



NESSie IN ED CIC Safeguarding Policy

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SAFEGUARDING POLICY

1. RATIONALE

NESSie IN ED CIC (hereafter referred to as 'NESSie') recognises its key role in partnership with other children's services. Our staff should always be mindful of local policies and procedures that must be followed.

Everyone employed at NESSie has a responsibility in relation to child protection. In most cases this will be the referral of concerns to the Designated Senior Person (DSP), in the school / setting that they are working, and their NESSie supervisor or DSP. In day-to-day contact with children at risk, where appropriate, staff members have the opportunity to note concerns and to meet with parents and other associated adults.

NESSie will work with and support different agencies to enable the most appropriate form of action to take place. This policy aims to outline the role of the company; the procedures that staff should follow and guidance on issues related to child protection. It is not exhaustive and should be used as a rule of thumb. The needs and safety of the individual child must be at the center of any decision taken.

2. AIMS

The purpose of this policy is to raise awareness of individual responsibilities in identifying and reporting possible cases of abuse, provide a systematic means of monitoring, recording and reporting of concerns and cases and provide guidance on recognising and reporting suspected child abuse.

3. RESPONSIBILITIES AND RESOURCES

3.1 NESSie will always liaise with the DSP (Designated Senior Person) in the school/setting if appropriate.

NESSie will be responsible for recording concerns with the school/setting DSP, recommending action within the school/setting and liaising (when appropriate) with Children's Services (Social Services) and other agencies over cases of abuse and suspected abuse; acting as a source of advice for the school, the referral of individual cases of suspected abuse, liaising with agencies about individual cases, making an onward referral if circumstances warrant it. Where there is uncertainty about making a full referral, advice will be sought from Children's Services. If the concern regards the Head teacher, the Chair of Governors should be informed.

3.2 Further Information

This document is a brief guide outlining the essentials. It is essential all staff and volunteers are aware of the Safeguarding Children Board's website of the local county council to the educational setting. The website is kept up to date and has detailed best practice regarding Child Protection Procedures. NESSie's offices are based in Hertfordshire, as such the local County Council NESSie, as an organisation, automatically defers to is Hertfordshire County Council, as such all staff and volunteers should read and refer to this policy: www.hertssafeguarding.org.



3.3 Safer Recruitment Staff and Volunteers

All staff must undergo enhanced DBS checks before taking up a position. Staff and volunteers are inducted into NESSie's child protection responsibilities and procedures. They are informed of the main points of this policy.

These procedures are revisited with all staff annually.

All staff undergo Refresher Children Protection in Education every year and full training on a 3 year cycle.

All staff need to be alert to the signs of abuse as detailed in this policy. They should report any concerns immediately to the DSP at the school/setting, making a note of the concern and the action taken, in line with the NESSie Data Protection Policy. If the setting requires them to use any written documentation, all forms will be signed by the school / setting and kept at the school. Once the setting has been informed staff will contact the NESSie DSP or DSL to make them aware. NESSie DSP/DSL will update and monitor the risk on their Risk Register including records of who was informed and where the consent was noted. If the concern is related to private counselling, NESSie will inform the parent/carer where appropriate and make a referral or gain advice from children's services.

All staff will be given the following information: "apply the procedures detailed below for responding to a suspected case remembering that the needs and safety of the child must always come first, you cannot promise confidentiality, information should only be shared with those who need to know. It is important to stay calm and be reassuring, when in doubt, text your DSP (Sarah Blackford) or DSL (Rachel Lambie) and arrange an extra-ordinary session to gain their advice."

4. GUIDANCE ON RECOGNISING SUSPECTED ABUSE

Child abuse is a term used to describe ways in which children are harmed by someone often in a position of power. It is not our responsibility to decide whether child abuse is occurring but we are required to act on any concerns and report them to the appropriate party. The health, safety and protection of a child are paramount. Types of abuse include:

- Physical Abuse;
- Emotional Abuse;
- Sexual Abuse;
- Neglect;
- Bullying
- Financial/Material Abuse;
- Institutional Abuse;
- Discriminatory Abuse; and
- Exploitation.



4.1 Physical abuse

Can include hitting, shaking, throwing, poisoning, burning, scalding, suffocating or causing any form of physical harm to a child. Possible signs include unexplained injuries or burns, refusal to discuss injuries, improbable explanations of injuries, untreated injuries or lingering illness, admission of punishment which appears excessive, shrinking from physical contact, fear of returning home or parents being contacted, fear of undressing, fear of medical help, aggression/ bullying, over compliant behaviour, running away, significant changes in behaviour, deterioration in work, unexplained pattern of absences.

4.2 Emotional abuse

Persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It can include conveying to a child that they are worthless or unloved, placing inappropriate age-related expectations on children, making children feel frightened or in danger on a frequent basis.

Possible signs include continual self-deprecation, fear of new situations, inappropriate emotional responses to painful situations, self-harm or mutilation, compulsive stealing/ scrounging, drug/ solvent abuse, 'neurotic' behaviour – obsessive rocking, thumb-sucking, air of detachment 'don't care' attitude, social isolation, attention-seeking behaviour, eating problems, depression, withdrawal.

4.3 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. They can include non-contact activities such as involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Possible signs include bruises, scratches, burns or bite marks, scratches, abrasions or persistent infection in the anal or genital regions, pregnancy, sexual awareness inappropriate to the child's age, frequent public masturbation, attempts to teach other children about sexual activity, refusing to stay with certain people or go to certain places, aggressiveness, anger, anxiety, tearfulness or withdrawal from friends.

4.5 Neglect

It is the persistent failure to meet a child's basic physical and/or psychological needs and can affect the child's health and development. It might include failure to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, failure to ensure appropriate access to medical care and treatment. Possible signs include constant hunger, poor personal hygiene, inappropriate clothing, frequent lateness or non-attendance, untreated medical problems, low self-esteem, poor social relationships, compulsive stealing or scrounging and constant tiredness.

4.6 Bullying

Can be defined as deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves. The three main types of bullying are: physical, verbal and



emotional.

All staff are asked if they are working in conjunction with a school / setting to follow the school / setting's own Behaviour Policy.

4.7 Financial Abuse

Abuse including theft, fraud, financial exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

4.8 Institutional Abuse

Abuse including neglect and poor care practice within an institution or specific care setting such as residential settings e.g., children's home, school or secure unit. This may range from isolated incidents to continuing ill-treatment'.

4.9 Discriminatory Abuse

Discriminatory abuse links to all other forms of abuse.

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection.

It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

4.10 Exploitation

Either opportunistic or premeditated, exploitation describes the abusive act of unfairly manipulating someone for profit or personal gain.

This includes Modern Slavery and Human Trafficking.

5. Self-harm

If it comes to the attention of any member of staff that a child is self-harming, they should alert the parent and school and NESSie DSP as soon as possible. Actions by the DSP might include contacting parents, contacting Child Adolescent Mental Health Services, or contacting Children's Services if the child meets the referral criteria. If it comes to the attention of any member of staff that a person may be at risk of suicide, they will alert the DSP as soon as possible. If possible, they will conduct a risk assessment and safety plan to accompany the report.

6. GUIDANCE ON DEALING WITH SUSPECTED ABUSE

All staff should refer concerns to the DSP as soon as possible. In the meantime, they should listen to



the pupil, keep calm and offer reassurance, observe bruises but should not ask a child to remove or adjust their clothing to observe them. If a disclosure is made the child should lead the discussion. Do not press for details by asking questions “What did they do next?” listen rather than ask direct questions, accept what the pupil says without challenge – reassure them that they are doing the right thing and that you recognise how hard it is for them. Do not lay blame or criticise either the child or the perpetrator. Do not promise confidentiality – explain that they have done the right thing and who you will need to tell and why.

7. PROCEDURES FOR MONITORING, RECORDING AND REPORTING

7.1 Record of Concern

If you have reason to believe a child may be suffering in any of the ways described above, or a child has disclosed to you, make brief notes then at the earliest possible time in line with the Data Protection Policy. Remember to keep to factual information and not assumption or interpretation. Use the child’s own language to quote rather than translating into your own terms. Be aware that these sheets may be used at a later date to support a referral to Children Services and pass to the DSP in the setting via CPOMS, My Concern or by following the school’s procedure as outlined in their policy. The recipient will discuss the concerns and an action/response will be agreed. (See Appendix 1 for further advice re: Disclosure). A record of concern will also be recorded on NESSie’s digital database system following the template of NESSie Record of Concern Form (appendix 1). If the CYP is referred privately, please report concerns directly to the NESSie DSP and complete the online Record of Concern Form.

In the case of there being bruises or observed injuries, complete the Body Map document (available in Child Protection folder) and pass this onto the DSP.

6.2 Designated Safeguarding Person (DSP)

The NESSie or setting DSP will follow-up the referral using the Record of Concern as a basis for consideration before action, make additional records of discussions and any investigation that take place and make a decision whether to continue to monitor the situation or take the referral further. This decision should be communicated to the individual making the initial referral.

Recorded information from social care meetings and other CP related documents are stored in separate document wallets in a secure cupboard in the NESSie Operations Office in line with the Data Protection Policy.

8. Allegations against staff

This is an extremely difficult and sensitive area to address. All allegations will be dealt with according to guidance set out in the Hertfordshire Safeguarding Children Board’s Child Protection Policy.



9. INTER-AGENCY LIAISON

9.1 Social care/CP meetings

At times NESSie staff will be called to participate in meetings organised and chaired by Children Services. These might be strategy discussions, the child protection review conference, child protection conferences, FFA (Families First Assessment) where families and professionals from different agencies are asked to meet to discuss children and their families with a view to providing support or to make recommendations in terms of next stages of involvement, family group conferences (for Children In Need), in a range of circumstances where a plan is required for the child's future welfare core group meetings in which a 'core' group of professionals associated with the family are asked to meet to review the progress of actions decided at case conferences and register reviews.

At these meetings, representatives from NESSie should be ready to report providing information about attendance and punctuality, engagement with sessions, the child's behaviour and attitude, relationships with peer group and social skills, generally the child's appearance and share any appropriate assessment data or therapeutic content. If a therapist decides that it is necessary and, in the person's best interest to share information from the therapeutic sessions, they will attempt to gain consent to do so. They may also share contact with parents / carers and any specific incidents that need reporting.

Prior to the meeting, class teachers and other adults working closely with the child should be asked for their comments. Following the meeting, feedback should be given, and staff brought up to date with any actions that are needed.

10. THE CHILD PROTECTION REGISTER

Children placed on the register will require additional support and monitoring. Children's Services will inform the school / setting and if applicable NESSie. When receiving a child on the CP register any accompanying records should follow from the child's previous school.

10.1 Confidentiality

All staff members have a professional responsibility to share relevant information about the protection of children with the investigative agencies. Members of staff should not promise confidentiality but can let the child know that only those who need to know will be informed and that that will be for the child's own sake. Time should be taken to reassure the child and confirm that information given will be treated sensitively. Reassurance should be given and the adult involved should listen sympathetically and not make any judgement. Staff should be careful and ensure that information is only given to the appropriate person (DSP). All staff should be kept aware of issues relating to confidentiality and the status of information they may hold. Members of staff, other than the DSP and those involved closely, should only have enough details in order to help them to act sensitively and appropriately to a pupil. Discretion should be used when talking about the personal, and changing, circumstances of children, for example becoming a looked after child. Care is particularly necessary after attending CP meetings. Information received should be treated sensitively



and discretion is needed.

10.2 Supporting children at risk

For children at risk, school may be the one stable place from which they can expect security and reassurance. Schools and NESSie staff should not only be alert to potential abuse but provide support to help children through difficult times. Schools and NESSie staff should offer coping skills that help avoid situations arising or the emotional difficulties that could result.

10.3 Support in school

Children on the CP register may need their own Pastoral Support Programme which will be drawn up in discussion with Children's Services, the child themselves and other stakeholders. This may include dedicated time with an adult in school, providing time to listen to and discuss the child's concerns and or therapeutic input from NESSie.

11. PHYSICAL CONTACT WITH PUPILS

Some form of physical contact with pupils by staff is inevitable. In some cases, it is necessary for reassurance. However, all staff should be aware of issues related to touching and the way in which this might be misconstrued. This relates particularly to any sensitive areas of the body. In the event of physical restraint being used it is important that only minimum pressure is used, in order to prevent the pupil from causing injury to themselves, others or property. Following such an intervention, a Record of Concern form must be completed.

12. WORKING WITH PARENTS

It is important that NESSie has an established approach to working with parents. Parents' and children's need for privacy should be respected. Attitudes to, and contact with, parents should be non-judgmental in order to obtain the most effective working relationship. The priority is the needs of the child and effective liaison. It should be recognised that families from different backgrounds and cultures will have different approaches to child-rearing. These differences should be acknowledged and respected, provided they do not place the child at risk as defined earlier in the document.

13. REVIEW AND MONITORING OF THIS POLICY

This policy will be reviewed on an annual basis or earlier if legislation should change.

Remember, if you have a serious concern that a child is at risk of significant harm, and, for whatever reason, you are unable to follow the process described in this guide, then make the referral yourself.

Referrals are made to Hertfordshire Children's Services: 0300 123 4043

NSPCC Helpline: 0808 800 5000

Helping children and young people thrive

NESSie IN ED CIC. Company registered in England & Wales number: 11719406



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We are committed to reviewing our policy and good practice annually. This policy was last reviewed by the Safeguarding Non-Executive Director and CEO on: 1st March 2022

Signed: 



Appendix 1

RECORD OF CONCERN

Not to be taken off school premises or emailed without encryption with the password texted not emailed. If working in a setting please adopt their process of reporting concern. This document is useful in exception circumstances i.e. remote access or for reporting incidents of concern to NESSie or when a concern is regarding a private client or realised in hindsight. NESSie staff are to report concerns to a setting before they leave the site where possible.

Child's name:			
School (if applicable):			
Male/Female :	DOB:	Disability Y/N :	Year Group:
Date and time of concern :			
Your account of the concern : (what was said, observed, reported and by whom)			
Additional information : (your opinion, context of concern/disclosure)			
Your response : (what did you do/say following the concern)			
Your name :		Your signature :	
Your job title :		Date and time of this recording :	
Name of school DSP if applicable: Initials of NESSie DSP informed:			
Action and response of DSP:			
DSP Signature:		Date:	



Checklist for making a record of concern

- ✓ Child clearly identified?
- ✓ Name, designation and signature of the person completing the record populated?
- ✓ Date and time of any incidents or when a concern was observed?
- ✓ Date and time of written record?
- ✓ Distinguish between fact, opinion and hearsay
- ✓ Concern described in sufficient detail, i.e. no further clarification necessary?
- ✓ Child's own words used? (Swear words, insults, or intimate vocabulary should be written down verbatim.)
- ✓ Record free of jargon?
- ✓ Written in a professional manner without stereotyping or discrimination?
- ✓ The record includes an attached completed body map (if relevant) to show any visible injuries (body map available at www.thegrid.org.uk/info/welfare/child_protection/proformas/index.shtml)