

# **CHILD PROTECTION POLICY**

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## 1. INTRODUCTION

Safeguarding is defined 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 outcomes. (Working Together to Safeguard Children, DfE, 2018, pg.6)

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the CHEXS. This policy should be read in conjunction with:

- the behaviour policy;
- the staff behaviour policy (sometimes called a code of conduct);
- the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

### **Purpose of a Child Protection Policy**

To inform staff/volunteer, parents, volunteers and trustees about the charities' responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.

### **Hertfordshire Safeguarding Children Partnership Procedures**

CHEXS follows the procedures established by the Hertfordshire Safeguarding Children Partnership (HSCP); a guide to procedure and practice for all agencies in Hertfordshire working with children and their families.

<https://hertsscb.proceduresonline.com/index.htm>

### **CHEXS Staff & Volunteers**

All charity staff/volunteer and volunteers have a responsibility to provide a safe environment in which children can learn.

Charity staff/volunteer and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have regular contact with children.

All charity staff and volunteers will receive annual refresher safeguarding children training which is updated regularly on line with Hertfordshire Safeguarding Children Partnership, which advises every 3 years, so that they are knowledgeable and

aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. The DSP will disseminate any safeguarding updates to staff and volunteers either at weekly staff meetings or through email.

Temporary staff/volunteer and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Person, including The Child Protection Policy and Staff Behaviour Policy (code of conduct)

## **Mission Statement**

Establish and maintain an ethos and culture where children feel secure, are encouraged to talk, and are listened and responded to when they have a worry or concern.

Establish and maintain an ethos and culture where CHEXS staff/volunteer and volunteers feel safe, are encouraged to talk and are listened and responded to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in CHEXS whom they can approach if they are worried.

Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or Child Protection Contact if they are a child in need or have been / are at risk of being abused and neglected. Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Consider how children may be taught about safeguarding, including online, through CHEXS activities.

Staff/volunteer members and volunteers working with children are advised to maintain an attitude of 'it could happen here' and 'it could be happening to this child' where safeguarding is concerned. When concerned about the welfare of a child, staff/volunteer members should always act in the interests of the child.

## **Implementation, Monitoring and Review of the Child Protection Policy**

The policy will be reviewed at least annually by the Trustees. It will be implemented through the CHEXS's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Lead and through staff/volunteer performance measures.

## **2. STATUTORY FRAMEWORK**

In order to to safeguard and promote the welfare of children the Charity will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Children and Social Work Act 2017
- Education Act 2002 (Section 175/157)  
Outlines that Local Authorities and School Governing Bodies have a responsibility to “ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils”.
- Hertfordshire Safeguarding Children Partnership Procedures Manual (Electronic)
- Keeping Children Safe in Education (DfE, September 2020)
- Working Together to Safeguard Children (DfE 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)
- Anti-social Behaviour, Crime and Policing Act 2014 (makes it a criminal offence to force someone to marry. Includes taking someone overseas to force them to marry (whether or not the forced marriage takes place).
- Serious Violence Strategy 2018

## **3. THE DESIGNATED SENIOR LEAD**

Charity Trustees should ensure should ensure an appropriate senior member of staff, from CHEXS leadership team, is appointed to the role of designated safeguarding lead.

The designated safeguarding lead and/or a deputy will always be available (during working hours) for CHEXS staff to discuss any safeguarding concerns.

The Designated Senior Lead for Child Protection in this charity is:

NAME: Julie Cottenden CHEXS Children & Young people Support Lead 07792842516  
Alternative phone number 07983522075

The Deputy Designated Safeguarding Leads for Child Protection in this Charity ar:

NAME: Peter D Maiden CHEXS Director 07974262875  
Alternative phone number 07855372358

NAME: Lee Routledge CHEXS Family Support Lead 07792842587

DSL deputy should be appointed to act in the absence/unavailability of the DSL

**The broad areas of responsibility for the designated safeguarding lead are:**

**Managing referrals**

- Managing Child Protection Contacts referrals and cases
- Contacting the Child Protection Consultation Hub when advice is needed regarding child protection concerns which possibly meet the threshold for statutory intervention
- Completing Child Protection Contact Referrals for all cases of suspected abuse or neglect where there is a significant risk of harm to the child/young person, Police where a crime may have been committed and to the Channel programme where there is a radicalisation concern
- Liaise with the CEO to inform him of issues- especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to staff/volunteer on matters of safety and safeguarding and when deciding whether to make a Child Protection Contact referral by liaising with relevant agencies
- Support staff who make Child Protection Contact Referrals and other service referrals
- Share information with appropriate staff/volunteer in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

➤ **Training**

The Designated Senior Lead should undergo formal training every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
3. Ensure each member of staff/volunteer has access to and understands the charity's safeguarding and child protection policy and procedures, especially new and part time staff/volunteer
4. Be alert to the specific needs of children in need, those with special educational needs and young carers
5. Understand and support the charity with regards to the requirements of the Prevent duty and are able to provide advice and support to staff/volunteer on protecting children from the risk of radicalisation
6. Are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online.
7. Can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online
8. Be able to keep detailed, accurate, secure written records of concerns, Child Protection Contact Referrals alongside referrals to other referrals
9. Obtain access to resources and attend any relevant or refresher training courses
10. Encourage a culture of listening and responding to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them

➤ **Raising Awareness : The Designated Safeguarding Lead (DSP) should:**

- ensure CHEXS's policies are known, understood and used appropriately.
- work with the Trustees to ensure that the charities child protection policy is reviewed annually and the procedures and implementation are updated

and reviewed regularly.

- Ensure the safeguarding and child protection policy is available publicly and that parents are aware that advice regarding child protection concerns could be sought from the Child Protection Consultation Hub and that Child Protection Contact Referrals about suspected abuse or neglect may be made. Ensure parents are aware of the role of the charity in this.
- Link with Hertfordshire Safeguarding Children's Partnership (HSCP) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Ensure that when children leave the charity, they ensure the file for safeguarding and any child protection information is sent to any new school/college/agency as soon as possible. The file should not be sent until the child is physically attending the new school.
- Obtain proof that the new school/education/agency setting has received the safeguarding file for any child transferring and then destroy any information held on the child unless the case is currently open and in line with data protection guidelines (see Record keeping Guidance on Hertfordshire Grid for Learning for further information. )
- Consider if it would be appropriate to share any information with the new school/college or agency in advance of a child leaving. For example, information that would allow the new school/college or agency to continue supporting victims of abuse and have that support in place for when the child arrives.

#### **4. THE BOARD OF TRUSTEES**

The board of Trustees and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in the charity are always effective and comply with the law.

The nominated trustees for child protection are:  
Mr Tony Gorton – CHEXS Chair. 07801576063  
Mrs Liz Allum - CHEXS Safeguarding Trustee 07792752242

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff/volunteer behaviour policy
- ensuring staff/volunteer are provided with Part One of Keeping Children Safe in Education 2020 and Annex A and are aware of specific safeguarding issues
- ensuring that staff/volunteer induction is in place with regards to child protection and safeguarding
- appointing an appropriate senior member of staff/volunteer to act as the Lead Designated Senior Lead.
- ensuring that all of the Designated Senior Leads (including deputies) should undergo formal child protection training every two years (in line with KCSiE and HSCP procedures and receive regular (annual) updates via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments, for example
- prioritising the welfare of children and young people and creating a culture where staff/volunteer are confident to challenge senior leaders over any safeguarding concerns
- should ensure that children are taught about safeguarding, including online safety.
- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support Trustees is provided in Annex C of KCSiE 2020



## 5. WHEN TO BE CONCERNED

Knowing what to look for is vital for the early identification of abuse and neglect. All staff should be aware of the Indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

**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. Abuse can take place wholly online, or technology maybe used to facilitate offline abuse. Children maybe abused by an adult or adults or by another child or children.

<b>Physical abuse</b>	
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.	
<b>Child</b>	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness -
<b>Parent</b>	<b>Family/environment</b>
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

<b>Emotional abuse</b>	
<p>The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as over protection 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.</p>	
<b>Child</b>	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
<b>Parent</b>	<b>Family/environment</b>
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

<b>Neglect</b>	
<p>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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>	
<b>Child</b>	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
<b>Parent</b>	<b>Family/environment</b>
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

<b>Sexual abuse</b>	
<p>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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.</p>	
<b>Child</b>	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	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	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
<b>Parent</b>	<b>Family/environment</b>
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

If staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this policy and speak to the Designated Senior Lead (or deputy). The designated safeguarding ILead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

**Any staff member should be able to make a Child Protection Contact referral to Children's Services if necessary.**

All staff should be aware of the process for making referrals to Child Protection Contact Referral and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm - from abuse or neglect) that may follow a Contact Referral, along with the role they might be expected to play in such assessments.

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

**Options will then include:**

- managing any support for the child internally via CHEXS's own pastoral support processes;
- completing a Families First Assessment or a Request for Support referral.
- a Child Protection Contact Referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer significant harm from abuse or neglect.

**Contextual Safeguarding**

Safeguarding incidents and/or behaviours can be associated with factors outside the CHEXS activities and/or can occur between children outside the charity. All staff, but especially the designated safeguarding lead (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

**A child centred and coordinated approach to safeguarding**

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfil this responsibility effectively, each professional should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

CHEXS staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for

the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

### **Children who may require early help (known as Families First in Hertfordshire)**

Families First is Hertfordshire's programme of early help services for families. A directory of early help services is available at [www.hertfordshire.gov.uk/familiesfirst](http://www.hertfordshire.gov.uk/familiesfirst) which will help practitioners and families find information and support to prevent escalation of needs and crisis.

All staff/volunteer should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff/volunteer monitoring the situation and feeding back to the Designated Senior Lead any ongoing/escalation of concerns so that consideration can be given to a Child Protection Contact Referral to Children's Services if the child's situation doesn't appear to be improving.

If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up Families First Assessment as appropriate.

### **Any child may benefit from early help, but all CHEXS staff should be particularly alert to the potential need for early help for a child who:**

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;

- is at risk of being radicalised or exploited;
- is a privately fostered child.

CHEXS staff/volunteer members/volunteers should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect** as well as being aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

**Children with special educational needs and disabilities:**

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- ❖ Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- ❖ Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- ❖ Communication barriers and difficulties
- ❖ Reluctance to challenge carers , (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- ❖ Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/participation
- ❖ Isolation

## **Peer on peer abuse**

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

All staff should be aware that abuse is abuse and peer on peer abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. Furthermore, they should recognise the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys’ perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously.

Hertfordshire County Council recommends that education settings use The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service to help professionals; assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at  
<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

In order to minimise the risk of peer on peer abuse the charity:

CHEXS will endeavour to develop a child’s’ understanding of acceptable behaviour and keeping themselves safe.

Have systems in place for any child to raise concerns with staff, knowing that they will be listened to, believed and valued.

Ensure victims, perpetrators and any other child affected by peer on peer abuse will be supported

Develops robust risk assessments where appropriate

Have relevant policies in place (e.g. behaviour policy).

Where there is an allegation or concern that a child has abused others, Section 4.4 of the Hertfordshire Safeguarding Children Partnership Procedures Manual, ‘Children Who Abuse Others’:  
[http://hertsscb.proceduresonline.com/chapters/p\\_chil\\_abuse.html](http://hertsscb.proceduresonline.com/chapters/p_chil_abuse.html)



Staff should also refer to Part five of KCSiE DfE 2020 – ‘Child on child sexual violence and sexual harassment’:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

### **Serious violence**

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime.

- Increased absence from school
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self harm or significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts/new possessions

### **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator.

The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More information include definitions and indicators are included in Annex A KCSiE DfE 2020.

### **Mental Health**

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriate trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by following the procedures in this policy and speaking to the schools DSL.

## **PREVENT: Safeguarding Children and Young People from Radicalisation**

Children can be vulnerable to extreme ideologies and radicalisation. Similar to protecting children from other forms of harm and abuse, protecting children from radicalisation must be part of the charity's safeguarding approach.

There are signs and vulnerability factors that may indicate a child is susceptible to radicalisation or is in the process of being radicalised. It is possible to protect vulnerable people from extremist thinking and intervene to safeguard those at risk of radicalisation. Staff must be alert to changes in children's behaviour, which could indicate that they may be in need of Prevent support. They must act proportionately to the concern using the Prevent 'notice, check, share' approach, which may lead to the DSL making a Prevent referral.

Local Hertfordshire County Council guidance on Prevent is featured at 6.25 of the Hertfordshire Safeguarding Children's Partnership CP procedures [https://hertsscb.proceduresonline.com/chapters/p\\_prevent\\_guide.html](https://hertsscb.proceduresonline.com/chapters/p_prevent_guide.html) which outlines the specific duties in Hertfordshire. This guidance also features advice on making a Prevent referral. (please note: at the time of writing this policy 6.25 of the HSCP CP procedures is under review)

### **Domestic Abuse**

Domestic abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological; physical; sexual; financial; and emotional.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.

**See Appendix 4 for information regarding Operation Encompass**

## **6. DEALING WITH A DISCLOSURE**

If a child discloses that he or she has been abused in some way, the member of staff/volunteer / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child

- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the DSL without delay (if a DSL or Deputy is not available, staff must inform a senior member of staff or complete a child protection contact referral if this disclosure indicates that the child may be at risk of immediate harm and/or have been suffered significant harm to ensure reporting to Police and/or Children's Services where necessary is not delayed)

### **Support**

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Lead.

**If a staff/volunteer member receives a disclosure about potential harm caused by another staff/volunteer member, they should see CHEXS Whistle Blowing Policy**

### **7. RECORD KEEPING**

All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the DSL.

- Record as soon as possible after the conversation. Use the CHEXS Child Protection Recording system by completing a record of concern sheet found in Dropbox under Child Protection Policy.
- Ensure the date, time, place is recorded, and any noticeable non-verbal behaviour and the words used by the child
- Use the CHEXS body map to indicate the position of any injuries and a clear description of the injury (Dropbox under Child Protection Policy)
- Record statements and observations rather than interpretations or

assumptions

- Do not destroy the original records in case they are needed by a court
- All records need to be given to the DSL promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

If a child who is/or has been the subject of a child protection plan changes school, the Designated Senior Lead will inform the social worker responsible for the case and transfer the appropriate records to them.

## **8 Confidentiality**

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers.

- All staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

## **Charity Procedures**

If any member of staff is concerned about a child, he or she must inform the DSL. The DSL will decide whether the concerns should be raised to Children's Services and if deemed to have met the threshold a Child Protection Contact Referral will be completed. If a Child Protection Contact Referral to Children's Services is made the DSL will discuss the referral with the parents, unless to do so would place the child at further risk of harm.

While it is the DSL's role to make Child Protection Contact Referrals, any staff member can make a Child Protection Contact Referral to Children's Services if a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM, Forced Marriage etc). In these circumstances a Child Protection Contact Referral should be made to Children's Services and/or the Police immediately. Where Child Protection Contact Referrals are made by another member of staff, the DSL should be informed as soon as possible.

If a teacher (persons employed or engaged to carry out teaching work at schools and other institutions in England) in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the teacher must report this to the police via 101. This is a mandatory reporting duty. KCSiE(DfE 2020:33):

If the allegations raised are against other children, the charity should follow section 4.4 of the Hertfordshire Safeguarding Children Partnership Procedures Manual – Children Who Abuse Others.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise and a factual account of any verbal disclosures and observations (record of Cause for Concern Form)

Particular attention should be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a Child Protection Plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the social worker in a secure manner.

The DSL is responsible for making the senior leadership team aware of trends in behaviour that may affect children's welfare. If necessary, training will be arranged.

## **10. COMMUNICATION WITH PARENTS**

CHEXS will:

Ensure the child protection policy is available publicly either via the CHEXS website or by other means.

Parents should be informed prior to Child Protection Contact referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

(The charity may also consider not informing parent(s) where it would place a member of staff/volunteer at risk).

CHEXS will endeavour to ensure that parents understand the responsibilities placed on the charity staff for safeguarding children.

Where reasonably possible schools and colleges should hold more than one emergency contact number for each pupil and student. KCSiE DfE 2020:63

## **11. ALLEGATIONS INVOLVING CHEXS STAFF/VOLUNTEERS**

An allegation is any information which indicates that a member of staff/volunteer may have:

- 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;
- Behaved towards a child or children in a way which indicates he or she would pose a risk of harm to children; or
- Behaved or may have behaved in a way that indicated they may not be suitable to work with children.

This relates to members of staff and volunteers who are currently working CHEXS regardless of whether CHEXS activity/meeting is where the alleged abuse took place. Allegations against a staff member or volunteer who is no longer with CHEXS should be referred to the police. Historical allegations of abuse should also be referred to the police.

### **What charity staff/volunteer should do if they have concerns about safeguarding practices within the charity**

All staff/volunteer and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.

Appropriate whistleblowing procedures, which are suitably reflected in staff/volunteer training and staff/volunteer behaviour policies, should be in place for such concerns to be raised with the charity's senior leadership team.

If staff/volunteer members have concerns about another staff/volunteer member then this should be referred to the CEO. Where there are concerns about the CEO this should be referred to the Chair of charity as appropriate.

In the event of allegations of abuse being made against the CEO or where a staff/volunteer member feels unable to raise an issue with the Chair of the Charity or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Local Authority Designated Officer (LADO). Staff/volunteer may consider discussing any concerns with the Designated Senior Person if appropriate make any referral via them.

NAME: Mr Tony Gorton  
CONTACT NUMBER: 07801576063

In the absence of the Chair of Trustees, the Vice Chair should be contacted.  
The Vice Chair is:

NAME: Mrs Liz Allum  
CONTACT NUMBER: 07792752242

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the CEO.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The CEO/Charity Chair will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (LADO Threshold Guidance may be used to inform this decision – found at

[https://hertsscb.proceduresonline.com/chapters/p\\_manage\\_alleg.html](https://hertsscb.proceduresonline.com/chapters/p_manage_alleg.html)

Children's Services – 03001234043

SOOHS (Out of Hours Service-Children's Services) – 03001234043

If the allegation meets any of the four criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation requires a child protection strategy meeting or joint evaluation meeting, this will take place in accordance with section 4.1 of the Hertfordshire Safeguarding Children Partnership Procedures Manual.

If it is decided it does not require a child protection strategy meeting or joint evaluation meeting, the LADO will provide the employer with advice and support on how the allegations should be managed.

The CEO should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:

Hertfordshire Safeguarding Children Partnership Procedures Manual Section 4.1  
Managing Allegations Against Adults who work with Children and Young People

Where a staff/volunteer member feels unable to raise an issue with their employer/through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- Children's Services 0300 123 4043
- NSPCC whistleblowing helpline is available for staff/volunteer who do not feel able to raise concerns regarding child protection failures internally.  
Staff/volunteer can call: 0800 028 0285 – line is available from 8:00 AM to 8:00

PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**What staff should do if they have concerns about safeguarding practices within CHEXS .**

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the CHEXS safeguarding arrangements.
- Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the CHEXS senior leadership team.

**Safer working practice**

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/school code of conduct/staff behaviour policy and Safer Recruitment Consortium document **Guidance for safer working practice for those working with children and young people in education settings (May 2019)** available at

<https://www.saferrecruitmentconsortium.org/>

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise

behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998). Please see CHEXS's behaviour management policy for more information.

**Mobile Phone Use**

CHEXS staff/volunteers will **only use CHEXS mobile phones** whilst in the company of children and young people, unless otherwise instructed. Personal mobile telephones will be switched off or switched to silent mode at all times during normal working hours.

CHEXS staff/volunteers will observe any site specific restrictions imposed by other organisations regarding the use of mobile phones, including requests to keep mobile phones turned off.

The Charity monitors the use of its mobile and Charity telephones in compliance with the Monitoring Policy.





**Policy Review**

This policy will be reviewed in full by CHEXS Board of Trustees on an annual basis.

The policy was last reviewed and agreed by the Board of Trustees on 30<sup>th</sup> November 2019

It is due for review 30<sup>st</sup> November 2020

Signature ..... CEO CHEXS Date .....  
Peter Maiden

Signature ..... Chair of Trustees Date .....  
Tony Gorton

## **APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2020)**

### **Part One: Information for all CHEXS staff**

#### **Annex A: Further information**

**All** staff should have access and have read Part one and Annex A (which provides further information specific forms of abuse and safeguarding issues) of this statutory guidance. They should also have the opportunity to seek clarity from designated staff for any content.

This is to assist staff to understand their role and discharge their responsibilities as set out in this guidance.

CHEXS staff are asked to sign to say they have read these sections (please see Appendix 2 below) and will be subsequently re-directed to these documents again should any changes occur.

**Link to KCSiE (DfE, 2020):**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892394/Keeping\\_children\\_safe\\_in\\_education\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892394/Keeping_children_safe_in_education_2020.pdf)

**APPENDIX 2: DECLARATION FOR STAFF**

**Child Protection Policy and Keeping Children Safe in Education (DfE 2020)**

CHEXS

Academic Year 2020-2021

Please sign and return to .....Julie Cottenden.....(DSL) by  
15th September 2020

I, \_\_\_\_\_ have read and am familiar with the  
contents of the following documents and understand my role and responsibilities as set  
out in these document(s):

- (1) The Charity's Child Protection Policy
- (2) Part 1 and Annex A of 'Keeping Children Safe in Education' DfE Guidance , 2020

I am aware that the DSLs are:

DSL - Julie Cottenden, CYPSL  
Deputy DSL - Peter Maiden CEO  
Deputy DSL – Lee routledge FSL

and I am able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are  
available at The CHEXS Office

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## APPENDIX 3: ACTIONS WHERE THERE ARE CONCERNS ABOUT A CHILD

### Flowchart

