

Online training module

Safeguarding Children: Designated Safeguarding Lead

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Hi, James here.

Welcome to this online safeguarding module exploring key responsibilities, sign and symptoms and referral pathways.

If you have any questions please do not hesitate to contact HLT.

Aim:

To develop awareness of, and the ability to act on, concerns about the safety and welfare of children and young people.

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Learning objectives:

By the end of the training participants will be aware of:

- Key issues around safeguarding and promoting the welfare of children;
- Roles, responsibilities and local and national procedures in safeguarding and promoting the welfare of children;
- What to do if they have concerns about children, including those who are suffering or at risk of suffering significant harm;

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Learning objectives:

- Information about the legislative framework within which children's welfare is safeguarded and promoted;
- The necessity for information sharing, effective communication and accurate recording;
- When and how to make a referral;
- What will happen once they have informed someone of their concerns.

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The safeguarding agenda has broadened over the last few years and we now conceptualise child protection as one element of safeguarding practice.

One way to imagine safeguarding is that it applies to all children, all of the time, while child protection refers to some children, some of the time.

We understand that all children have needs and part of our job is to identify and meet them. Many children get their needs met in universal services like schools, others need more targeted support from early help services like Young Hackney, others may need specialist support from agencies like CAMHS or in relation to SEND, a smaller though significant group of children are in need of protection from harm and abuse.

What do we mean by Safeguarding and Child Protection?

Safeguarding and promoting the welfare of children:

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

Child Protection:

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

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Through our developing understanding of safeguarding and child protection work there has been an understanding that all staff working with children have a vital part to play. In schools and colleges we know that children have relationships with office staff, lunchtime supervisors, teaching assistants and teachers.

It is therefore vital that all these people understand their role to safeguard and working alongside others like the police and social care to support all children.

You can find further information here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

The vital roles schools and colleges play in safeguarding and children protection is covered by statutory guidance from the government. It is important you read part 1 and annex A. It details your responsibilities and gives guidance about what you should do if you are worried about a child.

You can find further information here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835733/Keeping_children_safe_in_education_2019.pdf

Further information can also be found in your school's Safeguarding and Child Protection policy.

Safeguarding is everyone's responsibility:

- Everyone who works with children – including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers – has a responsibility for keeping them safe.
- No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Working Together 2018

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Keeping Children Safe in Education:



Keeping children safe in education

Statutory guidance for schools and colleges

Sept 2019

Governing bodies 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 their schools or colleges are effective and comply with the law at all times.

Staff read at least Part 1 and Annex A of this document.

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During the Covid-19 / Coronavirus outbreak some children may experience additional vulnerabilities. Schools and colleges continue to play a vital role in keeping children safe.

FAST colleagues will help you determine levels of risk and support your decision making in this area.

Keeping Children Safe in Education:

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

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The identification of concerns is a key role for all school and college staff.

Remember, you may be the only staff member who has seen that child and your relationship with them can helpfully inform other professionals like social workers.

All staff must be vigilant to abuse particularly at this time.

Keeping Children Safe in Education:

- All staff have a responsibility to provide a safe environment in which children can learn;
- All staff have a role to play in identifying concerns early and taking action so that these children receive the help they need;
- All staff should maintain an attitude of 'it could happen here' and be aware of the signs and indicators of abuse.

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The DSL is a statutory role for schools and colleges, meaning you must have one and a deputy available at all times.

This usually means they have to be on site at all times. At the present time all staff must be aware who is fulfilling these roles on any given day.

It is important to remember DSLs are not expected to undertake this role on their own and if in doubt can consult with children's social care and the FAST team.

The Role of the Designated Safeguarding Lead:

- Being a source of advice and expertise on child protection matters to all staff;
- Be aware of the agency's safeguarding and child protection procedures and ensure they are accessible to all staff & volunteers;
- Keep all staff up to date with current procedures and practice, ensuring all staff receive necessary training;

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During this time it is critical that schools and colleges maintain the monitoring of those children on Child In Need (CIN) and Child Protection (CP) plans.

These children may experience additional vulnerability as they might not attend school. DSLs must have a register of these children and regularly inform the child's social work team about their attendance (or not) as the case may be.

This must happen at least every other day.

The Role of the Designated Safeguarding Lead:

- Referring any concerns as soon as they arise to Children's Social Care;
- Monitoring children who are subject to child protection plans;
- Maintaining accurate and secure safeguarding and child protection records;
- Promoting good practice and effective communication, internally and externally.

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The Children Act 1989 is the overarching piece of legislation that governs safeguarding and child protection work.

It places a duty on the local authority, schools and colleges to promote the welfare of children and protect them from harm.

Children Act 1989:

Main Themes:

- The welfare of the child is of paramount importance;
- Wherever possible children should be brought up within their own families;
- Services should be provided which support families and promote the welfare of children.

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The Children Act 1989 defines what it calls 'significant harm'. This term includes the primary categories of abuse Physical, Sexual, Emotional harm and Neglect.

As our professional knowledge has developed over the years we also address other areas as child protection including child sexual exploitation, criminal exploitation and county lines.

We'll return to these issues later.

What does 'harm' mean?

Section 31(9) Children Act 1989:

- 'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- 'Development' means physical, intellectual, emotional, social or behavioural development;
- 'Health' means physical or mental health;
- 'Ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

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When thinking about whether a child has experienced significant harm it is vital to do this in consultation with FAST, qualified social worker and police officers who can advise you in relation to the need for a referral to their service.

- Point 1 – Working Together 2018
- Point 2 – Children Act 1989

What is 'Significant Harm'?

- 'Significant harm' refers to 'the threshold that justifies compulsory intervention in family life in the best interests of children, and gives LAs a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child';
- Where the question of whether harm suffered by the child is significant turns on the child's health and development, his/her health or development shall be compared with that which could be reasonably expected of a similar child.

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The four categories of harm have been presented in this order due to their prevalence.

Children are more likely to be neglected than sexually harmed.

Nationally we have seen significant increases in what is referred to as peer on peer harms like child sexual exploitation and serious youth violence.

Categories of child abuse:

- Neglect;
- Emotional Abuse;
- Physical Abuse;
- Sexual Abuse.

Children Act 1989

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There are many types of neglect, some chronic (they exist all the time and represent a significant lack of support given to children in their families), other are episodic (they may only exist for short periods of time depending on factors like unemployment or inadequate housing).

Because of this it is even more important that schools and colleges are mindful of children's experiences at home at this time.

You can find more information here:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/>

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.

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Some children may not get adequate food, others may not be taken to important medical appointments, some may be left home alone.

When thinking about the signs of neglect it can help in knowing the child's usual experience and being curious about the current situation and parents/carers ability to prioritise and meet their children's needs. You may observe children that become unkempt or dirty, some children may be hungry or in need of attention.

Neglect:

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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Emotional abuse often occurs in combination with other forms of abuse, it is impossible to imagine that one is sexually harmed without it having an emotional impact as an example.

It can exist in isolation if children's emotional development is not attended to by parents/carers.

Emotional abuse can be compounded by other familial/adult issues like substance misuse, domestic violence and poor mental health.

You can find more information here:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/>

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.

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As a member of school or college staff you may see children who are isolated or excluded from their peers, some children may become withdrawn or display poor self image/worth.

It is important to be vigilant to changes in children's behaviours and understand they may represent challenging experiences outside of school.

Emotional Abuse:

May feature:

- Age or developmentally inappropriate expectations
- Interactions that are beyond a child's developmental capability;
- 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.

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Domestic abuse and violence are significant issues for some children.

Those who live in homes where this is happening are at heightened risk. If you are concerned a child's home life exposes them to domestic violence and abuse please seek advice from FAST.

The definition in relation to DV has recently changed to address intimate partner violence amongst teenagers, 16 and 17 year olds are now protected by the legislation in the same way as adults.

You can find more information here:
<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/>

Domestic Violence:

Domestic violence and 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;
- Emotional.

<https://www.gov.uk/domestic-violence-and-abuse>

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When a child or young person is sexually abused, they're forced or tricked into sexual activities.

They might not understand that what's happening is abuse or that it's wrong. And they might be afraid to tell someone.

Sexual abuse can happen anywhere – and it can happen in person or online. It's never a child's fault they were sexually abused – it's important to make sure children know this.

You can find more information here:
<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/>

Sexual Abuse:

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

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Sexual Abuse:

- 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.

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Child sexual exploitation (CSE) is a type of [sexual abuse](#).

When a child or young person is exploited they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities.

Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called [grooming](#). They may trust their abuser and not understand that they're being abused.

You can find more information here:
<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/#what-is>

Child Sexual Exploitation:

- Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities;
- Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain;

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Child Sexual Exploitation:

- In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources;
- Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Safeguarding Children and Young People from Sexual Exploitation 2009

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Children and young people involved with gangs and criminal exploitation need help and support. They might be victims of violence or pressured into doing things like stealing or carrying drugs or weapons. They might be abused, exploited and put into dangerous situations.

You can find more information here:

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/>

Child Criminal Exploitation:

- Child criminal exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Safeguarding Children and Young People from Sexual Exploitation 2009

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Bumps and bruises don't always mean a child is being physically abused. All children have accidents, trips and falls. And there isn't just one sign or symptom to look out for. But it's important to be aware of the signs.

If a child regularly has injuries, there seems to be a pattern to the injuries or the explanation doesn't match the injuries, then this should be reported.

You can find more information here:
<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/physical-abuse/>

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.

Working Together 2015

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Girls who are threatened with, or who have undergone FGM may withdraw from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally.

Staff may become aware of a student because she appears anxious, depressed and emotionally withdrawn. They may be presented with a sudden decline in her performance, aspirations or motivation. There may be occasions when a student comes to school or college but then absents herself from lessons, possibly spending prolonged periods in the bathroom.

Female Genital Mutilation:

- FGM comprises of any procedure involving partial or total removal of the external female genitals or other injury to the female genital organs whether for cultural or non-therapeutic reasons;
- It is illegal in England;
- In 'known' cases schools have a mandatory duty to inform the police, in Hackney this can be done via FAST.

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Students who fear they may be at risk of FGM can often come to the attention of, or turn to, a teacher, lecturer or other member of staff before seeking help from the police or social services. Sometimes the student's friends report it to staff. Teachers, lecturers and other members of staff are in an ideal position to identify and respond to a victim's needs at an early stage.

Educational establishments should aim to create an 'open environment' where students feel comfortable and safe to discuss the problems they are facing – an environment where FGM can be discussed openly, and support and counselling are provided routinely.

Students need to know that they will be listened to and their concerns taken seriously.

You can find more information here:
<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm/>

The Government define extremism as “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.”

Staff should have sufficient training to be able to recognise this vulnerability and be aware of what action to take in response.

This will include an understanding of when to make referrals to the Channel programme and where to get additional advice and support.

You can find more information here:
<https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/protecting-children-from-radicalisation/>

Prevent Agenda:

- All publicly-funded schools in England are required by law to teach a broad and balanced curriculum which promotes the spiritual, moral, cultural, mental and physical development of pupils and prepares them for the opportunities, responsibilities and experiences of life. They must also promote community cohesion.

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Preventing Radicalisation:

- Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.
- Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It includes calls for the death of members of the British armed forces (HM Government, 2011).

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You can find further information here:

<https://www.csnetwork.org.uk/en/about/what-is-contextual-safeguarding>

Contextual Safeguarding:

- Contextual Safeguarding is an approach to identify and support those children and young people who may be at risk outside of their home.
- This may include issues like child sexual Exploitation, child criminal exploitation, gang affiliation and serious youth violence.
- The referral pathway to FAST remains the same.

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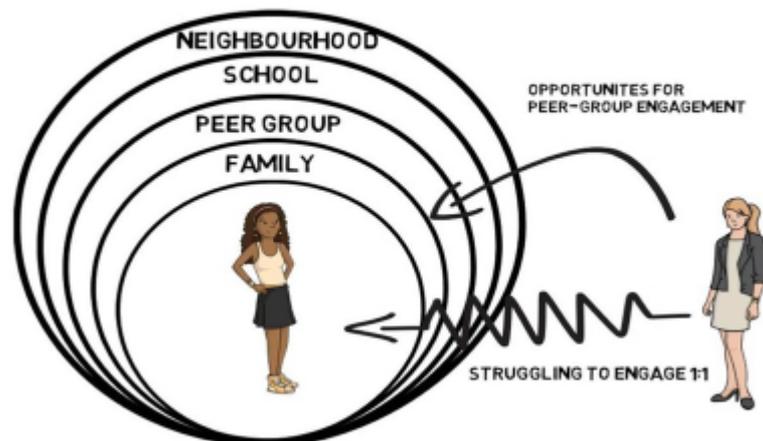
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Schools and colleges staff are often well placed to understand children's lives beyond the school gates. Staff often have information about peer groups and activities children may be involved in. FAST are available to you in exactly the same way to discuss with you risks children may experience away from home. Many of this type of case are discussed at the Extra-Familial Risk Panel.

You can find more information here:

<http://www.chscb.org.uk/wp-content/uploads/2019/05/Extra-Familial-Risk-Panel-Protocol.pdf>

Contextual Safeguarding:



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Making safeguarding referrals:

- If you or any member of staff is concerned about any of the above safeguarding issues it is incumbent on the to have a consultative phone call with FAST;
- If your concerns reach the threshold for a statutory intervention they will advise you to make a referral (link above);
- Please bear in mind that FAST can also advise regarding Early Help and signpost to appropriate sources of support.

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If you are in the role of DSL help staff to clarify these questions.

When making records about such discussion or concerns it is vital that they are in clear, straightforward language that anyone could understand.

Please stay away from jargon and overly professionalised language. For example, some have used the term Inappropriate Sexualised Behaviour to describe signs they have seen. If another person were to read this it would be impossible for them to understand exactly what had been seen or heard.

Identification of need and risk:

Try to sort out in your mind why you are concerned:

- What have you seen?
- What have you heard?
- What has been said to you?

Do not be afraid to listen to your instinct that something does not seem to be right.

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It can be very hard for some children to open up about what's happened to them. They might be worried about the consequences or that nobody will believe them. They might have told someone before and nothing was done to help them. Sometimes they might not know what's happening to them is abuse and struggle to share what they're feeling. Some children don't reveal they're being abused for a long time, some never tell anyone.

You can find more information here:

<https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/what-to-do-child-reveals-abuse/>

Dealing with disclosures:

If a child makes a disclosure it is important that you:

- Receive and Listen;
- Reassure;
- Response;
- Record and Refer;
- Self Care.

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Refer to “**What to do if you are worried a child is being abused**” booklet:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Referrals to Hackney Children and Families Service (First Access & Screening Team):

- Refer by phone as soon as possible after a concern is raised - do not wait until the end of the day. Telephone: **020 8356 5500**;
- This should be followed up immediately with a written referral (using the referral form).
Email: fast@hackney.gov.uk ;
- Referrals should give evidence and facts; then a hypothesis of what might be happening.

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Children's Social Care are expected to:

- Discuss your concerns;
- Decide what action is needed.
- Consider concerns about a child's safety;
- Check if there is a Child Protection Plan;
- Discuss with other professionals as necessary;
- Take action to ensure the child is safe;
- Involve the Police if necessary;
- Tell you what action they are taking and why.

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Effective working together depends on an open approach and honest relationships between agencies. Problem resolution is an integral part of professional co-operation and joint working to safeguard children.

Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child.

This inter-agency policy defines the process for resolving such professional difference and should be read alongside the London Child Protection Procedures.

CHSCP Escalation Policy:

- This inter-agency policy defines the process for resolving such professional difference and should be read alongside the London Child Protection Procedures and relevant internal policies on escalating matters of concern. Disagreements can arise in a number of areas, but are most likely to arise around:
 - Levels of need;
 - Roles and responsibilities;
 - The need for action;
 - Progressing plans and communication.

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Stages of Resolution:

Stage One: Discuss with the other worker

The people who disagree have a discussion to resolve the problem. This discussion must take place as soon as possible and could be a telephone conversation or a face to face meeting. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this unsupported.

CHSCB Escalation Policy:

Stages of Resolution:

- Stage 1: Discuss with the other worker;
- Stage 2: Escalate to Line Manager;
- Stage 3: Escalate to Senior Manager;
- Stage 4: Resolution by CHSCB Chair.

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Stage Two: Escalate to line manager

If the problem is not resolved, the worker should contact their supervisor/manager within their own agency who should have a discussion with the equivalent supervisor/ manager in the other agency. If the case involves a child subject to a Child Protection Plan or a Looked After Child, the Independent Reviewing Officer must also be notified.

Stage Three: Escalate to senior managers

If the problem is not resolved at Stage Two, the supervisor/ manager reports to their respective manager or named/ designated safeguarding representative. These two managers must attempt to resolve the professional differences through discussion.

If there remains disagreement, the expectation is that escalation continues through the appropriate tiers of management in each organisation until the matter is resolved. The respective agency members on the City & Hackney Safeguarding Children Board (CHSCB) should be engaged in seeking resolution before the case is raised with the CHSCB Chair.

Stage Four: Resolution by CHSCB Chair

If it has not been possible to resolve the professional differences within the agencies concerned (and after the agency CHSCB members have been involved), the matter should be referred by the concerned agency to the Chair of the CHSCB, who may either seek to resolve the issue direct with the relevant senior managers, or convene a Resolution Panel. The agency raising the dispute must e-mail the details through to chscb@hackney.gov.uk The Resolution Panel must consist of senior officer from three agencies who are members of the full Board of the CHSCB. The senior officers must include the agencies concerned in the professional differences. The Panel will receive representations from those involved.

Children may be abused:

- In a family;
- In an agency, institutional or community setting;
- By an adult or adults;
- By another child or children;
- Via the internet;
- By those known to them;
- More rarely by a stranger.

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The bottom three sources of stress are often referred to as the 'Toxic Trio' – when these issues occur together risk for children increases.

Sources of stress:

- Poverty;
- Social exclusion;
- Parents with a learning disability;
- Parental substance misuse;
- Domestic abuse and/or violence;
- Mental ill health of parent/carer.

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How concerns come to light:

- A child tells someone what is happening to them;
- You see signs of abuse or neglect;
- You see worrying changes in a child's behaviour;
- You see worrying changes in a parent's behaviour;
- Someone else tells you something concerning;
- An adult or child tells you they have hurt a child;
- A parent tells you they are struggling to meet a child's needs;
- Parental behaviour during pregnancy;
- Contact with a person known to pose a risk to children.

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It is vital that DSLs and other schools and colleges staff consult with FAST if they are concerned about children.

It is much better to consult and for FAST to say they are not going to take the case as a referral than not give them the information you have.

Barriers to sharing a concern:

- Fear of 'getting it wrong';
- Staff not aware of safeguarding systems in their school and/or who to report a concern to;
- Belief that there was no intention to harm the child;
- Belief that you are breaching confidentiality and trust of young person or parent;
- Fear of blaming or accusing a parent or carer;
- Fear of losing a positive relationship with the family;
- Fear that it may destroy relationships in the family;

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Barriers to sharing a concern:

- Protecting self/others from distress of uncovering abuse;
- Worry that concern is not serious enough;
- Fear of a negative outcome from a child protection investigation;
- Fear of breaking up families and disrupting attachments;
- Personal safety;
- Fear of complaints, impact on reputation, personally and for the organisation;
- Fear of being thought racist.

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Advice:

- A member of staff who has concerns about a child but is unclear whether they would warrant a referral should consult with the Designated Safeguarding Lead.
- Concerns can also be discussed, without necessarily identifying the child in question, with a colleague in another agency such as Children's Social Care to develop an understanding of the child's needs and circumstances.

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Information sharing:

- 'Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. No practitioner should assume that someone else will pass on information which may be critical to keeping a child safe'.

Information Sharing for Practitioners Guidance 2015

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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. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

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

Information sharing:

1. Remember that the Data Protection Act is not a barrier to sharing information;
2. Be open and honest;
3. Seek advice;
4. Share with consent where appropriate;
5. Consider safety and well-being;
6. Necessary, proportionate, relevant, accurate, timely and secure;
7. Keep a record.

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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 judgement 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: 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 reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Record keeping:

- Provides a consistent account of our involvement with children and their families;
- Well-kept records should mean that families and individuals do not have to keep 'telling their story';
- Records can be reviewed at a later date if issues arise (e.g. a complaint, an allegation, legal proceedings or a Serious Case Review).
- Good record keeping protects:
 - Children and families;
 - All school staff;
 - The school or college

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Any records kept must accurately reflect the concerns you have. They must be written in clear and concise language and they must be stored securely whether this is digitally or on paper.

Record keeping, transfers & archiving files:

- Child Protection records should be kept in a separate file in a secure place;
- All concerns need to be recorded whether it is Child Protection or a need for support;
- A chronology should be kept of all contact(s) with the child, family and other professionals;
- Records should be kept up to date and stored confidentially;
- If records are kept electronically the same principles apply.

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Any allegation should be reported immediately to a senior manager within the organisation.

The LADO should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police; and if an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

Further information can be found here:

<https://www.hackneyservicesfor-schools.co.uk/extranet/safeguarding-education>

It is an Allegation Against Staff whenever an adult working with children has been accused of...

Causing Harm	Committing a Criminal Offence	Posing a risk of harm
<ul style="list-style-type: none">Behaving in a way that has harmed, or may have harmed, a child	<ul style="list-style-type: none">Possibly committing a criminal offence against, or related to, a child	<ul style="list-style-type: none">Behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children

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You should not:

- Attempt to deal with the situation yourself;
- Make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents;
- Keep the information to yourself or promise confidentiality;
- Take any action that might undermine any future investigation or disciplinary procedure, such as interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator or parents or carers.

Designated person:

- All allegations must be dealt with quickly;
- All discussions and actions must be recorded;
- The Local Authority Designated Officer (LADO) should be consulted in making decisions, this should be done at the earliest opportunity;
- Support must be offered to those the allegation has been made against;
- Alternatives to suspension should be discussed;
- Confidentiality must be maintained;
- DBS referrals must be made if an allegation is 'substantiated'.

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Initial actions on receiving an allegation:

- Make a written record of the allegation, including where possible the child/adult's own words;
- Record time, date and location of the incident, others present and what they said;
- The record must be signed and dated;
- Immediately report this to the Head in school or Head of Safeguarding at HLT.

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Making a referral to the LADO

- Directly to the LADO at Hackney Children and Families Service: 020 8356 4569
- Or through FAST Team: 020 8356 5500
- Out of hours (after 5 pm): 020 8356 2710
- Safeguarding in Education Team for advice and guidance: 020 8820 7276/7325/7285

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Safeguarding encourages school to stop simply responding to concerns but actively identify students who are at risk.

The notions of early identification of need and early intervention to prevent harm are essential. This sits alongside the duty to protect children from harm and respond appropriately if they have, or it is likely they have, been harmed.

Effective safeguarding systems are those where:

- The child's needs are paramount, and the needs and wishes of each child should be put first, so that every child receives the support they need before problems escalate;
- All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- All professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care and maintain an attitude of 'It could happen here'.

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Useful resources:

- [Working Together](#)
- [Keeping Children Safe in Education](#)
- [What to do if you're worried a child is being abused](#)
- [Information Sharing guidance](#)
- [Hackney Learning Trust](#)
- [City and Hackney Safeguarding Children Partnership](#)
- [London CP Procedures](#)
- [Educate Against Hate](#)
- [SWGfL](#)
- [NSPPC](#)

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Contact Details:

**Safeguarding in Education Team
Hackney Learning Trust
1 Reading Lane
London
E8 1GQ**

Phone: 020 8820 7255/7285

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