

St Bede's

Catholic School
& Sixth Form College

KEEPING CHILDREN SAFE IN SCHOOL:

SAFEGUARDING OUR CHILDREN: EARLY HELP THROUGH TO CHILD PROTECTION

POLICY AND GUIDANCE FOR DURHAM SCHOOLS

2018/2019

Governing Body Approval : Full Governing Body	
Name: Mrs J Leech (COG)	Signature:
Date:	11.10.2018 - FGB
Review Date	Autumn Term 2019 - 2020

School Name: St. Bede's Catholic School and Sixth Form College

Date Policy Formally Reviewed/Approved By Governors: 19.11.15

Review Date (s): Autumn Term 2015/16 (16/17 - further review on release of Keeping Children Safe in Education 2016; Keeping Children Safe in Education 2018)

Person(s) responsible for Implementation and Monitoring: NH/IM

Other relevant policies e.g. safeguarding Policy, PSHE Policy, Health and Safety Policy Guidelines, Health and Safety Policy and Procedures Document, Allegation Management Procedure, Confidentiality Policy, Safeguarding Standards.

Government statutory guidance e.g. Working Together to Safeguard Children 2013 (15), Keeping Children Safe in Education 2015 (2016) (2018).

Overarching Principles and Values.

St. Bede's Catholic School and Sixth Form College is committed to ensuring that children are treated with respect, free from all forms of abuse or mistreatment. It is vitally important that, as a school, we adopt safe recruitment and selection procedures which help to deter, reject or identify people who might abuse the vulnerable.

The health, safety and welfare of all the people that work or learn at our school are of fundamental importance. We aim to provide a safe, secure and pleasant environment for everyone where people are supported to fulfil their potential. The governing body, as an employer, takes responsibility for the health & safety of all our pupils, members of staff and others who visit our premises.

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Children maximise their potential in an environment which is safe, secure and supportive of all their needs, including any needs they have for protection from abuse.

Our school is committed to promoting the welfare of all children by working in partnership with parents and carers, the Local Authority (LA) and multi-agency partners in early help and child protection, in accordance with locally agreed Local Safeguarding Children Board procedures and practices.

Our policy applies to members of the school community in its widest sense. Thus this includes children and young people, their parents/carers, school staff, governors, visitors, specialist staff, and the local and wider community where they interface with the school. Within its framework, the policy outlines entitlements and responsibilities in securing the protection of children who attend the school (Appendix 1).

Our policy is underpinned and shaped by legislation and guidance contained in a variety of documents including: -

- The Children Act 1989; Children Act 2004
- The Education Act 2002; Education and Inspections Act 2006
- Working Together to Safeguard Children 2018
- The Local Safeguarding Children Board (LSCB) procedures (www.durham-lscb.org.uk)
- What to do if you're worried a child is being abused – DfES 2015

- Keeping Children Safe in Education. Statutory guidance for schools and colleges. September 2018
- Use of reasonable force. Advice for Headteachers, staff and governing bodies. DfES. July 2013
- County Durham Practice Framework: Single Assessment Procedures and Practice Guidance August 2016
- Confidential Reporting Code, (Durham Schools Extranet; Documents Library/HR)
- A Guide for Professionals on the Sharing of Information
County Durham Safeguarding Adults Inter-Agency Partnership and Durham Local Safeguarding Children Board
- Operating Procedures for children and young people who either go missing from home or go missing from Care. Durham Constabulary and Durham County Council May 2012
- *Prevent Duty Guidance: for England and Wales*
HM Government 2015
- The Prevent Duty Departmental advice for schools and childcare providers
Department for Education June 2015

To emphasise the caring ethos of our school, the staff and governors are committed to the following principles:-

- ◆ The welfare and well-being of each child is of paramount importance.
- ◆ Our policy works on the premise that abuse takes place in all communities and that school staff are particularly well-placed to identify and refer concerns and also to act to prevent children and young people from being abused.
- ◆ We respect and value each child as an individual.
- ◆ We are a listening school, and encourage an environment where children feel free to talk, knowing that they will be listened to.
- ◆ The protection of children from abuse is a whole-school issue, and the responsibility therefore of the entire school community.
- ◆ Our policy should be accessible in terms of understanding and availability. Regular training will ensure all adults in school are aware of indicators of concern or abuse and colleagues that act as designated safeguarding leads that such information should be promptly passed on to.
- ◆ Our policy will be developed and kept up to date with information from our relevant partners in early help and child protection as well as national documentation issued by HM Government and The Department for Education.
- ◆ We will use the school curriculum to resource our children to protect themselves from abuse, both as victims and as potential perpetrators.
- ◆ The school runs in an open, transparent way.

1. Overview: Safeguarding

➤ **Definition of 'safeguarding'**

'Keeping children safe in education', DfE, 2018, defines safeguarding and promoting the welfare of children as:

'Protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes. 'Children' includes every one under the age of 18'.

➤ **Safeguarding within this school**

Everyone who comes into contact with children and their families has a role to play in safeguarding children. School staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and their staff form part of the wider safeguarding system for children by working with social care, the police and health services both to promote the welfare of children and protect them from harm.

Safeguarding children permeates all aspects of our work as a school, with a preventative role to inform and boost the resilience of all students by enhancing protective factors in their lives. Accordingly this policy links with many other related policies in school:

School Behaviour policy

Whole-school Anti-bullying policy, including cyber-bullying and other forms of peer-peer abuse

Health and Safety policies

Medication in school/First Aid policies

Intimate care policy

Substance use and misuse

School visits including risk-assessments

ICT/e-safety

RSE

Preventing Extremism and Radicalisation

SEN/LAC

Equal Opportunities

⇒ Local multi-agency safeguarding arrangements and policies are on the following website: on www.durham-lsccb.org.uk. The online document is always current.

⇒ County Durham Practice Framework: Single Assessment Procedure & guidance. September 2015

⇒ Managing Allegations against Staff (Durham online local multi-agency safeguarding arrangements and policies)

⇒ Keeping children safe in education September 2018.

➤ **Safeguarding throughout school life**

- We aim to create and maintain a **caring ethos** where all children and adults feel safe, secure and valued. If children feel happy and enjoy school this will encourage good attendance and then create conditions in which they can do their best in every

area of school life. Our school operates as a listening school where children are able to approach adults with concerns. These will be taken seriously and relevant local multi-agency safeguarding procedures followed without delay if there is a risk/likelihood of, or actual **significant harm**.

-Curriculum: children have access to an appropriate curriculum, differentiated to meet their needs. This enables them to learn to develop the necessary skills to build self-esteem, respect others, defend those in need, and resolve conflict without resorting to violence. Children learn skills to question and challenge to enable them to make informed choices now and later in life. A protective factor for children is personal resilience including strong social and emotional skills. All work with children which boosts confidence and self-esteem is valuable to protect them from peer pressure and outside influences detrimental to their physical and mental well-being.

Children are encouraged to express and discuss their ideas, thoughts and feelings through a variety of activities and have access to a range of cultural opportunities which promote respect and empathy for others. As part of our new Prevent duty under s.26 of the Counter-Terrorism and Security Act 2015 we are aware of the importance of building pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views. Schools can build pupils' resilience to radicalisation by providing a safe environment for debating controversial issues and helping children and young people understand how they can influence and participate in decision-making. (See Section 9)

(PSHE curriculum, Religious Education), Art, Music, Drama, English are some of the areas of the curriculum in which children can discuss and debate important issues including lifestyles, health, safety and well-being (physical and emotional), sex education and healthy relationships, family life, child care and parenting, forced marriage, domestic abuse, religious beliefs and practices as well as human rights issues. These subjects can be used to teach children and young people to recognise and manage risk, make safer choices, and recognise when pressure from others threatens their personal safety and wellbeing. They can develop effective ways of resisting pressure, including knowing when, where and how to get help.

-Universal services and specialist support staff

-The following also contribute to our work to safeguard and promote the welfare of our students and can be accessed via Student Support:

The school nurse – Mrs A Johnson

Educational Welfare Officer

School Counsellor Mrs J Bestford

School Chaplain – Mrs K Hutchinson

Educational Psychologist

Child and Adolescent Mental Health Service

Learning mentors

The extended day

Breakfast club

Lunchtime activities, meals and supervision by catering/supervisory staff. Safeguarding at lunchtime has been enhanced with the introduction of Period 4 (Split lunch) arrangement.

After-school activities on and off site

These all provide further opportunities for students to develop positive and caring relationships with adults, who themselves will be trained to be aware of signs and behaviours that could suggest concerns. Supportive relationships outside the home, such as those with adults in school and other children are additional protective factors that boost children's resilience. Staff will always work with children in a professional way and are reminded to respond to disclosures sensitively and appropriately. All adults in school know the names of the designated safeguarding lead (The Designated Teacher for CP) and should be made aware of their responsibility to pass on any issues of concern without delay and make a written record.

Working with parents and carers

Our school believes in effective communication with parents and carers. We welcome parent/carer views and concerns about the welfare of their children and use this feedback to regularly review our practices. Parental views are obtained in the following ways:

Surveys, questionnaires (Kirkland Rowell/PASS), parents' evening feedback, Parents Reference Group.

We keep parents informed about important and topical issues, including child protection elements of safeguarding, in the following ways:

Newsletters, letters home, website, text messaging, training/information sessions e.g. e-safety, bullying etc, transition events.

We aim to have good working relationships with parents and carers and to work in partnership with them through transparency and honesty. However, we do not forget that their child's needs and welfare are our paramount concern, thus obtaining consent to take matters further is **not** always appropriate. This obligation is set out in our school prospectus/brochure (see Appendix 4).

➤ *Safeguarding and Child Protection training for all staff/adults working in school*

Our school complies with the advice laid down in 'Working Together to Safeguard Children' 2018 and 'Keeping children safe in education' 2018 to undertake regular training.

This is covered in more detail in Section 3.

Date of last training: LSCB Level 1 to all staff April 2016 rolled out to Governors July 2016.

New staff and trainees, undertake the training as part of their induction.

A record of those trained may be found in the Single Central Record. Individuals have a certificate to verify their attendance.

- Training for the designated safeguarding lead and other designated teachers in school is undertaken every 2 years

Mr I Merrington 13. 04.2015 (LSCB) refresher May 2018

Mrs G Kilburn 13.04.2015 (LSCB) refresher April 2016

Deputy Designate

Mrs J Bradley December 2013 refresher April 2016

Prevent training – *all staff 16.11.2015 (evidenced by register with timely refreshers)*
New staff and trainees, undertake the training as part of their induction.

We recognise that as a minimum schools should ensure that the Designated Safeguarding Lead undertakes Prevent awareness training (Mr P Diston) and are thus able to provide advice and support to other members of staff on protecting children from the risk of radicalisation (The Prevent Duty DFE June 2015)

- The Nominated Governor with responsibility for Child Protection is Mr S Isles
- The Headteacher, other staff responsible for recruitment and Staffing Committee Governors have attended 'Safer Recruitment Training' delivered by LA to NCSL standard - March 2009.
- Mr I Merrington accredited Safer Recruitment Train the Trainer – 11.09.15.
- Guidance for safer working practice for those working with children and young people in education settings. The Safer Recruitment Consortium. October 2015.

2. Child Protection within safeguarding arrangements for all children/young people in school

There are a series of layers of care and intervention ranging from safeguarding for all/universal services (single-agency activities) through to multi-agency work under the Children Acts 1989 and 2004:

- Safeguarding arrangements in school: entitlements under Every Child Matters
- Early Help (Level 2 Yellow Durham Stairway) within universal services
- More complex cases requiring Early Help (Level 3 Amber))
- Child in Need (Level 4 Red Durham Stairway) yet consent required as for Levels 2 and 3
- Child Protection (Level 4 Red 'Safeguarding' Durham Stairway)

The Single Assessment Procedures & Practice Guidance, August 2016, show these diagrammatically on the 'Durham Staircase and continuum of Need'.

The five steps span a continuous process of assessment from Early Support and Intervention (Levels 1-3) to statutory arrangements (Levels 4 and 5).

➤ **Every Child Matters**

The Children Act 2004 sets out in statute the five outcomes that are seen as key to children and young people's wellbeing:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic wellbeing

Education settings have a significant role in promoting these five outcomes as part of their every-day safeguarding work with pupils:

The Children, Young People and Families Plan 2016 - 2019, produced by the County Durham and Families Partnership includes the following objectives that link directly to our safeguarding work in schools:

Objective 1: Children and Young People realise and maximise their potential:

Outcome 1: Children are supported to achieve and develop during their early years

Outcome 2: Children and young people are supported to achieve and attain during school years to prepare them for adulthood

Outcome 3: Young people are supported to progress and achieve in education, employment and training to achieve their potential

Outcome 4: Children with additional needs are supported to achieve and attain

Objective 2: Children and young people make healthy choices and have the best start in life

- Outcome 5: Negative risk-taking behaviour is reduced
- Outcome 6: Children and young people are more resilient
- Outcome 7: A range of positive activities are available for children and young people
- Objective 3: A think family approach is embedded in our support for families**
- Outcome 8: Early intervention and prevention services improve outcomes for families
- Outcome 9: Children are safeguarded and protected from harm
- Outcome 10: Children who cannot live with their families achieve permanence and stability

➤ **Life at Home**

The Framework for Assessment triangle, reproduced below, summarises every aspect of a child’s life under three headings:

- Child’s developmental needs (How I grow and develop)
- Parenting capacity (What I need from people that look after me)
- Family and environmental factors (My wider world)

This structure is mirrored in the Single Assessment Framework Early Help assessment



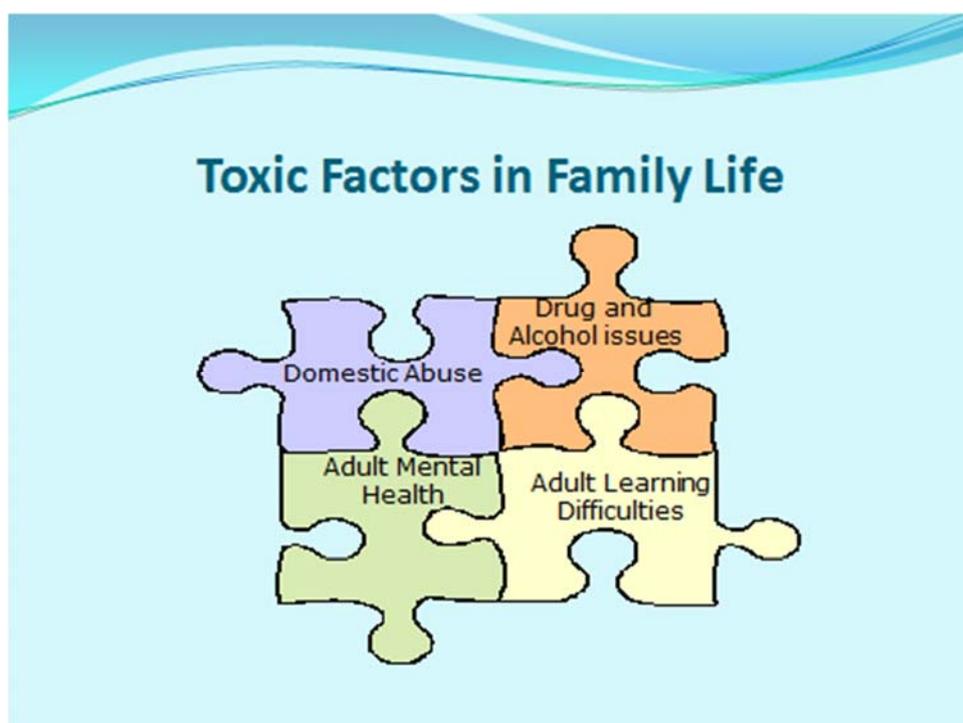
Aspects from all three domains combine in home life and staff and adults in school should be mindful of these connections as they work with children and their parents/carers in school.

This school believes that it is essential to work with parents and carers in the best interests of their children. However, good relationships with parents and carers

should not detract from our primary concern which is the welfare of children in this school.

Staff are made aware in training of the 'toxic quad' issues in home life that could have an impact on the way children are parented (Munroe, 2010). The Government research into Serious Case Reviews reveals that the presence of one or more of the following issues could have a detrimental impact on parenting of children in that household:

- Domestic abuse (violence)
- Substance misuse (alcohol and or drugs)
- Adult mental health
- Learning Disabilities



Neglect is the largest category for children being on the Child Protection list (nationally and in Durham). There is Neglect Practice Guidance produced by the LSCB on the website containing factors and can elevate and reduce risk.

➤ **Signs and behaviours of concern**

'All school and college staff members should be aware of the indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection'.¹ Keeping children safe in education, September 2018, Part 1

Paragraph 18 of the document emphasises that staff should be particularly alert to the need for early help for the following groups of children:

- is disabled and has specific additional needs;

¹ Keeping children safe in education, May 2016 Part 1

- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer
- is frequently missing/goes missing from care or home;
- is misusing drugs or alcohol;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse; and/or
- has returned home to their family from care.

‘All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via e-mail, e-bulletins and staff meetings), as required, but at least annually to provide them with relevant skills and knowledge to safeguard children effectively’. *Keeping children safe in education, September 2018, Part 1.*

In our school we do these regular updates through:
 Training sessions, briefings, INSET events, email updates.
 Notes of these kept in a separate file.

Our school understands that it is best practice to discuss concerns with parents/carers before contacting First Contact Service (providing this does not present a delay), or unless by doing so the child would be put at further risk of harm.
 First Contact Service: 03000 267979.

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children’s social care (and if appropriate the police) is made immediately. *Keeping Children Safe in Education September 2018 Part 1 (29).*

Anyone can make a referral. When referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed, as soon as possible, that a referral has been made’.

➤ ***The Single Assessment Procedure & Practice Guidance***

‘All school and college staff should be prepared to identify children who may benefit from early help’ *Keeping children safe in education, September 2018 (8)* This relates to work with other universal agencies on Level 2 and Level 3 of the Durham Staircase and Continuum of Need. Our school is aware that ‘no single professional can have a full picture of a child’s needs and circumstances’. Also that ‘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’. KCSIE 2018 (3).

This school works with the consent of parents and carers to jointly undertake assessments where an unmet need has been identified. However, we are aware from the new document, ‘A Guide for Professionals on the Sharing of Information’ (Durham, 2014) that it may be necessary to meet with other services and agencies even if this consent for a ‘Team around the Family’ meeting is not forthcoming.

These professional meetings are important to share concerns, suggest ways forward along with further work to encourage participation by parents/carers in early help processes. 0-19 Hubs, One Point colleagues and Early Help Advisors are also a useful source of advice in these circumstances.

Team around the Family (TAF) is an early means of intervention to provide appropriate advice and support for the parents/carers and young person by working with appropriate local agencies through Team around the Family arrangements. See www.durham-lscb.org.uk

Durham Multi-Agency Safeguarding Hub (MASH)

Where concerns are identified as Level 3 or 4 on the Durham Staircase, our school will cooperate promptly and fully with relevant information to inform further assessments undertaken by the MASH team.

➤ *Child in Need*

Section 17 of the 1989 Children Act
Working Together 2018

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. KCSIE 2018 (29)

This school recognises the importance of this early support and intervention work in more complex cases undertaken with the consent of parents and carers at Step 3 (Amber) of the Durham Staircase and Continuum of Need. We work with parents/carers, the child and other relevant agencies. We recognise the importance of attendance at Team around the Family meetings and contributing relevant and timely information for updating the Family Plan.

➤ *Child Protection and significant harm*

Step 4 (red) 'Safeguarding concerns' on the Durham Staircase

Section 47 of the 1989 Children Act
Working Together 2018

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so called honour based violence, and extra-familial threats like radicalisation and sexual exploitation'. KCSIE 2018 (29)

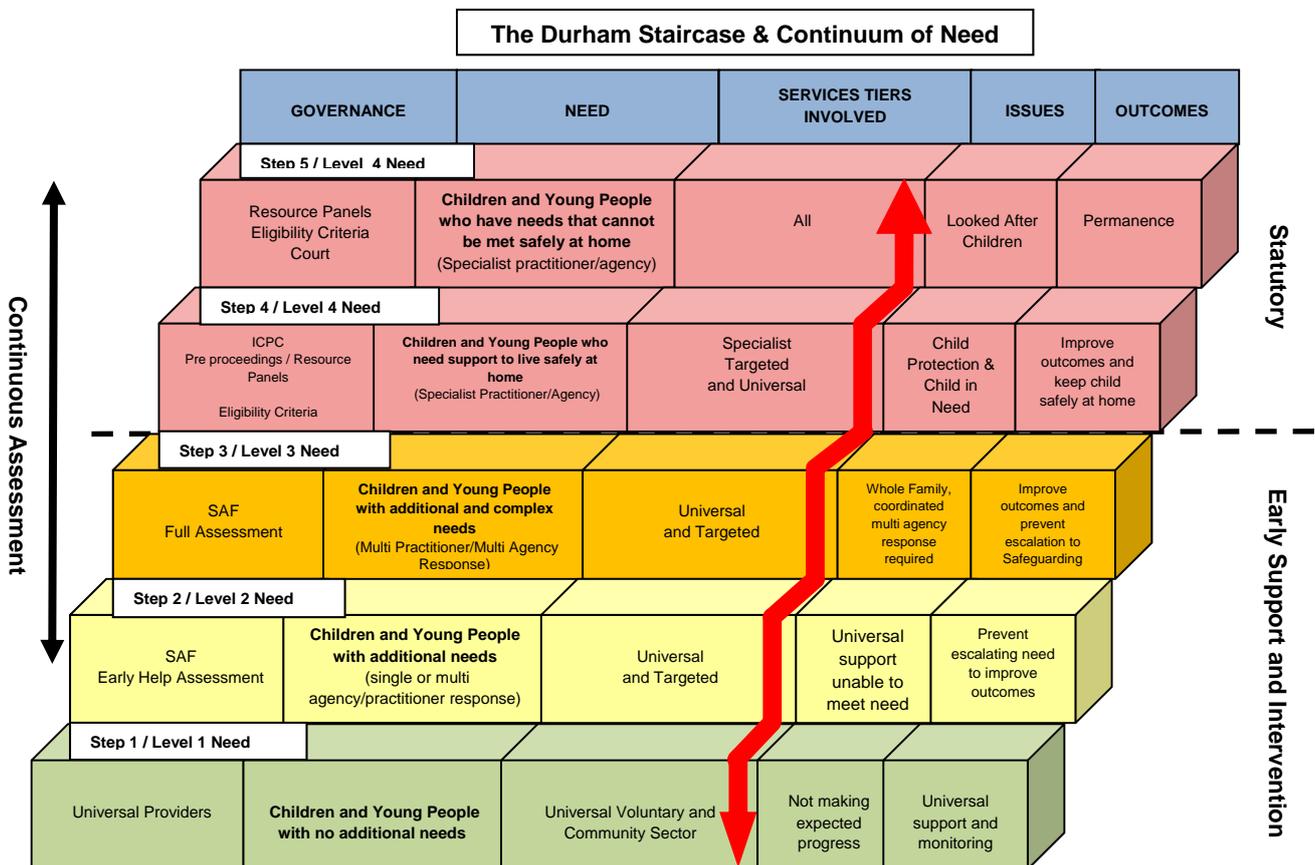
Significant harm is where some children are in need because they are **suffering, or likely to suffer, significant harm**. This is the threshold that justifies compulsory intervention in family life in the best interests of children.

➤ **Prepare for the unexpected**

Staff are aware from their training that some children might display worrying signs/symptoms or disclose information suggesting abuse, when they have never previously given rise to concern. Staff must contact the designated safeguarding lead for child protection **without delay** so concerns can be discussed with the First Contact Service as soon as possible. In all cases it should be borne in mind that other siblings might be at risk in the household as well as the one presenting concerns in school. . ‘Staff working with children are advised to maintain an attitude of **‘it could happen here’** where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the **best** interests of the child’. KCSIE 2018 (21).

➤ **The Durham Staircase**

This is a diagrammatic representation of the continuum of assessment and intervention in Durham from universal services through to child protection arrangements.



Level 1 - Universal Provision Children with no additional needs.

Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.

Level 2 - Early Help – Targeted Provision Children with Additional Needs which can be met by a single practitioner/single agency or where a coordinated multi-agency response is needed.

These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential. The single assessment process Early Help Assessment is the tool to use to identify need and plan help for the family.

Level 3 - Early Help – Targeted Provision for Children with multiple issues or complex needs where a co-ordinated multi-agency response is required.

These are children and families whose needs are not being met due to the range, depth and significance of their needs which makes them very vulnerable and at risk of poor outcomes. A multi-agency response is required using either the single assessment framework whole family assessment tools as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and coordinated approach and more intensive intervention and help. Lead Professionals could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change and reduce the likelihood of moving into Level 4 services.

Level 4 - Services to keep the child safely at home – where a statutory response is required.

These are children whose needs and care is significantly compromised and they may be at risk of harm or at risk of becoming accommodated by the Local Authority. These families require intensive support on a statutory basis. This will include support provided by Children's Services under a Child Protection Plan and may require the use of legal orders. The assessment and multi-agency response will be coordinated by a social worker, will be holistic and consider the needs of all family members.

Level 4 (step 5) - Need that cannot be managed safely at home.

Children and young people who require intensive help and support from a range of specialist

In general, children and young people with disabilities will have their needs met through early help and targeted services at levels 1, 2 and 3. However, some children with a high level of need related to severe disabilities may require specialist services at levels 4.

3. Child Protection policy for St Bede's Catholic School and Sixth Form College

This policy applies to all staff, governors and volunteers working in school. There are six main elements to the policy:

- (1) Establishing a safe environment in which children can learn and develop
- (2) Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children
- (3) Training and supporting staff to equip them to appropriately recognise, respond to and support children who are vulnerable and may be in need of safeguarding
- (4) Raising awareness of child protection issues and equipping children with resilience and the skills needed to keep them safe
- (5) Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse
- (6) Supporting pupils who have been abused in accordance with his/her agreed child protection plan

(1) Establishing a safe environment in which children can learn and develop

This links to the school's overall safeguarding arrangements and duty of care to all students.

The following policies are relevant:

PSHE Policy, Health and Safety Policy Guidelines, Health and Safety Policy and Procedures Document, Child Protection Policy, Prevention of Radicalisation, Allegation Management Procedure, Confidentiality Policy, Safeguarding Standards.

(2) Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children - cross reference Safeguarding Policy, Safeguarding Employment Standards, Visitors Policy, Child Protection SEF, Safeguarding Strategy, Safeguarding Audit of Practice.

The following staff and governors have received Safe Recruitment training:
Neville Harrison

Ian Merrington

Primary Headteachers

Mrs J Underwood Headteacher PA and administrator of the recruitment process.

Staffing Committee members

- Our school will comply with the requirements outlined in local multi-agency safeguarding arrangements 'Key Safeguarding Employment Standards' and

in the LSCB Child Protection procedures as well as national documentation in 'Keeping children safe in education' September 2018, Part 3.

- Our school will refer to its responsibilities regarding safeguarding and child protection in all job descriptions, and/or to its profile in the school, in the general information distributed with application forms. Annex B in Keeping Children Safe in Education September 2018 has specific details of the role of the designated safeguarding lead.
- Our school will undertake appropriate pre-employment checks on all staff working in school, including criminal record checks (DBS checks), barred list checks and prohibition checks together with references and interview information, as detailed in Part 3: Safer Recruitment in Keeping children safe in education, 2018.
- As outlined in KCSIE 2018 (109-116), the level of DBS certificate required, and whether a check for any prohibition, direction, sanction, or restriction is required, will depend on the role that is being offered and duties involved (99). As the majority of staff will be engaging in regulated activity, an enhanced DBS certificate which includes barred list information, will be required for most appointments (100).
- In a school or college a **supervised** volunteer who regularly teaches or looks after children is not in regulated activity (KCIE2018).
- Volunteers will not be left unsupervised with groups of children, nor will they be in areas where they cannot be fully seen by the supervising teacher.
- In accepting the offer of help from volunteers, especially those unknown, staff are aware that schools in general are attractive places for 'unsafe' volunteers.
- Schools may be places where those with unhealthy interests in children seek to find employment (paid or otherwise). Staff should be vigilant about all inappropriate behaviour with children that gives cause for concern. The Headteacher and governors must be aware of the Durham County Council Confidential Reporting Code arrangements.
- Supply staff - ensure that appropriate DBS checks are carried out before employing supply staff, especially those not available via the Durham Supply Partnership.
- Our Governing Body will be aware of their responsibilities in connection with staff appointments and similarly aware of their liabilities especially if they fail to follow LA guidance.
- Volunteers and helpers will not be given tasks beyond their capabilities and therefore where they might feel under pressure.
- Volunteers and helpers should feel able to discuss difficulties with the teacher, who will respond with advice and additional guidance and supervision.

- Volunteers and helpers will not have the opportunity to feel that they are in charge and thus in a position of power, which may then be abused.
- Volunteers, helpers and staff new to the school are given a leaflet that covers behaviour guidelines for staff and volunteers.

(3) Training and supporting staff to equip them to appropriately recognise, respond to and support children who are vulnerable and may be in need of safeguarding

- ‘**All** staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction’.

This should include:

- The child protection policy
- The staff behaviour policy (sometimes called a code of conduct); and
- The role of the designated safeguarding lead’ (including the identity of the designated safeguarding lead and any deputies), KCSIE September 2018 Part 1 (13)

Copies of policies and a copy of Part 1 of Keeping children safe in education, September 2018, should be provided to staff at induction.

- ‘If staff have **any concerns** about a child’s welfare, they should act on them immediately’. KCSIE Part 1 (23). They should not assume a colleague or another professional will take action. Staff should also be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision’.
- In addition, staff (including temporary, supply staff, contracted staff and volunteers) should receive an induction covering signs and symptoms to be aware of, response to disclosures and the need for prompt communication to the designated safeguarding leads and accurate recording. This will include how to record information about concerns on CPOMS if this system is used in school.
- Safeguarding responsibilities of all staff will be re-enforced before they start work. This policy along with a booklet covering safe professional practice, ‘Behaviour Guidelines for Staff’, will be made available to them. All staff will be made aware of the practical government guidance document ‘Guidance on Safer Working practice for Adults who Work with Children and Young People’, Safer Recruitment Consortium. October 2015.
- All adults working in school will be asked to read Part 1 ‘Safeguarding information for all staff’, pages 1-17 from ‘Keeping Children Safe in Education’ 2018 – evidenced by register.
- All adults working in school receive regular whole-school safeguarding and child protection training on a three-yearly cycle. The majority of staff receive training in twilight sessions or INSET days. Training is delivered by online

using LSCB Level 1 training, regularly updated to reflect new priorities and concerns within the County and priorities of the LSCB.

- Staff who miss these sessions or join the school within the three-year cycle receive training either through e-learning, attendance at a neighbouring school or through an in-house briefing by the designated safeguarding lead in school.
- Names of adults at these sessions are recorded in the Safeguarding File along with the Single Central Record.
- In addition, adults are regularly reminded of key messages in order to maintain heightened awareness of safeguarding and child protection issues. Safeguarding is embedded in all our work within school. We do this in the following ways in school:
 - Through briefings
 - Staff meetings
 - Bespoke CPD
 - Emailed documents and updates provided within Noticeboard 365.
 - Assemblies
 - Induction sessions include the safeguarding oneself and make specific reference to the leaflet, 'Behaviour Guidelines for staff and volunteers', that offers guidance to staff and volunteers on the way they should behave when working with children, see Appendix 3 In addition, staff are made aware of the document: 'Guidance for Safer Working Practice for Adults who work with Children and Young People' (January 2009)²
- In addition to the Designated Officers, the following staff are responsible for coordinating child protection and safeguarding work within the broader school curriculum and extended curriculum:

Mr P Diston	PSHE Coordinator
Mrs B Meggeson	Transition Coordinator
Mrs J Bestford	School Counsellor
Mrs K Hutchinson	School Chaplain
Mr A Freeman	E-safety

Student Support Teams

- Member of the team supporting the designated safeguarding lead specialise in promoting certain themes within school
 - Young carers*
 - Domestic abuse awareness*
 - Drugs and alcohol*

² Based on an original document by the Investigation, Referral and Support Co-ordinators network, commissioned by the DfES.

Child Sexual Exploitation Prevent

- 'The designated safeguarding lead and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated every two years'. Keeping children safe in education, September 2018, Part 2 (66).
- Courses are delivered by Education Durham, Durham County Council, and details are displayed on the Durham Schools Extranet as well as in the CPD directory. In addition to school-specific single agency training courses, staff are encouraged to attend other local multi-agency courses a. These include a Level 2 Safeguarding processes course as well as specialist themes on Level 3 courses.
- The Nominated Governor with responsibility for Child Protection is Mr S Isles
- The Headteacher, other staff responsible for recruitment and one Governor have attended 'Safer Recruitment Training'
- Date they attended this training and provider: March 2009 – provider Mr B Piercy, SGSS to NCSL programme.

(4) Raising awareness of other safeguarding issues, boosting resilience and equipping children with the skills needed to keep them safe

We raise other related issues with children and their parents/carers in the following ways:

Children

- Awareness of IT, e-safety issues including cyber-bullying, sexting and hazing. We are mindful that children are safe from terrorist and extremist material when accessing the internet in schools. All schools in the County have the new Smoothwall filtering and monitoring system in place for this and other potentially risky content. It is wise for a Designated Safeguarding Lead to review these records regularly to see whether it links up with other safeguarding concerns about particular individuals. Online safety is continually emphasised in line with Annex C of Keeping children safe in education, September 2018.
- Other themes are addressed through our PSHCE and SRE programmes, assemblies, outside visitors and trainers.
- Names (and photographs) of staff and adults in school that children can speak to if they have concerns (school, family or community issues).

Parents/Carers

- Our website and newsletter will re-enforce the message that our school is committed to the welfare and protection of all children in its care. School staff and governors take this duty of care very seriously.
- Newsletters, letters to parents about specific issues, our school web site and Parents Evenings are used to disseminate and re-enforce key safeguarding and child protection information
- Parents are told that it is essential that school records are kept up to date. Parents are asked to keep school informed of any changes. We are aware that as a school we are required to hold more than one emergency contact number for each child KCSIE 2018 (57). School will accordingly update records held to reflect:
 - current address and telephone contacts
 - which adults have parental responsibility
 - court orders which may be in force
 - children on the Child Protection list
 - the child's name at birth and any subsequent names (taking care over unusual spellings)
 - any other changes to home circumstances

(5) Developing and implementing procedures for identifying and reporting cases, or suspected cases, of abuse

Names of designated safeguarding leads

All staff, including part-time, peripatetic and adults working with children in school should be informed who these colleagues are. Crucially, this also applies to work-placement students, trainee teachers and supply staff who might be the fresh new face that a child might disclose something important to.

Mr I Merrington	-	Director of Academy Services	ext 204
Mrs G Kilburn	-	Senior Assistant Headteacher	ext 311
Mrs J Bradley	-	Associate Assisnat Headteacher	ext 235

Contact details are also on the home screen of the reception notice screen.

Recording concerns

ALL concerns passed to the designated safeguarding leads must be written, signed and dated on the relevant "Concern" form.

The more relevant details staff document the better (approximate size, colour of injury, which arm, if burn is scabbing over etc.) Staff can express concern or sensitively remark about an injury (open ended questions), but should not ask direct questions. They should never do so in front of other children.

Disclosures of worrying information by children must also be recorded on a 'concern' form.

'All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead....'

‘Staff should never promise a child that they will not tell anyone about an allegation- as this may ultimately not be in the best interests of the child’.
Keeping children safe in education, September 2018, Part 1 (16).

Staff should write the exact words used by the child. Any original notes/jottings/reminders made by the adult must be stapled to the form as first-hand information that could be important if a case went to court.

Listening to Children and Receiving Disclosures

- We embrace our role as a listening school where children can discuss concerns with any member of staff or adult who works with them.
- Staff (teaching and support) will make time and be available should children approach them with a situation they are worried about.
- Concerns must be taken seriously and at face-value. It is easy to make speedy judgements based on previous knowledge of the child or young person.
- ‘Staff members working with children are advised to maintain an attitude of **‘it could happen here’** where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the **best** interests of the child.’ Keeping children safe in education, Sept 2018, Part 1 (21).
- Staff receiving a disclosure are unable to promise ‘keeping a secret’ or confidentiality. They will need to explain that depending on what the child says they might need to share the information with someone who deals with these concerns in school
- If the child does not wish to continue and say anything further the adult should pass on the concern to the designated safeguarding lead that might wish to keep an eye on that student and may well be aware of other issues of concern.
- When the member of staff next comes across the child concerned, it would be appropriate to ask how they are and remind them that they are able to come and talk when they wish.
- Staff should never speak to another sibling in the family to make enquiries: to investigate concerns is not the role of the school and parents/carers would be rightly aggrieved.
- If there is concern about another member of staff or adult working in school, the matter must be passed straight to the Headteacher. The member of staff concerned must not be spoken to.

Please remember:

- (i) the child should be allowed to make the disclosure at his/her own pace and in his/her own way.
- (ii) the member of staff should avoid interrupting except to clarify what the child is saying but
- (iii) should not probe for any information that the child does not volunteer.

Recording and Response of the designated lead professional

All information received should be stored in the child's 'concern' file. This is kept securely in locked storage and away from the child's individual school records. (The child's individual file will be marked to show the existence of the additional 'concern' file). It is essential that all designated safeguarding leads can access these documents in an emergency or in the event of an enquiry for information by the MASH (Multi-Agency Safeguarding Hub) Team, for example.

Good practice is to have a simple 'chronology of events' sheet at the start of the file. This enables more efficient regular monitoring of children's files as part of the on-going work of the designated lead professional.

Schools should make use of the official LSCB chronology template, downloaded from the internet site. Chronologies are made use of in all multi-agency work from Early Help arrangements and Team around the Family right through to Child Protection conferences and meetings. The chronology along with a report is essential preparation for Initial Child Protection conferences. Care must be taken not to alter the fixed widths of columns on this template.

Discussing concerns with the First Contact Service 03000 267979

Procedures detailing local multi-agency arrangements may be found on www.lscb-durham.org.uk, including detailed information about the management of individual cases. In addition staff should refer to the County Durham Practice Framework: Single Assessment Procedure and Practice Guidance, September 2015.

There is a new Referral Form for notifying First Contact of concerns. In cases where there is not an immediate Level 4 (Red) 'Safeguarding' concern, DSLs should e-mail or fax the information through. First Contact will triage the concerns raised and pass on to colleagues in the appropriate One Point Hub or the MASH Team for further enquiries to take place.

If a concern is taken up as a **referral** under section 47: Child Protection, actual or likelihood of significant harm, parents or carers should be informed of this **unless to do so would place the child at further risk of harm**

If the child requires immediate medical attention staff will accompany the child to the nearest Accident and Emergency Department. First Contact will be informed immediately if the injuries are linked to a child protection matter, so an appropriate paediatrician sees the child. The Director of Children and Young People's Services will be informed and parents will be notified of the action taken.

If the situation is an emergency and staff are unable to speak to First Contact they should phone the Police on 0845 60 60 365 and ask to speak to a colleague in the Vulnerability Unit concerning a child.

<p style="text-align: center;">Police Switchboard: 0345 6060365 Ask for the nearest local Vulnerability Unit to school</p>
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Discussions with First Contact will be followed up in writing

Discussions of concern or specific referrals will be followed up in writing, using the format of the Early Help Assessment.

The information will be sent via secure e-mail to First Contact, by fax (taking extreme care to ensure the number is correct) or by tamper-proof envelope or by e-mail to a GCSX account. A copy is kept on the child's concern file.

If a member of staff feels that the designated safeguarding lead and/or Headteacher are not taking concerns seriously enough, then it is appropriate for them to tell that person that they are going to consult with First Contact themselves. **'Any staff member'** who has a concern about a child's welfare should follow the referral processes set out in paragraphs 23-34. Keeping children safe in education, May 2018, Part 1 (9).

<p style="text-align: center;">First Contact Service 5, Parson's Court, Newton Aycliffe, DL5 6ZE Telephone: 03000 26 79 79 Fax: 0191 383 5752</p>

Attendance at Strategy meetings if assessed to be child protection concern

Strategy meetings are one of four multi-agency meetings as part of Child Protection processes. Local multi-agency procedures has detailed guidance about these meetings, www.lscb-durham.org.uk

There is a table to summarise multi-agency meetings, timescales and responsibilities of attendees in Appendix 7.

School staff may be invited by a Families First Team to a strategy meeting. These multi-agency meetings are called to decide whether the threshold for a s47 enquiry should commence to look into the concerns that have been raised.

These meetings may be called at short notice and we recognise that appropriate staff from this school should attend wherever possible. If the school is the referring agency they should be invited to attend these meetings. (School is able to offer a venue if there is a suitable room where confidentiality can be assured).

Staff should make available any handwritten notes, dated and signed, as well as other records from the concern file including the single agency chronology of concerns. Any further written evidence from the child: stories, drawings etc. should be brought to the meeting.

In school, staff should monitor the child discreetly for any further concerns or signs that are worrying and give reassurance to the child.

All information should be treated with discretion and confidentiality and shared in accordance with 'A Guide for Professionals on the Sharing of Information'. Durham LSCB, 2014.

If concerns are not substantiated following the section 47 enquiries our school will work with other agencies to determine what further support the family and child require. The school will continue to monitor and support the child.

(6) Supporting pupils who have been abused in accordance with his/her agreed child protection plan: multi-agency work.

4. Multi-Agency Work in Child Protection

Initial Child Protection Conference: school responsibilities

See local multi-agency procedures for more details, www.durham-lscb.org.uk. Following the final strategy meeting (some complex cases like forced marriage, fabricated and induced illness and organisational abuse may require several strategy meetings) a decision might be made to hold an Initial Child Protection Conference. This work continues with Family First Teams within the County.

A conference will be called if there is thought to be an on-going risk or likelihood of significant harm to the child(ren). The date will be within **15 working days** after the last strategy meeting.

School responsibilities

Attendance

It is understood that appropriate school staff should make every effort to attend (unless the date coincides with school holidays). In this case it might be possible for other colleagues with a working knowledge of the child and family to attend. School will determine the most appropriate colleague: Class Teacher, Head Teacher, designated lead professional for child protection. This colleague should be fully briefed about preparation for and conduct of Initial (and Review) Child Protection conferences and they should be in a position to commit the school to continue the work and resources involved in monitoring the child's welfare and any other tasks allocated as part of the Child Protection Plan.

If no one is able to attend, the conference clerk and the Independent Reviewing Officer should be contacted without delay.

Likewise these colleagues should be informed if the invitation to attend the conference arrives too late to enable other responsibilities (writing report, sharing with parents) to be undertaken as laid down in the LSCB procedures.

Preparation of a report

Schools may wish to amplify and develop information provided on the Early Help part of the Single Assessment as the basis of their report. Less experienced colleagues should be supported with the preparation of this document.

The report will contain objective information and provide evidence to support the views contained within it. It will refer to all aspects of the child's life in school, noting specific changes or areas/situations where the child's attitudes and concentration

differ from the norm. It will provide details of how the school has worked and might continue to work with the child and their family.

Chronology of significant events

A single-agency chronology should also be produced for this meeting using the template available on the LSCB website www.durham-lscb.org.uk. The detailed 'in house' school chronology should be streamlined to include key relevant incidents noted by school.

Sharing of the report

This may cause tensions between school and the child's parents and carers but this is in line with local multi-agency arrangements and procedures. It is the responsibility of all professionals attending the conference. The report should be shared with parents/carers of the child at least **two working days** before the conference. Part of the report may also be shared with the young person, where age-appropriate. This will give the family a chance to question or clarify any issues raised within the report prior to the conference. If there are areas of the report which are confidential then the designated lead professional should contact the Independent Reviewing Officer who chairs the conference.

The report will be passed to the Conference Clerk via the secure e-mail system ready for dissemination to other professionals attending the conference.

Membership of a Core Group

(See see local multi-agency safeguarding arrangements and procedures). This school recognises that membership of a core group is a responsibility that necessitates time and commitment to attend regular meetings and complete the work detailed in the Child Protection Plan.

The merged multi-agency chronology will be regularly updated as part of this on-going work.

Review Child Protection Conference

(See local multi-agency safeguarding arrangements and procedures). The school will complete the relevant report for the first review conference, after 10 weeks and for any subsequent reviews at intervals of 5 months. The report will detail work undertaken by the school with parents/carers and the child to complete the tasks assigned in the Child Protection Plan. This report should be shared **7 days** before the conference takes place. A template is available in Appendix 9.

5. Information-sharing

(1) Parents/Carers

Staff and Headteacher must **not** automatically contact parents if there is a disclosure by the child or there are other concerns that the child may be at risk of significant harm. Rather schools should discuss concerns with the First Contact Service. Information should not be shared with parents if there was a likelihood that by doing so it might place the child at further risk of harm.

Parents must be aware that once matters have been referred to the First Contact Service the school can only explain the procedure and is not able to give 'progress reports' on the case.

(2) School staff

There is a delicate balance to be struck between alerting members of staff to the concern about the child and the need to protect the child from too many people knowing. Information should only be divulged on a 'need to know' basis. Other members of staff need to know sufficient to prepare them to act with sensitivity to a distressed pupil. They do not need to know details.

(3) Children transferring to another school

When a child on the Child Protection List moves to another school the designated lead professional will inform the new school immediately and arrange the handover of confidential information separately from other records.

If a child for whom there are other existing serious concerns transfers to another school, the new receiving school will be informed immediately and written records will follow. If the school is within the County or close by, information could be handed over personally from one safeguarding lead to another. A form should be prepared for both schools to sign to confirm receipt of the records.

Any child transferring to another school (or at the end of a key stage) who has a concern file, this should be passed on promptly to the new school. If schools fail to do this the new school should phone the previous school and clarify that there are no issues that school should be aware of.

(4) County Guidance and protocols

(See LSCB website for further details, 'Information sharing')

Eight Golden Rules for Information-sharing and flowchart

County Durham Protocol for Working Together in the Delivery of Services to Adults and Children

Local Multi-agency safeguarding arrangements and procedures

A Guide for Professionals on the Sharing of Information

County Durham Safeguarding Adults Inter-Agency Partnership and Durham LSCB (2014).

Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018) i

Staff at our school are aware of the need to share information appropriately. The documents above emphasise the key point that if there is a suspicion that a child could be at risk of significant harm, they should refer the matter to the First Contact Service without delay. Concerns must always be followed up in writing.

Our school takes care to ensure that information about a child is only given to the appropriate external people or agencies. Staff will take names and ring back via a main switchboard if unsure. All staff within school will be aware of the confidential

nature of personal information about a child and the need for maintaining confidentiality. They will seek advice about parental responsibility issues if unsure.

**Further advice about legal issues is available from Corporate Legal Services:
Julian Wilson, solicitor (Children and Adults Services) 03000 269680**

6. Allegations against teachers and other staff

See Part 4 of Keeping children safe in education September 2018. There is an extensive section in the LSCB Multi-Agency online Child Protection Procedures (under Core Procedures).

Allegations of abuse by staff in schools must be investigated in accordance with the LSCB procedures, and when dealing with any allegation against staff, it is vital to keep the welfare of the child as the central concern. However, as in all child protection issues, a balance needs to be struck between supporting and protecting the child and keeping the effects of possibly false allegations to a minimum. Thus, urgent consideration should be given to the substance of the allegations.

- On receiving an allegation, the Headteacher will proceed in line with recognised procedures - consulting immediately with LA officers (LADO, Local Authority Designated Officer - Sharon Lewis) and/or informing the First Contact Service. If the LADO is unavailable there should be no delay in discussing with First Contact. **The Headteacher must not start to investigate.**
- Allegations regarding the Headteacher should be passed to the Chair of Governors. Should this lead to delay, the person receiving details of the allegation should follow the advice above and report the matter immediately to the LADO and First Contact Service. At this stage the Headteacher should not be informed of the allegation (the same process as for any member of staff or adult in school). The Chair of Governors should be informed as soon as possible and asked to contact the LADO.

**Local Authority Designated Officer (LADO)
Sharon Lewis 03000 268835
First Contact Service
03000 267979**

- Investigations will be carried out by the appropriate agencies.
- In dealing with any allegation the Headteacher and governors need to balance:
 - The seriousness of the allegation.
 - The risk of harm to pupils.
 - Possible contamination of evidence.
 - The welfare of the person concerned.
- Suspension of the member of staff will be considered

(a) if there are any grounds for doubt as to the suitability of the employee to continue to work

(b) where suspension may assist in the completion of an investigation.

- Suspension will be carried out in line with LA guidelines. Headteachers may find it useful to contact the LA Human Resources Department for guidance.
- During the investigation support will be offered to both the pupil making the allegation and the member of staff concerned.
- A disciplinary investigation will be carried out only after Police and Intervention and Assessment Teams propose to take no further action.
- Detailed records will be kept by all parties involved.
- Where recommendations are made to school regarding the outcome of a Child Protection investigation the school will advise Children and Young People's Services regarding their response to the recommendation. For example, if a person is suspended and returns to school, the date of that return should be communicated.

The following definitions are now used when determining the outcome of allegation investigations:

Substantiated: there is sufficient evidence to prove the allegation;

Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;

False: there is sufficient evidence to disprove the allegation;

Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

7. Safe Touch

Physical contact other than to control or restrain

Our school has a policy/guidelines on the use of touch, including an Intimate Care policy and this includes such points as:

- assisting in the washing of young children who have wet/soiled themselves
- intimate care risk assessments for certain children with medical needs or disabilities.
- using physical contact to demonstrate exercises or techniques, for example, in PE, sports coaching, CDT
- administering First Aid
- supporting younger children and children with special needs who may need physical prompts or help
- giving appropriate comfort to a child who is distressed
- recognising that physical contact is a sensitive issue for some cultural groups
- acknowledging that physical contact becomes increasingly open to question as children reach and go through adolescence
- ensuring a consistent approach where staff and pupils are of different genders

- acknowledging that innocent and well-intentioned physical contact can sometimes be misconstrued
- having a prescribed handling policy for children requiring complex or repeated physical handling, with specific training for staff who deal with them.

8. Physical control and restrictive physical intervention: Use of reasonable force

Our school has a policy on the use of restrictive physical interventions covering the appropriate use of reasonable force.

Our school policy relates to the following pieces of legislation:

Education Act 1996

Education and Inspections Act 2006

Violent Crime Reduction Act 2006

Apprenticeships, Skills, Children and Learners Act 2009

Guidance: The use of force to control or restrain pupils (2013)

- Our school Policy on the Use of Restrictive Physical Interventions gives guidance on:
 - when staff may use physical control and restraint
 - who is allowed to use physical control and restraint
 - what forms physical control and restraint may take in particular circumstances
 - what forms of physical control and restraint are not acceptable
 - recording of incidents where physical handling has been used
 - The Policy also makes it clear that corporal punishment is NOT allowed.

9. The Prevent duty

The Counter Terrorism and Security Act 2015 places a duty on certain bodies, including schools, to have 'due regard to the need to prevent people from being drawn into terrorism'. The DfE has produced non-statutory advice for schools, 'The Prevent duty' June 2015. This duty applies to all schools from 1st July 2015.

This work is part of schools' broader safeguarding responsibilities and protecting children from other harms (drugs, gangs, neglect, and sexual exploitation). During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised. Keeping children safe in education (July 2015) summarises four areas in which schools might be involved: risk assessment, working in partnership, staff training and IT policies.

Thus schools should have:

-staff being able to identify children who may be vulnerable to radicalisation. Information or concerns should be passed to the Designated Safeguarding Lead in the same way as other information that might be a safeguarding concern. The DSLs will see if there are already concerns about the young person and might need to consult with Sergeants Jane Freeman and Steve Holden at Durham Constabulary.

-policies and procedures in line with those of DCC, Durham Constabulary and the LSCB.

-training needs more widely should be made in the light of a school's assessment of risk. However, it is a minimum requirement that the designated safeguarding lead undertakes Prevent awareness training. They can provide advice and support to other staff and may need to contact the relevant officers at Durham Constabulary or Community Safety.

-throughout the life of the school as well as in specific lessons to build pupils' resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views.

-robust IT policies

Prevent Duty Guidance in England and Wales (2015), paragraph 64, notes

'Schools should be safe spaces in which children and young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas. The Prevent duty is not intended to limit discussion of these issues. Schools should, however, be mindful of their existing duties to forbid political indoctrination and secure a balanced presentation of political issues'

Through discussion with the specialist colleagues at Durham Constabulary it may be appropriate to make a referral to the Channel programme. This programme focuses on support at an early stage, tailor-made to the individual young person. Engagement with the programme is entirely voluntary. A school representative may be asked to be a member if a student from the school is to be discussed at the Channel panel.

The Prevent Team

Sgt. Jane Freeman and Sgt. Steve Holden 0191 375 2234

HQ special branch@durham.pnn.police.uk

DCC Community Safety 03000 265436/435

Community.safety@durham.gov.uk

(The LSCB website 'Professionals; Prevent-Counter Terrorism; has examples of policies produced by the Safe Durham Partnership)

10. Child Sexual Exploitation

Schools must be aware of young people who could be at risk of sexual exploitation. Keeping children safe in education, September 2016, provides a definition (that may be updated)

"Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent

cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point' KCSIE 2018, Annex A, page 76-77.

The definition makes it clear that this is where there is an imbalance of power in a relationship when the young person receives something as a result of engaging in sexual activities. There are varying degrees of coercion, intimidation or enticement that might also link to bullying, peer pressure and e-safety issues. National Serious Case Reviews highlight that sometimes these young people are perceived as 'bad' not 'sad'. Where there is a deterioration in behaviour, work, and changes to friendship patterns along with missing from home or absenting school the underlying factors need to be examined. If there is a concern that a young person may be at risk of sexual exploitation the designated lead should discuss with First Contact Service where there are specialist colleagues trained to assist in these cases.

Durham LSCB has section of their website devoted to resources, guidance, and a risk assessment matrix that assists schools. A new website has been launched by a multi-agency ERASE team, as a source of help and information for children, parents and the wider community, www.eraseabuse.org.

For concerns relating to sexualized behaviour by children and young people, the Brook Traffic Light Tool (brook.org.uk) is a useful resource. Concerns (green, amber and red) are listed within four age categories 1-5; 5-9; 9-13 and 13-17 years. This information can be used to supplement other information from the 0-19 levels of need document as part of a wider referral to First Contact.

11. Female Genital Mutilation

This comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. This is illegal in the UK (The FGM Act 2003), abusive and has varied long-lasting consequences for the young girl. If adults working with girls suspect that one might be at risk it is essential that they pass the information on to the designated safeguarding lead who will phone First Contact for advice. There is a FGM Helpline also on 0800 028 3550. There is also a useful website: fgmhelp@nspcc.org.uk

The Home Office has produced some free, informative, on-line training that designated leads might wish to access:
Virtual college e-learning: Recognising and Preventing FGM.

If a teacher discovers that an act of FGM has been undertaken on a girl under the age of 18, they have a duty to report this to the police.

Honour Based Violence is a cultural, not a religious phenomenon. It impacts in a range of communities. The challenges for services include developing responses that keep people safe and hold perpetrators to account without stereotyping, stigmatising or making assumptions about any given individual or community.

Honour Based Violence, which may include forced marriage and / or female genital mutilation, is perpetrated against children and young people for a number of reasons. These include:

- Protecting family 'honour' or 'Izzat'
- To control un-wanted behaviour and sexuality (including perceived promiscuity or being lesbian, gay, bisexual or trans gender)
- As a response to family, community or peer group pressure
- Strengthening family links
- Protecting perceived cultural and/or religious ideals (misguided or dated)
- Retaining wealth, property or land within the family
- Preventing unsuitable relationships
- Assisting claims for residence and citizenship in the UK
- Perceived immoral behaviour including:
 - Inappropriate make-up or dress
 - Possession and / or use of a mobile telephone
 - Kissing or showing other forms of intimacy in public
 - Rejecting a forced marriage
 - Being a victim of rape or other serious sexual assault
 - Inter-faith relationships
 - Seeking a divorce.

Practitioners should never lose sight of the fact that they are interacting with extremely vulnerable children and young people, who may be faced with making life changing decisions in an extremely short space of time.

Many honour based violence victims, as in mainstream Domestic abuse, just want the abuse to stop. They fear 'criminalizing' their parents, families and / or their faith group and fear being isolated from their communities.

A child or young person who is at risk of honour based violence is at significant risk of physical harm (including being murdered), and / or neglect. They may also suffer significant emotional harm, as a result of a threat of violence or witnessing violence directed towards a sibling or other family memb

12. Online Safety

This policy links to the wealth of other policies that schools may download and customise from the following sources:

Durham Schools Extranet

Pupils

Safeguarding

Online Safety

Two items are referenced in the Appendices on Sexting:

Annex G from Sexting in schools and colleges: Responding to incidents and safeguarding young people

Advice for schools: Responding to and managing Sexting Incidents (UK Safer Internet Centre)

There is a Professionals Online Safety Helpline 0844 381 4772

On the LSCB website in the Multi-agency online Procedures Manual, part 2, Safeguarding Practice Guidance there is further information under 'E-safety: Children Exposed to Abuse through the Digital Media'

13. Peer on Peer Abuse

- Peer on peer abuse is taken very seriously (KCSIE 2018 (89)) and all staff should recognise that children are capable of abusing their peers.

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or

Whether the perpetrator has repeatedly tried to harm one or more other children; or

Whether there are concerns about the intention of the alleged perpetrator.

- In this school will not be tolerated or passed off as 'banter', 'just having a laugh' or 'part of growing up'. Peer on peer abuse can be such that girls are more likely victims and boys, perpetrators.
- Peer on peer abuse may take different forms:
 - There is recent advice on sexual violence and harassment from the D for E (December 2017)
 - Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
 - Sexting 'Sexting in schools and colleges: Responding to incidents and safeguarding young people' (2016)
 - Initiating/hazing type violence and rituals
- To support this agenda, the following steps are taken in school to minimise these risks:
 - Provide a developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.

- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to and valued.
- Develop robust risk assessments where appropriate
- Have relevant policies in place (e.g. behaviour policy, anti-bullying policy).

Allegations of peer on peer abuse will be investigated by:

The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service can help professionals to assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool

Guidance on responding to and managing sexting incidents can be found at:

http://www.thegrid.org.uk/info/welfare/child_protection/reference/index.shtml#sex

Appendix 1

Roles, Responsibilities and Entitlements

Role of the Designated Safeguarding Lead(s)

Also see Annex B 'Role of the designated safeguarding lead' in 'Keeping children safe in education' **Sept. 2018**

Entitlements

To:

- ◆ Appropriate support from the Head Teacher, Governors and all other staff in child protection matters.
- ◆ Access to regular training to enable him/her to be aware of responsibilities, current issues and best practice in safeguarding and child protection.
- ◆ Support from other agencies e.g. Durham Children and Young People's Services (DCYPS) involved in child protection issues, including colleagues in Education Durham.
- ◆ A policy framework for management of and guidance covering child protection within overall safeguarding arrangements in school.
- ◆ An understanding that partners all will carry out their role in line **with local multi-agency safeguarding procedures** and the 'Working Together Protocol' (2015)

Responsibilities

For:

- ◆ Have a working knowledge **of local multi-agency Child Protection/Safeguarding Procedures** as they apply to the roles and responsibilities of schools.
- ◆ Enacting those procedures when cases of abuse are reported.
- ◆ Ensuring that all staff are aware of their responsibilities in connection with child protection issues and child abuse cases, and that they regularly remind staff of signs and symptoms, how to respond to disclosures and the importance of recording concerns appropriately.
- ◆ Liaising with DCYPS and other agencies regarding individual cases, and on general issues in connection with child protection.
- ◆ Ensuring that all written procedures are readily available and are correctly followed in cases of actual and suspected abuse.
- ◆ Having appropriate in-house forms available to ensure staff document their concerns to add to the DSLs on-going chronology of events
- ◆ Being responsible for ensuring that relevant staff training is arranged that places CP within the overall context of safeguarding. New staff and volunteers need inducting into their responsibilities
- ◆ The Designated Safeguarding Lead must also ensure that he/she is trained appropriately for their role including refresher training every two years.
- ◆ Attending strategy meetings where appropriate.
- ◆ Ensuring that the school is represented when invited to Initial and Review child

protection conferences, and that those representing the school are aware of the procedures and requirements of the conference in terms of timescales for report completion, sharing and providing a single-agency chronology.

- ◆ In conjunction with the Head Teacher, ensuring that those arrangements emanating from any child protection conference which relate to the school are carried out fully.
- ◆ Ensuring that information on individual cases is passed to colleagues on a 'need to know' basis.
- ◆ Ensuring that child protection information and records are kept securely.
- ◆ Working with the Head Teacher and other curriculum leaders to integrate safeguarding and child protection themes within the curriculum.
- ◆ Supporting any staff involved in reporting child abuse cases or in the event of the death of a child (including through natural causes).
- ◆ Liaising with receiving schools on transfer to ensure necessary information and documentation is correctly exchanged.
- ◆ Liaising with the Head Teacher on monitoring and reviewing the policy.
- ◆ A system of regular monitoring and review of all on-going concerns ensuring effective communication between pastoral and Designated Teacher colleagues.

INDICATORS OF HARM

PHYSICAL ABUSE

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.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a

severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

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 children 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 the 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.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

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 as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate caregivers); or***
- ***ensure access to appropriate medical care or treatment.***

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema

or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender.

Behaviour guidelines for staff and volunteers

DO NOT:

- use your position to gain access to information for your own advantage or another's detriment
- intimidate, threaten, coerce or undermine anyone
- engage in any sexual activity (even consensual) with a student under 18 years who is attending your educational establishment
- play games or have physical contact that is inappropriate
- jump to conclusions about people's behaviour without checking facts
- investigate any allegations yourself
- make suggestive remarks or gestures, tell jokes of a sexual nature or engage in inappropriate verbal banter
- create a personal relationship with a student where one does not already exist
- give **any** personal details about yourself or others to a student unless you have agreed this with a senior member of staff
- allow any student to access any of your personal accounts on social networking sites
- rely on your good name to protect you - it may not be enough
- believe that an allegation could not be made against you, it could

DO:

- report all health & safety issues without delay
- keep students safe and protect them from physical and emotional harm
- look after yourself
- treat **everyone** with respect
- provide a positive example you wish others to follow
- work with another appropriate adult in all planned activities whenever possible
- risk assess all situations when you are working alone with a student and make sure you are seen and/or heard by others
- respect people's right to personal privacy
- create an environment in which people feel comfortable in pointing out attitudes and behaviours they don't like
- report and challenge all inappropriate and/or abusive activities, such as ridicule or bullying
- familiarise yourself with your school code of behaviour
- report any gifts you receive & ensure they are not of significant value or intention
- give gifts to students **only** as part of an agreed reward system
- follow procedures for reporting all allegations against staff, carers and volunteers See Appendix 5 of Local Safeguarding Children Board Child Protection Procedures www.dubaim.lscb.org.uk

Remember: someone may misinterpret your actions, however well intentioned. Ask yourself are my actions fair, reasonable, warranted, proportionate, measured, safe and applied equally?

Appendix 4 – see our website for Behaviour Policy.

Appendix 5 – Please contact a member of the Student Support to to progress.

Appendix 6 Multi Agency Meetings

	Multi-Agency Meetings		Page
 <p>Strategy</p>	<ul style="list-style-type: none"> Referral taken up by First contact Service: 'reasonable cause to suspect child is suffering or likely to suffer significant harm'. To agree whether to start s47 enquiries and to begin/complete a core assessment under Child Act 1989. Professionals meeting only Held at short notice (some professionals may be available by phone) Police Sergeant and investigating officer (VU); Assessment and Intervention Team manager and SW, Health, referrer (if professional) and other relevant colleagues. Usually held in A&I Team office, hospital. To PLAN how to look into the concern: share information, consider criminal investigation, medicals, interviews etc. 		25
 <p>Initial Child Protection Conference</p>	<ul style="list-style-type: none"> 15 DAYS after last strategy meeting Accessible public building: A&I offices Parents/carers (supporter/legal adviser) and all relevant professionals who work with family members and children attend Conference is to decide whether the child(ren) are at continuing risk of significant harm and whether CP Plan needs to be put in place. Tasks: prepare a report for the conference on all children in family you work with Share report with parents and carers at least two working days before the conference (open/transparent procedure so parents can know and question all information in advance). Ensure that child's views are given Produce single-agency chronology. If children not put on list then consideration of services needed, now passes to relevant Child Protection Team. 		32
 <p>Core Group</p>	<ul style="list-style-type: none"> 10 DAYS later. Date for this meeting and first Review Conference is set at the Initial Conference This 'core' of essential professionals will work with the family and the young person to try and achieve change and improvement so that the child is not still at continuing risk of harm (these safety issues are dealt with before other 'welfare' matters) Key worker is the social worker The group complete the Child Protection Plan and complete work on the core assessment as part of this The chronologies are merged and continuously updated as working documents Initially meetings quite frequent but generally held about every 4-6 weeks 		36
 <p>Review CP Conference</p>	<ul style="list-style-type: none"> 10 WEEKS (3 months) before first Review conference. Evaluate effectiveness of Core Group in effecting change and better care of the children to review the safety, health and development of the child against the planned outcomes set out in the child protection plan to see whether CP plan should continue to be in place or should be changed Child's wishes and feelings must be sought and taken into account if the child is not still at risk of significant harm then they should not require a CP plan Tasks: report needed and shared with parents/carers 7 days prior to conference: evaluation what has changed, the impact on child's welfare against objectives set out in the plan 		40

1.6 Eight Golden Rules for Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

3. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

4. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

5. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.

6. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

7. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

8. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Figure 2

Flowchart of Key questions for Information Sharing

