



Thorpepark

Child Protection Policy

Date policy reviewed: Summer Term 2018

**Date approved by Governing body: Summer Term
2018**

Previously approved by Governing body: March 2018

Person responsible for this policy: Caroline Knight

VERSION 3.1

All Child Protection policies should be read in conjunction with the Hull Safeguarding Children Board Procedures and Practice Guidance <http://hullscb.proceduresonline.com/> and Keeping children safe in education.

This child protection policy was reviewed: August 2018

Next review date: August 2019

Thorpepark has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

The safeguarding Team include the following staff:

Caroline Knight – Designated Safeguard Lead

Wendy Mortimer – Deputy Designated Safeguard Lead and Child Protection Lead (school) – to commence this post 18th March 2019

Margaret Dennis – Child Protection Lead (Nursery provisions)

Vikki Watson – SENDco/ safeguarding team

Aaron Marshall – Emotional, well-being, behaviour and welfare officer

All staff and volunteers should be made aware of this policy, and be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children, including how to respond to any child protection concerns and how to make a referral to local authority children's social care or the police if necessary. The child protection policy is part of the induction pack for all new staff and volunteers. All staff are expected to read and sign the most current Child Protection policy (this is annually). All staff have attended the Level 1 safeguarding children – A shared responsibility-Awareness, Recognition and Response training approved from the Hull safeguarding board or equivalent Level 1. It is expected that all staff complete the full 1 day training every 6 years and complete ½ day training every 3 years. The refresher training could be online training or face to face depending on the member of staff. Throughout the year, staff have regular updates, termly newsletters and training regarding safeguarding children.

The Governor responsible for safeguarding is **Sheila Wallace-Marshall**. The governing body ensures policies, procedures and training in schools is effective and complies to the law.

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1. Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

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

2. Children

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

3. Early Help

Children and their families will experience a range of needs at different times in their lives. All children require access to high-quality universal services (such as schools, health visitors and nurseries), but some will also benefit from extra support to address additional needs. In Hull this support is called Early Help.

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years” (Working Together to Safeguard Children 2015).

From the perspective of a child, it is clearly best to receive help before they have any, or have only minor, adverse experiences. In Hull, Locality Early Help hubs offer a range of support for practitioners who need advice, guidance or a short intervention when working with children and families with additional needs.

All staff and volunteers should understand the importance of intervening early, before and problems become entrenched, and know how to access additional support for children, young people and families through the Early Help Hubs. All staff are aware that all children may benefit from early help, however staff are aware that some children may potentially need early help more than others due to other circumstances, for example disabilities, young carer, etc. The consent of parents / carers should always be sought before making a request for a service to the Early Help Hubs. If at any time the concerns about the child become more serious, they should be referred to Children’s Social Care (See Section 7)

4. Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

5. Definitions of harm

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to 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 (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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 overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online 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.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate 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.

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Hull Safeguarding Children Board, Procedures and Practice Guidance.

Other specific sources of harm

Staff / volunteers also need to be aware of other specific sources of abuse and safeguarding issues, some of these are listed below:

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child sexual exploitation
- Child criminal exploitation: County lines
- Domestic abuse
- Homelessness
- So-called 'honour-based' violence
- Preventing radicalisation
- Peer or peer abuse
- Sexual violence and sexual harassment between children in schools and colleges

'Keeping Children safe in education, annex A p15' provides additional information for these specific sources of harm.

For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCB guidelines and procedures

<http://hullscb.proceduresonline.com>

6. Recognition of harm

Everybody working with children and families must be alert to the needs of children and any risks of harm - including to unborn children, babies, older children, young carers, children who are disabled, those with special educational needs, are living away from home or are Looked After by the local authority. All staff and volunteers should be able to recognise, and know how to act upon, evidence that a child's health or development is being impaired or that the child is suffering, or is likely to suffer significant harm.

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

- Information given to you by the child, his/ her friends, a family member or close associate.

- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
 - It does not make sense when compared with the explanation given.
 - The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
 - The child appears anxious and evasive when asked about the injury;
 - They are a pre mobile baby with bruising.
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- A young person having contact with an individual or individuals who have been identified as presenting a risk or potential risk of harm to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their carers.

Children with special educational needs (SEN) and disabilities

All staff are aware that children with special educational needs and disabilities could have additional barriers preventing themselves to keep themselves safe and to make disclosures. All staff are aware to be vigilant and to report any changes in behaviour or any concerns they may have to the Designated Safeguard Lead or Deputy.

Young carers

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can also be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable and, under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

7. Acting on concerns

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a responsibility to share the information with the Designated Safeguard Lead and Deputy.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.

For more information about actions for where there are concerns about a child, information sharing and effective communication see appendices 1,2 and 3)

Seeking Medical Attention

If a child has a physical injury, and there are concerns about abuse, medical attention should be sought immediately by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to Children's Social Care should then be followed. Any safeguarding concerns should be shared with the Ambulance staff/Medical and Nursing staff in order that they can appropriately assess and treat the child, and share relevant information.

Contacting emergency services for urgent medical treatment must not be delayed for any reason.

Managing a disclosure

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The Designated Lead for child protection or member of the Safeguarding Team within your organisation must be informed immediately.
- A verbal and written account needs to be completed on CPOMs to the Safeguarding Team.

FGM

If a child makes a disclosure or visual evidence suggests that FGM appears to have been carried out on a girl under 18 the staff member must report to the police. It will be rare for a staff member to see visual evidence, and they should **not** examine the victim.

Sexting

All incidents involving 'sexting' must be reported to the Designated Safeguard Lead or Deputy immediately. All staff are aware of the following procedures:

- **Never** view, download or share the imagery yourself, or ask a child to share or download – **this is illegal**
- If imagery has been viewed by accident, report this to DSL
- **Do not** delete the imagery or ask the young person to delete
- **Do not** ask the child to disclose information regarding the imagery. This is the responsibility of the DSL
- Do explain to them that you need to report it and reassure them that they will receive support and help from the DSL and Deputy DSL.

Peer on Peer abuse

Children can abuse other children and staff are aware that this is referred to as peer on peer abuse. See section 10. Allegations of abuse made against other children for further information.

8. Referring concerns about a child

The Designated Safeguarding Lead or Deputy will act on behalf of Thorpepark in referring concerns or allegations of harm to Local Authority Early Help and Safeguarding Hub (EHASH) or the Protecting Vulnerable People Unit. In the case of it being out of hours the Emergency Duty Team should be contacted.

If the Designated Safeguarding Lead or Deputy is in any doubt about making a referral they will contact Early Help and Safeguarding Hub (EHASH) for advice. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the Designated Safeguarding Lead or Deputy to undertake an investigation into the concerns or allegation of harm. It is the role of the Designated Safeguarding Lead or Deputy to collate and clarify details of the concern or allegation and to provide this information to the Early Help and Safeguarding Hub (EHASH), or Assessment, Locality Safeguarding Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

FGM

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon **teachers** along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the designated safeguard lead (or deputy) and involve children's social care as appropriate.

Consent

Issues of consent should always be considered.

Before making a referral, parents/carers must be informed that you are making contact with Children's Social Care – including the reasons for you doing this – and be asked to give consent to the referral being made. This includes protecting a child from Significant Harm.

There are circumstances when it may be appropriate to dispense with the requirement to obtain consent to share information; this includes when:

- Discussion with the parents/ carers could place the child or other family members at risk ;
- The child is in immediate danger (e.g. requires medical attention)
- Discussion with parents / carers may place you or another member of staff at risk

It should be noted that when parents, carers or child may not agree to information being shared, but this does not prevent professionals from being able to make a referral where child protection concerns persist. When sharing information without consent it is important to record why any such decision has been made.

The Hull Safeguarding Children Board Contact and Referral Form

All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information. A template Contact and Referral Form has been developed for this purpose.

If you have secure email the form should be sent to Early Help and Safeguarding Hub (EHASH) TeamEHASHgc@hullcc.gcsx.gov.

Click on a link below to view the Contact and Referral Form

- [Contact and Referral Form \(Hand Written\)](#)
- [Contact and Referral Form \(Electronic\)](#)

Children's Social Care Action following a Referral

Children's Social Care should acknowledge a **written referral within one working day** of receiving it. If the referrer has not received an acknowledgement within **3 working days**, they should contact Children's Social Care again.

9. Allegations against staff members / volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the group or organisation such as:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children. This could include children within the employee's workplace or outside of it, including their own children.

The nature of the allegation or concern should be reported to the Designated Officer for dealing with allegations within the organisation immediately.

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The Designated Officer for your organisation will report the matter to the Local Authority Designated Officer (LADO).

Allegations against staff in their personal lives or which occur in the community

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in this policy will still apply.

If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint Strategy Meeting / Discussion or Professional's Meeting should be held.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a Strategy or Professional's Meeting / Discussion should be held to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren;
- Whether measures need to be put in place to ensure their protection;
- Whether the employment role of the member of staff is compromised.

10. Allegations of abuse made against other children

A child can be abused by other children. This is generally referred to as peer on peer abuse and can take many forms. Below is a list of possible types:

- Bullying, including cyberbullying
- Sexual violence
- Sexual harassment
- Physical abuse or causing physical harm
- Sexting
- Initiating/hazing type violence and rituals

Peer on peer abuse should never be tolerated and should never be passed as 'banter' or 'part of growing up'. It is essential that all victims are reassured that they are being taken seriously and they will be supported and kept safe. If staff have a concern regarding a child or a child makes a report to them, they should follow the same referral process as stated in this policy in section 8. If it is felt that a criminal act has been committed this needs to be reported to the police. All acts of peer on peer abuse will be investigated and dealt with through the Safeguarding team as well as the Head of School and Deputy.

The school ensures children are knowledgeable and have an understanding of risks of abuse and harm, as well as what to do if it happens. This is through the school ethos, behaviour policy, assemblies, workshops and PSHE curriculum. The children are taught to care and respect each other.

Sexual violence and sexual harassment between children in schools

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Staff are aware that children who are victims of sexual violence and sexual harassment will likely find this experience stressful and distressing. All victims are taken seriously and offered support by the schools safeguarding team and other agencies. Staff are also aware that some groups are potentially more at risk, for example girls, children with SEND and LGBT children.

All staff are aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as 'banter', 'part of growing up', 'just having a laugh' or 'boys being boys';
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breast and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks the normalising.

11. Recruitment and selection

When recruiting paid staff and volunteers it is important to always follow the processes set out in the organisation's safer recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

Thorpepark recruitment policy

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children.

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

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

Section 128

All management staff within the academy are checked against the Section 128 barring list held on the NCTL website.

11. Contacts

Hull

Children's Social Care (Local Authority)

Early Help and Safeguarding Hub (EHASH) (01482) 448879

Emergency Duty Team (out of office hours) (01482) 300304

Local Authority Designated Officer (01482) 790933

Protecting Vulnerable People Unit 101

Hull Safeguarding Children Board (01482) 379090

www.hullsafeguardingchildren.co.uk

East Riding of Yorkshire

Children's Social Care (Local Authority)

Referrals (01482) 395500

For Help and Advice (01482) 393339

Emergency Duty Team (out of office hours) (01377) 241273

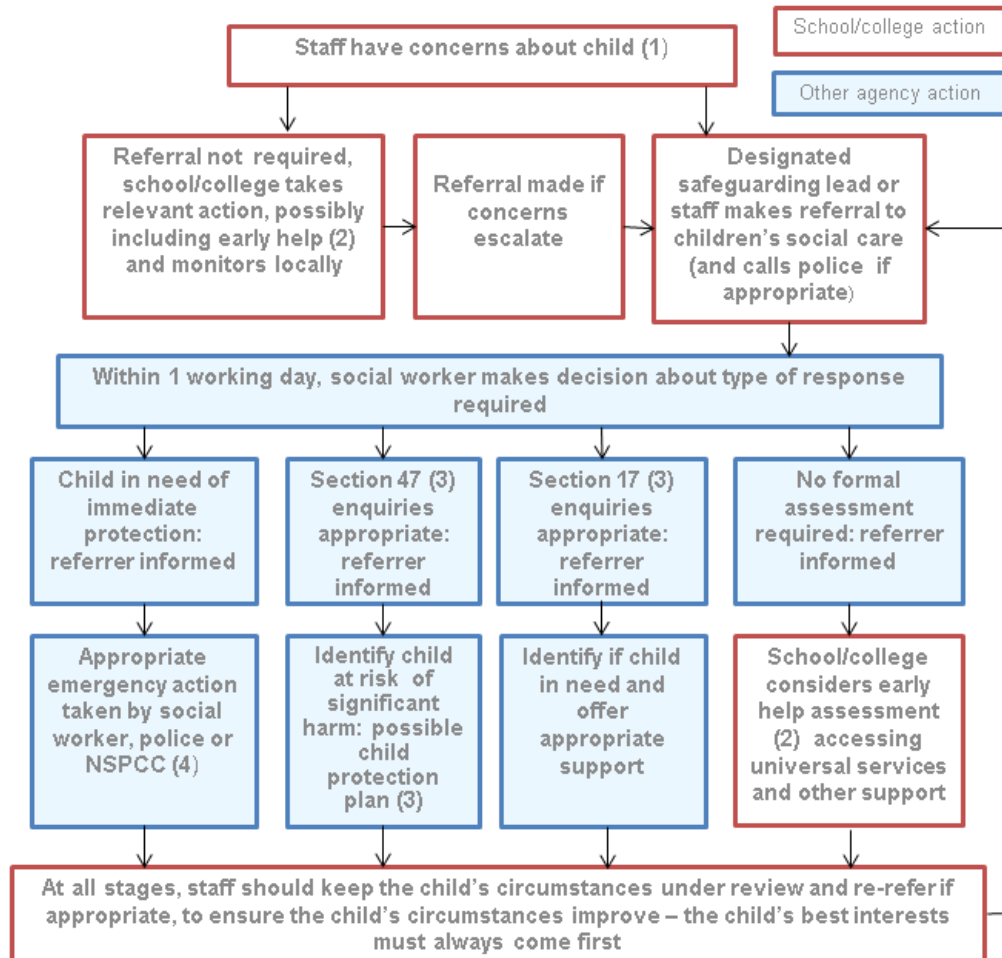
Local Authority Designated Officer (01482) 396999

Police Public Protection Team 101

East Riding Safeguarding Children Board (01482)396998/9

Appendix 1

Actions where there are concerns about a child



Appendix 2

Seven Golden rules of information sharing

Information sharing- Advice for practitioners providing safeguarding services to children, young people, parents and carers (Department for Education, March 2015) has been produced to support practitioners in the decisions they take when sharing information to reduce the risk of harm to children and young people.

Below are the 7 golden rules of information sharing that this guidance recommends.

1. Remember that 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 well-being: Base your information sharing decisions on considerations of the safety and well-being 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 (see principles).

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

Appendix 3 - Considerations when Contacting another Agency/Service

1) Effective Communication between Agencies

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

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

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

- **Share Information**

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

Decisions to request and share information must be considered in terms of whether they are necessary and proportionate.

- **Signpost to Another Service**

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

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

No agency is responsible for the monitoring or recording of signposting.

- **Seek Advice and Guidance**

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

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

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

At the end of the conversation both parties must be clear about the next course of action.

- **Facilitate Access to a Service**

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

- **Refer a Child or Family**

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

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

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

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

2) Professional Differences

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps. [Resolving Interagency Disagreements Guidance](#)

3) Recording

Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

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

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998