



# **Tring Town Council Child Protection and Safeguarding Policy**

**AGREED BY TRING TOWN COUNCIL ON  
25th April 2022**

• **by Full Council Minute reference: 20936**

**NEXT REVIEW DATE  
April 2023**

*This policy is based on the NSPCC suggested  
template 02/2022*

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## **SAFEGUARDING POLICY**

### **PURPOSE**

The purpose of this policy statement is:

- to protect children and young people who receive Tring Town Council's services from harm. This includes the children of adults who use our services
- to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.

This policy applies to anyone working on behalf of Tring Town Council, including Councillors, paid staff, volunteers, agency staff and students.

### **LEGAL FRAMEWORK**

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. This includes:

- Children Act 1989
- United Nations Convention on the Rights of the Child 1991
- Data Protection Act 1998 and GDPR 2018
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 Years 2014
- Information Sharing: *Advice for practitioners providing services to children, young people, parents and carers* 2015
- Working Together to Safeguard Children 2018

### **SUPPORTING DOCUMENTS**

This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents:

- Recruitment and Training Policies
- Role of The Designated Safeguarding Officer
- Dealing with Disclosures and Concerns About a Child or Young Person

- Managing Allegations Against Staff, Volunteers and Members
- Recording and Information Sharing
- Code of Conduct for Staff, Volunteers and Members
- Social Media Policy
- Complaints Policy and Procedure
- Health and Safety Policy
- Lone Working Policy and Procedure

### **WE BELIEVE THAT**

- Children and young people should never experience abuse of any kind
- We have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

### **WE RECOGNISE THAT**

- the welfare of children is paramount in all the work we do and in all the decisions we take. All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

### **WE WILL SEEK TO KEEP CHILDREN AND YOUNG PEOPLE SAFE BY**

- valuing, listening to and respecting them
- appointing a nominated child protection lead for children and young people, a deputy and a Senior lead councillor member for safeguarding
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- developing and implementing an effective online safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made
- recording, storing and using information professionally and securely, in line with data protection legislation and guidance [more information about this is available]

from the Information Commissioner's Office: [ico.org.uk/for- organisations](http://ico.org.uk/for-organisations)

- sharing information about safeguarding and good practice with children and their families via leaflets, posters, group work and one-to-one discussions
- making sure that children, young people and their families know where to go for help if they have a concern
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

## **CONTACT DETAILS**

### **Nominated child protection lead**

Name: Emma Cave

Phone: 01442 825968 / 07834700339

Email: [youthcouncil@tring.gov.uk](mailto:youthcouncil@tring.gov.uk)

### **Deputy child protection lead(s)**

Name: Lydia Housden

Phone: 01442 823347

Email: [clerk@tring.gov.uk](mailto:clerk@tring.gov.uk)

### **Councillor/Senior lead for safeguarding and child protection**

Name: Paul Elley

Phone: 01442 382052

Email: [paul.elley@tring.gov.uk](mailto:paul.elley@tring.gov.uk)

## **NSPCC Helpline**

0808 800 5000

## **CEOP**

[www.ceop.police.uk](http://www.ceop.police.uk)

## **Hertfordshire County Council Children's Services**

0300 123 4043

## **CHILD PROTECTION POLICY**

### **INTRODUCTION**

*These procedures enshrine the paramountcy principal, namely, that the welfare and interests of the child and young person take precedence in all our pastoral dealings with them.*

“The Paramountcy Principal is that the welfare of the child is the paramount consideration in proceedings concerning children”. (*Working Together Under The Children Act 1989*).

*Members of the Council, staff and volunteers must always be mindful of their duty of care and the need to protect all children and young people with particular reference to the vulnerable at all times.*

The following represent the spirit of the Children Act 1989:

1. The child's welfare is paramount, and the statements or accusations made by children must always be taken seriously.
2. There must be collaboration between those working in relevant disciplines both statutory and voluntary.
3. There is a responsibility to investigate reports of children suffering, or likely to suffer significant harm and to take appropriate action to safeguard or promote the child's welfare.

### **GUIDELINES FOR GOOD PRACTICE IN WORK WITH YOUNG PEOPLE**

- Ensure that a minimum of 1 worker is always present for groups up to 10, age 13-18 years old. In groups of more than 10 there should be 1 additional worker or volunteer for every 10 (or part of 10) young people maintaining the balance of gender.

- With activities away from the normal meeting place, the ratio should be 1:7.
- At least 1 worker of the same gender must be present, especially with older young people.
- All persons who have contact with young people must complete the necessary personal details, declaration forms and must have undergone an enhanced police DBS check.
- Workers need to think and act carefully to avoid situations that could lead to difficulties of embarrassment, accusations or temptations. An example of “danger” is one where a worker and a young person are together “in private”. Whether that be in counselling, on a residential weekend or driving someone home in a car.
- Ensure workers know what to do in the case of suspected or alleged abuse.
- For any activities away from the normal meeting place, ensure that a parent or guardian have signed a consent form.
- Ensure that any premises or places where activities take place are safe and well maintained. Ensure that sufficient risk assessment has been carried out before taking young people into a new environment.
- Ensure that all necessary health and safety issues are addressed at all times regardless of changing environments or locations.
- Ensure that where minibuses and/or private cars are used, there is adequate insurance and any necessary permits.
- All new volunteers and workers should have a probationary period of 3 months. At the end of this period of time the worker will only progress if all areas of this policy have been strictly adhered to.

## **TRING TOWN COUNCIL POLICY STATEMENT**

Tring Town Council is committed to protecting children and young people from all forms of abuse and to provide a safe environment in which they can thrive.

This commitment flows from our common belief in the dignity and the uniqueness of every human life.

We start from the principal that each child and young person has a right to expect the highest level of care, protection, love, encouragement and respect that we can give.

It is our aim to provide an environment that supports and nurtures children and young people so that they may develop and mature as safe from harm as possible.

While we aim to protect our children and young people from all kind of harm, we accept that some element of risk is unavoidable. Child Protection Procedures are intended to minimise those risks.

## **DEFINITIONS OF ABUSE**

Knowing what to look for is vital for the early identification of abuse and neglect. All staff

should be aware of the Indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.

Abuse can take place wholly online, or technology maybe used to facilitate offline abuse. Children maybe abused by an adult or adults or by another child or children.

<b>Physical abuse</b>	
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.	
<b>Child</b>	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size	Aggression towards others, emotional and behaviour problems
Burns and Scalds – shape, definition, size, depth, scars	Frequently absent from school
Improbable, conflicting explanations for injuries or unexplained injuries	Admission of punishment which appears excessive
Untreated injuries	Fractures
Injuries on parts of body where accidental injury is unlikely	Fabricated or induced illness -
Repeated or multiple injuries	
<b>Parent</b>	<b>Family/environment</b>
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

## Emotional abuse

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

### Child

Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
<b>Parent</b>	<b>Family/environment</b>
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

## Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, 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 care-givers); or
- ensure access to appropriate medical care or treatment.

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

### Child

Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
<b>Parent</b>	<b>Family/environment</b>
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

## 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.

### Child

Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
Parent	Family/environment
History of sexual abuse	Marginalised or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child.	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

In accordance with Hertfordshire County Council's child protection policy, abuse is defined when:

- A person or persons have caused harm, or may be likely to do so, to the physical, sexual, emotional, financial or material wellbeing of a vulnerable person.
- Harm may be caused by direct acts or by failure to provide adequate care. It may be systematic and repeated or may consist of a single incident.

## **PEER-ON-PEER ABUSE**

Sexual violence and sexual harassment can occur between two children of any age and sex, from primary through to secondary stage and into colleges. It can occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable. As set out in Part one of this guidance, all staff working with children are advised to maintain an attitude of 'it could happen here'.

Addressing inappropriate behaviour (even if it appears to be relatively innocuous) can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

Children who are victims of sexual violence and sexual harassment wherever it happens, will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school or college. As set out in Part one of this guidance, schools and colleges should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college, including intimate personal relationships (see also sections on child sexual exploitation and child criminal exploitation at paragraphs 33-39).

Whilst any report of sexual violence or sexual harassment should be taken seriously, staff should be aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys.

But it is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

## **STAFF MEMBER'S RESPONSIBILITY**

To fulfil its duty of care to young people, Tring Town Council demands a high level of professionalism and integrity from its staff, councillors & volunteers.

Where there are concerns about the behaviour or attitude of a member of staff or any other adult towards a young person, this must always be brought to the attention of the Council Leader and Clerk to the Council as soon as possible, regardless of how trivial the issue may appear.

## WHAT TO DO IF YOU HAVE A CONCERN

### REPORTING AND RECORDING

All concerns regarding a child MUST be reported immediately by calling the Designated Safeguarding Officer or Deputy Designated Safeguarding Officer and then completing the *Cause for Concern Form in appendix 1*.

### WHISTLEBLOWING

Reports that concern persons working within Tring Town Council can be made to the Designated Safeguarding Officer or Deputy Designated Safeguarding Officer and recorded by completing the *Cause for Concern Form in appendix 1*. In accordance with the principles of the "Whistle Blowing Policy", members of staff will be protected if they report matters in "good faith". If the concern relates to the Designated Safeguarding Officer concerns can be reported directly to Children's Services by visiting <https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/report-child-protection-concern.aspx> or calling 0300 123 4043.

### PROCEDURE FOLLOWING REPORTING A CONCERN

The Designated Safeguarding Officer/ Deputy Designated Safeguarding Officer will:

Contact the emergency services (999) if the person is at great risk of harm or in need of immediate medical attention.

Local Social Services Team -Hertfordshire Social Services 0300 123 4043 to report the concern.

Contact the Hertfordshire Safeguarding Children Partnership

**[AdminHSCPHSAB@hertfordshire.gov.uk](mailto:AdminHSCPHSAB@hertfordshire.gov.uk)**

In all cases where a criminal offence is thought to have taken place, contact must be made with the Police – (Detective Inspector CID). If the allegation concerns a member of staff, they should not be informed of the allegation until such time as the Police have agreed a course of action.

Counselling or questioning the alleged victim or alleged perpetrator must not be undertaken by staff unless instructed to do so by the Police. Care must be taken not to disturb anything, which may be used as evidence of an alleged crime. Staff should not use leading questions and must only report the facts. Where possible, staff should record exactly what the child says using speech marks to demarcate actual speech as opposed to paraphrased facts.

**Abuse or failure to follow this policy may result in investigation under the Disciplinary Procedure and ultimately, disciplinary action taken if appropriate.**

APPENDIX 1 PROFORMA FOR RECORDING CONCERNS



**CHILD PROTECTION/SAFEGUARDING FORM  
CONCERN FORM**

<b>NAME OF CHILD OR YOUNG PERSON</b>		<b>DATE OF BIRTH</b>
<b>Name and Position of person completing form (Please print)</b>		
<b>Time and Date of Incident/Concern (dd/mm/yyyy)</b>		
<b>Incident/Concern (who, what, where, when)</b>		
<b>Please use continuation sheet</b>		<b>Y/N</b> <b>No: of sheets used .....</b>
<b>Any other relevant information (context of information shared, witnesses, immediate action taken)</b>		
<b>Action Taken by staff member</b>		

Reporting Staff Signature: ..... Date .....

Passed to DSL:..... Date/Time.....

Action Taken by Designated Safeguarding Lead

Response/Outcome

DSL Signature: ..... Date .....

