



Safeguarding Policy

This Policy is founded within our School ethos which provides a caring, friendly and safe environment for all members of our community.

Responsibility: Teaching and Learning Committee
Review Date: September 2015
Next Review: September 2016

Contents

Linked Policies:

- Attendance Policy
- Data Protection
- Educational Visits Policy
- Staff Conduct Policy
- Behaviour Policy
- Equal opportunities Policy
- Fundraising Policy
- Whistleblowing Policy
- Anti-bullying Policy
- Counselling Policy
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Designated Safeguarding Staff Contact Details

The Designated Safeguarding Lead for Child Protection in this School is:

Margot Currie

Contact Details: 020 8572 1931 mcurrie@hestoncs.org

The Deputy Safeguarding Officers for Child Protection in this School are:

Mike O'Hagan [Year 7 to Year 10]

Contact details: 020 8572 1931 mohagan@hestoncs.org

Ranjit Berdesha [Year 11 to Year 13]

Contact Details: 020 8572 1931 reberdesha@hestoncs.org

The Nominated Child Protection Governor for this School is:

Kuldip Sidhu

Contact Details: kuldip.sidhu@hotmail.co.uk

The Headteacher is:

Phil Ward

Contact Details: 020 8572 1931 pward@hestoncs.org

The Member of Staff with Responsibility for the Prevent Programme is:

Margot Currie

Contact Details: 020 8572 1931 mcurrie@hestoncs.org

The Member of Staff with Responsibility for E-Safety is:

Prav Bassi

Contact Details: 020 8572 1931 pbassi@hestoncs.org

Local Authority Contacts are:

Hounslow Duty Line [Out of Hours] 020 8583 2222

Hounslow Child Protection Advisers – Children's Social Care are

Hetsie Van Rooyen

Contact Details: 020 8583 3065 hetsie.VanRooyen@hounslow.gov.uk

Sally Greig

Contact Details: 020 8583 5013 sally.greig@hounslow.gov.uk

1.0 Safeguarding Statement

- 1.1 Heston Community School is committed to ensuring that consistent and effective procedures are in place to fulfil its statutory obligation to safeguard and promote the welfare of the young people in its care. This is outlined in greater detail in the following Safeguarding Policy.
- 1.2 The School requests that all visitors adhere to the guidelines within the School's Safeguarding Policy.

2.0 Safeguarding Principles

- 2.1 The School will ensure that the welfare of children is given paramount consideration when developing and delivering all school activities.
- 2.2 All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.
- 2.3 All staff have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm in accordance with this guidance.
- 2.4 All students and staff involved in Child Protection issues will receive appropriate support from the School's Strategy and Leadership Team who will follow this Policy guidance ensuring that the School is following the guidelines set out in the Department for Education statutory guidance 'Keeping Children Safe in Education'.
- 2.5 It is the School's responsibility to safeguard and promote the welfare of children. Children who are and feel safe make more successful learners. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

3.0 Aims of the Safeguarding Policy

- 3.1 The aims of the Policy are to:
 - Provide all staff with the necessary information to enable them to meet their statutory responsibilities to promote and safeguard the wellbeing of children.
 - Ensure consistent good practice across the School.
 - Demonstrate the School's commitment with regard to safeguarding children.
 - Continuing to develop awareness in all staff of the need for Child Protection and their responsibilities in identifying potential abuse.
 - Ensure that all staff are aware of and follow the Child Protection Referral Procedures within the School.
 - Monitor children who have been identified as 'at risk'.
 - Ensure that outside agencies are involved, where appropriate.

- Ensure that key concepts of Child Protection are integrated within the curriculum, especially via PSHE.
- Create an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to.
- Ensure students of all ages are protected from the possibility of exposure to radicalisation/extremism.
- Provide an appropriate level of safeguarding training for parents/carers, staff, students and governors.
- For all staff to adopt an 'It could happen here' approach to safeguarding.

4.0 Roles and Responsibilities

The following section outlines the safeguarding roles and responsibilities of individuals and groups within the School.

4.1 Governors

The Governing Body's responsibilities include:

1. Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
2. Ensuring that an effective Child Protection Policy is in place, together with a Staff Behaviour Policy.
3. Appointing a Designated Safeguarding Lead who should undergo Child Protection Training every two years.
4. Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
5. Making sure that children are taught about how to keep themselves safe.

In addition, the Governing Body must prevent people who pose a risk of harm from working with children by:

- Adhering to statutory responsibilities to check staff who work with children.
- Taking proportionate decisions on whether to ask for checks beyond that which is required.
- Ensuring that volunteers are appropriately supervised.
- Making sure that at least one person on any appointment panel has undertaken safer recruitment training.
- Ensuring there are procedures in place to handle allegations against members of staff and volunteers
- Making sure that there are procedures in place to handle allegations against other children.
- Putting in place appropriate safeguarding responses to children who go missing from education settings, particularly on repeat occasions.

Governors are responsible for the approval of the Safeguarding Policy, E-Safety Policy and Prevent and for reviewing the effectiveness of these policies. This will be carried out annually by the Governors' Teaching

and Learning Committee receiving regular information about incidents and monitoring reports.

A member of the Governing Body has taken on the role of the Safeguarding Governor. The role of the Governor will include:

- Meetings with the Safeguarding Officers [including Prevent + E-Safety].
- Monitoring of incident logs.
- Reporting to relevant Full Governor and Teaching and Learning Committee meetings.
- Ensuring statutory requirements of the Policy are met, eg annual review.

4.2 Headteacher

- The Headteacher has a duty of care for ensuring the safety of members of the School Community, though the day-to-day responsibility for Safeguarding will be delegated to the named officers.
- The Headteacher and [at least] another member of the Strategy and Leadership Team should be aware of the procedures to be followed in the event of a serious allegation being made against a member of staff.
- The Headteacher and Senior Leaders are responsible for ensuring that the Safeguarding Officers and other relevant staff receive suitable training to enable them to carry out their roles and to train other colleagues, as relevant.
- The Headteacher and Senior Leaders will ensure that there is a system in place to allow for monitoring and support of those in school who carry out the internal monitoring role. This is to provide a safety net and also support to those colleagues who take on important monitoring roles.
- The Strategy and Leadership Team will receive regular monitoring reports from the Safeguarding Officers.

4.3 Designated Safeguarding Officers

Responsibilities include:

- To take day to day responsibility for safeguarding issues and have leading roles in establishing and reviewing the School's Policies and related documents.
- To ensure that all staff are aware of the procedures that need to be followed in the event of an incident taking place.
- To ensure that all staff and students can identify the Designated Officers for Safeguarding Children. [See Appendix 3 – Statement to Students in the School Planner)
- To provide training and advice for staff to raise awareness and confidence on child protection procedures and to ensure new staff are aware of these procedures.
- To liaise with relevant bodies.
- To refer promptly all cases of suspected child abuse to the local Child Protection Advisers:
Hounslow Duty Line [Out of Hours] 020 8583 2222
Hounslow Child Protection Advisers – Children's Social Care are:

Hetsie Van Rooyen
Contact Details: 020 8583 3065
hetsie.VanRooyen@hounslow.gov.uk

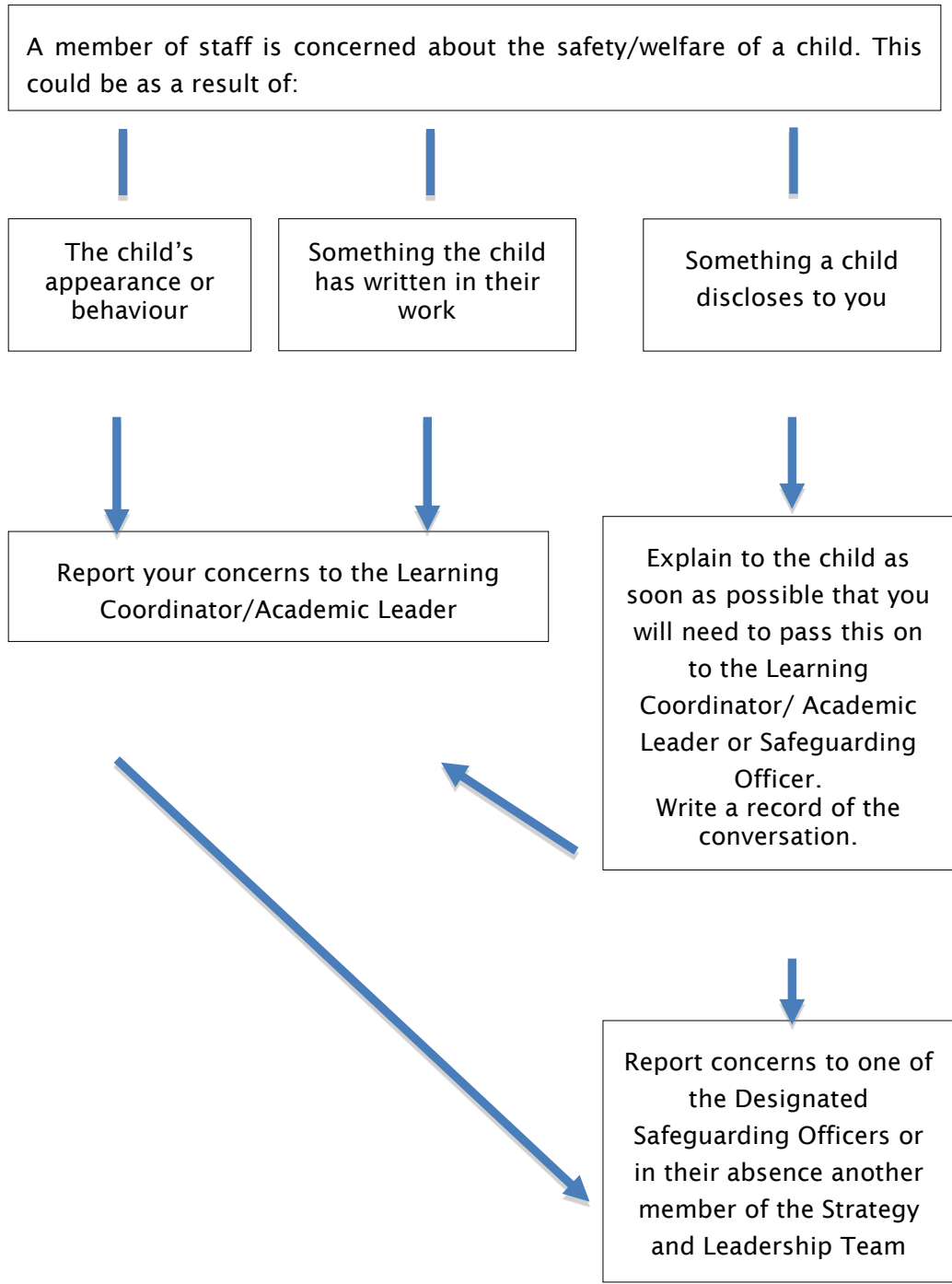
Sally Greig
Contact Details: 020 8583 5013 sally.greig@hounslow.gov.uk or the
Police Child Protection Team.

1. If a referral has been made concerning a child in immediate risk of serious harm and the situation does not appear to be improving, the Designated Safeguarding Officer making the referral should press for re-consideration.
2. To maintain and update as necessary the Child Protection Monitoring List.
3. To organise regular training on Child Protection within the School [Teaching and Support Staff].
4. To coordinate action where child abuse is suspected. In addition, to copy child protection referrals to the School Health Advisor and the Educational Welfare Officer.
5. To keep a complete record of referrals and outcomes.
6. To facilitate and support the development of a Whole School Policy on Safeguarding Children.
7. To attend Case Conferences, Review Meetings, Strategy Meetings or to nominate an appropriate member of staff to attend on his/her behalf.
8. To maintain records of Case Conferences and other sensitive information in a secure confidential file and to disseminate information about the child only on a 'need to know basis'.
9. To liaise with the School Health Advisor to keep an up-to-date record of students subject to a CP Plan, the students who are CIN [Child In Need] and those considered Vulnerable.
10. To keep up-to-date with current practice by participating in training opportunities wherever possible.
11. To attend the 2-yearly Level 3 Safeguarding course, as required by Safeguarding legislation.
12. To ensure all staff receive a copy of 'Keeping Children Safe in Education' Statutory Guidance.
13. To monitor reports of incidents and create a log of incidents to inform future developments.
14. To meet regularly with Governors to discuss current issues and review Incident Logs.
15. To attend relevant meetings of Governors.
16. To report regularly to the Strategy and Leadership Team.

5.0 Child Protection – School Procedures

- 5.1 The School's Designated Lead Safeguarding Officer is Margot Currie [Assistant Headteacher]. In addition, there are two other Safeguarding Officers, Mike O'Hagan [Deputy Headteacher and Head of School – Year 7 to Year 10] and Ranjit Berdesha [Deputy Headteacher and Head of School – Year 11 to Year 13]. They will decide on the necessary course of action for any Child Protection concern in the School and will liaise with Children's Services and other relevant agencies, as appropriate.

5.2 Every member of the School Staff has a legal responsibility to report any concerns they have regarding the safety and welfare of a student. This should be done immediately, either to the child's Learning Coordinator or Academic Leader and/or to one of the Designated Safeguarding Officers. The flow chart below outlines briefly the correct course of action. The School's Safeguarding Policy and Guidelines on how to recognise the four categories of abuse are available on the Staff Shared Area in the Policies Folder.



1. Any member of staff with an issue or concern relating to Child Protection should immediately discuss it with a Learning Coordinator/Academic Leader and/or one of the Designated Staff for Safeguarding Children.
2. When a child discloses information to a member of staff it is imperative that at the earliest, and most appropriate opportunity, the child is informed that confidentiality cannot be guaranteed in respect of child protection issues.
3. The Designated Safeguarding Officer/s will then decide on the appropriate course of action.

To make a referral all staff must follow the Referral Flowchart in Appendix 2.

PLEASE NOTE:

Any member of staff can make a direct referral to the Local Authority Duty Line if unhappy with the School's response to a record of concern/referral.

6.0 Dealing With Disclosures of Abuse

6.1 If a child discloses Child Protection information to you with regards to physical, sexual, emotional abuse or neglect there is a protocol that should be followed to support the child. Please follow these guidelines:

- Do reassure the child that they have done the right thing by telling you.
- Stay calm and be available to listen.
- Listen with the utmost care to what the child is saying.
- Inform the child that you have a legal duty to pass this information on to the relevant member of staff.
- Do not put words into the child's mouth and note the main points carefully.
- Question normally without pressurising.
- Do ask them what has happened but you do not need the full details.
- Do ask them when the incident occurred, for example, in the last 24 hours, less than a week ago, a month ago or a year ago.
- Do ask where the incident[s] took place.
- Do ask for the complainant's name.
- Do ask for the child[ren]'s age[s].
- Do not ask leading questions.
- Do not tell the person who is the subject of an allegation.
- Do assure the child/student that you will report what they have told you to only those people who need to know.
- Do not promise to keep it a secret. The information must be referred to the appropriate agencies.

- Do not indicate to the student any clue that you might already have information about the situation.
- Immediately inform the designated teacher for safeguarding children.
- Do not discuss disclosures with colleagues; the information is to remain confidential.
- Do make notes immediately after you have finished meeting with the student. Keep a full record – date, time, what the child did, said, etc. This should be completed as soon as possible and handed to the Designated Safeguarding Officer.
- Do inform the Learning Coordinator/Academic Leader and one of the Designated Safeguarding Officers as soon as possible. You will be required to complete a Child Protection Referral Form [see Appendix 4].
- **If the child is in imminent danger please refer to Margot Currie, Mike O’Hagan or Ranjit Berdesha or contact Phil Ward, the Headteacher [Emergency Contact for Phil Ward is 07545921986]**
- Do complete a written transcript within 24 hours and pass this to one of the Child Protection Teachers.

7.0 Monitoring and Record Keeping

- 7.1 All incidents are reviewed, recorded and monitored and the views of the child are sought and understood. It is essential that accurate records be kept where there are concerns about the welfare of a child. These records are kept in secure, confidential files, which are separate from the child’s School Records. These records are stored in the Senior Deputy Headteacher’s office.
- 7.2 The Child Protection Files are to be kept secure for 7 years following a student leaving the School. If a student transfers to another school a copy of the Child Protection File should be kept, the original should be sent securely to the new school and a record of receipt sought.
- 7.3 The School keeps updated a central record of students subject to CP plans, CIN and also students considered to be vulnerable.
- 7.4 Staff must keep the Designated Safeguarding Officers informed of:
- Poor attendance and punctuality [*see the Attendance Policy for full details*].
 - Concerns regarding appearance/dress.
 - Changed or unusual behaviour.
 - Concerns regarding health and emotional well-being.
 - Deterioration in educational progress.
 - Discussions with parents/carers about concerns relating to their child.
 - Concerns about home conditions or situations.
 - Concerns about student on student abuse [including serious bullying and cyber-bullying].
 - Concerns about extremism and radicalisation.

- 7.5 When there is suspicion of significant harm to a child and a referral is made, as much information as possible should be given about the nature of the suspicions, the child and the family.
- 7.6 The School keeps a record of the referrals made to the Local Authority Duty Line.

8.0 Extended School and Off-Site Arrangements

- 8.1 Where extended school activities are provided by and managed by the School, our own Safeguarding and Child Protection Policy and Procedures apply. If other organisations provide services or activities on our site the School will check that they have appropriate procedures in place, including Safer Recruitment Procedures. When our children attend off-site activities, the School will check that effective Child Protection arrangements are in place.

9.0 Attendance

- 9.1 A minimum standard of safety must be afforded to children not attending school particularly in terms of the following groups:
- Children who are registered with schools and who are or go missing from school and give rise to concern about their welfare. [These children may be classified as missing, whereabouts unknown].
 - Children who are poor attendees at school or who have interrupted school attendance Full details of procedures are covered in the Attendance Policy.

10.0 Staff Training

- 10.1 It is important that all staff have training to enable them to recognise the possible signs of abuse and neglect and to know what to do if they have a concern.
- 10.2 All staff receive training during the INSET session on the first day of the Autumn Term. In addition, new staff and governors will receive training during their Induction. All staff and governors will receive annual training. In addition, all staff receive a copy of the Department for Education's latest guidance 'Keeping Children Safe in Education'.
- 10.3 During the course of the year Designated Safeguarding Staff and other staff will also be involved in providing training sessions for staff covering areas such as Prevent, E-Safety and others. All supply/temporary staff will be expected to be familiar with this policy before they start work at this School.

11.0 Visitors to the School

- 11.1 This is covered in a separate Visitors' Policy.

12.0 Contractors

- 12.1 All Contractors are required to report to the Premises Staff on their arrival. They should be wearing an ID badge at all times. Staff should feel confident to challenge anyone in school without an ID badge on display.
- 12.2 All employees of School appointed contractors are required to have DBS clearance. Contractors will be informed of this by the Premises Team when quotes are submitted for work.

13.0 Child Protection Guidance for Staff

- 13.1 Child Abuse can be categorised into four distinct types:
- Physical Abuse
 - Sexual Abuse
 - Emotional Abuse
 - Physical Neglect

There is also a fifth category:

- Grave Concern/At Risk — This is not a distinct category but is dealt with separately. A child can be at risk from any combination of the four categories above.

- 13.2 Safeguarding can involve a range of potential issues such as:

- Child Sexual Exploitation [CSE]
- Bullying, including Cyberbullying [by text message, on social networking sites, and so on] and prejudice-based bullying
- Domestic Violence [DV]
- Drugs/Substance Misuse
- Fabricated or Induced Illness [FII]
- Faith Abuse
- Female Genital Mutilation [FGM]
- Forced Marriage
- Gangs and Youth Violence
- Gender Based Violence/Violence Against Women and Girls [VAWG]
- Mental Health
- Private Fostering
- Racist, Disability, and Homophobic or Transphobic Abuse
- Radicalisation and Extremist Behaviour
- Sexting
- Sexual Exploitation
- Teenage Relationship Abuse
- Trafficking

For outline guidance on each of the above please refer to Appendix 1.

14.0 Signs That May Signal The Presence of Child Abuse Or Neglect

14.1 The Child:

- Shows sudden changes in behaviour or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems [or difficulty concentrating] that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

14.2 The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

14.3 The Parent and the Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

14.4 Types of Abuse:

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse and emotional abuse. It is important to note, however, that these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

14.5 Signs of Physical Abuse:

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as 'evil', or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

14.6 Signs of Neglect:

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odour
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the parent or other adult caregiver:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

14.7 Signs of Sexual Abuse

Consider the possibility of sexual abuse when the child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behaviour
- Becomes pregnant or contracts a sexually transmitted infection, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the parent or other adult caregiver:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

14.8 Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the child:

- Shows extremes in behaviour, such as overly compliant or demanding behaviour, extreme passivity, or aggression
- Is either inappropriately adult [parenting other children, for example] or inappropriately infantile [frequently rocking or head-banging, for example]
- Is delayed in physical or emotional development

- Has attempted suicide
- Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the parent or other adult carer:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

14.9 Grave Concern/At Risk

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes.

15.0 Female Genital Mutilation [FGM]

15.1 Teachers have a statutory duty to report to the police where they discover that Female Genital Mutilation [FGM] appears to have been carried out on a girl under 18. This duty comes into force from October 2015.

15.2 Such concerns should be reported to the Child Protection Officers.

16.0 Allegations Against Staff

16.1 No school staff should place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

16.2 All staff should be aware of the School's expectations and the Behaviour Policy. Guidance about Safeguarding and Child Protection, including E-Safety, will be given at induction and policies are available in the shared staff common area as well as on the school website.

16.3 If an allegation is made by a student against a member of staff, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher.

16.4 The Headteacher on all such occasions will discuss the content of the allegation with the 'Designated Officer' (DO) at the Local Authority.

- 16.5 Teachers who hear an allegation of abuse against another member of staff should report the matter immediately to the Headteacher. If the allegation is against the Headteacher it should be taken directly to the Chair of Governors. The School follows the DfE Guidance 2015 'Keeping Children Safe in Education' on allegations of abuse against staff as well as the guidance provided in Section 16 of The Sexual Offences Act [2003].
- 16.6 When concerned about the welfare of a child, staff members should always act in the interests of the child.

17.0 Inappropriate Relationships

- 17.1 The Sexual Offences Act 2003 states that sexual relationships with under 16s are against the law. It is also an offence for an adult to have a sexual relationship with someone under 18 if the adult occupies a 'position of trust' in relation to that young person. This covers, for example, relationships between members of school or college staff and students. It applies as long as the young person is under 18, even if they are over the age of legal consent.
- 17.2 The Sexual Offences Act [2003] covers sexual activity with a child, causing or inciting a child to engage in sexual activity, engaging in sexual activity in the presence of a child as well as causing a child to watch a sexual act.

18.0 Physical Intervention

- 18.1 We acknowledge that staff must only ever use physical intervention as a last resort. It should only be used to prevent personal injury to the child, other children or an adult, to prevent serious damage to property or in what would reasonably be regarded as exceptional circumstances.
- 18.2 Such events should be recorded and signed by a witness.
- 18.3 Staff who are likely to need to use physical intervention will be appropriately trained.
- 18.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- 18.5 We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safer Culture' guidance to ensure they are clear about their professional boundary.

19.0 Monitoring and Evaluation of Child Protection

- 19.1 The designated safeguarding member of SALT and governor will be responsible for ensuring that this policy is monitored and evaluated

regularly. This will be undertaken through formal audits of incidents and a yearly review which will be presented to the Head Teacher reported to the Governing Body. In addition, a bi-annual external review will be carried out.

20.0 Whistleblowing

- 20.1 Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a difficult situation. They may worry that they have misunderstood the situation and wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. The school's whistleblowing code enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place.

21.0 Information Sharing

- 21.1 Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. It could ensure that an individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death. Poor or non-existent information sharing is a factor repeatedly flagged up as an issue in Serious Case Reviews carried out following the death of, or serious injury to, a child.
- 21.2 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.
- 21.3 Children may disclose abuse, in which case the decision to share information is clear. In other cases, for example, neglect, the indicators may be more subtle and appear over time. In these cases, decisions about what information to share, and when, will be more difficult to judge. Everyone should be aware of the potential for children to be sexually exploited for money, power or status and individuals should adopt an open and inquiring mind to what could be underlying reasons for behaviour changes in children of all ages.
- 21.4 If there are concerns about a child's welfare, it is essential to share the information with the Safeguarding leads.
- 21.5 See Appendix 5 for further guidance on information sharing.

APPENDICES

Appendix 1

Specific Safeguarding Issues

[Please note that this is not a definitive list, other concerns could arise at any time.]

CHILD SEXUAL EXPLOITATION [CSE]

Child sexual exploitation involves exploitative situations, contexts and relationships where young people receive something [for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection] as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

BULLYING INCLUDING CYBERBULLYING

The rapid development of and widespread access to technology has provided a new medium for 'virtual' bullying, which can occur in or outside school. Cyber-bullying is a different form of bullying and can happen at all times of the day, with a potentially bigger audience, and more accessories as people forward on content at a click. The wider search powers included in the Education Act [2011] give teachers stronger powers to tackle cyber-bullying by providing a specific power to search for and, if necessary, delete inappropriate images [or files] on electronic devices, including mobile phones.

DOMESTIC VIOLENCE

Domestic violence and abuse relate to 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

CONTROLLING BEHAVIOUR

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

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.

This is not a legal definition.

DRUGS

As part of the statutory duty on schools to promote students' wellbeing, schools have a clear role to play in preventing drug misuse as part of their pastoral responsibilities.

'Drugs' refers to substance abuse and all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs.

FABRICATED OR INDUCED ILLNESS [FII]

Fabricated or induced illness is a rare and potentially dangerous form of abuse. It can also be known as:

- Munchausen' Syndrome
- Fabricated Illness by Proxy
- Factitious Illness by Proxy
- Illness Induction Syndrome

FII is the systematic fabrication or induction of illness in a child or young person, causing them to be seen as ill. This can be done in three main ways [which are not mutually exclusive]:

- Fabrication of symptoms (including fabrication of past medical history) or exaggeration of symptoms
- Falsification of hospital charts, including manipulation of test results to result in misdiagnosis
- Deliberate Induction of illness, for example, by poisoning the child or young person

Clinical evidence indicates that cases of FII are usually carried out by a female carer, usually the child's mother. However, it is important to remember that there have been cases where a child's father, foster parent, grandparent, guardian or a healthcare professional were responsible.

FAITH ABUSE

This includes belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray [traditionally seen in some Christian beliefs], the evil eye or djinns [traditionally known in some Islamic faith contexts] and dakini [in the Hindu context], ritual or multi murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples

where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

FEMALE GENITAL MUTILATION [FGM]

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures if they suspect a child is a victim or is a potential victim of FGM.

FORCED MARRIAGE

A forced marriage is where one or both people do not [or in cases of people with learning disabilities, cannot] consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological [for example, when someone is made to feel like they are bringing shame on their family]. Financial abuse [taking your wages or not giving you any money] can also be a factor.

GANGS AND YOUTH VIOLENCE

The vast majority of young people and education establishments will not be affected by serious violence or gangs. However, where these problems do occur there will almost certainly be a significant impact. Schools have a duty and a responsibility to protect their pupils and students. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime.

- Dealing with violence also helps attainment.
- While students generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any educational establishment.

Schools and colleges are places where important interventions can take place to prevent violent behaviour, including more serious violence such as young people carrying a knife, and violence that takes place in the community.

GENDER-BASED VIOLENCE/VIOLENCE AGAINST WOMEN AND GIRLS [VAWG]

Violence Against Women and Girls [VAWG] has been defined by the United Nations [UN] as 'any act of gender-based violence that is directed at a woman because she is a woman or acts of violence which are suffered disproportionately by women.' This includes physical, sexual and economic abuse, violence or sexual exploitation. VAWG includes violence that is targeted

at women or girls because of their gender or affects women and girls disproportionately. The strands of VAWG as outlined by the government are:

- Domestic Violence and Abuse
- Rape and Sexual Violence
- Prostitution and Trafficking
- Sexual Exploitation
- Female Genital Mutilation [FGM]
- Forced Marriage
- Honour Based Violence
- Stalking and Harassment

MENTAL HEALTH

At least one in four of the population will experience a mental health problem at some point, and around half of people with lifetime mental health problems experience their first symptoms by the age of 14. The issues can relate to the child themselves, to their family, or to their community or life events. A student's behaviour - whether it is disruptive, withdrawn, anxious, depressed or otherwise - may be related to an unmet mental health need.

Only medical professionals will make a formal diagnosis of a mental health condition. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

STUDENT WELL-BEING

Students need support at critical periods in their school career. Staff must be vigilant regarding stress and any related mental health issues for pupils, self-harm and any other concerns relating to a student's well-being. All such concerns must be reported following the school's child protection procedures.

Heston Community School offers a counselling service for all students at the School from Year 7 through to Year 13. The service is available throughout term time. Students can refer themselves for counselling or staff can make a referral through the Learning Coordinator/Academic Leader. Students must consent to counselling.

The main aims of the counselling service are:

- To make on-site counselling accessible to all students from Year 7 through to Year 13
- To improve students' mental health and emotional wellbeing
- To enhance students' capacity to engage with studying and learning by supporting them with difficulties they may be experiencing
- Identifying students' additional needs and connecting them with more specialised external services when required
- A range of issues can be explored in sessions such as anger, bereavement, stress and anxiety, bullying, self-harm, family, depression and self-worth. The support students get from counselling can improve the way they deal with and recover from their experience, as well as providing them with new internal tools to tackle future difficulties.

PRIVATE FOSTERING

A private fostering arrangement is essentially one that is made privately [that is to say without the involvement of a Local Authority] for the care of a child under the age of 16 [under 18, if disabled] by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act [1989] ie a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child. The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break. Exemptions to this definition are set out in Schedule 8 to the Children Act [1989]. Private fostering arrangements can be a positive response from within the community to difficulties experienced by families. Nonetheless, privately fostered children remain a diverse and potentially vulnerable group and private fostering arrangements must be reported to children's services by the school.

RADICALISATION

The aim of Prevent [*See full policy*] is to stop people becoming or supporting terrorists, by challenging the spread of terrorist ideology, supporting vulnerable individuals, and working to safeguard children and young adults, providing early intervention to protect and divert away from being drawn into terrorist activity.

SEXTING

Sexting is when someone sends or receives a sexually explicit text, image or video on their mobile phone, usually in a text message. This can lead to 'sextortion' which is a form of sexual exploitation that employs non-physical forms of coercion to extort sexual favours from the victim. 'Sextortion' refers to the broad category of sexual exploitation in which abuse of power is the means of coercion as well as the category of sexual exploitation in which threatened release of sexual images or information is the means of coercion.

TEENAGE RELATIONSHIP ABUSE

Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- 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.

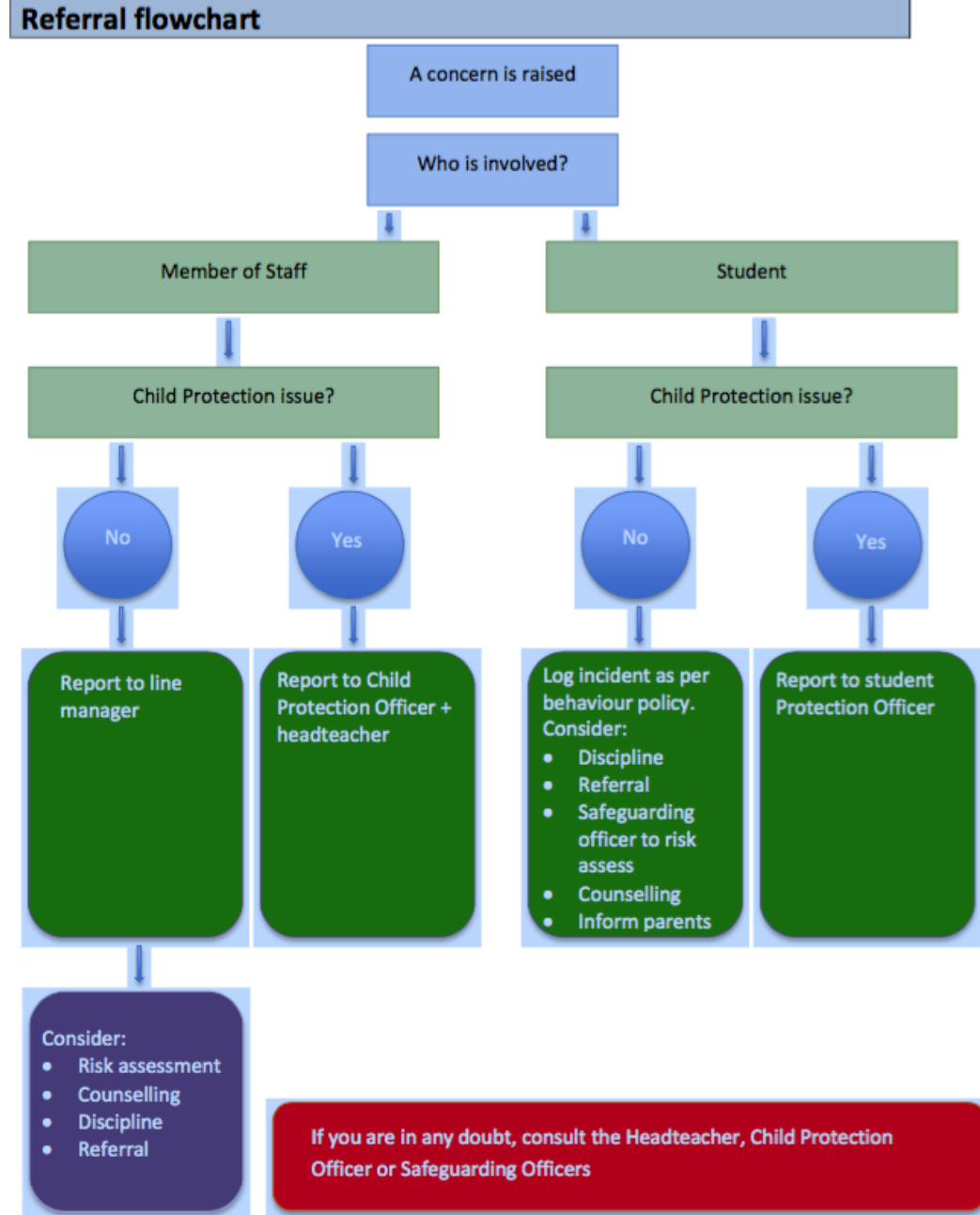
Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Where there are concerns or it is known that there is violence present in a teenage relationship it will be dealt with as a CP concern.

TRAFFICKING

Children may be trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working with drugs. There is evidence that some children are trafficked through numerous countries before arriving in the UK. There are many legitimate reasons why children are brought to the UK, such as economic migration with their family, education, re-joining their family or fleeing a war-torn country. Some children will have travelled with their parents or carers. However, a number of children arrive in the UK accompanied by adults who are either not related to them or in circumstances which raise child protection concerns. For example, there may be little evidence of any pre-existing relationship between the child and the accompanying adult or even no knowledge about the person who will care for the child. There may be unsatisfactory accommodation in the UK, or perhaps no evidence of parental permission for the child to travel to the UK or stay with the sponsor. These irregularities may be the only indication that the child could be a victim of trafficking.

Appendix 2



PLEASE NOTE: Any member of staff can make a direct referral to the Local Authority Duty Line if unhappy with the School's response to a record of concern/referral.

Hounslow Duty Line [Out of Hours] 020 8583 2222

Hounslow Child Protection Advisers – Children's Social Care are:

Hetsie Van Rooyen

Contact Details: 020 8583 3065

hetsie.VanRooyen@hounslow.gov.uk

Sally Greig

Contact Details: 020 8583 5013

sally.greig@hounslow.gov.uk

Appendix 3

Statement to Students in the School Planner

Child Protection – Feeling Safe

[A copy of the information included in the Student Planner]

Every young person has the right to feel safe in school, at home, in the community and on the phone and internet. Sometimes however, someone you know or a stranger may do or say something either to you or to a friend which you feel is wrong and may even be against the law. This could be something which makes you or a friend feel unsafe physically, emotionally or sexually.

If you feel someone is doing or saying something to you or a friend that is wrong, or that makes you feel uncomfortable, you should tell an adult in school about this as soon as you can. You should do this even if you have been told to keep it a secret. You could tell your Tutor, your Learning Coordinator/Academic Leader or any member of staff that you feel comfortable talking to about this.

There are also three teachers in school who have a special responsibility to make sure that young people are safe. Ms Currie, Mr O'Hagan and Mr Berdesha are the School's Child Protection Officers. You can go and talk to any of them directly if you would prefer. They will listen carefully to what you tell them. They will also explain clearly to you what they will need to do to make sure that you or the young person you are worried about will be safe.

Appendix 4

Hounslow Inter-Agency Referral - Children in Need

THIS FORM SHOULD BE USED WHEN REFERRING A CHILD TO SOCIAL SERVICES DUE TO CONCERNS REGARDING THE CHILD'S WELFARE OR WHEN REQUESTING A SERVICE. IF THERE ARE IMMEDIATE CONCERNS FOR THE SAFETY OR WELLBEING OF THE CHILD THE RELEVANT SOCIAL SERVICES TEAM SHOULD BE CONTACTED INITIALLY BY TELEPHONE. AN INTER AGENCY REFERRAL AND ASSESSMENT FORM MUST THEREAFTER BE SENT TO THE SOCIAL SERVICES TEAM.

CHILD/YOUNG PERSON'S NAME	FAMILY NAME	FIRST NAMES	DATE OF BIRTH	GENDER

ADDRESS	TELEPHONE	MOBILE

ETHNICITY & CULTURE

WHITE BRITISH	MIXED CARIBBEAN	WHITE/BLACK	INDIAN	BLACK CARIBBEAN	CHINESE
---------------	-----------------	-------------	--------	-----------------	---------

WHITE IRISH	MIXED AFRICAN	A WHITE/BLACK	PAKISTANI	BLACK AFRICAN	OTHER
-------------	---------------	---------------	-----------	---------------	-------

WHITE OTHER	MIXED WHITE/ASIAN	BANGLADESHI	BLACK OTHER	NOT STATED
-------------	-------------------	-------------	-------------	------------

	MIXED OTHER	ASIAN OTHER		
--	-------------	-------------	--	--

RELIGION	FIRST LANGUAGE	INTERPRETER REQUIRED?	WRITTEN MATERIAL NEEDS TRANSLATING?
		YES/NO	YES/NO

DOES THE CHILD/YOUNG PERSON HAVE A DISABILITY OR SPECIAL NEED? YES/NO
 DOES THE PARENT/CARER HAVE A DISABILITY/SPECIAL NEED? YES/NO
 IF YES, PLEASE COMPLETE ATTACHED ADDITIONAL INFORMATION SHEET

HOUSEHOLD COMPOSITION

FAMILY NAME	FIRST NAME	DOB	RELATIONSHIP	SCHOOL/OCCUPATION

SIGNIFICANT OTHERS NOT LIVING AT HOME ADDRESS

NAME	DOB	RELATIONSHIP	ADDRESS

OTHER AGENCIES INVOLVED

GP	ADDRESS	TELEPHONE NUMBER	
AGENCY	CONTACT NAME	TELEPHONE NUMBER	WORK UNDERTAKEN

REFERRER'S DETAILS

NAME	AGENCY	ADDRESS	TELEPHONE NUMBER
IS THE FAMILY AWARE OF REFERRAL? YES/NO	DATE INFORMED		

HOUNSLOW INTER-AGENCY ASSESSMENT FORM FOR CHILDREN IN NEED

PLEASE COMPLETE ALL SECTIONS. IF YOU DO NOT HAVE ANY RELEVANT INFORMATION FOR SPECIFIC SECTIONS PLEASE INDICATE. PLEASE INCLUDE STRENGTHS AND CURRENT NEEDS.

REASONS FOR REFERRAL

ASSESSMENT

CHILD'S DEVELOPMENTAL NEEDS: THIS INCLUDES HEALTH, EDUCATION, IDENTITY, SELF CARE SOCIAL PRESENTATION, FAMILY & SOCIAL RELATIONSHIPS, EMOTIONAL & BEHAVIOURAL DEVELOPMENT

ADDITIONAL INFORMATION SHEET

TO BE COMPLETED IF CHILD/YOUNG PERSON HAS A DISABILITY OR SPECIAL NEEDS

NAME:

D.O.B:

DISABILITY / SPECIAL NEED

<input type="checkbox"/>	STATEMENT OF S.E.N	<input type="checkbox"/>	PHYSICAL
<input type="checkbox"/>	SPEECH & LANGUAGE	<input type="checkbox"/>	LEARNING
<input type="checkbox"/>	HEARING	<input type="checkbox"/>	MEDICAL CONDITIONS
<input type="checkbox"/>	VISION	<input type="checkbox"/>	SOCIAL CONDITIONS (AUTISTIC SPECTRUM)
<input type="checkbox"/>	BEHAVIOURAL	<input type="checkbox"/>	

(PLEASE TICK AS MANY BOXES AS ARE RELEVANT TO THE CHILD)

COMMUNICATIONS – MEANS OF COMMUNICATION / LANGUAGE USED BY THE CHILD/YOUNG PERSON

<input type="checkbox"/>	MAKATON SIGNING	<input type="checkbox"/>	BODY SIGNING
<input type="checkbox"/>	BLISS BOARD	<input type="checkbox"/>	LIP READING
<input type="checkbox"/>	BRITISH SIGN LANGUAGE	<input type="checkbox"/>	COMPUTER
<input type="checkbox"/>	BRAILLE	<input type="checkbox"/>	OBJECTS OF REFERENCE
<input type="checkbox"/>	SYMBOLS	<input type="checkbox"/>	OTHER

PLEASE SPECIFY

NEED FOR EQUIPMENT, INTERPRETER OR FACILITATOR, EG: HEARING LOOP, SIGN LANGUAGE INTERPRETER, RADIO AID ETC

PLEASE SPECIFY

WHO WOULD BE CONTACTED FOR FURTHER ADVICE RE COMMUNICATION?

<input type="checkbox"/>	SPEECH & LANGUAGE SPECIALIST	<input type="checkbox"/>	INTERPRETERS
<input type="checkbox"/>	RESIDENTIAL KEY WORKER	<input type="checkbox"/>	TEACHER
<input type="checkbox"/>	OUTREACH WORKER	<input type="checkbox"/>	CLASSROOM ASSISTANT
<input type="checkbox"/>	HOME CARER	<input type="checkbox"/>	GP
<input type="checkbox"/>	PSYCHOLOGIST	<input type="checkbox"/>	PHYSIOTHERAPIST
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	TSS

PLEASE SPECIFY

DATE:

PARENTING CAPACITY: THIS INCLUDES BASIC CARE, ENSURING SAFETY, EMOTIONAL WARMTH, STIMULATION, GUIDENCE AND BOUNDARIES, STABILITY AND ANY ISSUES LIKELY TO AFFECT PARENTING CAPACITY

FAMILY & SOCIAL ENVIRONMANTAL FACTORS: THIS INCLUDES COMMUNITY RESOURCES, FAMILY'S SOCIAL INTERGRATION, INCOME, EMPLOYMENT, HOUSING, WIDER FAMILY HISTORY & FUNCTIONING

SUMMARY: PLEASE INCLUDE ANY WORK UNDERTAKEN & RECOMMNEDATIONS FOR FUTURE WORK

IS THE FAMILY AWARE OF THIS REFERRAL? YES/ NO

DATE INFORMED: _____

REFERRER'S NAME	
------------------------	--

SIGNED	
---------------	--

AGENCY	
---------------	--

DATE	
-------------	--

Appendix 5

Information Sharing Advice

THE PRINCIPLES

The principles set out below are intended to help practitioners working with children, young people, parents and carers share information between organisations. Practitioners should use their judgement when making decisions on what information to share and when and should follow organisation procedures or consult with their manager if in doubt. The most important consideration is whether sharing information is likely to safeguard and protect a child.

NECESSARY AND PROPORTIONATE

When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act [1998] requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

RELEVANT

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

ADEQUATE

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

ACCURATE

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

TIMELY

Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

SECURE

Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

RECORD

Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any

longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process.

WHEN AND HOW TO SHARE INFORMATION

When asked to share information, you should consider the following questions to help you decide if and when to share. If the decision is taken to share, you should consider how best to effectively share the information. A flowchart follows the text.

WHEN

Is there a clear and legitimate purpose for sharing information?

- Yes – See next question
- No – Do not share

DOES THE INFORMATION ENABLE AN INDIVIDUAL TO BE IDENTIFIED?

- Yes – See next question
- No – You can share but should consider how

IS THE INFORMATION CONFIDENTIAL?

- Yes – See next question
- No – You can share but should consider how

DO YOU HAVE CONSENT?

- Yes – You can share but should consider how
- No – See next question

IS THERE ANOTHER REASON TO SHARE INFORMATION SUCH AS TO FULFIL A PUBLIC FUNCTION OR TO PROTECT THE VITAL INTERESTS OF THE INFORMATION SUBJECT?

- Yes – You can share but should consider how
- No – Do not share

HOW

- Identify how much information to share
- Distinguish fact from opinion
- Ensure that you are giving the right information to the right individual
- Ensure where possible that you are sharing the information securely
- Inform the individual that the information has been shared if they were not aware of this, as long as this would not create or increase risk of harm

All information sharing decisions and reasons must be recorded. If at any stage you are unsure about how or when to share information, you should seek advice and ensure that the outcome of the discussion is recorded. If there are concerns that a child is suffering or likely to suffer harm, then follow the relevant procedures without delay.

The Seven Golden Rules for Sharing Information

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people

1. The Data Protection Act [1998] and Human Rights Law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual [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 from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed 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, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and wellbeing: Base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, 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 individuals 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.

Source – 'Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers' [March 2015]
Reference: DFE-00128-2015

Flowchart Of When And How To Share Information

