

VERNON HOUSE

CHILD PROTECTION POLICY

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VERNON HOUSE

CHILD PROTECTION POLICY

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VERNON HOUSE**CHILD PROTECTION POLICY**

VERNON HOUSE is committed to safeguarding and promoting the welfare of children and requires all staff to act in the best interests of our children at all times.



Danielle Farmer
Registered Manager
**Designated
Safeguarding Lead**



Michelle Green
Deputy Manager
**Deputy Designated
Safeguarding Lead**

Danielle Slack is the Designated Safeguarding Lead (DSL) with ultimate lead responsibility for safeguarding and child protection (including online safety) at Vernon House. The Deputy is Michelle Green, is the Deputy Designated Safeguarding Lead (DDSL), authorised to deputise in the absence of the DSL. The Deputy is the first point of contact in the absence of the DSL, to avoid any unnecessary delays in responding to a child's needs. Additional points of contact are identified below.

Contact details are:

Danielle Farmer	Manager	danielle.slack@rockhoppercs.com
Michelle Green	Deputy Manager	michelle.green@rockhoppercs.com

All are contactable at:

(Address and postcode available on request)

Telephone: 01625783128

Vernon House strictly adheres to the policies, procedures, guidance and protocols set out by [Cheshire East Safeguarding Children's Partnership](#)

If you feel uncomfortable reporting incidents to Danielle Slack, Designated Safeguarding Lead (DSL) or another Designated Safeguarding Person, at Vernon House; or you are not satisfied with their response, you may contact:



Rockhopper's Safeguarding Lead, Kimberley Taylor
Tel: **07837 348576** Email Kimberley.taylor@rockhoppercs.com

1. Statement of Intent

As a registered Children's Home, VERNON HOUSE complies with [The Children's Homes \(England\) Regulations 2015](#) and the [Guide to the Children's Homes Regulations including the quality standards \(2015\)](#).

VERNON HOUSE acknowledges the obligations associated with the [UN Convention on the Rights of the Child \(UNCRC\)](#), the [Children Act 1989](#), the [Human Rights Act 1998](#) and the [Equality Act 2010](#). We also follow current DfE guidance, '[Keeping children safe in education](#)' (2025), '[Working together to safeguard children](#)' (2023), HM Government advice '[What to do if you're worried a child is being abused](#)' (2015) and the Local Safeguarding Children Partnership's¹ policies, procedures, guidance and protocols.

We will take immediate action, where we believe an individual may be at risk, or it is alleged that a child is suspected of being abused. Our primary concern, at all times, is the welfare and safety of all members of VERNON HOUSE's community including children, staff and visitors.

This policy and all associated procedures apply to all staff (including all members of the Rockhopper Children's Services (VERNON HOUSE's parent company) Senior Management Team, VERNON HOUSE's Leadership Team, consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of VERNON HOUSE), children and visitors and should be read in conjunction with other safeguarding and employment policies.

Failure to comply with these policies and procedures may result in disciplinary action, which might include summary dismissal (and referral to the [Disclosure and Barring Service](#) and the [Teacher Regulation Agency \(TRA\)](#), where appropriate) or termination of agreement or contract.

2. Definitions

Safeguarding and promoting the welfare of children is defined as:

- Providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;

¹ Some local authorities still use the term 'Local Safeguarding Children Board'.

- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

Child protection is a part of safeguarding and promoting welfare of children and is defined as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Early Help is the support that can be provided for a child or family who may have additional needs that cannot be met by universal provision, and there is perceived to be **no risk of significant harm**. An Early Help Assessment can be carried out with any child, from pre-birth up to age 18 (up to the age of 25 if the person has a learning difficulty or disability).

Child 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 their status or entitlements to services or protection.

Staff refers to all those working for or on behalf of VERNON HOUSE, full-time or part-time, temporary or permanent, in either a paid or voluntary capacity.

Parent refers to birth parents and other adults who are in a parenting role, for example, step-parents, foster carers and adoptive parents.

Carer anyone over the age of 18, who provides day-to-day care (unpaid) to a child for whom they do not have parental responsibility. Examples include members of the extended family and close friends.

3. Recognition and categories of abuse

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Knowing what to look for is vital to the early identification of abuse and neglect. If staff are unsure, they **must** speak to Danielle Slack, Designated Safeguarding Lead (DSL), or seek help and advice from another Designated Person.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Physical abuse 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 is 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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 (also known as child-on-child abuse) is a specific safeguarding issue in education and residential settings and **all** staff should be aware of VERNON HOUSE's procedures for dealing with it.

Neglect is 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 (a) provide adequate food, clothing and shelter (including exclusion from home or abandonment); (b) protect a child from physical and emotional harm or danger; (c) ensure adequate supervision (including the use of inadequate caregivers); and (d) ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

For information on **extremism and radicalisation**, see section 5, below.

For information on **serious violence and 'county lines'** see section 6, below.

For **further information on other categories of abuse and concern**, including Child Criminal Exploitation (CCE), Child Sexual Exploitation (CSE), Domestic violence and abuse, Female Genital Mutilation (FGM), Child trafficking and modern slavery, Hate crime, 'Honour-based' abuse (HBA), Online porn and Private Fostering Arrangements, see Appendix 1.

For further information on **recognising signs of abuse**, please refer to the *NSPCC publication 'Spotting the signs of child abuse'* at <https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/>

4. Child-on-child abuse (also known as peer-on-peer abuse) including sexting

Children can abuse other children. This is often referred to as child-on-child abuse and this can happen both inside and outside schools or residential settings and online. It is important that all staff recognise the indicators and signs of child-on-child abuse and know how to identify it and respond to reports.

Staff should understand, that even if there are no reports in their setting, it does not mean it is not happening, it may be the case that it is just not being reported. As such, if you have **any** concerns regarding child-on-child abuse, you must inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person as a matter of utmost urgency.

Child-on-child abuse is most likely to include, but may not be limited to:

- abuse in intimate personal relationships between children (also known as 'teenage relationship abuse').
- bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this might include an online element which facilitates, threatens and/or encourages physical abuse).
- sexual violence, such as rape, assault by penetration and sexual assault (this might include an online element which facilitates, threatens and/or encourages sexual violence).
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment², which may be stand-alone or part of a broader pattern of abuse.
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery).
- upskirting, which typically involves taking a picture under a person's clothing (not necessarily a skirt) without their permission and/or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence and anyone of any gender can be a victim.
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

VERNON HOUSE recognises the gendered nature of child-on-child abuse (i.e., that it is more likely that girls will be victims and boys perpetrators), but that all child-on-child abuse is totally unacceptable, it will not be tolerated and will be taken seriously; and must always be taken as seriously as abuse perpetrated by an adult. Any concerns or allegations against another child must be referred immediately to Danielle Slack (DSL) and the Local Safeguarding Children Partnership's procedures followed, for both the victim(s) and the alleged perpetrator(s). It is especially important, that such abuse is not passed off as 'banter', 'part of growing up' or 'having a laugh' as this can lead to a culture of unacceptable behaviours and an unsafe environment for children and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it.

Safeguarding incidents and/or behaviours can be associated with factors outside VERNON HOUSE and/or can occur between children outside the school or home. All staff, but especially the Designated Safeguarding Lead (DSL) and all other Designated Persons, must consider the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's

² For a more extensive list of behaviours, please refer to '[Keeping children safe in education' \(2025\)](#),

life that are a threat to their safety and/or welfare. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.

Children's social care assessments should consider all such factors, so it is important that settings provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse. For more information about contextual safeguarding, please click the hyperlink above.

For further information on **child-on-child abuse (also known as peer-on-peer abuse)**, please refer to Appendix 2 and our 'Online Safety and Multi-Media Policy'.

5. Extremism and radicalisation

Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the [Counter-Extremism Strategy 2015](#) as the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property, or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology or vulnerable to being drawn into terrorism. Factors that may have a bearing on someone becoming vulnerable may include:

- peer or family pressure
- bullying
- being a victim or perpetrator of crime
- anti-social behaviour
- family tensions
- hate crime
- lack of self-esteem or identity; or
- personal or political grievances.

Similarly, the process of radicalisation is unique for each individual and can occur through many different methods (such as social media and the internet) and settings (such as within the home). However, in general terms, three elements are present: a vulnerable person will be introduced to an extremist ideology by a radicalising influencer (typically an extremist individual) who in the absence

of protective factors, such as a supportive network of family and friends, or a fulfilling job, draws the vulnerable individual ever closer to extremism.

We recognise that protecting children from the risk of radicalisation is similar in nature to protecting children from other harms (e.g., drugs, gangs, neglect, sexual exploitation); and are committed to building children's resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views.

If you have any concerns that a child (or a member of staff) may be vulnerable to violent extremism or radicalisation, you must inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person as a matter of utmost urgency. If you feel that there is an immediate danger to the life of the individual or others, then call 999.

Advice and guidance may also be sought from the designated Prevent Officer(s) of the local Police Constabulary [Contact us | Cheshire Constabulary](#) or Telephone: 101

The Department for Education has a dedicated telephone helpline³ (020 7340 7264) to enable staff to raise concerns relating to extremism directly. If you have any concerns about the welfare of children and young people in an educational setting you can also use the [Report Extremism in Education](#) service. Please note that the helpline is not intended for use in emergencies, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed.

In addition, VERNON HOUSE and the Directors of Rockhopper Children's Services (VERNON HOUSE's parent company) wish to make it clear that the promotion of extremist religious views and partisan political views will not be tolerated.

All members of staff must offer a balanced presentation of views and opinion to children, while they are in attendance at our schools and children's homes and while taking part in extra-curricular activities that are provided or organised by, or on behalf of, the children's home (including through the distribution of promotional materials).

Failure to observe the above could lead to disciplinary procedures being taken, which might include summary dismissal.

For further information on extremism and radicalisation, including Channel, see Appendix 3 and our 'Online Safety and Multi-Media Policy'.

6. Serious violence and county lines

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in well-being, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

All staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from

³ Open Monday to Friday from 9am to 5pm (excluding bank holidays).

school, having experienced child maltreatment and having been involved in offending, such as theft or robbery. All staff should be aware of the associated risks and understand the measures in place to manage these.

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) from urban areas to suburban and rural areas, market and seaside towns within the UK, using dedicated mobile phone lines or another form of “deal line”.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move and store drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in many locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with serious violence and kidnap or entrap and coerce them into debt. Children may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

One of the ways of identifying potential involvement in county lines is missing episodes (both from home and school) when the victim may have been trafficked to transport drugs and a referral to the [National Referral Mechanism](#) should be considered. Thought should also be given to the availability of local services/third sector providers, who offer support to victims of county lines exploitation.

If you have any concerns that a child might be at risk of or involved in county lines, you must inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person as a matter of utmost urgency.

For more information, please refer to

Home Office (2018) [‘Criminal Exploitation of children and vulnerable adults: County Lines guidance’](#)

7. Mental health

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

While only appropriately trained professionals should attempt to diagnose a mental health problem, staff are well placed to observe and identify children whose behaviour suggests that they may be

experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. Staff must be aware of how children's experiences, can impact on their mental health, behaviour and education.

If you have any concerns about a child's mental health, you must inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person as a matter of utmost urgency.

For more information, please refer

Department for Education (2018) [Mental health and behaviour in schools](#)

Public Health England (2021) [Promoting children and young people's emotional health and wellbeing: a whole school and college approach](#)

8. Children who may be particularly vulnerable

Some children are more vulnerable to abuse and neglect than others. Several factors may contribute to that increased vulnerability, such as societal attitudes and assumptions including prejudice and discrimination; child protection procedures that are inadequately responsive to children's diverse circumstances; isolation; social exclusion; communication issues; a reluctance on the part of some adults to accept that abuse can occur; as well as an individual child's personality, behaviour, disability and family circumstances.

To ensure that all our children receive equal protection (and early help, where appropriate), we will give special consideration to any individual who:

- has special educational needs (whether or not they have a statutory EHC Plan⁴).
- is disabled or has certain health conditions and has specific additional needs.
- has a mental health need.
- is a young carer.
- is vulnerable to discrimination and maltreatment on the grounds of gender, race, ethnicity, religion, disability or sexuality.
- is vulnerable to being bullied or engaging in bullying behaviours.
- is looked after by the local authority.
- is returning home to their family, following a period of time in local authority care.
- otherwise living away from home, including as a privately fostered child.
- is living in family circumstances which present challenges for the child, such as parental drug and alcohol misuse, adult mental health issues and domestic abuse.
- has a family member in prison or is affected by parental offending.
- is misusing drugs and alcohol, experiencing mental health issues or domestic abuse themselves.
- is frequently going missing from home and/or care.
- is frequently absent from education, including persistent absences for part of the school day.
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups, such as county lines.
- is living in temporary accommodation.
- is living a transient lifestyle.

⁴ Education, Health and Care Plan

- is living in a chaotic and unsupportive home situation.
- is involved directly or indirectly in child sexual exploitation (CSE).
- is at risk of modern slavery, trafficking, sexual or criminal exploitation.
- is at risk of being radicalised, exploited and/or involved in extremism.
- is at risk of honour-based abuse (HBA), such as female genital mutilation (FGM) or forced marriage.
- does not have English as a first language.
- is an asylum seeker.

This list provides examples of additionally vulnerable groups and is not exhaustive.

Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration.
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children.
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in reporting, managing and overcoming these challenges.

Particular vigilance will be exercised in respect of children who are subject to a child protection plan and any incidents or concerns involving these children will be reported to the allocated social worker as soon as reasonably possible (and in any event within 24 hours of the concern being reported).

9. Roles and responsibilities

The Chief Executive Officer (CEO) of Rockhopper Children's Services (VERNON HOUSE's parent company) endorses this policy and has delegated responsibility for its effective operation to the Registered Manager.

All members of VERNON HOUSE's Leadership Team must read and follow the statutory guidance '[Keeping children safe in education' \(2025\)](#), regardless of whether or not they are a designated person.

All members of staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of VERNON HOUSE) have a responsibility to provide a safe environment in which children can learn and reside; and they must be aware of systems that support safeguarding.

Staff should be proactive in sharing information, as early as possible, to help identify, assess and respond to risks or concerns about the safety and welfare of children and ***must inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager of any child protection concerns (i.e., concerns about welfare or safety) about a child or member of staff, as a matter of utmost urgency.***

If in any doubt about sharing information, staff should speak to Danielle Slack, Designated Safeguarding Lead (DSL) or another Designated Person. Fears about sharing information **must not** be allowed to stand in the way of the need to promote the welfare and protect the safety, of children.

Staff must not assume a colleague, or another professional, will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#) supports staff who have to make decisions about sharing information.

Where such information warrants discussion with parents, carers or an external agency/ professional, including the local multi-agency safeguarding hub (or equivalent), Designated Officer, police or children's social care [including the allocated social worker](#); Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person must notify Rockhopper's Safeguarding Lead, within 24 hours of the concern being reported; and record all relevant information on VERNON HOUSE's Safeguarding Return document.

If a child is in immediate danger or is at risk of harm, a referral should be made to children's social care and/or the police immediately.

All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges, at any point in a child's life. In the first instance, staff should discuss early help requirements with Danielle Slack, Designated Safeguarding Lead (DSL).

If early help is appropriate, Danielle Slack Designated Safeguarding Lead (DSL) will generally lead on liaising with other agencies and setting up an inter-agency assessment, as appropriate. However, VERNON HOUSE staff may be required to support other agencies and professionals in an early help assessment. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

For further information on **roles and responsibilities**, including those of the Designated Safeguarding Lead, see Appendix 4.

10. Vetting of staff and volunteers

Recruitment of all staff and volunteers is undertaken in line with '[Keeping children safe in education' \(2025\)](#). For further information, please refer to our 'Recruitment and Selection Policy'.

Where agency staff are employed, we will seek written confirmation from the relevant agency that all appropriate checks have been carried out and are satisfactory. VERNON HOUSE will always ask if the DBS Disclosure contains information and obtain a copy of the DBS Disclosure from the agency where it discloses information. All agency staff are subject to appropriate identity checks, on their arrival.

Single central record

In line with the requirements of the relevant legislation, covering independent children's homes, VERNON HOUSE keeps a single central record that covers the following people:

- all staff (including agency and third-party supply staff) who work at the children's home (even if they work for one day).
- all others who work in regular contact with children in the children's home, including volunteers; and
- all members of the proprietor body, Rockhopper Children's Services.

We maintain and safeguard all records relating to the recruitment and appointment of staff, in accordance with the [General Data Protection Regulation \(GDPR\)](#) and [Data Protection Act 2018](#). The details in staff files must crossmatch exactly with the single central record.

Staff training for safer recruitment

VERNON HOUSE operates best practice with regard to safer recruitment. All staff involved in the recruitment and selection process will receive training, appropriate to their role and responsibilities. The Chair of every appointment panel must have successfully completed safer recruitment training.

For further information, please refer to our 'Recruitment and Selection Policy'.

11. Safeguarding Overview Committee and local Safeguarding Committee

All members of the Board of Directors of Rockhopper Children's Services (VERNON HOUSE's parent company) are required to attend a basic safeguarding and child protection course (including online safety) at induction and refresher sessions every year. Advanced training is made available to those with specific roles associated with child protection e.g. NSPCC training for Designated Safeguarding Leads, including all members of the Safeguarding Overview Committee (SOC) in order to equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place in Rockhopper settings are effective and support the delivery of a robust whole school/home approach to safeguarding.

The Safeguarding Overview Committee (SOC) is a subcommittee of the Rockhopper Board of Directors, which has an overview in respect of all safeguarding and child protection matters affecting any child or young adult attending any of the Company's schools and/or homes.

The Safeguarding Overview Committee meets every month and includes the following members:

- Chief Executive Officer, Paul Brosnan or as his alternate Tony Hurran
- Chief Operating Officer, Lee Reed
- Safeguarding Lead, Kimberley Taylor
- Non-executive Director: Angela Nightingale

"The purpose of the Safeguarding Overview Committee is to enquire into, to oversee, and if appropriate, to report to the Board on Safeguarding and Child Protection Matters affecting children and young adults. It is intended to act as an additional safeguard for the Board, to do everything it can to ensure that the policies, procedures and practices developed by the Group are adhered to by the Schools/Homes, so that child welfare and protection is always to the fore..." SOC Terms of Reference p. 2

If you would like to know more about the Safeguarding Overview Committee, please contact Group Safeguarding Lead, Kimberley Taylor (see contact details below).

One of the responsibilities of the Safeguarding Overview Committee is to ensure that each school/home has a standing Safeguarding Committee, which meets on a termly basis.

VERNON HOUSE has a Safeguarding Committee, which is appointed every September, and their details communicated to all staff as well as being displayed in the staffroom. For further information, see Appendix 5.

12. Working with parents and carers

Danielle Slack (DSL) and other professionals must work in partnership with parents and carers, by attempting to discuss any allegations and concerns with them as soon as possible, (where appropriate). **Permission should be sought by Danielle Slack (DSL), from the person holding parental responsibility for the child, before discussing a referral about them with other agencies (unless by doing so would place a child at risk of significant harm or prejudice a criminal investigation).** Children's social care advice will be sought on the issue, as appropriate.

13. Support for children following a referral

A child may want an adult to accompany them, to an interview, which may take place as part of a child protection assessment. The choice of any such adult should be the child's choice. However, we respect the wishes and feelings of the child, should they want to be on their own.

If a child requests the support of a particular member of staff, this choice will be respected, supported and facilitated in consultation with Danielle Slack (DSL). Interviews with children are undertaken by social workers and specially trained police officers, and these can be undertaken at VERNON HOUSE, at home, or at a special video interview suite, whichever is appropriate.

14. Multi-agency partnership

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

As a children's home, we work in partnership with children's social care in both our locality and children's home areas. Any conflicts between locally agreed procedures and those of other placing authorities will be discussed and resolved, as appropriate.

VERNON HOUSE works with social care, the police, health services and other agencies to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.

We co-operate with any local authority, making child protection enquiries concerning any child at VERNON HOUSE and allow access for children's social care from the host local authority and, where appropriate, from a placing local authority, to conduct, or to consider whether to conduct, a section 17 or a section 47 assessment. Ofsted is notified of relevant issues and outcomes, as appropriate.

Where we are not satisfied with the response from either the local authority where VERNON HOUSE is situated or the placing authority, we will escalate our concerns by contacting the Director of Children's Services in the local authority placing the child; details of which can be found by clicking on the following hyperlink to the ADCS website:

<http://adcs.org.uk/contacts/directors-of-childrens-services>

15. General strategies

In order to safeguard and protect children, we have adopted a number of general strategies. For further information, see Appendix 6.

16. Allegations and low-level concerns involving staff, including the Registered Manager

All staff members are advised to maintain an attitude of '***it could happen here***', where safeguarding is concerned; and staff must always act in the **best** interests of the child when concerned about their welfare.

Any concerns (**no matter how small**) that involve allegations against a member of staff (including all members of the Rockhopper Children's Services (VERNON HOUSE's parent company) Senior Management Team, VERNON HOUSE's Leadership Team, consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of VERNON HOUSE) must be referred as a matter of utmost urgency to the Registered Manager, Danielle Slack (DSL) or Michelle Green (DDSL), if the Registered Manager is not available; and details recorded in writing and submitted to the Registered Manager. within 2 hours, or by the end of the working day, whichever is sooner. Staff should use the StaffSafe platform to report these concerns. **Nothing should be said to the colleague(s) involved.**

Any concerns about the conduct of other professionals in their interactions with children at VERNON HOUSE, must be reported and recorded in accordance with the process and timescales outlined above. Examples of such persons include (not an exhaustive list): social workers, taxi drivers, contractors and adults employed by another education/residential provision.

Where it is alleged that a member of staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of VERNON HOUSE), has:

- behaved in a way that has harmed a child or may have harmed a child and/or
- possibly committed a criminal offence against or related to a child and/or
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children (regardless of whether or not the alleged abuse took place within the setting) and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children (regardless of whether or not the alleged behaviour took place within the setting⁵)

the Registered Manager or Danielle Slack (DSL) will (before contacting the Designated Officer (DO)) conduct basic enquiries in line with local procedures to establish the facts and to help them determine whether there is any foundation to the allegation, being careful not to jeopardise any future police investigation. For example (not an exhaustive list):

- was the individual in the school or home at the time of the allegations?
- did the individual, or could the individual have come into contact with the child?
- are there any witnesses? and
- was there any CCTV footage?

The Registered Manager (DSL) will contact the Designated Officer (DO)⁶ within 24 hours, to discuss and consider the nature, content, and context of the allegation and agree on a course of action. If for whatever reason, you are unable or unwilling to contact the Registered Manager and (DSL), you must

⁵ Where behaviour outside the setting might make an individual unsuitable to work with children (in the setting), this is known as transferrable risk. Where appropriate an assessment of transferrable risk to children with whom the person works should be undertaken.

⁶ Some local authorities still use the term 'Local Authority Designated Officer' (LADO)

contact Group Safeguarding Lead, Rockhopper Children's Services, Kimberley Taylor (see contact details below) or refer your concerns directly to:

Cheshire East – 0300 123 5012

In the event, that you wish to report a safeguarding concern that has arisen in another local authority area, the online tool [Report child abuse to local council](#), will direct you to the relevant local children's social care contact number.

Any concern or allegation regarding the Registered Manager must be referred immediately to the Group Safeguarding Lead, Rockhopper Children's Services, Kimberley Taylor via email kimberley.taylor@rockhoppercs.com or telephone 07837 348576

If the Registered Manager is the subject of an allegation, Kimberley Taylor will discuss the allegation with the Designated Officer (DO).

The purpose of an initial discussion is for the Designated Officer and the Group Safeguarding Lead to consider the nature, content and context of the allegation and agree on a course of action. The Designated Officer may ask the Group Safeguarding Lead to provide or obtain relevant additional information, such as the previous history, whether the child or their family have made similar allegations previously and the individual's current contact with children.

There may be situations when the Group Safeguarding Lead will want to involve the police immediately, for example, if the person is deemed to be, an immediate risk to children, or there is evidence of a possible criminal offence. Where there is no such evidence, the Group Safeguarding Lead should discuss the allegation(s) with the Designated Officer, to help determine whether police involvement is necessary.

Should you have an allegation concerning the Registered Manager, you may also refer this directly to

The Designated Officer (Danielle Slack) Tel: 01625 783128 Email: Danielle.slack@rockhoppercs.com

Or the Local Police Constabulary Tel: 101

For details of other contacts, to whom you may wish to refer a safeguarding issue, please refer to Appendix 4.

Parents or carers of the child or children involved should be told about the allegation as soon as possible if they do not already know of it. However, where a strategy discussion is required, or police or children's social care services need to be involved, Danielle Slack (DSL), should not do so until those agencies have been consulted; and have agreed what information can be disclosed to the parents or carers. Parents or carers should also be kept informed about the progress of the case, only in relation to their child - no information can be shared regarding the member of staff; and must be made aware of the requirement to maintain confidentiality and the restrictions on publishing information that may lead to the identification of the individual who is the subject of the allegation.

Low-level concerns

The term 'low-level' concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the setting may have acted in a way that:

- is concerning, problematic or inappropriate i.e., inconsistent with the staff code of conduct; and
- does not meet the allegations threshold outlined above or is otherwise not considered serious enough to consider a referral to the Designated Officer (DO).

Such behaviour can exist on a wide spectrum, from the inadvertent or thoughtless, or behaviour that may look to be inappropriate, but might not be in specific circumstances, through to that which is ultimately intended to enable abuse.

ALL low-level concerns must be reported and recorded in the same way as any other allegation against an adult working in or on behalf of VERNON HOUSE.

The purpose of adopting a low-level concerns policy is to create and embed a culture of openness, trust and transparency in which staff are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour, which is set out in the Safe Working Practice Policy (Code of Conduct) from concerning, problematic or inappropriate behaviour, in themselves and others and ultimately minimise the risk of abuse.

All low-level concerns will be addressed in accordance with the principles and procedures of this Child Protection Policy.

Records of low-level concerns will be reviewed regularly to ensure potential patterns of inappropriate behaviour can be identified. Consideration will also be given to whether there are wider cultural issues within the setting that enabled the behaviour to occur and where appropriate policies could be revised, or extra training delivered to minimise the risk of it happening again.

Position of Trust Offences

A position of trust is a position or occupation that has power or authority over a child's life and, in some cases, an influence on the future of that child; and includes individuals working in schools and children's homes.

The abuse of trust offences under the [Sexual Offences Act 2003](#), occur when a child under 18 is involved.

The following offences are included under the Act:

- Sexual activity with a child – this includes any kind of sexual touching
- Causing or inciting a child to engage in sexual activity
- Engaging in sexual activity in the presence of a child
- Causing a child to watch a sexual act

Non recent allegations

Where an adult makes an allegation to a setting that they were abused as a child, the individual should be advised to report the allegation to the police. Non recent allegations made by a child, should be reported to the Designated Officer (DO)⁷ in line with the local authority's procedures for dealing with

⁷ Some local authorities still use the term 'Local Authority Designated Officer' (LADO)

non-recent allegations. The Designated Officer (DO) will coordinate with children's social care and the police. Abuse can be reported no matter how long ago it happened.

For further information on **concerns involving a member of staff, including the Registered Manager**, please refer to Appendix 7.

17. Storage, access, transfer and retention of child protection records

We follow the principles of record-keeping contained within the [General Data Protection Regulation \(GDPR\)](#), [Data Protection Act 2018](#), the [Human Rights Act 1998](#) and the [Freedom of Information Act 2002](#). We retain files in accordance with legally defined retention periods.

For more information on the **storage, access, transfer and retention of child protection records**, see Appendix 8.

18. Seeking the views of children, parents, carers, local authorities and staff

Regular enquires are made of all children as to how safe they feel at VERNON HOUSE and ways in which services and outcomes can be improved. The views of parents, carers, local authorities and staff are also sought through existing mechanisms for consultation and feedback. Records are kept of these enquiries as well as any associated actions.

19. Complaints

Children, staff, parents, carers, and any other adult with parental responsibility (e.g., social worker) or other local authority representatives are all able to complain to VERNON HOUSE, if they are unhappy with any aspect of the education or care provided. All complaints are taken seriously and will be dealt with without delay. For further information, see our 'Compliments and Complaints Policy'.

All complaints concerning allegations of child abuse will always be addressed in accordance with our 'Child Protection Policy'.

20. Implementation, monitoring, evaluation and review

The designated senior member of staff with overall responsibility for the implementation, monitoring and evaluation of the 'Child Protection Policy' is the Registered Manager.

The designated member of staff is also responsible for ensuring that all children, staff, parents, carers and placing local authorities are aware of our policy and know what to do if they believe that a child is being abused. Additional support would also be provided to any parent or significant person, wishing to know more about the policy and procedures outlined above. A copy of this policy document is available for inspection on the premises during office hours and an electronic copy is posted on our website [A New Chapter: Introducing Rockhopper Children's Services](#)

This policy document will be reviewed and publicised in writing, at least annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local and organisational policy, guidance and practice.

The proprietor, Rockhopper Children's Services, is represented by a board of executive and non-executive directors who include the Chief Executive Officer, Finance Director and Chief Operating

Officer. The Board has direct responsibility for all aspects of operations in all Rockhopper settings including health, safety and child protection. The Board is supported by a Senior Management Team.

The proprietor, Rockhopper Children's Services, will also undertake an annual review of the home's policies and procedures relating to safeguarding, and ensure that all duties have been discharged in accordance with current legislation, regulations and statutory guidance; as well as local authority procedures and practice, including the relevant Local Safeguarding Children Partnership(s).

The proprietor stringently holds senior leaders to account for all aspects of the children's home's performance through robust systems of governance, reporting and monitoring.



If you have any comments, questions, concerns or suggestions about the content of this policy document, please speak to the Registered Manager. Alternatively, you can contact:

Group Safeguarding Lead, Rockhopper Children's Services, Kimberley Taylor
via email Kimberley.taylor@rockhoppercs.com or telephone **07837 348576**

APPENDIX 1

Further information on categories of abuse and concern

For information on **physical, emotional, sexual abuse and neglect**, see section 3, above.

Adolescent to parent violence and abuse (APVA)

There is currently no legal definition of adolescent to parent violence and abuse. However, it is increasingly recognised as a form of domestic violence and abuse and, depending on the age of the child, it may fall under the official definition of domestic violence and abuse, outlined below.

It is important to recognise that APVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of APVA, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours. Although practitioners may be required to respond to a single incident of APVA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.

Child Criminal Exploitation (CCE) is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions
- children who associate with other young people involved in exploitation
- children who suffer from changes in emotional well-being
- children who misuse drugs and alcohol
- children who go missing for periods of time or regularly come home late
- children who regularly miss school or education or do not take part in education

Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity. CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse; and may happen without the child or young person's

immediate knowledge (e.g., through others sharing or copying videos or images of them (which they may have created and posted on social media)).

The above CCE indicators can also be indicators of CSE, as can:

- children who have older boyfriends or girlfriends; and
- children who suffer from sexually transmitted infections or become pregnant.

For further information, see

[DfE \(2017\) 'Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation'](#)

Domestic violence and abuse

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the 2021 Act).

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as 'teenage relationship abuse'. Depending on the age of the young people, this may not be recognised in law under the statutory definition of 'domestic abuse' (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support. The Act's provisions, including the new definition, will be commenced over the coming months.

For more information, see [Policy Paper: Domestic Abuse Act 2021: Overarching factsheet](#)⁸

[Refuge](#) runs the **National Domestic Abuse Helpline**, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time for a call, from the team, can be booked.

⁸ Last updated 28 July 2021

Additional advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

- [NSPCC – Domestic abuse](#)
- [Refuge – Support for children](#)
- [Safelives – Spotlight #3: Young people and domestic abuse](#)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or another injury to the female genital organs. It is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls; and it must always be remembered that fears of being branded 'racist' or 'discriminatory' must never weaken the protection that professionals are obliged to provide to protect vulnerable girls and women.

While all staff should speak to the Designated Safeguarding Lead (DSL), regarding any concerns about 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. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at [Mandatory reporting of female genital mutilation procedural information](#).

Teachers **must** personally report to the police non-emergency number 101, cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school's Designated Safeguarding Lead and involve children's social care, as appropriate. The duty does not apply to at-risk or suspected cases (i.e., where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. The following is a useful summary of the FGM mandatory reporting duty: [FGM Fact Sheet](#).

For further information, see

National FGM Centre (2019) [Female Genital Mutilation: Guidance for schools](#)
HM Government (2016) ['Multi-agency statutory guidance on female genital mutilation'](#)⁹

Other specific safeguarding issues

Child trafficking and modern slavery

Child trafficking and modern slavery are child abuse. Many children are trafficked into the UK from other countries like Vietnam, Albania and Romania. Children are also trafficked around the UK.

Trafficking is where children and young people are tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- sexual exploitation
- benefit fraud
- forced marriage

⁹ Last updated 30 July 2020

- domestic slavery, like cleaning, cooking and childcare
- forced labour in factories or agriculture
- committing crimes, like begging, theft, working on cannabis farms or moving drugs

Trafficked children experience many types of abuse and neglect. Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and maybe sexually exploited.

For further information, click on the following hyperlink to the NSPCC website: [Child trafficking](#)

Hate crime

The term 'hate crime' can be used to describe a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's disability, race, religion, sexual orientation or transgender identity. These aspects of a person's identity are known as 'protected characteristics'.

A hate crime can include verbal abuse, intimidation, threats, harassment, assault and bullying, as well as damage to property. The perpetrator can also be a friend, carer or acquaintance who exploits their relationship with the victim for financial gain or some other criminal purpose.

If you suspect that a child is, or is likely to become, a victim or perpetrator of hate crime, you must inform Danielle Slack Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person as a matter of utmost urgency.

For further information, see [Hate crime](#) on the CPS website or the [True Vision](#) website.

'Honour-based' abuse (HBA) (also known as 'honour-based violence' (HBV))

So-called 'honour-based' abuse encompasses crimes that have been committed to protect or defend the honour of the family and/or the community. Honour based abuse can take many forms, including threatening behaviour, assault, rape, kidnap, abduction, forced abortion, forced marriage, threats to kill, false imprisonment and practices such as breast ironing. Murders in the name of 'so-called' honour, (often called honour killings) are murders in which predominantly women are killed for actual or perceived immoral behaviour that is deemed to have brought shame on the family, examples include dressing or behaving too westernised, falling in love with somebody not chosen by their family, rejecting forced marriage or being LGBTQ. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

All forms of so-called HBA are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, you must inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person as a matter of utmost urgency. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA or already having suffered HBA.

Online porn

Children and young people can access porn online very easily. Whether by accident – website pop-ups and misleading links or because they are actively searching – it is important to help children understand the impact porn can have on them and their relationships.

Studies have shown that when children and young people are exposed to sexually explicit material, they are at greater risk of developing:

- unrealistic attitudes about sex and consent.
- more negative attitudes towards roles and identities in relationships.
- more casual attitudes towards sex and sexual relationships and an increase in 'risky' sexual behaviour.
- unrealistic expectations of body image and performance.

The impact porn can have on a child depends on several factors including:

- the age and gender of the child
- the type of porn that is being viewed
- how often they are watching porn
- what their relationships are like at home and with their friends
- existing beliefs and values on sex and relationships.

For further information, see our 'Online Safety and Multi-Media Policy' and/or click on the following hyperlink to the NSPCC website: [Online porn](#)

Private Fostering Arrangements

Private fostering is an arrangement whereby a child under the age of 16 (under 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a close relative (grandparent, brother, sister, uncle or aunt including half-siblings and step-parents), without the involvement of a local authority.

If you become aware of or believe that a child is living in a private fostering arrangement, in the first instance you should check with the Designated Lead for Safeguarding (DSL). The DSL must notify the local authority where the care and accommodation are taking place (and the local authority in which the child previously resided – if different) of the circumstances and the local authority will check that the arrangements are suitable, and the child is safe.

Each children's home must ensure that, where they believe that a child is living in private fostering arrangements, they will follow the correct local authority advice and procedure.

For further information, see DfE (2005) ['Statutory guidance: Children Act 1989: private fostering'](#)

Expert and professional organisations are best placed to provide up to date guidance and practical support on specific safeguarding issues. For example, information for schools and children's homes can be found on the [TES](#), [MindEd](#) and [NSPCC](#) websites as well as ['Keeping children safe in education' \(2024\)](#), Annex B: Further information. Staff can access government guidance, as required, on the issues listed below via [GOV.UK](#) and other websites:

- bullying including cyberbullying
[Preventing bullying - GOV.UK \(www.gov.uk\)](#)
- child abduction and community safety incidents
[Action Against Abduction](#)
[Clever Never Goes](#)
- children and the courts
[Young witness booklet for 5 to 11 year olds - GOV.UK \(www.gov.uk\)](#)

[Young witness booklet for 12 to 17 year olds - GOV.UK \(www.gov.uk\)](#)

- children missing education

[Children missing education - GOV.UK \(www.gov.uk\)](#)

- child missing from home or care

[Children who run away or go missing from home or care - GOV.UK \(www.gov.uk\)](#)

- children with family members in prison

[NICCO](#)

- cybercrime

[Cyber Choices - National Crime Agency](#)

[National Cyber Security Centre \(ncsc.gov.uk\)](#)

- drugs

[Drugs: advice for schools - GOV.UK \(www.gov.uk\)](#)

[Honest information about drugs | FRANK \(talktofrank.com\)](#)

- fabricated or induced illness

[Overview - Fabricated or induced illness - NHS \(www.nhs.uk\)](#)

- faith or belief abuse (CALFB)

[Child Abuse Linked to Faith or Belief – National FGM Centre](#)

- forced marriage

[Forced marriage - GOV.UK \(www.gov.uk\)](#)

- gangs and youth violence

[Advice to schools and colleges on gangs and youth violence - GOV.UK \(www.gov.uk\)](#)

- gender-based violence/violence against women and girls (VAWG)

[Violence against women and girls - GOV.UK \(www.gov.uk\)](#)

- hate

[Educate Against Hate - Prevent Radicalisation & Extremism](#)

- homelessness

[Homelessness Reduction Act: policy factsheets](#)

[About Homelessness - Crisis UK](#)

- mental health

[Supporting mental health in schools and colleges - GOV.UK \(www.gov.uk\)](#)

- modern slavery

[Modern slavery: how to identify and support victims - GOV.UK \(www.gov.uk\)](#)

- sexting

[UK Council for Internet Safety - GOV.UK \(www.gov.uk\)](#)

APPENDIX 2
Child-on-child abuse (also known as peer-on-peer abuse) including sexting

We acknowledge that children, who are affected by abuse, may demonstrate their needs and distress through their words, actions, behaviour, demeanour, schoolwork or other children. We have a strong commitment to safeguarding and will consider all coercive acts and inappropriate child-on-child behaviour, including sexting and sexual activity, within a child protection context.

Professionals working with children who abuse others, including those who sexually abuse/offend, should recognise that such children are likely to have considerable needs themselves and that they may pose a significant risk of harm to other children.

Evidence suggests that children who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Such children are likely to be children in need, some will, also, be suffering or be at risk of suffering significant harm and may themselves require protection.

Children who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way that meets their needs, as well as protecting others.

In deciding the most appropriate response, relevant considerations will include:

- the nature and extent of the inappropriate/abusive behaviours. In respect of sexual abuse, it is necessary to distinguish between normal childhood sexual development and experimentation, and sexually inappropriate or aggressive behaviour.
- the context of the abusive behaviours.
- the child's development, family and social circumstances.
- the need for services, specifically focusing on the child's harmful behaviour, as well as other significant needs; and/or
- the risks to self and others, including other children in the children's home, household, extended family, peer group and wider social network.

VERNON HOUSE is committed to participating in plans to provide both children who are at risk from other children and those who may present a risk to other children, with appropriate services to address any concerns and, wherever possible, to facilitate ongoing access to education in school for all children concerned, subject to appropriate risk assessments and risk management plans.

2.1 Child-on-child sexual violence and sexual harassment

Sexual violence and sexual abuse can happen anywhere, and all staff working with children are advised to maintain an attitude of '**it could happen here**'.

Sexual violence and sexual harassment can occur between two or more 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. We also recognise that sexual violence and sexual harassment occurring online (either in isolation or in connection with face-to-face incidents) can introduce a number of complex factors. Amongst other things, this can include

widespread abuse or harm across a number of social media platforms that leads to repeat victimisation. It is important, that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBTQ children are at greater risk.

Staff should be aware of the importance of:

- making clear that there is a **zero-tolerance approach** to 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”; and
- recognising, acknowledging and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported.
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Reports of sexual violence and sexual harassment are likely to be complex and require difficult professional decisions to be made, often quickly and under pressure.

Children who are victims of sexual violence and sexual harassment wherever it happens, may find the experience stressful and distressing. The initial response to a report from a child is therefore incredibly important. How the setting responds to a report can encourage or undermine the confidence of future victims of sexual violence and sexual harassment to report or come forward. It is essential that **all** victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward and that they will be supported and kept safe. Abuse that occurs online or outside of the setting should not be downplayed and should be treated equally seriously. A victim must 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. It is important to explain that the law is in place to protect children and young people rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them.

When there has been a report of sexual violence, Danielle Slack (DSL) will make an immediate risk and needs assessment. The risk and needs assessment will consider:

- the victim, especially their protection and support.
- whether there have been other victims.
- the alleged perpetrator; and
- all the other children (and adults, including staff) at the setting, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or future harms.
- the time and location of the incident, and any action required to make the location safer.

All assessments must be developed on a case-by-case basis, recorded and be kept under review. VERNON HOUSE will always actively consider the risks posed to all children and put adequate measures in place to protect them and keep them safe.

Danielle Slack (DSL) must engage with children's social care and specialist services, as required. Where there has been a report of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required. Any such professional assessments should

be used to inform the setting's approach to supporting and protecting their children and relevant information included in the setting's risk assessment.

VERNON HOUSE will carefully consider any report of sexual violence and/or sexual harassment. Danielle Slack(DSL) is likely to have the most complete safeguarding picture and be the most appropriate person to advise on the setting's initial response. Important considerations will include:

- the wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment. **Victims should be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered.** This will however need to be balanced with the setting's duty and responsibilities to protect other children.
- the nature of the alleged incident(s), including whether a crime may have been committed and/or whether harmful sexual behaviour (HSB) has been displayed.
- the ages of the children involved.
- the developmental stages of the children involved.
- any power imbalance between the children. For example, is the alleged perpetrator significantly older, more mature or more confident and well known, with a greater social standing? Does the victim have a disability or learning difficulty?
- if the alleged incident is a one-off or a sustained pattern of abuse (sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature).
- that sexual violence and sexual harassment can take place within intimate personal relationships between children.
- the importance of understanding intra familial harms and any necessary support for siblings following incidents.
- are there ongoing risks to the victim, other children, adults (including staff); and
- other related issues and wider context (contextual safeguarding) including links to child sexual exploitation and child criminal exploitation.

As always, when concerned about the welfare of a child, all staff must act in the best interests of the child. In all cases, VERNON HOUSE will follow the general safeguarding principles, as set out throughout this document. **Immediate** consideration must be given as to how best to support and protect the victim and the alleged perpetrator (and any other children involved/impacted).

APPENDIX 3**Further information on extremism and radicalisation, including Channel**

VERNON HOUSE acknowledges its duty under section 26 of the [Counter-Terrorism and Security Act 2015](#), (the CTSA 2015) to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. In meeting our obligations, we:

- ensure all staff successfully complete appropriate training on Prevent, in accordance with their roles and responsibilities, that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, to challenge extremist ideas and know where and how to refer children for further help.
- assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This is based on an understanding, shared with partners, of the potential risk in the local area.

VERNON HOUSE has completed an internal risk assessment/action plan concerning the Prevent duty, which includes consideration of key vulnerabilities arising from the local neighbourhood.

For further information, please refer to our ‘Prevent Risk Assessment’.

- protect children from being drawn into terrorism, by having robust safeguarding policies in place to identify children at risk, and intervene, as appropriate. We will consider the level of risk to identify the most appropriate referral, which could include Channel or children’s social care, for example.

Identification, assessment and management of such risks form an integral part of VERNON HOUSE’s referral and admissions procedures, and any concerns would be recorded and addressed, in accordance with national and local guidance.

- promote the spiritual, moral, cultural, mental and physical development of children and prepare them for the opportunities, responsibilities and experiences of life. We also place a strong emphasis on the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.
- set out clear protocols for ensuring that any visiting speakers – whether invited by staff or by children themselves – are suitable and appropriately supervised.
- ensure our safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Partnership.
- ensure children are safe from terrorist and extremist material when accessing the internet on our site, including by establishing appropriate levels of filtering and monitoring.

[Educate Against Hate](#), is a website designed to support and equip senior leaders, staff and parents with information, tools and resources (including on the promotion of fundamental British values) to help identify and address risks and build resilience to radicalisation in young people. For more information, please click the hyperlink above.

For further information on **Prevent duty guidance**, please refer to
HM Government (April 2021) '[Revised Prevent Duty Guidance: for England and Wales](#)'
Department for Education (2015) '[The Prevent duty: Departmental advice for schools and childcare providers](#)'

Channel

Channel is a voluntary, confidential support programme that focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- identifying individuals at risk.
- assessing the nature and extent of that risk.
- developing the most appropriate support plan for the individuals concerned.

Channel may be appropriate for anyone vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism and before they become involved in criminal terrorist-related activity.

The police co-ordinate Channel activity by requesting relevant information from panel partners about a referred individual. Depending on the nature of the referral, the partners may include, but are not limited to, representatives from the following groups:

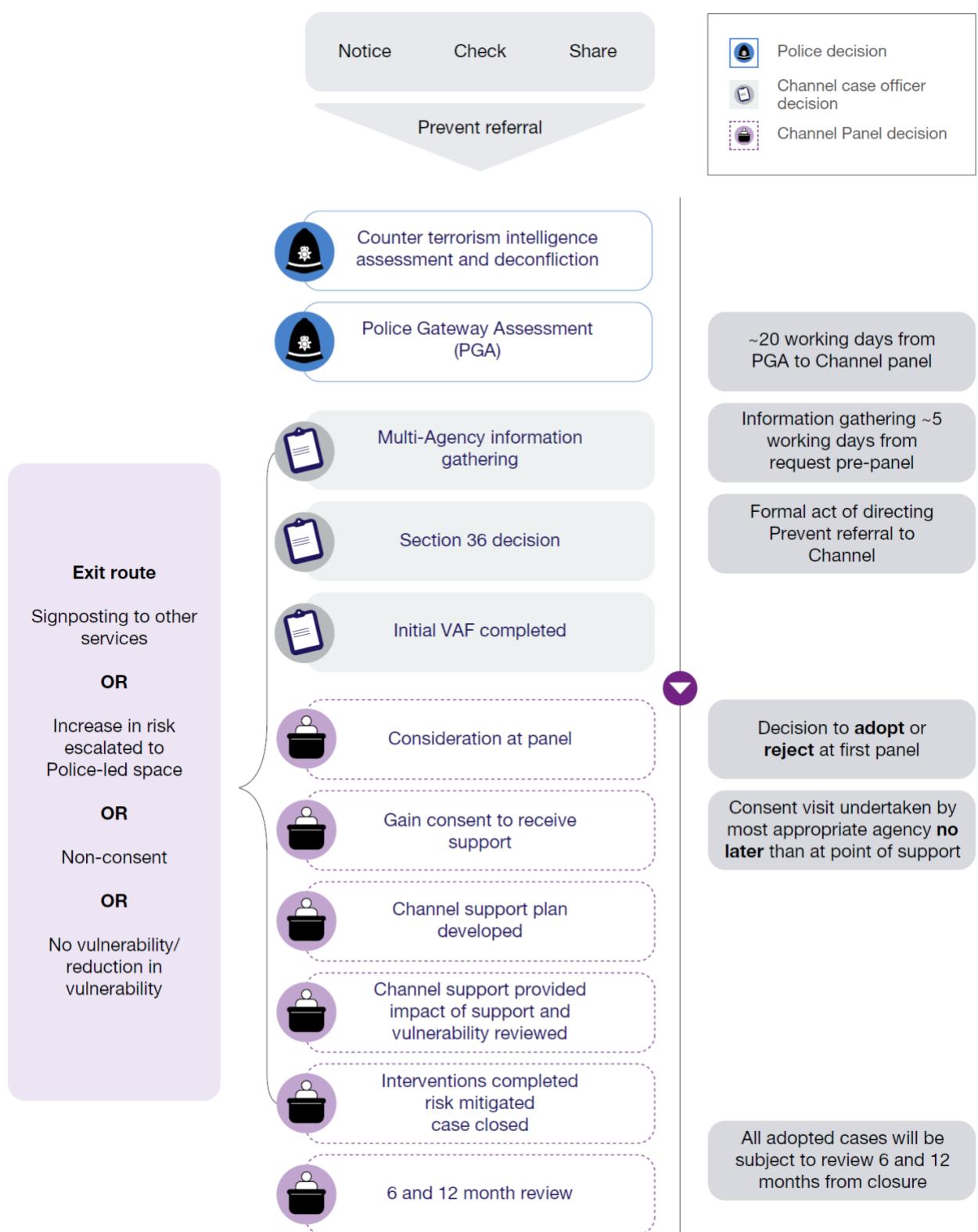
- NHS
- Social workers
- Schools, further education colleges and universities
- Youth offending services
- Children's and adult's services
- Local safeguarding arrangements
- Local authority safeguarding managers (adult and/or children)
- Early Help services
- Home Office Immigration (Immigration Enforcement, UK Visas & Immigration)
- Border Force
- Housing
- Prisons
- Probation providers.

The police will use this information to make an initial assessment of the nature and extent of the vulnerability, which the person has. The information will then be presented to a panel which will include the Local Authority Chair and the police, alongside other members (identified above), as determined by the nature of the referral and assessment.

The success of the programme is very much dependent on the co-operation and co-ordinated activity of partners. It works best when the individuals and their families fully engage with the programme and are supported consistently. An individual's engagement is entirely voluntary at all stages.

For further information on preventing radicalisation and Channel, please refer to
HM Government (2021) '[Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism Statutory guidance for Channel panel members and partners of local panels](#)'

Channel Pathway Diagram



Extract from

HM Government (2021) '[Channel Duty Guidance: Protecting vulnerable people from being drawn into terrorism Statutory guidance for Channel panel members and partners of local panels](#)', p.21

APPENDIX 4
Roles and responsibilities, including Designated Safeguarding Lead (DSL)

Danielle Slack is the Designated Safeguarding Lead (DSL) with ultimate lead responsibility for safeguarding and child protection (including online safety) at VERNON HOUSE. The Deputy manager, Michelle Green, is the Deputy Designated Safeguarding Lead (DDSL) authorised to deputise in the absence of the DSL. The Deputy is the first point of contact in the absence of the DSL, to avoid any unnecessary delays in responding to a child's needs. Additional points of contact are identified below.

Contact details are:

Danielle Slack	Registered manager	danielle.slack@rockhoppercs.com
Michelle Green	Deputy manager	michelle.green@rockhoppercs.com

All are contactable at:

(Address and postcode available on request)

2a Yewtree Lane

Poynton

Stockport

SK12 1PU

Telephone: 01625 783128

The Designated Safeguarding Lead (and all other Deputies have undertaken multi-agency safeguarding training and will attend refresher courses in accordance with the recommended timescales or following changes to legislation and/or DfE guidance and in any event within two years. The Designated Safeguarding Lead (and all other Deputies) have successfully completed Prevent awareness training.

The role of the Designated Safeguarding Lead (DSL) is to:

- promote a culture of safety, equality and protection, in which children are listened to and their wishes and feelings are taken into account.
- maintain a working knowledge of relevant national guidance in respect of all specific safeguarding issues highlighted in DfE guidance '[Keeping children safe in education](#)' (2025), '[Working together to safeguard children](#)' (2023), and Local Safeguarding Children Partnership¹⁰ policies, procedures, guidance and protocols.
- ensure that child protection procedures and a written policy are in place, reviewed at least annually and updated, as appropriate.
- ensure that all staff (especially new and part-time staff) have access to, are aware of and follow both the Local Safeguarding Children Partnership's policies, procedures, guidance and protocols and VERNON HOUSE's policy.
- ensure that all staff understand relevant data protection legislation and regulations, especially the [Data Protection Act 2018](#) and the [General Data Protection Regulation \(GDPR\)](#).
- create an environment where staff feel able to discuss safeguarding matters both within and where appropriate outside of the setting, challenge senior leaders over any safeguarding issue, raise concerns which they have about their safety or the well-being of others, and feel supported in their safeguarding role.
- promote supportive engagement with parents and/or carers in safeguarding and promoting the welfare of children, including where families may be facing challenging circumstances.

¹⁰ Some local authorities still use the term 'Local Safeguarding Children Board'.

- refer cases to children's social care, the Designated Officer (DO), police, the Channel programme, the [Disclosure and Barring Service](#) and the [Teacher Regulation Agency \(TRA\)](#), as required.
- liaise and work with the three safeguarding partners¹¹ including children's social care and other agencies in accordance with '[Working together to safeguard children' \(2023\)](#),' and Local Safeguarding Children Partnership policies, procedures, guidance and protocols.
- provide advice, guidance and support to staff involved in/affected by safeguarding and child protection issues including those making a referral to children's social care, the police, the Channel programme, etc.
- provide advice, guidance and support to children involved in/affected by safeguarding and child protection issues.
- help promote educational outcomes by knowing about the welfare, safeguarding and child protection issues that children in need, including children with a social worker, are experiencing, or have experienced, and identifying the impact that these issues might be having on children's attendance, engagement and achievement at VERNON HOUSE, and sharing information with all relevant staff, including members of the Leadership Team.
- liaise with any local authority Personal Advisor, appointed to guide and support a care leaver, as necessary, regarding any issues of concern affecting the care leaver.
- understand and support the setting with regards to the requirements of the Prevent duty and provide advice and support to staff on protecting children from the risk of radicalisation.
- notify Rockhopper's Safeguarding Lead about ALL child protection concerns that warrant discussion with parents, carers or an external agency/professional, including the local multi-agency safeguarding hub (or equivalent), Designated Officer, police or children's social care ***including the allocated social worker***; within 24 hours of the concern being reported; and record all relevant information on VERNON HOUSE's Safeguarding Return document.
- maintain detailed, accurate and secure records of all 'cause for concern' issues and child protection concerns including a chronology of all actions taken, in accordance with requirements set down by Rockhopper's Safeguarding Overview Committee and forward to the Group Safeguarding Lead every week.
- undertake a review of all child protection referrals made, in consultation with Rockhopper's Safeguarding Lead, to assess and share any lessons to be learned.
- keep records of any concerns/suspected cases of abuse/referrals on children's electronic child protection files, separate to the child's main file, and stored securely.
- co-ordinate arrangements for monitoring children on roll who have been identified as a child in need or a child in need of protection.
- ensure that all staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of VERNON HOUSE) are competent to carry out their responsibilities for safeguarding and promoting the welfare of children; and receive appropriate child protection training, in accordance with their role.
- act as 'case manager' in the management of allegations concerning members of staff and volunteers.
- review arrangements for safeguarding and promoting the welfare of children on an annual basis and support the implementation of an action plan arising from this review.
- participate in local safeguarding arrangements overseen by the Local Safeguarding Children Partnership.

¹¹ The three safeguarding partners are the local authority, Integrated Care Systems' (ICSs) (previously known as clinical commissioning group) for an area within the local authority; and the chief officer of police for an area any part of which falls within the local authority area).

Whilst the activities of the Designated Safeguarding Lead can be delegated to appropriately trained deputies (and designated safeguarding persons), the ultimate **lead responsibility** for safeguarding and child protection, as set out above, remains with the Designated Safeguarding Lead. This responsibility should not be delegated.

References to the role of Designated Safeguarding Lead, Deputy Designated Safeguarding Lead and Designated Safeguarding Person are made explicit in all relevant job descriptions, in accordance with ['Working together to safeguard children' \(2023\)](#), and ['Keeping children safe in education' \(2025\)](#).

Working to safeguard vulnerable children is demanding and can be stressful and distressing. VERNON HOUSE is committed to ensuring that the Designated Safeguarding Lead (DSL) and other Designated Persons have sufficient status, authority, time, funding, resources, training, supervision and support to carry out their responsibilities safely and effectively. The Group Safeguarding Lead, Rockhopper Children's Services (VERNON HOUSE's parent company), provides external supervision and support for Danielle Slack (DSL) and other Designated Persons.

In addition to their formal training, as set out above, the Designated Safeguarding Lead's and other Designated Persons' knowledge and skills should be updated, (for example, via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, but at least annually, to keep up with any developments relevant to their role.

All members of staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of VERNON HOUSE) have a responsibility to provide a safe environment in which children can learn and reside, they should be aware of systems which support safeguarding and ***must inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person of any child protection concerns (i.e. concerns about welfare or safety) about a child or member of staff as a matter of utmost urgency.***

If you are not satisfied with Danielle's response, or if you are unwilling or unable to make a report to Danielle Slack (DSL) for whatever reason, you should make a referral yourself by contacting:

Cheshire East 0300123 5012

Or the ***Local Police Constabulary Tel: 101***

Other possible contact points, which may be appropriate include:

- Group Safeguarding Lead, Rockhopper Children's Services, Kimberley Taylor, via email kimberley.taylor@rockhoppercs.com or telephone 07837 348576
- Directors of Rockhopper Children's Services (Vernon house's parent company)
Unit 9, Brook Business Centre, Cowley Mill Road, Uxbridge. UB8 2FX
Telephone: 0203 823 3033 Fax: 020 7681 2153 Email: info@rockhoppercs.com
- an officer of Her Majesty's Chief Inspector (HMCI Ofsted)
- an officer of the National Society for the Prevention of Cruelty to Children (NSPCC)

As a further safeguarding measure, we use the services of 'safecall', an independent whistle blowing company that can be used by all staff, should they be unhappy about any wrongdoing at VERNON

HOUSE. Safecall can be contacted on **0800 915 1571** or online at <https://www.safecall.co.uk/file-a-report/>, where an anonymous report can be made detailing any concerns raised.

If the child's situation does not appear to be improving the staff member with concerns must press for re-consideration to ensure their concerns have been addressed and, most importantly, that the child's situation improves. Concerns should always lead to help for the child at some point.

If early help is appropriate, Danielle Slack, Designated Safeguarding Lead (DSL) will generally lead on liaising with other agencies and setting up an inter-agency assessment, as appropriate. However, VERNON HOUSE staff may be required to support other agencies and professionals in an early help assessment.

If early help and/or other support is appropriate, the case should be kept under constant review and consideration given to a referral to children's social care, if the child's situation does not appear to be improving.

4.1. Recognising and responding to concerns

It is important to remember that, for many reasons, children rarely talk about their abuse - children may not feel ready or know how to tell someone that they are being abused, exploited or neglected and/or they may not recognise their experiences as harmful. Staff need to be vigilant to physical, emotional, sexual, and behavioural signs, which may suggest abuse and neglect and maintain a professional curiosity, so that they can identify cases of children who may require help or protection.

For further information on **recognising signs of abuse**, please refer to the *NSPCC publication 'Spotting the signs of child abuse'* at <https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/>

If a child chooses to confide in you, disclosing any form of abuse, it is important to recognise that the child has placed you in a position of trust and you should be supportive and respectful of the child. ***The most important thing to do is to listen attentively without asking any leading questions, otherwise, a later investigation may be compromised.*** The child must tell their own story in their own time. Even what seems to be an unbelievable story must be listened to and acted upon appropriately. If you make any notes, you must only use the child's own actual words or the words in which anyone else reports to you. ***You must not interrogate anyone, conduct your own investigation, or make assumptions based on hearsay.***

You should reassure the child that they are being taken seriously and that they will be supported and kept safe. A child must never be given the impression that they are creating a problem by reporting abuse. Nor should they ever be made to feel ashamed for making a report.

You must also consider any measure that may be necessary to protect the child involved in, or affected by, an allegation of abuse or neglect, which may include monitoring, discreet supervision and separation, where appropriate.

4.2. Recording of disclosures/concerns

Best practice is to wait until the end of the conversation and **immediately write up a thorough summary**. This allows the member of staff to devote their full attention to the child and to listen to what they are saying. Where it may be appropriate to make notes during the disclosure (e.g., if a second member of staff is present), staff should be conscious of the need to remain engaged with the child and not appear distracted by the note-taking.

Either way, you must only record the key facts as the child presents them, using the child's own words and phrases, if possible. ***Any (handwritten) notes made immediately after the event, must be kept as originals, timed, dated and signed with the name of the signatory clearly printed. If a decision is made to record the details more formerly, the original notes must be securely attached to the child protection record.*** Any such documentation may be crucial to the protection of the well-being of the child and could well be used as part of a statutory assessment by children's social care and/or part of a criminal investigation and evidence in court. You must report the concern to Danielle Slack (DSL) as a matter of utmost urgency and submit any written documentation within 2 hours, or by the end of the working day, whichever is sooner.

If you are in any doubt about recording requirements, you must contact Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person.

Information disclosed by a child must not be discussed with any member of staff, other than Danielle Slack (DSL) or, in their absence, another Designated Safeguarding Person.

We will keep a clear and comprehensive summary of any concern, details of how the concern was followed up and resolved, and a note of any action taken, decisions reached and the outcome.

4.3. Physical evidence

If any physical injuries or bruising is noticed, it is appropriate, as a caring adult, to ask the child how they sustained the bruise, graze, scratch, bite, or other mark(s) on their body. All such marks or injuries, howsoever caused, must be recorded in writing¹² and the document handed to Danielle Slack (DSL), with the child's explanation attached within 2 hours, or by the end of the working day, whichever is sooner. ***You must not challenge the child's explanation, ask any leading questions, pressure them to respond to questions, examine a child beneath their clothing, or conduct any further investigations.***

4.4. Issues of confidentiality

If a child requests confidentiality, they must be told that this cannot be promised, explain to the child (in a way that they will understand) that staff have a responsibility to share information with adults who will be able to help protect them from harm. The child should be reassured that the information will be treated with sensitivity and only staff who need to know about it will be told. This could result in the child not continuing the conversation, in which case your enquiries must not be pursued, but concerns recorded and forwarded directly to Danielle Slack (DSL).

Staff must never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

Staff must not discuss information given in confidence outside the appropriate professional contexts. All documentation regarding the disclosure must be treated and marked as STRICTLY CONFIDENTIAL and must only be shared with others on a need-to-know basis, whether to enable them to take appropriate steps to safeguard the child or to enable them to carry out their duties.

Danielle Slack (DSL) will ensure that a label is placed on the child's main file, to inform staff of child protection concerns and the existence of a separate child protection file.

4.5. Staff concerns about practice

¹² If the mark or injury is believed to have occurred while the child was in the care of Vernon House, an 'Accident and Injury Record' must also be completed.

If you have any concerns about practices in the children's home, which you feel may put children at risk of abuse or serious harm, you must raise these in writing with a member of the Leadership Team (also see our Whistle Blowing Policy).

If you are not satisfied with how they are dealing with the situation, you can speak directly to any one of the following:

- Directors of Rockhopper Children's Services (VERNON HOUSE's parent company)
Unit 9, Brook Business Centre, Cowley Mill Road, Uxbridge. UB8 2FX
Telephone: 0203 823 3033 Fax: 020 7681 2153 Email: info@RockhopperCS.com
- Safecall on 0800 915 1571 or online at <https://www.safecall.co.uk/file-a-report/>
- the NSPCC Whistleblowing Advice Line is available for staff who do not feel able to raise concerns regarding child protection failures internally. Telephone 0800 028 0285 (available 8.00 am to 10.00 pm, Monday to Friday and 9.00 am to 6.00 pm Saturday and Sunday) or email: help@nspcc.org.uk
- the Office for Standards in Education, Children's Services and Skills (Ofsted) at Piccadilly Gate, Store Street. Manchester. M1 2WD. Telephone 0300 123 1231 Email enquiries@ofsted.gov.uk

4.6. Making a referral

When Danielle Slack (DSL) has been informed of a case of suspected abuse, or of a child who may be at risk of abuse, they must act in accordance with the Local Safeguarding Children Partnership's policies, procedures, guidance and protocols.

For further information, please refer to

Cheshire East
0300 123 5012
LADO@cheshireeast.gov.uk

If anyone, other than the Designated Safeguarding Lead, makes the referral they must inform Danielle Slack (DSL), as soon as possible (unless by doing so would place a child at risk of significant harm or prejudice a criminal investigation).

Cheshire East has published a local thresholds document to promote an understanding of the role children's services social care has in safeguarding children. It is designed to clarify the threshold for action/intervention including referral to children's social care. All Designated Persons should be familiar with this document and must refer to this document when considering making a referral.

For more information, about the local thresholds document, please click on the following link:
[**Cheshire East Safeguarding Children's Partnership \(CESCP\)**](#)

Senior staff who are uncertain whether the threshold for referral is met must contact (***only where this will not cause a delay in making a referral to children's social care or the Designated Officer***)

***Group Safeguarding Lead, Rockhopper Children's Services, Kimberley Taylor
via email kimberley.taylor@Rockhoppercs.com or telephone 07837 348576***

Danielle Slack (DSL) will always bring relevant issues to the notice of parents, carers, the referring authority, children's social care in the child's home area and the Office for Standards in Education, Children's Services and Skills (Ofsted)¹³, as appropriate and all necessary details, will be recorded.

Where such information warrants discussion with parents, carers or an external agency/ professional, including the local multi-agency safeguarding hub (or equivalent), Designated Officer, police or children's social care **including the allocated social worker**; Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person must notify Rockhopper's Safeguarding Lead, within 24 hours of the concern being reported; and record all relevant information on VERNON HOUSE's Safeguarding Return document.

If, after a referral, the child's situation does not appear to be improving, and/or we are not satisfied with the response, from either the local authority where VERNON HOUSE is situated or the placing authority, we will follow local escalation procedures to ensure the concerns have been addressed and, most importantly, that the child's situation improves.

Where a decision is made to dismiss or remove an individual (paid worker or unpaid volunteer) from work in regulated activity with children¹⁴ because the person poses a risk of harm to children (or would have, had the person not left first), Danielle Slack (DSL) must make a referral to the **Disclosure and Barring Service**, who will, in turn, consider whether to add the individual to the barred list. **This is a legal duty and failure to refer, when the criteria are met, is a criminal offence.**

Where a teacher is dismissed or removed because of serious misconduct or would have been, had they not resigned, Danielle Slack (DSL) must also consider whether to refer the matter to the **Teacher Regulation Agency (TRA)**.

¹³ Regulations require that Ofsted are notified when a child protection enquiry is instigated **and concluded**.

¹⁴ For further information, please refer to DfE (2012) '**Regulated activity in relation to children: scope**'

APPENDIX 5
VERNON HOUSE's Safeguarding Committee

We have a Safeguarding Committee that consists of the following individuals:

- Kimberley Taylor
Group Safeguarding Lead, Rockhopper Children's Services (VERNON HOUSE's parent company)
- Danielle Slack, Registered Manager. (DSL)
- Michelle Green, Deputy Manager. DDSL)

The role of the Safeguarding Committee is to:

- review on an annual basis the arrangements for safeguarding and promoting the welfare of children and supporting the implementation of an action plan arising from that review.
- meet as necessary, to ensure the welfare of children.
- oversee and monitor all safeguarding concerns.
- provide, in the form of the named representative of Rockhopper Children's Services, an objective position and independent view; and
- provide an opportunity to share and ensure best practice across Rockhopper regarding safeguarding.

This committee will be appointed each September and their details communicated to all staff, as well as always being displayed in the staffroom.

APPENDIX 6

General strategies, including induction and training of staff

6.1 Regulating and vetting visitors

All visitors to VERNON HOUSE must sign the Visitors' Book on arrival and sign out on departure.

Wherever possible, arrangements for visiting children are agreed in advance, by a member of the Leadership Team, in consultation with the placing authority and parents/carers, as appropriate.

All staff must ensure visitors are carefully monitored, in a manner appropriate to the individual circumstances. ***Under no circumstances, should any visitors (including parents/carers) ever have unsupervised access to other children.*** Staff must challenge anyone on the site if they are unsure of their identity.

6.2 Regulating and vetting visiting professionals and contractors

Wherever any type of work is undertaken of any duration by visiting professionals and contractors, the following safeguarding measures will be adopted:

- Where possible, we will ensure that contractors and other external agencies have obtained barred list and enhanced DBS checks along with the right to work in the UK status, on all staff working regularly on VERNON HOUSE's premises.

Contractors and external agencies must show VERNON HOUSE any disclosure appearing on a DBS.

- It is up to the Registered Manager to use their professional judgement to decide whether to request a DBS check for professionals and contractors who do not work regularly on VERNON HOUSE's premises. Where a DBS check is not carried out, the contractor must be supervised at all times when on-site, unless segregation can be assured.
- We will monitor and/or supervise any contact between visiting professionals, contractors and children, in accordance with individual circumstances and relevant risk assessments.
- We will segregate children from the employees of contractors, as far as reasonably practicable. Segregation can be achieved by physical means or by time, or by a combination of both.

Without exception, all visiting professionals and employees of contractors are subject to appropriate identity checks on their arrival.

6.3 Contact with children outside of work

Under no circumstances should staff make or agree on arrangements to contact, communicate or meet current residents outside of VERNON HOUSE-related business or invite/permit a child to visit their own home or that of a family member, colleague or friend.

Staff must not give their personal contact details to children, including their personal email address, landline/home or mobile number; or communicate with children through social networking sites or video calling apps, such as Facebook Messenger or Apple Facetime. For further information, see our 'Safe Working Practice Policy (Code of Conduct)'.

Furthermore, staff must not invite/permit any ex-residents under the age of 18, to visit their own home or that of a family member, colleague or friend.

6.4 Induction and training of staff

All staff are required to attend a basic safeguarding and child protection course (including online safety), as part of their induction and before working with children and refresher sessions every year. Advanced training is made available to those with specific roles associated with child protection e.g., LSCP multi-agency training for the Designated Safeguarding Lead (DSL).

We recognise the importance of relationships between staff and children being based on mutual respect and understanding, and there being clear boundaries regarding acceptable behaviour on both sides.

All staff are required to read and sign the following documents, as part of their basic child protection training. Mechanisms are in place to ensure they have understood our expectations on safe practice and are able to discharge their role and responsibilities effectively.

- VERNON HOUSE's 'Child Protection Policy', which includes information regarding the identity and role of the Designated Safeguarding Lead (DSL); details of the Deputy Designated Safeguarding Lead (DDSL) and all other Designated Safeguarding Persons (DSPs), where appropriate. As well as the policy and procedures to deal with child-on-child abuse.
- VERNON HOUSE's 'Safe Working Practice Policy (Code of Conduct)' which includes low-level concerns, allegations against staff and whistle blowing.
- 'Part one: Safeguarding information for all staff' from the DfE guidance '[Keeping children safe in education](#) (2025), and
- HM Government advice '[What to do if you're worried a child is being abused](#)' (2015).

Staff who work directly with children, including all members of the Senior Leadership Team, must also read the following documents during their induction:

- VERNON HOUSE's 'Anti-Bullying Policy'
- 'Management of Behaviour: Rewards and Sanctions Policy'
- 'Runaway and Missing from Home and Care (RMFHC) Policy', and
- 'Restrictive Physical Intervention (RPI) Policy'

All staff receive high-quality support, advice and individual supervision meetings with a member of senior staff. In addition, all staff receive regular safeguarding and child protection updates (for example, via email and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Staff knowledge and understanding of safeguarding and child protection matters are regularly monitored and assessed through a combination of observation, questioning and reflections on practice issues.

Temporary staff, including agency workers, volunteers and students on placement must read and countersign the Safeguarding and Child Protection in Practice – Key Points for Staff (see Appendix 9) and VERNON HOUSE's Safe Working Practice Policy (Code of Conduct), before working directly with children.

6.5 Working with relatives and close friends

In the interests of child protection and operational integrity, VERNON HOUSE has adopted the following guidance on working with relatives and close friends:

- Staff must tell their line manager/supervisor, at the earliest opportunity, about any “significant social relationship”¹⁵, they have with someone in the setting, which may give rise to an actual or potential conflict of interest, at work.
- No member of staff should take any part in the recruitment, selection or appointment of a relative, ‘partner’ or close friend.
- The appointment of any relative or ‘partner’ of an existing employee must be approved in advance by a member of the Rockhopper Senior Management Team.
- No member of staff should be directly involved in the supervision, appraisal, performance review, promotion or investigation of a relative, ‘partner’ or close friend.
- Related staff and those in personal relationships may not participate together in committees or panels where their combined influence may have a disproportionate/inappropriate effect on any potential outcome; examples include disciplinary hearings and interview panels.
- Related staff and those in personal relationships must not work in positions where one has direct management authority or supervisory responsibility for the other, without a formal risk assessment and monitoring by a more senior member of staff.
- Where related staff and those in personal relationships work in the same department/team, we will conduct a formal risk assessment and seek to minimise any actual or potential risks, or conflicts of interest, at work.

6.6 Admissions policy

On receiving a referral, the Registered Manager will seek to establish whether the child being referred would be likely to benefit from a placement at VERNON HOUSE. They will only accept placements for children where they are satisfied that the home can respond effectively to the child’s assessed needs, as recorded in the child’s relevant plans.

Priority is given to the safety and stability of the group environment and consideration is always given to the impact of a new child on the existing population.

6.7 Education and support

By establishing secure, positive and trusting relationships with children, staff empower them to seek help when they are worried about their own or others’ safety. Safeguarding issues surrounding social awareness, health education, sex education and online safety are taught to all children during the social curriculum.

6.8 Children’s rights

All children have the right to be protected from harm (violence, abuse, neglect and exploitation).

We recognise that children are our primary concern and must be given a voice in all matters relating to their care and education, including safeguarding and child protection. Children’s opinions are sought over key decisions, which are likely to affect them. Their wishes and feelings are taken into account. Their privacy and dignity are respected, as far as is consistent with good parenting and their need for protection; and all matters related to child protection concerns are kept confidential, with access only to those who need it for the child’s protection. Child protection records are kept in electronically against the child’s individual record on CPOMS. These can only be securely accessed via senior staff members with two-factor authentication.

¹⁵ A significant social relationship is one where a person whose close relationship with an individual affects that individual’s behaviour, attitudes and self-esteem. A significant social relationship usually exists with a family member, spouse, partner, child, close friend or business partner.

Children are informed about how to complain if they are unhappy with any aspect of the education or care provided at VERNON HOUSE so that they can feel confident that any complaint will be addressed seriously and without delay.

Children have been informed about **Childline** and telephone numbers for the following organisations are displayed in a prominent position:

- [Childline](#) (Childline is a service provided by NSPCC).
- the Office for Standards in Education, Children's Services and Skills (Ofsted).
- The Office of the Children's Commissioner – '[Help at Hand](#)'.
- children's social care (Office Hours and Out of Hours)
- Independent Visitors and Advocates

Telephone access to the above is always available.

6.9 Relationships between peers

We need to be concerned about the quality of relationships between all children. Day-to-day management will depend upon the judgement of staff in changing circumstances. However, the following guidelines will help staff develop a consistent approach.

Play

Some children need a lot of support to learn the distinction between acceptable and unacceptable play. Both boys and girls need to understand that the difference between play and harassment is essentially to do with the feelings of either party. If play leads to uncomfortable feelings or pain, then it ceases to be play. An activity can only be called play, if it is on the basis that there is no difficulty in either party saying, "stop". "I was only playing" is not an acceptable excuse for hurtful comments, gestures or actions.

Pairings

Forming strong attachments is part of adolescence. Experience shows that at times these attachments are short-lived. However, occasionally they become longer lasting. We need to strike a balance between respecting the developmental needs of adolescents in terms of relationships and other needs to provide a safe environment and to avoid negative or disturbing stereotypes for younger children. In managing such relationships, we need to consider what a sensible parent would do.

- At appropriate times and places there may be a more relaxed attitude by staff towards 'couples', but these children need to respect the sensibilities of staff and younger children.
- 'Love bites' or any deliberate marking of partners, including tattoos, should be actively discouraged and reported when it does occur.
- Sexual intercourse, or any other intrusive sexual activity, is absolutely forbidden. Staff must take special care to supervise children who are thought to be sexually active, especially when they form close bonds with a partner which cross the 12/13 or 16/17-year-old divide.
- Staff must not act as messengers or letter carriers between couples. Nor should they write letters or cards on behalf of children in relationships.
- If children are unable to show a reasonable degree of self-control in relationships, then it may be necessary to take steps to ensure that contact is closely monitored.

6.10 Risk-taking

VERNON HOUSE acknowledges that all children take risks, as a normal part of growing up and it is a tool they use to discover, define and develop their abilities and identity. However, it is important to appreciate the difference between positive or healthy risk-taking (e.g., sports, outdoor pursuits and

making new friends) and negative or dangerous risk-taking (e.g., drug abuse, running away and shoplifting).

In promoting an appropriate balance between healthy and dangerous risk-taking, VERNON HOUSE has adopted a number of safeguarding policies and procedures.

As experienced and responsible adults, our staff also have an important part to play in supporting our children with respect to risk. They:

- need to help children learn how to evaluate risks and anticipate the consequences of their choices.
- need to help children identify healthy opportunities for risk-taking - the experience of healthy risk-taking can itself prevent unhealthy risk-taking.
- must also be aware of their own patterns of risk-taking. Children do watch and imitate the behaviour of adults around them, whether they acknowledge it or not.

We also recognise that staff will “risk assess” on an on-going basis, whether on or off-site and make decisions based on those assessments.

In addition, staff must take reasonable precautions and make informed professional judgements, based on the individual child’s needs and developmental stage, about when to allow a child to take a particular risk or follow a particular course of action. If a child makes a choice that would place them or another person at significant risk of harm, staff should assist them to understand the risks and manage their risk-taking behaviour to keep themselves and others safe.

Where there are safeguarding concerns for a child, their plan, agreed with their placing authority, must include details of the steps the staff will take to manage any assessed risks on a day-to-day basis.

A full and comprehensive set of risk assessments has been developed covering all aspects of our work, including the use of premises, equipment and company vehicles, on-site activities and off-site visits. All staff are expected to familiarise themselves with the relevant documents, as part of their induction and training.

6.11 Positive behaviour support

Children are assisted to develop appropriate behaviour through the encouragement of acceptable behaviour, staff being good role models for children and constructive staff responses to inappropriate behaviour (behaviours of concern).

We have a written policy on behaviour support, and staff, children, parents, carers and referring authorities are made aware of it. All relevant staff are made aware of and follow in practice, our policy on the use and techniques of physical intervention, to protect children from harm either to themselves or to others.

If a child is marked during an incident of restrictive physical intervention, the Designated Officer (DO) must be notified within 24 hours.

For further information, see our ‘Management of Behaviour: Rewards and Sanctions Policy’ and our ‘Restrictive Physical Intervention (RPI) Policy’.

6.12 Anti-bullying policy

All members of our community have a right to live, learn and work in a safe, secure and positive environment. Bullying of any kind is wholly unacceptable and will not be tolerated. We have, and

follow, an anti-bullying policy, with which children and staff are familiar. For further information, see our 'Anti-Bullying Policy'.

6.13 Missing children

VERNON HOUSE has a rigorous approach to monitoring absences, with timely and appropriate follow-up, to ensure that children's attendance is maintained, in accordance with our high expectations.

We have comprehensive procedures to be followed when a child goes missing from education or care and ensure that they are protected as quickly as possible. For further information, see our 'Runaway and Missing from Home and Care (RMFHC) Policy'.

6.14 Online safety and multi-media policy, including sexting

Given the potential for misuse, we provide comprehensive guidance for staff and children on the use of the internet, email facilities, mobile phones and other multi-media devices. Where appropriate, children are obliged to sign a Multi-Media Contract that provides a clear and concise summary of our expectations, as well as the potential consequences of any breach; and ALL staff are required to read and countersign our Safe Working Practice Policy (Code of Conduct).

We recognise that there are many different types of sexting, and it is likely that no two cases will be the same. While different circumstances necessitate different responses, it is important to apply a consistent approach. All cases of sexting will be considered within a child protection context.

For further information, see our 'Online Safety and Multi-Media Policy'.

6.15. Complaints

Children, parents, carers and placing authorities are all able to complain to VERNON HOUSE, if they are unhappy with any aspect of the education or care provided. All complaints are taken seriously and will be dealt with without delay. For further information, see our 'Compliments and Complaints Policy'.

6.16 Whistle Blowing

Employees with any concerns about our work must come forward and voice those concerns. This also applies to concerns about the activities of staff, directors and external organisations and/or professionals in their dealings with the children's home. For further information, see our 'Whistle Blowing Policy'.

6.17 Sleep-in duties and night supervision

All care staff are obliged to undertake sleep-in duties in accordance with rotas, and a member of the care team normally sleeps in each residential area every night. All staff on sleep-in duty must remain 'on-call' throughout the night to support children and colleagues, in need of assistance.

Waking night staff are employed to ensure the general safety and security of the children, especially in the event of a fire. Checks on the children and the buildings are conducted on a frequent but irregular basis. Night staff are required to stay awake, alert and vigilant at all times.

APPENDIX 7

Concerns involving a member of staff, including the Registered Manager

All staff members are advised to maintain an attitude of '**it could happen here**' where safeguarding is concerned, and staff must always act in the **best** interests of the child when concerned about their welfare.

7.1. Support for staff subject to allegations

We are committed to dealing with allegations in a swift, fair and consistent way that provides effective protection for the child and, at the same time, supports the person who is the subject of the allegation. VERNON HOUSE will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

Having consulted the Designated Officer (DO), Danielle Slack (DSL) will inform any member of staff who is subject to an allegation about that allegation and likely course of action, as soon as possible (providing them with as much information as possible at the time).

However, where a strategy discussion is needed, or police or children's social care services need to be involved, Danielle Slack (DSL) must not do that until those agencies have been consulted and have agreed on what information can be disclosed to the accused.

It is recognised that any allegation of abuse may cause the member of staff (and potentially their family members) anxiety and distress. We will always consider carefully whether the circumstances of a case warrant a person being suspended or whether alternative arrangements can be put in place until the allegation or concern is resolved. **However, where there is cause to suspect a child or other children in the setting is/are at risk of harm or the case is so serious that it might be grounds for dismissal, the staff member will normally be suspended pending the outcome of an investigation.**

In all other cases, safe, viable and inventive alternatives to suspension will be considered in consultation with Rockhopper's Safeguarding Lead and/or the Designated Officer, before taking such a step and an individual should only be suspended if there is no other reasonable option.

If the Designated Officer, police and children's social care services have no objections to the member of staff continuing to work during any necessary investigation, the following alternatives will be considered before suspending a member of staff (**all of which will be dependent on advice from the Rockhopper HR Team and/or a risk analysis drawn up with the Designated Officer**)¹⁶:

- redeployment within the children's home, so that the individual does not have direct contact with the child or children concerned.
- providing an assistant to be present when the individual has contact with children.
- redeploying to alternative work in the children's home, so the individual does not have unsupervised access to children; or
- temporarily redeploying the member of staff to another role in a different location.

VERNON HOUSE and Rockhopper Children's Services (VERNON HOUSE's parent company) will always consider the potential permanent professional reputational damage to employees that can result from suspension where an allegation is later found to be unfounded, unsubstantiated, malicious or false.

¹⁶ Considerations will include but are not limited to the nature of the allegation and whether the person poses a risk of harm to children.

If an immediate suspension is considered necessary, the rationale and justification for such a course of action must be agreed and recorded by both Danielle Slack (DSL) and the Designated Officer. This should also include what alternatives to suspension have been considered and why they were rejected.

Where it has been deemed appropriate to suspend the person, written confirmation should be dispatched **within one working day**, giving as much detail as appropriate, for the reasons for the suspension.

Where there are concerns about the welfare of other children in the community or the member of staff's family, the Registered Manager will conduct a risk assessment of the situation and, where necessary make a referral to children's social care.

VERNON HOUSE will provide effective support for anyone making an allegation and anyone facing an allegation and provide the latter with a named contact, irrespective of whether they are suspended or not. Advice will also be given as to alternative avenues of support from, for example, their trade union, professional association, Workplace Options, our Employee Assistance Programme or specific colleagues.

Social contact with colleagues and friends should not be prevented unless there is evidence to suggest that such contact is likely to be prejudicial to the gathering and presentation of evidence.

The named contact must maintain regular communication with the staff member facing an allegation, to ensure they are kept informed of both the progress of their case and current work-related issues. It is not acceptable to leave a person who has been suspended without any support. All communications with the member of staff must be recorded, in accordance with best practice.

Where it is decided, on the conclusion of a case, that a person who has been suspended can return to work, the line manager/supervisor must consider how best to facilitate this. Most people will benefit from some help and support to return to work after a stressful experience. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate. The line manager/supervisor must also consider how the person's contact with the child, or children, who made the allegation, can best be managed if they are still at the children's home.

Every effort must be made to conclude all cases of allegations bearing on the safety or welfare of children, including any in which the person concerned refuses to cooperate with the process. Wherever possible, the accused should be given a full opportunity to answer the allegation and make representations about it. But the process of recording the allegation and any supporting evidence and reaching a judgement about whether it can be substantiated on the basis of all the information available, should continue even if that cannot be done or the accused does not cooperate. It may be difficult to conclude in those circumstances, and it may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete, but it is important to reach and record a conclusion, wherever possible. **VERNON HOUSE will not cease their investigations if the person leaves, resigns or ceases to provide their services.**

Where an allegation is made against an individual not directly employed by VERNON HOUSE, for example, an agency member of staff, the Registered Manager will refer the matter to the Designated Officer and liaise with the relevant employment agency/business.

VERNON HOUSE will usually take the lead in conducting any investigation, because agencies do not have direct access to the children, staff and relevant information required by the Designated Officer, as part of the referral process. **Under no circumstances will we cease to use a member of supply staff due to safeguarding concerns, without finding out the facts and liaising with the local authority Designated Officer to determine a suitable outcome.**

If a report is determined to be unsubstantiated, unfounded, false or malicious, the Registered Manager will consider whether the child and/or the person who has made the allegation is in need of help or may have been abused by someone else and this is a cry for help. In such circumstances, a referral to children's social care may be appropriate. If a report is shown to be deliberately invented or malicious, the Registered Manager will consider whether any action should be taken against the child who made it; or whether the police should be asked to consider if action might be appropriate against the person responsible, even if he or she was not a child at the children's home.

7.2. Record keeping and retention

Record keeping is an integral part of all safeguarding processes. Records that relate to the management of concerns and allegations need to document a complete picture of the events, discussions, decisions, actions and reasons for them. Records must be kept and maintained at every stage of the process.

We will keep a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action taken, and decisions reached about the person's suitability to work with children, securely in a locked cabinet and a reference document placed on the person's confidential personnel file. Details of any referral to the [Disclosure and Barring Service](#) and/or [Teacher Regulation Agency \(TRA\)](#) will also be placed on the file, where appropriate.

Details of allegations that are found to have been malicious or false will be removed from personnel records unless the individual gives their consent for retention of the information. However, for all other allegations (substantiated, unfounded and unsubstantiated), it is important that a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action taken, and decisions reached, and, a declaration on whether the information will be referred to in any future reference is kept on the confidential personnel file and **a copy provided to the person concerned** where agreed by children's social care or the police.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference, where appropriate. It will provide clarification in cases where future DBS checks reveal information from the police about an allegation that did not result in a criminal conviction; and it will help to prevent unnecessary re-investigation if, as sometimes happens, an allegation re-surfaces after some time. The record must be retained at least until the accused has reached normal pension age or for 10 years from the date of the allegation, whichever is longer. The information must still be kept for this length of time, even if the individual no longer works (or volunteers) for the organisation.

Cases in which an allegation was proven to be unfounded, false, unsubstantiated or malicious should not be included in employer references. Any repeated concerns or allegations which have all been found to be unfounded, false, unsubstantiated or malicious, should also not be included in any reference. Substantiated allegations should be included in references, provided that the information is factual and does not include opinions.

All Rockhopper settings must preserve records that contain information about allegations of sexual abuse for the Independent Inquiry into Child Sexual Abuse (IICSA), for the term of the inquiry, (further information can be found on the [IICSA website](#)).

APPENDIX 8

Storage, access, transfer and retention of child protection records

We follow the principles of record-keeping contained within the [General Data Protection Regulation \(GDPR\)](#), [Data Protection Act 2018](#), the [Human Rights Act 1998](#) and the [Freedom of Information Act 2002](#).

8.1. Storage of child protection records

All child protection records are kept in individual files, away from the child's general records, and stored securely in a locked filing cabinet, with access clearly defined and restricted. A child protection file will only be started for an individual resident when VERNON HOUSE becomes aware of a child protection concern associated with the individual child.

The general file will also be labelled to indicate that additional child protection information is held separately.

8.2. Access to child protection records

The child who is the subject of a child protection record has a right to access their record unless to do so would affect their health or well-being or that of another person or would be likely to prejudice an ongoing criminal investigation.

Parents (i.e., those with parental responsibility in law) are entitled to see their child's child protection file on behalf of their child unless to do so would affect the child's health or well-being or that of another person. Note that an older child may be entitled to refuse access to the parents.

The Designated Safeguarding Lead should take advice about sharing information with parents if they have particular concerns about doing so. However, it is generally good practice to share all information held, unless there is a valid reason to withhold it. For example, if to do so would place the child at risk of significant harm. If a parent requests access the records on their child's behalf, this should be done in writing.

When a child or parent wishes to see the child's child protection record, the Designated Safeguarding Lead must consider any third-party information contained in that record. Any third-party information, such as health assessments or social work reports, is the property of the original agency. The setting must seek permission from these third parties before releasing their information to the child or parent.

Child protection information should not normally be shared with agencies other than children's services, health and the police.

8.3. Transfer of child protection records

When a child transfers to another school, college or social care establishment, their child protection records (if any) must be forwarded to the new placement without delay, and in any case **within five working days** for an in-year transfer or within the first five days of the start of a new term.

The original child protection records and safeguarding file (where one exists) must either be passed on by hand or sent recorded delivery, separately from the regular personal file(s). Care must be taken to ensure confidentiality is maintained at all times and the transfer process is as safe and secure as possible.

If the records are posted, they should be copied, and these copies retained until there has been confirmation in writing that the originals have arrived at the new establishment. They can then be shredded.

Whether child protection files are passed on by hand or posted, there should be written evidence of the transfer (such as a slip of paper signed and dated by the member of staff at the receiving establishment). This receipt should be retained for no less than 6 years.

Lack of information about their circumstances can impact on the child's safety, welfare and educational outcomes. In addition to the child protection records, Danielle Slack, Designated Safeguarding Lead (DSL) will also consider if it would be appropriate to share any information with the new placement in advance of a child leaving. For example, information that would allow the new school, college or social care establishment to continue supporting children who have a social worker and/or been victims of abuse, or those who are currently receiving support through the 'Channel' programme and have that support in place for when the child arrives.

8.4. Retention of child protection records

VERNON HOUSE will retain the child protection records of any child, for as long as they remain on roll and transfer them in accordance with the process outlined above, where appropriate.

However, when a child reaches the statutory school leaving age and **does not** move on to another educational/care establishment, we will notify the local authority of the existence of any child protection records and store them securely.

In the case of a children's home, children's case records must be kept for 75 years from the date of birth of the child, or if the child dies before the age of 18, for 15 years from the date of his or her death. Electronic copies of all such records will be destroyed at the same time.

APPENDIX 9

SAFEGUARDING AND CHILD PROTECTION IN PRACTICE - KEY POINTS FOR STAFF

It is important to consider that someone who abuses a child could be a member of their immediate or extended family, a friend, a neighbour, a stranger to them, a member of staff or another child in this establishment. It is therefore essential to remain professional in our approach and objective in our judgement, and not make any assumptions because of our knowledge of the person(s) involved.

All members of staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of VERNON HOUSE) **MUST** adhere to the following procedures if they are worried that a child may be being abused.

- ✓ Inform Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person of any child protection concerns (i.e., concerns about welfare or safety) about a child or member of staff, as a matter of utmost urgency.
- ✓ If you are not satisfied with Danielle Slack's response, or you are unwilling or unable to report Danielle Slack (DSL) for whatever reason, you should make a referral yourself by contacting:

Cheshire East Safeguarding Children's Partnership (CESCP)

Or the **Local Police Constabulary Tel: 101**

- ✓ Alternatively, if staff feel uncomfortable reporting incidents to Danielle Slack (DSL), they may approach the **Group Safeguarding Lead, Rockhopper Children's Services** (VERNON HOUSE's parent company), **Kimberley Taylor via email kimberley.taylor@rockhoppercs.com or telephone 07837 348576**.

Staff may also contact the independent whistle blowing company Safecall on 0800 915 1571 or online at <https://www.safecall.co.uk/file-a-report/>.

- ✓ If a child chooses to confide in you, disclosing any form of abuse, you must listen attentively but not ask any leading questions. The child must tell their own story in their own time. Even what seems to be an unbelievable story, must be listened to, and acted upon appropriately.
- ✓ Record any key points in writing, using the child's own words and phrases, if possible. **Any (handwritten) notes made immediately after the event, must be kept as originals, timed, dated and signed with the name of the signatory clearly printed. If a decision is made to record the details more formally, the original notes must be securely attached to the child protection record.** Any such documentation may be crucial to the protection of the well-being of the child and could well be used as part of a statutory assessment by children's social care and/or part of a criminal investigation and evidence in court. You must submit any written documentation within 2 hours, or by the end of the working day, whichever is sooner. If you are in any doubt about recording requirements, you must contact Danielle Slack, Designated Safeguarding Lead (DSL), the Registered Manager or another Designated Person.
- ✓ If any physical injuries or bruising are noticed ask the child how they sustained the bruise, graze scratch, bite, or other mark(s) on their body. All such marks or injuries, howsoever caused, must

be recorded in writing¹⁷, and the document handed to Danielle Slack DSL), with the child's explanation attached within 2 hours, or by the end of the working day, whichever is sooner. **You must not challenge the child's explanation, ask any leading questions, pressure them to respond to questions, examine a child beneath their clothing, or conduct any further investigations.**

- ✓ If a child requests confidentiality, tell them that this cannot be promised and explain to the child (in a way that they will understand) that staff have a responsibility to share information with those adults who will be able to help protect them from harm. The child should be reassured that the information will be treated with sensitivity and only staff who need to know about it will be told. This could result in the child not continuing the conversation, in which case do not pursue the matter, but record your concerns in writing and hand it to Danielle Slack (DSL).

Staff must never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

- ✓ Do not discuss information given in confidence outside the appropriate professional contexts. All documentation regarding the disclosure must be treated and marked as STRICTLY CONFIDENTIAL and must only be shared with others on a need-to-know basis.
- ✓ If you have any concerns about poor or unsafe practice and potential failures in the children's home's safeguarding regime (which you feel may put children at risk of abuse or serious harm) you must raise these in writing with a member of the Leadership Team. All concerns are taken seriously and will be dealt with without delay.

If you are not satisfied with how they are dealing with the situation you can speak directly to any one of the following:

- Directors of Rockhopper Children's Services (VERNON HOUSE's parent company)
Unit 9, Brook Business Centre, Cowley Mill Road, Uxbridge. UB8 2FX
Telephone: 0203 823 3033 Fax: 020 7681 2153 Email: info@Rockhoppercs.com
- Safecall on 0800 915 1571 or online at <https://www.safecall.co.uk/file-a-report/>
- the NSPCC Whistleblowing Advice Line is available for staff who do not feel able to raise concerns regarding child protection failures internally. Telephone 0800 028 0285 (available 8.00 am to 10.00 pm, Monday to Friday and 9.00 am to 6.00 pm Saturday and Sunday) or email: help@nspcc.org.uk
- the Office for Standards in Education, Children's Services and Skills (Ofsted)
Piccadilly Gate, Store Street. Manchester. M1 2WD.
Telephone 0300 123 1231 Email enquiries@ofsted.gov.uk

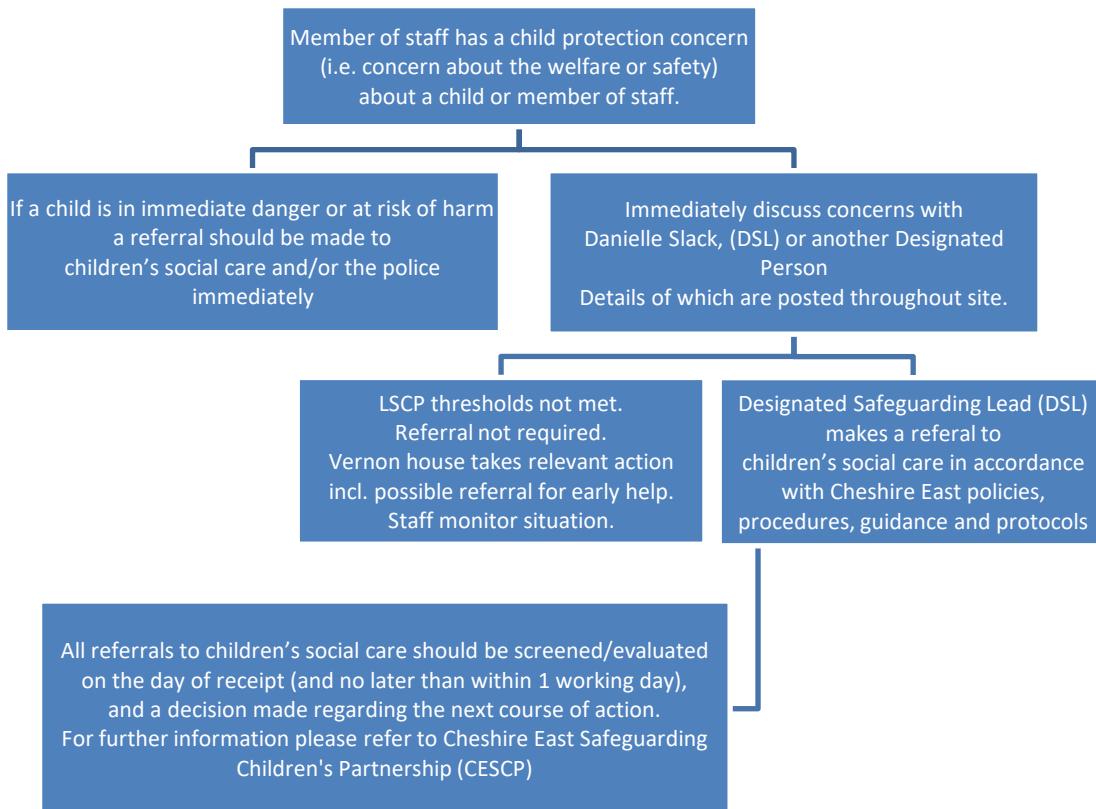
For further information, please refer to our 'Whistle Blowing Policy'

- ✓ **Failure to report actual or reasonably suspected physical, sexual or emotional abuse or neglect of a child is a disciplinary offence.**

¹⁷ If the mark or injury is believed to have occurred while the child was in the care of Vernon house, an 'Accident and Injury Record' must also be completed.

APPENDIX 10
VERNON HOUSE's Flow chart: child protection concern

At all stages, staff should keep the child's circumstances under review and re-refer, if appropriate to ensure the child's circumstances improve – the child's best interests must always come first.



If you are not satisfied with Danielle Slacks response, or if you are unwilling or unable to make a report to Danielle Slack (DSL) for whatever reason, you should make a referral yourself by contacting: [Cheshire East Safeguarding Children's Partnership \(CESCP\)](#)

Or the **Local Police Constabulary Tel: 101**

Other possible contact points, which may be appropriate include:

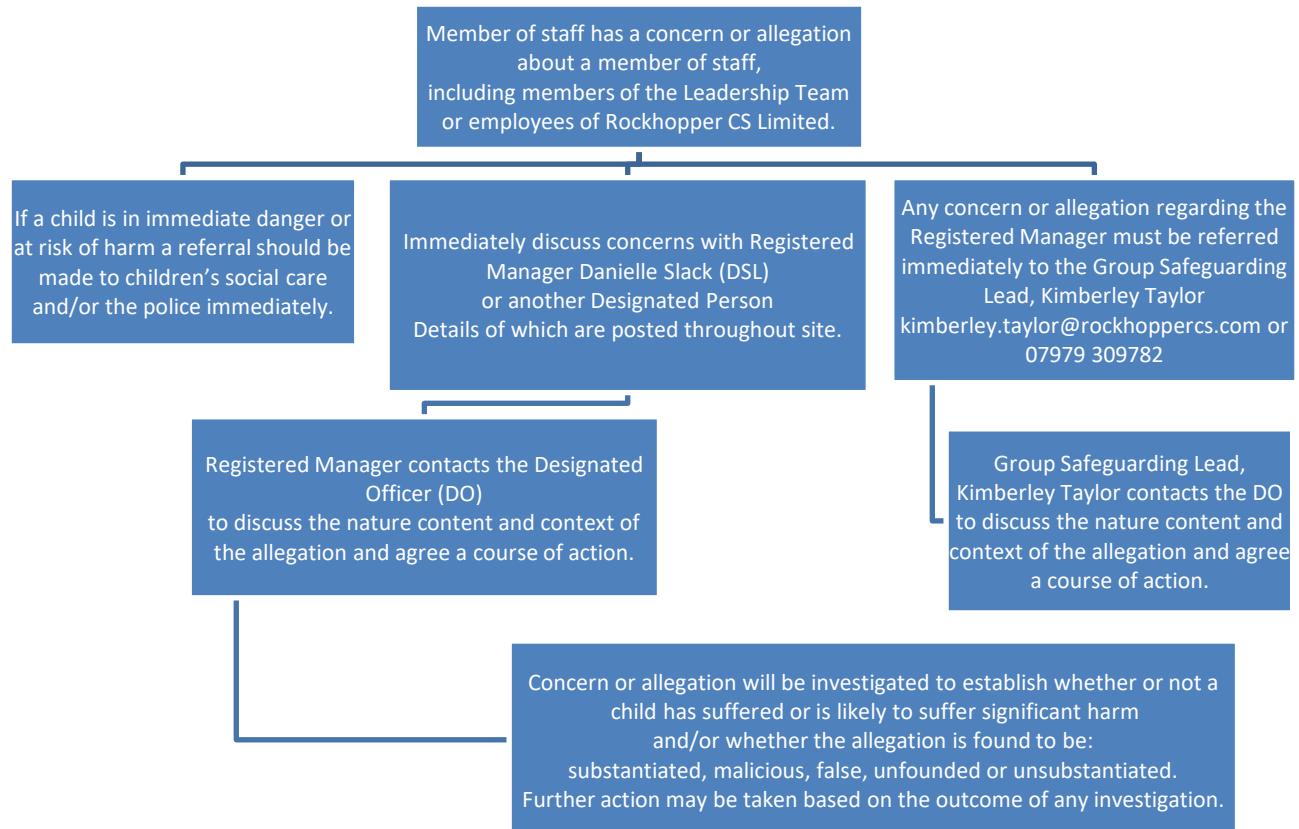
- Group Safeguarding Lead, Kedleston Group Limited, Kimberley Taylor via email k.taylor@kedlestongroup.com or telephone 07837 348576

Other possible contact points, which may be appropriate include:

- Group Safeguarding Lead, Rockhopper Children's Services, Kimberley Taylor via email kimberley.taylor@rockhoppercs.com or telephone 07837 348576
- Directors of Rockhopper Children's Services (VERNON HOUSE's parent company)
Unit 9, Brook Business Centre, Cowley Mill Road, Uxbridge. UB8 2FX
Telephone: 0203 823 3033 Fax: 020 7681 2153 Email: info@Rockhoppercs.com
- an officer of Her Majesty's Chief Inspector (HMCI Ofsted)
- an officer of the National Society for the Prevention of Cruelty to Children (NSPCC).

APPENDIX 11
VERNON HOUSE's Flow chart: allegations/concerns against staff

All staff members are advised to maintain an attitude of '**it could happen here**' where safeguarding is concerned, and staff must always act in the **best** interests of the child when concerned about their welfare.



Should you have an allegation concerning a DSL or the Registered Manager, you may also refer this directly to

[Cheshire East Safeguarding Children's Partnership \(CESCP\)](#)

Or the Local Police Constabulary Tel: 101

APPENDIX 12
KCSIE (2025) Flow chart: actions where there are concerns about a child

