are best protected by regularly attending school where they will be safe from harm and where there are professionals to monitor their well-being. At Malet Lambert we will encourage the full attendance of all our pupils. Where we have concerns that a child is missing from education we will follow the local authority protocols and refer to the Education Welfare Service, CME Officer who will make reasonable efforts to identify the child's whereabouts.

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

(Ref: Attendance Policy and Local Authority CME protocols)

5. Recognition of harm

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

- Information given by the child, his/ her friends, a family member or close associate.
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
 1. It does not make sense when compared with the explanation given.
 2. The explanations differ depending on who is giving them (*e.g.*, differing explanations from the parent / carer and child).
 3. The child appears anxious and evasive when asked about the injury.
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- Contact with individuals who pose a 'risk to children' relates to an individual that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.

The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or previous children removed from their carers.

Young carers

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable

6. Acting on concerns

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care. (Working Together 2015) (For more information about information sharing and effective communication see appendices 1 and 2)

Seeking Medical Attention

If a child has a physical injury and there are concerns about abuse;

If Emergency medical attention is required then this should be sought immediately by phoning for an ambulance. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care.

Managing a disclosure

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

7. Referring concerns about a child

The designated safeguarding lead or CPC will act on behalf of the school in referring concerns or allegations of harm to Local Authority Access & Assessment Team or the Police Public Protection Unit.

If the designated safeguarding lead or CPC is in any doubt about making a referral it is important to note that advice can be sought from Local Authority Access & Assessment Team. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the designated safeguarding lead to undertake an investigation into the concerns or allegation of harm. It is the role of the designated safeguarding lead to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Access & Assessment Team, or Locality Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

Consent

Professionals should seek to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the Local Authority Access & Assessment Team. This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.

It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded and communicated with the Local Authority Access & Assessment Team.

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made.

Preparing to Discuss Concerns about a Child with Children's Social Care

Try to clarify in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly.

Try to be as clear as you can about why you are worried and what you need to do next:

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

In the conversation that takes place the duty Social Worker will seek to clarify:

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family and
- What involvement they are having or have had with the child and / or family.

Questions Children's Social Care may ask at Initial Contact

- Agency (i.e. school, etc) address and contact details of referrer;
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;
- Where consent has not been sought to make a referral you will be asked to explain what informed your decision making
- Full names, dates of birth and gender of children;
- Family address and, where relevant, school/nursery attended;
- Previous addresses;
- Identity of those with **Parental Responsibility**;
- Names and dates of birth of all members of the household;
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;

- The child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family;
- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

The HSCB Confirmation of Referral Proforma

All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information.

If you have secure email the form should be sent to The Access & Assessment Team – accesspodgc@hullcc.gcsx.gov.uk

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

Expectation of feedback

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

8. Allegations against staff members / volunteers

Any member of staff or volunteer who has concerns about the behaviour or conduct of another individual working with in the group or organization will report the nature of the allegation or concern to the Head of School immediately. The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The Head of School will report the matter to the Designated Officer for Schools, Suzanne Wilson (615338) who will liaise with the Local Authority Designated Officer (LADO).

In the case that the concern or allegation relates to the Head of School, the Child Protection Coordinator or the Chair of Governors should be contacted. The Chair of Governors will report the matter to the Designated Officer for Schools.

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

An allegation is defined as where, it is alleged that a person who works with children has:-

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

National contacts for NSPCC – Whistle Blowing
Tel: 0800 028 0285 Email: help@nspcc.org.uk

Responding to a complaint or an allegation

The person to whom an allegation or concern is reported should not question the child or investigate the matter further and should:-

- Treat the matter seriously,
- Avoid asking leading questions and keep an open mind,
- Communicate with the child (if they are the complainant) in a way that is appropriate to the child's age, understanding and preferred language or communication style,
- Make a written record of the information (where possible in the words a child used), including:-
 - When the alleged incident took place (time and date)
 - Who was present (witnesses)
 - What was said to have happened,
- Sign and date the written record,
- Report the matter immediately to the Designated Officer for Schools or in her absence the Local Authority Designated Officer directly.
N.B. Children/young people must not be asked to produce or sign any statement. This could undermine any potential investigation.

Malet Lambert adheres to the Department for Education, Keeping Children Safe in Education (July 2016)

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

It is a criminal offence under the Education Act 2011 to name a teacher who has had an allegation made against them before they are charged by the Police. This includes all stakeholders and parents, and any form of disclosure i.e. social networking sites, speaking with the press, playground or staffroom 'gossip' etc.

Allegations against other pupils

A pupil against whom an allegation of abuse has been made may be fixed term excluded from the school pending an investigation and the school Behaviour policy may apply. The school will take advice from Children's Social Care and/or the police on the investigation of such allegations and will take appropriate action to ensure the safety and welfare of all pupils involved.

9. Recruitment and selection

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

The Disclosure and Barring Service (DBS) can help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. If the school knowingly employs someone who is barred to work with those groups they will also be breaking the law. If there is an incident where a member of staff or volunteer has to be dismissed because they have harmed a child or vulnerable adult or would have been if they had not left, the school will notify the DBS.

Induction

When new members of staff join Malet Lambert they will be informed of the safeguarding arrangements in place. They will be given a copy of the school's safeguarding policy plus Part 1 of Keeping Children Safe in Education document, and also told the name of the Child Protection Coordinator and Child Protection Officer.

Every new member of staff will have an induction period that will include essential safeguarding information. This programme will include basic safeguarding information relating to signs and symptoms of abuse, how to manage a disclosure from a child, how to record information and issues of confidentiality. The induction will also remind members of staff of their responsibility to safeguard all children at our school and the remit of the role of the Child Protection Coordinator and Child Protection Officer.

All volunteers and temporary staff to our school will be provided with the same level of information in relation to safeguarding.

Training

The Child Protection Coordinator and Child Protection Officer undertake specific specialist training on appointment which enables them to work in partnership with other agencies and gives them the knowledge and skills needed to fulfil their role. In order to maintain their knowledge and skills the CPC and CP Officer undertake refresher training at two yearly intervals.

All staff members have basic child protection training that equips them to recognise and respond to child welfare concerns. The school maintains a record of child protection training, which includes teaching and non teaching staff. Every staff member undertakes appropriate refresher training every three years.

If appropriate

Our Governing Body will also undertake appropriate training to ensure it is able to carry out its duties to safeguard pupils and staff at our school.

10. Extremism

Pastoral staff at Malet Lambert undertook Humberside Police's 'Prevent' training in October 2014. Karen Windross – Humberside Police delivered a 'Prevent Update' to all staff on 04/01/16.

Prevent is one part of the Government's strategy for countering terrorism and extremism in the UK. Terrorism and extremism is not restricted to violent Islamism and those groups associated with Al Qaeda, although this remains the greatest threat to the UK. There are also risks from the Extreme Right Wing, Northern Ireland related terrorism and other single causes.

The Prevent strategy has 3 main objectives which are;

- **Ideology** - To respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- **Institutions** - Work with a wide range of sectors, in particular education, faith groups, healthcare providers, criminal justice and the internet, where there are risks of radicalisation.
- **Individuals** - Prevent people from being drawn into terrorism and protect those who are at risk of radicalisation, ensuring that they are given appropriate advice and support.

The Channel process is a key element of the *Prevent* strategy. It is a multi-agency approach to identifying and supporting those **individuals** who are vulnerable and at risk from radicalisation.

Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs. Channel uses existing collaboration between local authorities, the police, statutory partners and the local community to:

- Identify individuals at risk of being drawn into terrorism;
- Assess the nature and extent of that risk; and
- Develop the most appropriate support plan for the individuals concerned.

How to report your concerns; Anyone can report or refer an individual whom they feel is vulnerable to radicalisation. The information will be dealt with in confidence and in line with current legislation. The emphasis is on **safeguarding individuals** and **protecting the public**.

You can refer individuals directly to the Channel process or report Prevent related information through Prevent@humberside.pnn.police.uk

11. Contacts

Hull

Children's Social Care (Local Authority)

Access & Assessment Team (01482) 448879

Immediate Help Team (01482) 788080

Local Authority Designated Officer (01482) 790933

Police Public Protection Unit 101

Hull Safeguarding Children Board (01482) 379090

www.hullsafeguardingchildren.org

East Riding of Yorkshire

Children's Social Care (Local Authority)

Referrals (01482) 395500

For Help and Advice (01482) 393339

Emergency Duty Team (01377) 241273

East Riding Safeguarding Children Board (01482)396998/9

Local Authority Designated Officer (01482) 396999

Police Public Protection Team 101

Appendix 1 - Seven Golden rules of information sharing

Information Sharing: Guidance for practitioners and managers' (2008) is aimed at supporting good practice in information sharing by offering clarity on when and how information can be shared legally and professionally in order to achieve improved outcomes. It can be especially useful in supporting early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding or child protection situations. Below are the 7 golden rules of information sharing that this guidance recommends.

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. From the outset be open and honest with the person (and/or their family where appropriate) about why, what, how and with whom information will, or could be, shared and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgements on the facts of the case.
5. 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.
6. Necessary, proportionate, relevant, accurate, timely and secure – this means 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.
7. Keep a record of your decision and the reason for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix 2 - Considerations when Contacting another Agency/Service

Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key, for without it effective decisions cannot be made and equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults

Before contacting another agency, think about why you are doing it, is it to:

- **Share Information**

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case by case basis to decide whether and what personal

information to share with other practitioners in order to meet the needs of a child or young person (CWDC 2009)

- **Signpost to Another Service**

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

- **Get Advice and Guidance**

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymous at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

- **Facilitate Access to a Service**

If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

- **Refer a Child or Family**

If you think that by not accessing a particular service, a child's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the child's situation has improved.

Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.

A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.

At the end of the conversation both parties must be clear about the outcome and the next course of action.

2) Professional Differences

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps.

3) Recording

Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear. (*Working Together 2015*)

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998 (*Information Sharing Guidance for Practitioners and managers 2008*)

Appendix 3

Procedures at Malet Lambert

- It is perfectly acceptable for a concern to be discussed with the appropriate Pastoral or Progress Leaders if necessary,
- A member of staff or volunteer must report any concerns or allegation of harm immediately to the designated persons, Steven Fenna or Sonia Ellerington, using 'CPOMS' (software application for recording and monitoring child protection and safeguarding concerns).
- In the absence of the Child Protection Co-ordinator the matter should be reported to the person identified as their deputy. In the event of neither of these individuals being available the matter should be reported through the line management system or the Head of School. In the unlikely event of management not being available, the matter should be reported directly to the appropriate Local Authority Child Care Team or Police Public / Family Protection Unit. In the case of it being out of hours the Emergency Duty Team should be contacted
- Should a member of staff ever become aware of a CP issue outside the normal school hours (for example at a late night, weekend or half term revision session) and that the designated person/s or senior member of staff cannot be contacted, then the member of staff should contact
Access & Assessment Team (01482) 448879
Immediate Help Team (01482) 788080
- When members of staff record the CP concern it is important to ensure that sufficient detail is given; full names included of all involved. This information is likely to be the first document in

a trail of evidence and may therefore be used outside the school; it should therefore not contain value judgements

- Supporting documents to the entries on the 'CPOMS' database will be stored in the secured CP files where documents will be filed chronologically.
- Full access to the CPOMS database is limited to those who are key holders such as the CP Coordinator/Officer, SLT, Progress Leaders, Support Mentors and LSU Manager.
- Action taken for each reported concern is sent back to the referring member of staff via CPOMS so they can see the outcome of the concern.
- CP concerns will be shared with staff on a need to know basis. Students with known CP concerns will be identified securely on the school network to alert staff to potential issues. No detail of concerns will be shared other than on a need to know basis
- Safeguarding meetings will take place fortnightly to include the CPCs, Learning Mentors and the Head of School.