

Date of Policy Implementation 2019

Date of next review 2020



## **Sailors Children's Society**

### **Child Protection Policy and Procedure**

The Sailors' Children's Society was formed in 1821 and over the years has provided assistance to over 8500 disadvantaged children of seafarers throughout the United Kingdom. Our patron is HRH Princess Royal and our president The Earl of Halifax. The Society is governed collectively by a board of twelve Trustees.

***Our aim is to give each disadvantaged child of a seafarer the opportunity to achieve his/her full potential by providing financial, practical and emotional support.***

Families come to us usually after a traumatic event such as bereavement, diagnosis of a terminal illness or the breakdown of a marital relationship. We provide ongoing support for the children until the family is again self-sufficient or until the children have left full time education. All the families we help are on a means tested benefit which ensures we only help those in most need.

This policy should be read in conjunction with the Society Safeguarding Statement of Purpose and what to do if you have a concern flowchart, which can be found at [www.sailorschildren.org.uk/our-work/](http://www.sailorschildren.org.uk/our-work/)

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## 1. Statement of Intent

**Sailors' Children's Society** has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is implemented with understanding and clarity.

This Child Protection Policy has been revised in line with the statutory guidance contained within Working Together 2018 and section 11 of the Children's Act 2004. Accordingly, the Society has identified a lead professional for safeguarding and also a Trustee to take leadership responsibility for the Society's safeguarding arrangements.

The **Sailors' Children's Society** (SCS) will aim to protect and safeguard children and young people by;

- Ensuring that all staff / volunteers are carefully selected, trained and supervised.
- Ensuring that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and by creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.
- Using Sailors' Children's Society's recruitment process, enhanced DBS screening, supervision and continuous professional development plans.
- Having a Child Protection Policy and regularly monitoring, reviewing and updating this in line with national and local policy developments. Ensuring that this policy is implemented, is clear and objective and consistently applied across Sailors' Children's Society. Our Child Protection Policy will be reviewed annually to reflect any changes in legislation and guidance.
- Ensuring that all staff and volunteers are familiar with the Child Protection Policy and Procedure (CPP). The CPP policy and procedure will be included in staff/volunteers induction pack. Staff will receive child protection training appropriate to their level of responsibility and it will be updated regularly.

- Ensuring that staff / volunteers attend appropriate Local Safeguarding Children Board (LSCB)/safeguarding partner training.
- Assessing the risk that children and young people may encounter and taking steps to minimise and manage this through regular contact with families, records of visits, training of staff, working in partnership with other agencies and sharing relevant information.
- Ensuring that all staff are aware of the designated lead professional.
- Letting parents, carers, children and young people know how to report concerns about a child, young person, staff member or volunteer or to complain about anything that they are not happy about.

This policy is stored on the Sailors Childrens Society shared drive and all staff will have access to a hard copy to read. Once read staff must sign a declaration with their name and date.

\*New staff to be given a hard copy to read as part of induction

\*A diagram of how to report a concern is listed at Appendix 2

## **2. Safeguarding & Promoting the Welfare of children**

Is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

(Working Together to Safeguard Children 2018)

## **3. Child Protection**

This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

## **4. Children**

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

Working Together 2018 has identified what children want from an effective safeguarding system. Children have said they need:

- vigilance: to have adults notice when things are troubling them
- understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- stability: to be able to develop an ongoing stable relationship of trust with those helping them
- respect: to be treated with the expectation that they are competent rather than not
- information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- support: to be provided with support in their own right as well as a member of their family
- advocacy: to be provided with advocacy to assist them in putting forward their views
- protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

## **5. Definitions of harm**

### **Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm. Children may be vulnerable to neglect or abuse or exploitation from within their family and from individuals they come across in their day to day lives. These threats can take a variety of different forms

including: sexual, physical and emotional abuse, neglect, exploitation by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation

- **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. Physical harm can also include bruising and injuries to non-mobile children and can also include honour based violence and female genital mutilation (FGM).

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

### **Sexual abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical

contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children

## **Neglect**

Neglect is defined in Working Together 2018 as:

*The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:*

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

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

This is not an exhaustive list, and further national guidance may be found online i.e. [www.erscb.org.uk](http://www.erscb.org.uk). Everyone that works with children has a responsibility for keeping them safe however no single practitioner can have the full picture of a child's needs and circumstances. In order to collaborate effectively it is vital to understand our role and the role of other professionals within the safeguarding context. Staff should be aware of, and comply with the published arrangements set out by their local safeguarding partners/LSCBs\*.

\*Effective from 29<sup>th</sup> June 2018 local authority areas must begin their transition from LSCBs to safeguarding partner and child death review partner arrangements. This transition must be completed by 29<sup>th</sup> September 2019 (England only).

## 6. Recognition of harm

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

- Information given by the child, his/ her friends, a family member or close associate.
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
  - It does not make sense when compared with the explanation given.
  - The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
  - The child appears anxious and evasive when asked about the injury.
  - Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
  - Contact with individuals who pose a 'risk to children' ('Guidance on Offences against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
  - The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their carers.

## 7. Vulnerable groups

### Young carers

Children and young people under 18 who provide or intend to provide care, assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of

responsibility, which would usually be associated with an adult. The person receiving care is usually a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or provision. Young carers can be particularly vulnerable and if it is considered that a young carer has a support need then the local authority must carry out an assessment under section 17ZA of the Children Act 1989.

### **Children with disabilities**

Children with a disability are children first and foremost, and deserving of the same rights and protection as other children. By definition, any child with a disability should be considered as a Child in Need. A child can be considered to be disabled if he or she has significant problems with communication, vision, hearing or physical functioning. The available UK evidence on the extent of abuse or neglect among disabled children suggests that disabled children are at increased risk, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

### **Children who go missing**

Running away is a dangerous activity that puts children at risk. Children who go missing are at risk of violence, victimisation, sexual exploitation and involvement in crime. A child who goes missing just once faces the same immediate risks as those who go missing on a regular basis. Equally the risks to children who go missing on a regular basis must not lead professionals to become complacent and minimise their response. Each missing episode for any individual child requires a consistently high level of response. Children who go missing are often facing a range of problems. They are more likely than their peers to have drug problems, be in trouble with the police and be truanting or to have been physically or sexually abused.

## **8. Acting on concerns**

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns

about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care (Working Together 2018).

Practitioners must have due regard to relevant data protection principles which allow them to share personal information, as provided for in the Data protection Act 2018 and the General Data Protection regulation (GDPR). The Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This allows the sharing of information without consent if the practitioner cannot gain consent or if to gain consent would place a child at greater risk.

### **Seeking medical attention**

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

- If medical attention is required then this should be sought immediately by phoning for an ambulance.
- Attending the Emergency Department or Minor Injury Unit depending on the severity of the injury.
- You should then follow area procedures for referring a child protection concern to Local Authority safeguarding team.
- Any safeguarding concerns should be shared with the Ambulance staff/Medical and Nursing staff in order that they can appropriately assess and treat the child, and share relevant information

### **Managing a disclosure**

If a child discloses information

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.

- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The designated lead for child protection/Chief Executive or Trustee with responsibility for safeguarding within the organisation must be informed immediately.

## **9. Referring concerns about a child**

The designated safeguarding lead will advise on behalf of the Sailors' Children's Society in referring concerns or allegations of harm to Safeguarding Partner and child death review panel/LSCB or the Police Public Protection Unit. In the case of it being out of normal office hours, the emergency Out of Hours Team must be contacted. The Newland team must be consulted for any additional information about the family before seeking advice from the relevant Local authority. If necessary, the designated safeguarding lead may consult with the Trustee with responsibility for safeguarding arrangements and advise the Chief Officer that they are doing so. In the event that the designated trustee with responsibility for safeguarding being unavailable, the trustee with responsibility for welfare must be contacted.

In the absence of the designated safeguarding lead, the Chief Executive will advise staff members regarding their concerns.

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

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

Once a referral has been made, the designated safeguarding lead or the FSO must inform the Chief Officer.

### **Organisational Responsibilities**

- Monitoring and recording concerns about the well being of a child or young person.
- Discussing concerns with the designated safeguarding lead/Chief Executive and if necessary referring to Local Authority Children's Services
- Liaising with other agencies
- To ensure that all staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- All staff should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

### **Consent**

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

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

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would **place the child at risk of harm**, or where discussing it may place a member of staff / volunteer at risk, **consent does not have to be sought** prior to the referral being made. The Data Protection Act 2018 contains 'safeguarding of children

and individuals at risk' as a processing condition that allows practitioners to share information.

### **Written confirmation of referral**

All telephone referrals made by staff must be followed within 48 hours by a written referral giving specific and detailed information. Referral forms for each area's safeguarding team can be found on Local Authority Safeguarding websites.

### **Expectation of feedback**

Within **one day working day of a referral being received**, a local authority social worker should acknowledge receipt to the referrer and **make a decision** about the next steps and the type of response required. If the referrer has not received an acknowledgement within **3 working days**, they must contact Children's Social care again. Once feedback has been received FSOs must confirm receipt to the designated officer, the Chief Officer and/or the trustee with responsibility for safeguarding and pass on any relevant feedback.

## **10. Allegations against staff members/volunteers**

It is essential that any allegation of abuse against a member of staff or volunteer within the Society is dealt with fairly, quickly and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

It is imperative that any investigation instigated as a result of an allegation of abuse made against a member of staff is carried out in accordance with the Hull Safeguarding Children's Board/Safeguarding Partner.

Confidentiality needs to be maintained with no discussion regarding the allegation made with anyone else. It is essential that any investigations are not compromised by staff having information or attempting to investigate before reporting- this includes asking leading questions to the person making the allegation.

Suspension should not be seen as an automatic response to an allegation, however, it must be considered in the following circumstances:

- A child or children would be at risk
- The allegation is so serious that dismissal for gross misconduct is possible
- It is necessary to allow the investigation to continue unimpeded

The Chief Officer or Trustee with responsibility for safeguarding for the SCS will report the matter to the Local Authority Designated Officer (LADO).

## **11. Whistleblowing**

If you have concern about safeguarding or child protection wrongdoing by a member of staff or volunteer within the Society, you must first raise your concern with the Chief Officer or, if the concern is about them, with the Trustee with responsibility for safeguarding.

If you are worried about how to raise your concern you must seek independent advice at the earliest opportunity. You can do this through the independent whistleblowing charity Public Concern at Work on 020 7404 6609 or by email at [whistle@pcaw.org.uk](mailto:whistle@pcaw.org.uk) see [www.pcaw.org.uk](http://www.pcaw.org.uk) for further information.

If you have raised your concern internally but feel that it has not been addressed properly, or if you feel unable to raise it, you must raise your concern with the Trustee with responsibility for safeguarding or with the Hull Safeguarding Children Board.

If your concern is about an immediate or current risk to a child or children, it is important that you follow the child protection procedures of the Local Authority in which the family resides.

## **12. Recruitment and selection**

- It is important when recruiting paid staff and volunteers to adhere to the organisations recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people. Sailors' Children's Society uses the following when recruiting:

- All paid staff and volunteers with access to children and young people or sensitive information relating to children will be required to undertake an enhanced DBS check.
- Staff and volunteers working directly with children or with access to sensitive information will be required to complete LSCB Safeguarding Children training. Their training needs will be reviewed in annual appraisals.
- All staff and volunteers will be required to read the Safeguarding and Child Protection Policy. This will be reviewed to ensure up to date knowledge.
- All staff and volunteers to complete an application form, including details of previous employment, details of any conviction for criminal offences including spent convictions under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and those prescribed in the Police Act 1997 (Criminal records) regulation. Agreement for an enhanced DBS check, permission to contact two referees, including their current or most recent employer (which should be taken up).
- The potential staff member or volunteer will be interviewed for their suitability for the post to which they applied.
- Staff and volunteers will be subject to a probationary period (3 – 6 months) during which time they will be supervised and monthly meetings will take place with their manager / supervisor to identify any concerns, training and support needs.
- Staff and volunteers will have a period of induction where they will complete any induction training and access internal policies.

The Disclosure and Barring Service (DBS) can help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<http://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

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

### **13. Contacts**

Due to families living in various locations throughout the UK, staff to locate safeguarding teams in their areas using google or another internet search engine. Contact your local safeguarding team when you want to log a concern or gain advice. However, if you feel a child is suffering abuse or requires urgent attention because of immediate danger call the police on 999.

Examples of Hull SCB and East Riding of Yorkshire SCB- follow link for all Safeguarding information.

<http://www.hullcc.gov.uk/portal/page>

<http://www.erscb.org.uk/>

## Appendix 1

### Flow chart: how to report a concern

Are you concerned that a child could be being abused?



Act now do not delay



If the child is in immediate danger call 999



Share your concerns with the Designated Safeguarding Lead DSL, if not available relevant FSO, Chief Officer or Trustee for Safeguarding



If DSL, FSO or Chief Officer is not available or you still have concerns contact the local authority safeguarding team- google area for contact information

- State you have a concern
- Discuss your concern with the Duty Social Worker
- The social worker will advise you of any further action
- Confirm referral in writing within one working day using local authority reporting form
- Keep accurate records
- Complete SCS referral form (if telephone referral)  
stored: O drive: letters: BEN :Family Support Officer :reporting forms
- Keep DSL, Chief Officer and **Trustee for safeguarding** informed and up to date with referral and feedback **(do we need this?)**



If you have no concerns after your initial discussion with DSL, FSO or Chief Officer please record information and the reason on SCS reporting form.

## **Appendix 1- Information sharing**

Working Together to Safeguard Children 2018 provides the following guidance:

- Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe.
- Information sharing is essential for the identification of patterns of behaviour when a child has gone missing, when multiple children appear associated to the same context or locations of risk or to the secure estate where there may be multiple local authorities involved in a child's care.
- 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, which must always be the paramount concern.
- Practitioners should not assume that someone else would pass on information.
- Practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at an increased risk of harm. Where practitioners decide to share or without consent they should record to whom the information has been given and why.
- Practitioners must have due regard to the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).
- Practitioners need to be aware that when they need to share special category data that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows information to be shared without consent.

## **Appendix 2- Considerations when contacting another agency/service**

### **1. Effective communication between agencies**

A serious case review published in 2010 concluded that there was a need to 'ensure that there are guidelines and procedures in place to specifically address the issue of effective communication between agencies'.

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

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

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

#### **Share information**

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case by case basis to decide whether and what personal information to share with other practitioners in order to meet the needs of a child or young person (CWDC 2009).

#### **Signpost to another service**

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

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

The Society will record any signposting to other services.

### **Get advice and guidance**

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

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

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

### **Facilitate access to a service**

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

### **Refer a child**

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

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

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

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

## **2. Professional differences**

Where there are any professional differences about a particular decision, course of action or lack of action you should consult the Chief Executive and/or trustee with responsibility for Welfare or Safeguarding to talk about next steps.

## **3. Recording**

Well-kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear (Working Together 2018).

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

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 2018.

## **Appendix 3**

### **Preparing to discuss concerns about a child with Children's Social Care**

**Try to sort out in your mind why you are worried, is it based on:**

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

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

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

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

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

**Questions Children's Social Care may ask at initial contact**

- Agency (i.e. school, etc) address and contact details of referrer
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral
- Where consent has not been sought to make a referral you will be asked to explain what informed your decision making
- Full names, dates of birth and gender of children
- Family address and, where relevant, school/nursery attended
- Previous addresses
- Identity of those with **Parental Responsibility**

- Names and dates of birth of all members of the household
- Ethnicity, first language and religion of children and parents
- Any special needs of the children or of the parents and carers
- Any significant recent or past events
- Cause of concern including details of allegations, their sources, timing and location
- The child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of any alleged perpetrator (name, date of birth, address, contact with other children)
- Referrer's relationship with and knowledge of the child and his or her family
- Known involvement of other agencies
- Details of any significant others
- Gain consent for further information sharing/seeking
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties

## **Appendix 6**

### **Links to further reading and information**

Hull Safeguarding Children Board Guidelines and Procedures

<http://hullscb.proceduresonline.com/index.htm>

Working Together 2018

<http://www.gov.uk/government/publications/working-together-to-safeguard-children2018>

Information sharing: Advice for practitioners safeguarding services to children, young people, parents and carers 2015

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