



Empowering Young People

# Safeguarding / Child Protection Policy

August 2020

## 1.0 POLICY STATEMENT

HYP is firmly committed to the belief that all children and young people have a fundamental right to be protected from harm, and fully recognises its responsibility for safeguarding and child protection. The safety and protection of all children and young people who HYP support are paramount and has priority over all other interests.

This policy is drafted in accordance with the provisions of the following acts of legislation and guidance, and is reviewed regularly to ensure that it remains compliant with such legislation (including statutory codes and guidance associated with such legislation):

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offence Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- SEND code of practice: 0-25 years HM Government 2014
- Information sharing: HM Government 2015
- “Working Together to Safeguard Children”; HM Government 2015
- “The Prevent Duty Guidance for England and Wales”; HM Government 2015

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- “Inspecting Safeguarding in early years, education and skills settings”; Ofsted, August 2015
- “Are They Safe”; Safe Network 2014
- “Safe Network Standards”; Safe Network 2013 (endorsed by the CloS LSCB in January 2012)

The purpose of this Safeguarding and Child Protection Policy is to ensure, at all times, the maximum protection from any kind of harm for all children, young people and vulnerable adults, involved in any way with HYP.

HYP is committed to meet the following key principles as laid out in the ‘Working Together to Safeguard Children Guidance’:

- Safeguarding is everyone's responsibility: for HYP to be effective, each individual employee should play their full part.
- A child-centred approach: for HYP to be effective, we foundation ourselves on the clear understanding of the needs and views of children.

### 1.1 WHO THIS POLICY APPLIES TO

This policy applies to all employees of HYP, irrespective of length of service and whether permanent, temporary, casual, part-time or on fixed-term contracts, trustees, management committee members and volunteers.

HYP reserve the right to amend this policy and the procedures contained within it as it sees fit or apply a different policy as appropriate.

All members of the HYP community should be mindful of our policies. Policies will be accessible from the HYP office and online.

The HYP community includes all staff members, trustees, members of the management committee, young people, parents/carers and visitors.

### 1.2 EQUALITY STATEMENT

HYP recognises that the welfare and interests of the child is paramount in all circumstances, as enshrined in the Children Act 1989. HYP recognises that regardless of age, racial heritage, religious belief, disability, sexual orientation, identity or socio-economic background, all staff, volunteers,

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visitors, trustees and service users have a right to equal protection from all types of harm or abuse. HYP is committed to anti-discriminatory practice and recognises that some children and young people are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

### 1.3 CONTACT DETAILS

#### Designated Safeguard Lead

Name: Jacqueline Hart

Tel: 01736 755790

Email: [jacqueline@teamhyp.co.uk](mailto:jacqueline@teamhyp.co.uk)

#### Deputy Safeguard Lead

Name: Mod Le Froy

Tel: 01736 755790

Email: [mod@teamhyp.co.uk](mailto:mod@teamhyp.co.uk)

Trustee with responsibility for Safeguarding:

Name: Joy Daniels

Email: [joy@teamhyp.co.uk](mailto:joy@teamhyp.co.uk)

### 1.4 RESPONSIBILITIES

**Project manager and deputy manager are responsible for:**

- Communicating this policy, and the procedures within it, effectively to employees and for ensuring that employees understand their rights and responsibilities in-line with this policy.
- Acting as designated safeguarding leads with responsibility for safeguarding and child protection and the implementation of this policy. (All employees will be made aware of the named safeguarding leads and how to contact them.)

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- Providing regular monitoring and supervision to direct reports in support of their work with children and young people.
- Ensuring all direct reports are up to date with training in regard to safeguarding and child protection at a level and frequency suitable for their role.
- Providing support and advise all direct reports in matters related to safeguarding and child protection.
- Ensuring all direct reports are competent, adequately training and maintain common standards and consistency with this policy.
- Ensuring that advice is sought from relevant child protection agencies when dealing with complex issues.
- Ensuring all employees have access to and understand all legislation and guidance relevant to safeguarding and child protection.

### **Management Committee are responsible for:**

- Supporting and advising the project manager and deputy in the implementation of this policy.
- Ensuring that the information within this policy is correct and in-line with current legislation and guidance.
- Ensuring that this policy is drafted, maintained, and reviewed.

### **Employees are responsible for:**

- Upholding their duty to co-operate with HYP to ensure this policy is effective in safeguarding and child protection.
- Upholding their duty of care and responsibility for the welfare of the children and young people that they work with in relation to their employment. A duty of care is defined as the duty which rests upon an individual or organisation to ensure that all reasonable steps are taken to ensure the safety of a child or young person involved in

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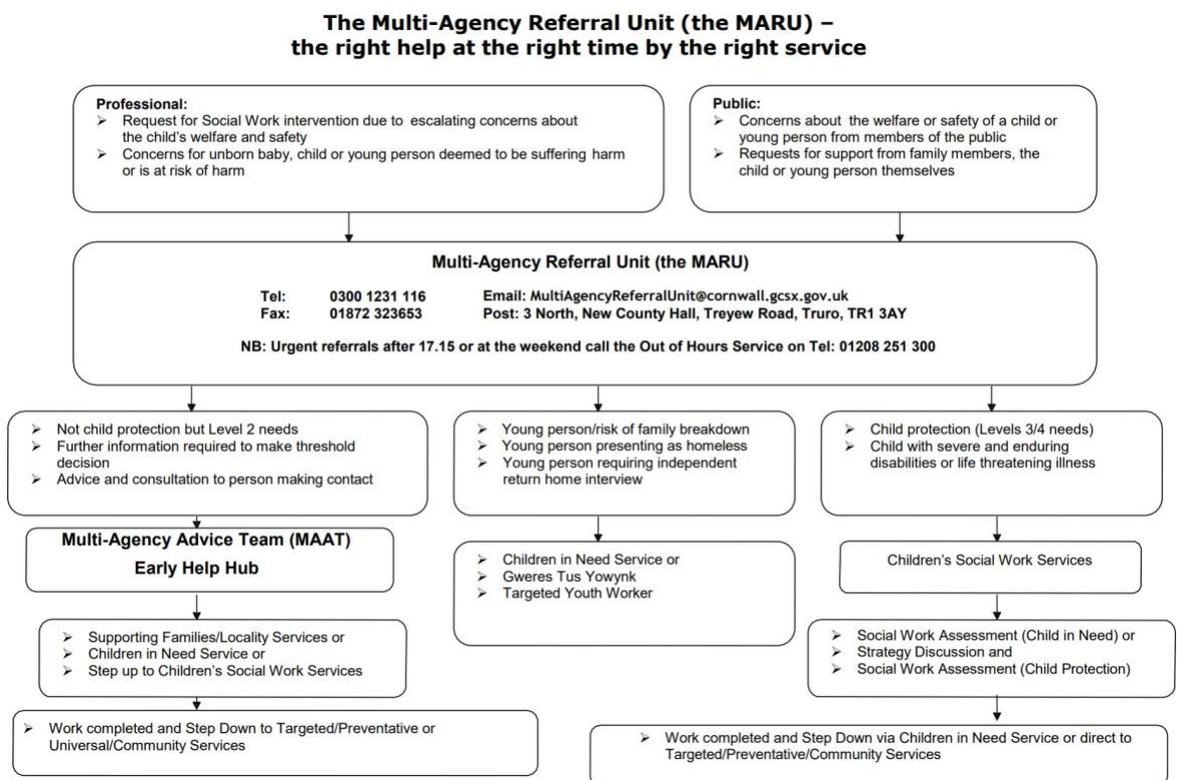


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any activity or interaction for which that individual or organisation is responsible. Any person in charge of or working with children and young people in any capacity is considered, both legally and morally to owe them a duty of care.

- Adhering to the HYP code of conduct at all times.
- Upholding their duty to ensure that any suspected incident, allegation or other manifestation relating to safeguarding, child protection or radicalisation is reported using the reporting procedures detailed in this policy.
- Bringing to the attention of HYP any suspected breaches of this policy.
- Seeking advice from one of the named Safeguarding Leads if they are in any doubt about what action to take.

### 1.5 MULTI-AGENCY REFERRAL UNIT (MARU) FLOW CHART



### 2.0 SAFEGUARDING AND CHILD PROTECTION

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Working Together to Safeguard Children defines safeguarding as:

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

### 2.1 THE CONCEPT OF SIGNIFICANT HARM

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and places a duty on local authorities to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Additionally, a court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, 'harm' is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include 'impairment suffered from seeing or hearing the ill treatment of another' for example, where there are concerns of domestic abuse.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

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Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation, or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical, or sexual abuse that causes impairment to the extent of constituting significant harm.

Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment), which is generally referred to as 'peer on peer abuse'.

### 2.2 EARLY HELP

Early help means providing support as soon as a problem emerges at any point in a child's life, it can prevent further problems arising.

Any child may benefit from early help, but support providers should, in particular, be 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 at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse



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- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child

If you believe a young person would benefit from early help and/or fits any of the above, you should alert your line manager.

### 2.3 DEFINITION OF CHILD ABUSER AND NEGLECT

The following definitions are based on those identified in Working Together to Safeguard Children and Keeping Children Safe in Education:

#### 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 may be used to facilitate offline abuse. Children may be abused by an adult or adults or another child or children.

#### Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child.

#### Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

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- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse.
- Serious bullying (including cyberbullying).
- Causing children frequently to feel frightened or in danger.
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### 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.

Sexual abuse 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.



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In addition, sexual abuse includes abuse of children through sexual exploitation which occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

- A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching.
- Sexual activity with a child under 16 is also an offence.
- It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.
- Where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered.
- Non-consensual sex is rape whatever the age of the victim.
- If the victim is incapacitated through drink or drugs, or the victim or their family has been subject to violence or the threat of it, they cannot be considered to have given true consent; therefore offences may have been committed.
- Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

### Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse towards a carer, the needs of the child may be neglected.

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Once a child is born, neglect may involve a parent 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).
- Ensure access to appropriate medical care or treatment.

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

These definitions are used when determining significant harm and children can be affected by combinations of maltreatment and abuse, which can be impacted on by for example domestic abuse in the household or a cluster of problems faced by the adults.

In addition, research analysing serious case reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic violence in their peer relationships.

It should therefore be considered in responding to concerns that the Home Office definition of domestic violence and abuse (2013) is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological.
- Physical.



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- Sexual.
- Financial.
- Emotional.

**Controlling behaviour is:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

In addition, Working Together to Safeguard Children includes the concept of Contextual Safeguarding which recognises that, as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.





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## 2.4 POTENTIAL RISK OF HARM TO AN UNBORN CHILD

In some circumstances the likelihood of significant harm with regard to an expected baby could be present (e.g. where there is information known about domestic abuse, parental substance misuse or mental ill health).

These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care to the baby.

## 2.5 RECOGNISING AND RESPONDING TO CONCERNS

All employees who come into contact with children and young people, or similarly, all those who work in some way with adults, who may be parents or carers, should:

- Be alert to potential indicators of abuse or neglect.
- Be alert to the risks which individual abusers or potential abusers, may pose to children.
- Be alert to the impact on the child of any concerns of abuse or maltreatment.
- Be able to gather and analyse information as part of an assessment of the child's needs.

This policy is in place to provide employees with clear guidance on:

- Identify potential or actual harm to children; whether this is when problems are first emerging, or where a child is already known to local authority children's social care.
- Discussing and recording concerns with their line manager / in supervision.
- Analysing concerns by completing an assessment.
- Discussing concerns with the designated safeguarding children advisor (able to offer advice and decide upon the necessity for a referral.)

Employees will be supported by their line managers to contact local children's social care or the police about their concerns directly and to complete the appropriate referral form if there are urgent concerns.



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In any case a formal referral to social care, the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the nominated safeguarding children adviser, or the completion of an assessment.

All employees in contact with children and members of their families must inform their line manager (who can help support in making a referral to social care) if there are signs that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect.
- Is likely to suffer significant harm in the future.

The timing of such referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm.

In urgent situations, out of office hours, the referral should be made to the social care emergency duty team / out of hour's team.

It is important that employees are aware of the Data Protection Act 2018 and the GDPR place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold safe and secure.

The Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Note: The Data Protection Act 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe. Fears about sharing information

must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

## 2.6 HEARING AND OBSERVING CHILDREN

Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all



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practitioners should be to listen carefully to what the child says and to observe the child's behaviour and circumstances to:

- Clarify the concerns.
- Offer re-assurance about how the child will be kept safe.
- Explain what action will be taken and within what timeframe.

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

If the child can understand the significance and consequences of making a referral to social care, they should be asked for their views.

It should be explained to the child that whilst their view will be taken into account, the practitioner has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

### Guiding principles, the seven R's

#### Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

#### Reassure

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure, for example, you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help', 'We need to keep you safe'.



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### Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened.
- Do not criticize the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

### Report

- Share concerns with the DSL immediately.
- If you are not able to contact your DSL or the Deputy DSL, and the child is at risk of immediate harm, contact the MASH or Police, as appropriate directly
- Contact the child's social care worker if they are known to social care.
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.



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### Record

- If possible, make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- If appropriate, complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

### Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Get some support for yourself if you need it

### Review (led by DSL)

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Get some support for yourself if you need it\Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

## 2.7 PARENTAL CONSULTATION

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Concerns which have been raised, should, where practicable, be discussed with the parent and agreement sought for a referral to social care **unless** seeking agreement is likely to place the child at risk of significant harm through delay or from the parent's actions or reactions; For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse, domestic abuse or induced illness has taken place.

Where a practitioner decides not to seek parental permission before making a referral to social care, the decision must be clearly noted in the child's records with reasons, dated and signed and confirmed in the referral to social care. Practitioners should consult with their line manager/designated safeguarding advisor, if at all practicable, for advice.

When a referral is deemed to be necessary in the interests of the child, and the parents have been consulted and are not in agreement, the following action should be taken:

- The reason for proceeding without parental agreement must be recorded.
- The parent's withholding of permission must form part of the verbal and written referral to social care.
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

A child protection referral from a practitioner cannot be treated as anonymous and where any court proceedings may follow, whether criminal or family court, the information may be made available.

### 2.8 URGENT MEDICAL ATTENTION

If the child is suffering from a serious injury, the practitioner must seek medical attention immediately from accident and emergency services and must inform social care, and the paediatric Services.

Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

- social care local to the hospital and the child's home address (may be two different social care units) are notified by telephone that there are child protection concerns.
- A strategy meeting/discussion has been held, which should then include relevant hospital and other practitioner from other relevant agencies.



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## 2.9 MAKING A REFERRAL

Referrals should be made to social care for the area where the child is living or is found.

If the child is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager or a duty social worker. In all other circumstance referrals should be made to the duty officer.

The referrer should confirm verbal and telephone referrals in writing, within 48 hours.

Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.

social care should **within one working day** of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

## 2.10 CONCERNS MADE BY A MEMBER OF THE PUBLIC

When a member of the public telephones or approaches a member of staff with concerns about the welfare of a child or an unborn baby, the practitioner who receives the contact should always:

- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns.



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- Take basic details:
  1. Name, address, gender and date of birth of child.
  2. Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), practitioners providing other services, a lead practitioner for the child.
- Discuss the case with their manager and the agency's designated safeguarding children advisor to decide whether to:
  1. Make a referral to social care.
  2. Make a referral to the lead practitioner if the case is open and there is one.
  3. Make a referral to a specialist agency or practitioner e.g. educational psychology or a speech and language therapist.
  4. Undertake an assessment.

Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

The opportunity for a face to face meeting or interview should be offered to the member of the public to clarify information and offer advice, if needed.

The member of the public should also be given the number for social care and encouraged to contact them directly. The employee receiving the initial concern should always make a referral to social care and/or to one of their safeguard leads in case the member of the public does not follow through (which can happen).

Some people may prefer not to give their name to social care, or they may disclose their identity but not wish for it to be revealed to the parent/s of the child concerned. Wherever possible, employees should respect a referrer's request for anonymity. However absolute anonymity cannot be guaranteed, as there are certain limited circumstances in which the



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identity of a referrer may have to be given (e.g. the court arena). Consideration for the referrer's safety may be an issue in some cases.

### 3.0 Policy Procedures

HYP will implement the following procedures. The execution of these procedures will be monitored by the Project and deputy managers to ensure they are being upheld.

#### 3.1 Personnel/Recruitment

HYP practices robust recruitment procedures in checking the suitability of staff and volunteers to work with children and young people, this includes:

- All employees will complete an application form and will be interviewed.
- All employees are required to provide references, which are always verified.
- All employees are required to provide evidence of their identity and qualifications.
- All potential employees are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children or young people.
- All employees have DBS checks at a level appropriate to their role. In the event of employment, any failure to disclose convictions will result in disciplinary action or dismissal.
- Staff will not have unsupervised contact with children or young people until their suitability has been checked.

All new employees are required to sign up to the DBS online update service. Existing employees will be required to sign up when their DBS is next renewed. Sign up to the update service must be completed within 14 days of DBS check having been completed. Status checks through the update service will be completed for all employees.

No person disqualified under the Childcare Act 2006 will be employed by HYP. All staff are required to declare (using the Disqualification Declaration Form) if they live in the same household as someone who is disqualified, and therefore, may be disqualified by association.



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All employees will receive Safeguarding and Child Protection Training as part of their induction and throughout their employment at a level and frequency suitable for their role (detailed in HYP's Staff Training Overview).

### 3.2 Mobile Phones

- When working within HYP's centre<sup>1</sup>, all staff must ensure that their personal mobile phones are locked in the office (or other suitable area) when there are children/young people on site; they may have work mobile phones with them but only to be used in an emergency.
- When working in schools, all staff should follow the mobile phone policy of the individual school. If there is no such policy in place, staff must ensure that they leave their phones (personal and work) in a safe place within the school, or, if this is not possible, that their phones remain in their bags.
- It is recognised that it is necessary for staff to take their HYP mobile phones on offsite activities; when working with young people, phones are only permitted to be used for emergency situations or to communicate with your base contact.
- Staff are not permitted to use personal mobiles, at any time, when working with young people; if staff have personal mobiles with them, they must be switched off and remain in bags. Staff are encouraged to give their work mobile and office numbers to family members in case of emergency.
- Under no circumstances should a member of staff take photographs of young people with any mobile phone (personal or work), unless specifically authorised to do so.
- Photographs of young people may only be taken with HYP cameras unless specifically authorised to use a personal camera or phone. Photographs should be uploaded to a computer as soon as possible, and then deleted immediately from the camera.
- All HYP cameras and mobile telephones can be checked at any time by a member of management.
- Any staff member or volunteer found to be non-compliant with this policy will face disciplinary action.



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### 3.3 Reporting Procedures

- Any suspicion, allegation or disclosure must be reported immediately (as soon as practicably possible on the day of the occurrence) to one of the Designated Safeguarding Leads. Disclosure or evidence for concern may occur in a number of ways including a comment made by a child, physical evidence such as bruising, a change in behaviour or inappropriate behaviour or knowledge.
- The employee must record the concern using the Discloser Form, which they must hand deliver to one of the Designated Safeguarding Leads immediately. It must not be saved on any computer. This form must be kept strictly confidential and stored securely following the Data Protection Procedures.
- The Designated Safeguarding Lead is responsible for making the decision as to whether further referral is necessary. This will either be to Children's Services, the MARU (Multi-agency Referral Unit), the Child Protection Unit of the police. If the immediate safety of the child is in any doubt then the Child Protection Unit must be informed.
- The Designated Safeguarding Lead will decide who the most appropriate person is to make the referral (depending on the case/circumstances) and ensure that the referral is made. The HYP management committee will be informed of all referrals made.
- It is the responsibility of the Designated Safeguarding Lead to inform the employee who reported the concern of any action taken and any outcome. It is the responsibility of the Designated Safeguarding Lead to ensure that any partner agencies involved with the young person are made aware of the disclosure and the action taken.
- All stages of the reporting procedure must be documented, marked CONFIDENTIAL and stored securely following the procedures laid out in the Data Protection Policy.

### 3.4 Allegations Against Employees

- When any form of complaint is made against an employee, it must be taken seriously and the complaint should initially be dealt with by the most senior staff member on site at the time the complaint is made. If the complaint is against the most senior

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member of staff on site then a senior member of the management committee must be informed.

- The senior staff member must report the complaint immediately to the project manager, or in his/her absence a senior member of the management committee giving details of the circumstances.
- The project manager or in his/her absence a senior member of the management committee will attend the site of the allegation to gain an initial account of what has occurred from all relevant parties, including the person against whom the allegation has been made. If this is not possible, contact will be made by telephone.
- The project manager or in his/her absence a senior member of the management committee will have the right to suspend from duty and /or the premises, any person who is a party to the allegation until a full investigation has been made.

**This action does not imply in any way that the person suspended is responsible for or is to blame for any action leading up to the complaint. The purpose of any such suspension is to enable a full and proper investigation to be carried out in a totally professional manner.**

- It is the responsibility of the project manager or Deputy project manager to make the decision as to whether to inform Children's Services and/or the Child Protection Unit of the Police, depending on the nature of the allegation. HYP will co-operate fully with the Police, Social Services and all other parties involved.
- The Local Authority Designated Officer (LADO) will be alerted to all cases in which it is alleged that a person who works with children has:
  - behaved in a way that has harmed, or may have harmed, a child.
  - possibly committed a criminal offence against children<sup>1</sup> or related to a child.
  - behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

The LADO will be informed prior to any internal investigation taking place. LADO

Contacts:

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- The Project Manager, or in his/her absence a Deputy Project Manager will ensure that the Chairman of the Management Committee, or in his/her absence a Senior Member of the Committee, is fully briefed.
- An agreed statement will be prepared for the purpose of accurate communication with external sources and for the protection of the legal position of all parties involved.
- The Project Manager or a Senior Member of the Management Committee will make a full written report of the incident and the actions taken. This report will be stored securely following the procedures detailed in the Data Protection Policy.
- If there is a complaint against the Project Manager or Deputy Project Manager, the complaint must be reported immediately to the Chairman of the Management Committee.

### 3.5 Confidentiality

- HYP operates under a policy of confidentiality; however, under no circumstances will any individual in the employment of HYP keep confidential any information that raises concerns about the safety and/or welfare of a child or young person.
- This statement relating to confidentiality must be made known to all who access any provision of HYP.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and young people.
- All staff must be aware that they cannot promise a child that they will keep secrets.

### 3.6 Review and Maintenance of Policy

- The Management Committee shall undertake to review this policy, its implementation and effectiveness annually.
- Any new legislation or developments in existing legislation will be considered as and when required and the policy will be updated to reflect these developments.

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## PROCEDURE FOR DEALING WITH SUSPICIONS, WITH ALLEGATIONS AGAINST A MEMBER OF STAFF

A young person discloses an incident involving a colleague, or you witness an incident involving a colleague.



Employee/volunteer informs most senior member of staff on site immediately of the incident, who must report to the Project Manager. If the member of staff involved in the disclosure is the most senior member of staff the incident must be reported to the Project Manager or in his/her absence a Senior Member of the Management Committee.

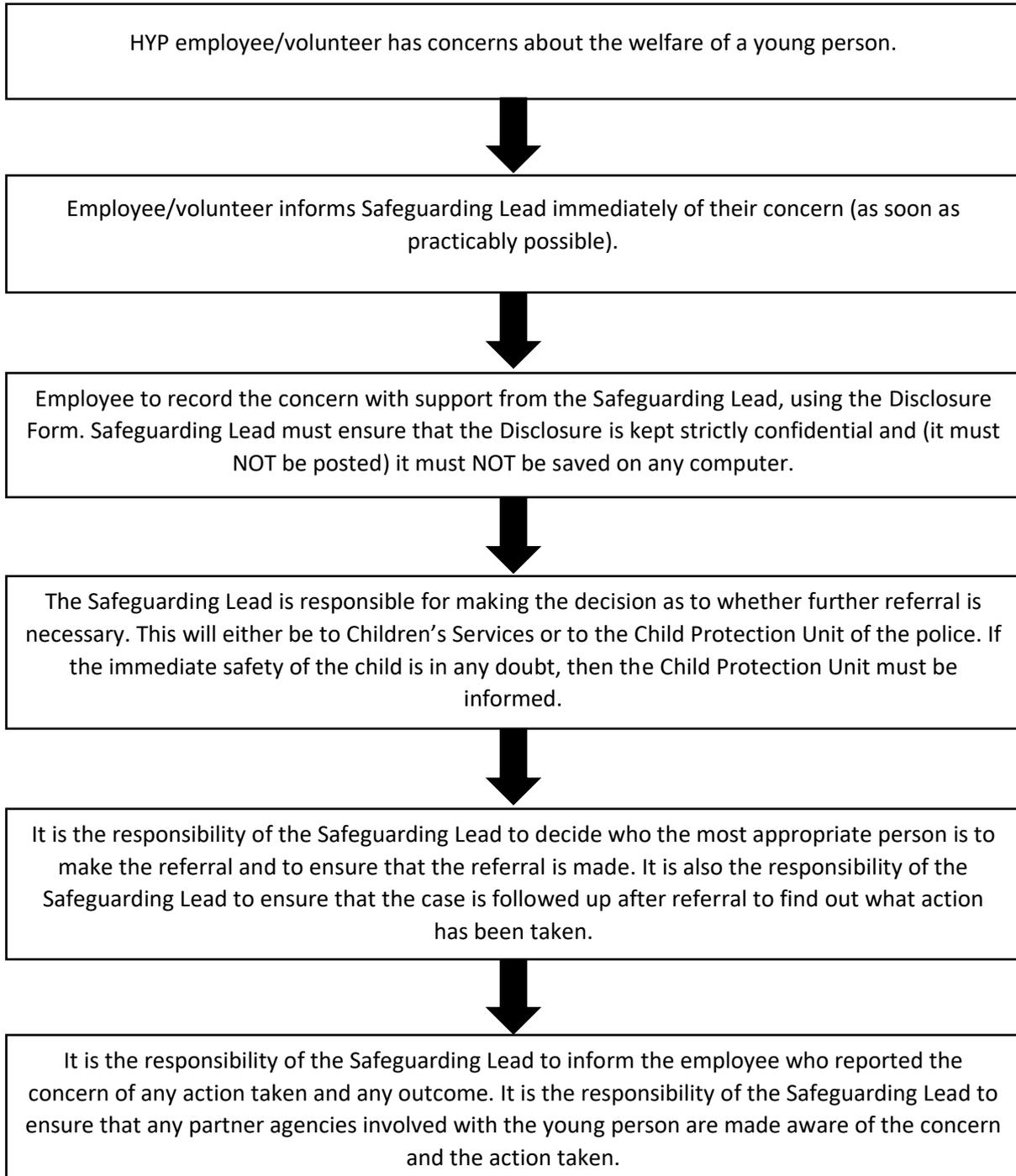


It is the responsibility of the Project Manager or in his/her absence, a Senior Member of the Management Committee to instigate the necessary proceedings. It is NOT within the remit of any other member of staff to deal with the incident after it has been reported.



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## PROCEDURE FOR DEALING WITH ALLEGATIONS OR DISCLOSURE OF CHILD ABUSE





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### GUIDANCE NOTES ON DEALING WITH DISCLOSURE OR SUSPICIONS OF ABUSE OR NEGLECT

Young person asks to talk to you or begins to talk to you about an issue that may lead to disclosure.

You must let the young person know that if they pass any information to you that identifies a risk to their safety and wellbeing or identifies that a crime has or will be committed, then you are duty bound by law to pass the information to the relevant authorities.

An incident of abuse is disclosed. You must reassure the young person immediately that they have done the right thing and are in no way to blame for the incident.

To record the incident, you must ask the young person to go through what they have said again, but this time you must ensure that another HYP employee is with you.

The other employee should write down exactly what the young person says as they talk through the incident. Remember you must never ask leading questions - the only questions that can be asked are "Is this what you said" and "Is there anything you want to add".

Read back to the young person what has been written and ask them if they are happy that this is what they said. This is very important as you will be asked by Children's Services or Police exactly what was said to you.

#### **MANAGEMENT TEAM.**

If not already involved, immediately contact one of the Safeguarding Leads who will contact (or support you to contact) Children's Services. If you are unsure whether the child should go home, ask Children's Services. Make notes detailing any conversation you have with Children's Services – including the name and position of the person that you spoke to. Call the police if you are very concerned.

