**BEWSEY LODGE PRIMARY SCHOOL**



**CHILD PROTECTION POLICY**

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| Date of Review | September 2023 |
| Date of next Review | September 2024 |

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**Part One: Child Protection Policy**

**Our Safeguarding Mission Statement**

Our mission is to ensure that all children and adults are safe from harm at all times and can thrive in an environment which is secure and free from abuse or bullying of any kind.

We work hard in creating a welcoming atmosphere which develops the social and emotional needs of everyone; supporting, questioning, loving. At our school people are nurtured, valued and treated equally. Worries, concerns and thoughts are listened to and addressed in an environment of mutual respect.

At our school we are proud to feel:

**SAFE SECURE LOVED**

**Introduction**

The purpose of this policy is to provide absolute clarity for all staff at Bewsey Lodge Primary School on their shared responsibilities in safeguarding pupils. This document aims to help staff understand what they need to do, and what they can expect of one another. It focuses on core legal requirements and how safeguarding is managed practically at Bewsey Lodge Primary School, all the time linking to the Safeguarding Mission Statement of the school.

This policy is written by The Designated Senior Lead (DSL), Liz Bailey. A copy is shared with staff who are asked to read and sign to say they have understood the contents of it. Staff are welcome to suggest any amendments or additions to the policy, if they feel it appropriate. The policy is ratified by Governors, put on our school website and parents/carers are notified of this in our weekly newsletter.

Bewsey Lodge Primary School is located in Bewsey, which is to the west of the town centre of Warrington. In addition to the main body of the school, there is a nursery and two designated provisions; a KS1 Development Centre and a KS2 Designated Provision for Cognition and Learning. The school currently has 366 children on role. Approximately 50% of children are eligible for free school meals, 25% of children have English as an additional language and 15% of children are on the Special Educational Needs Register.

**Multi-Agency Safeguarding Hub (MASH)**

In 2016 Warrington Borough Council and Cheshire Police launched the Multi-Agency Safeguarding Hub (MASH). This is the first point of contact for new safeguarding concerns.

The MASH was developed so that agencies can share relevant information and act together more quickly to safeguard children and provide early help when families are facing complex problems.

The MASH brings together the police, children's social care, education and health into one location to manage. A number of other organisations also work within the MASH to strengthen the assessment of need and inform the support plan to children where there are safeguarding concerns; these include independent domestic abuse advisers, staff working with children missing from home and/or at risk of child sexual exploitation (CSE), housing and other early help intervention agencies. There is a great emphasis on the importance of early help.

**What is Safeguarding?**

Safeguarding children is the action we take to promote the welfare of children and protect them from harm, and it is everyone’s responsibility. Anyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

* Protecting children from maltreatment.
* Preventing impairment of children's mental and physical health or development
* Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
* Taking action to enable all children to have the best outcomes.

*Source: Keeping Children Safe in Education 2023*

Child protection is part of safeguarding and promoting welfare, and refers directly to any activity that is undertaken to protect specific children who are suffering from or are at risk of suffering significant harm. At Bewsey Lodge Primary School child protection forms part of the school’s safeguarding responsibilities.

All staff have a responsibility to share information about the protection of children with the Designated Safeguarding Lead and other professionals. Information should only be shared about children and families in a professional context.

Staff must follow the school’s Code of Conduct and all other Safeguarding Policies and procedures in line with Safer Recruitment Consortium Guidance on Safer Working Practices.

**The Safeguarding Team**

The DSL is Liz Bailey and the Deputy DSL is Gail Price.

* Liz Bailey (Deputy Headteacher/DSL - based in the left hand side upstairs office, ext 206).
* Gail Price (Deputy DSL – based in the right hand side upstairs office ext 203).
* Nat Muia (Y6 Teacher/Attendance Manager – Amethyst class).
* Gemma Nicholson (Reception teacher/ICT Lead- Red class).
* Kathryn Kearns (Mental Health Lead) Currently on Maternity Leave
* Tracey Woods (Y1 TA/Midday Assistant Lead - Blue class).
* Nathen Riley (TA/Pastoral Support).
* Christina Marsh (My Happy Minds Lead- Jade class).

The school’s Safeguarding Governor is Nigel Spencer ([nigel.spencer@bewseylodge.co.uk](mailto:nigel.spencer@bewseylodge.co.uk)**)**

In the absence of the DSL/Deputy DSL, concerns are to be reported to Phase Leaders/the Headteacher.

**Statutory Duties and the Legal Frameworks**

This policy has been developed in accordance with the principles established in the following legal and statutory frameworks:

* The Children Act 1989 and 2004.
* Section 175 of the Education Act 2002.
* The Equality Act 2010.
* The United Nations Convention on the Rights of the Child (UNCRC) 1990.
* Working Together to Safeguard Children 2018.
* What to do if you are worried a child is being abused 2015.
* Keeping Children Safe in Education 2023
* Sexual violence and harassment between children in schools and colleges May 2018.
* Criminal Exploitation of children and vulnerable adults: County Lines guidance (Home Office).
* Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015.
* Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015).
* Disqualification under the Childcare Act (2006) (as amended 2018)
* Information sharing (2018).
* Promoting the education of looked after children and previously looked after children.
* Children Missing Education Statutory Guidance for Local Authority September 2016.
* Mandatory reporting of female genital mutilation: procedural information 2015.
* Information sharing; advice for practitioners providing safeguarding services 2018.
* Safer Working Practice for those working with children and young people in education settings, Safer Recruitment Consortium 2015.
* Preventing youth violence and gang involvement.
* Mental Health and Behaviours in Schools November 2018.

*This list is not exhaustive*

**Links to Other Policies**

This child protection policy has obvious links with all policies that make up our Safeguarding Suite of Policies. When ratifying or reviewing the policy, links will be made with other relevant policies, these include:

* Attendance.
* Children Missing Education (CME).
* Positive Behaviour.
* Online safety.
* Anti-Bullying Policy.
* Whistleblowing.
* Safe Recruitment.
* Special Educational Needs and Disabilities.
* Health and Safety.
* Positive Handling.
* Code of Conduct.
* Safe Systems of Work.
* Mental Health Policy
* Suite of General Data Protection Regulation (GDPR).

*This list is not exhaustive.*

This policy is also compliant with the Warrington Safeguarding Partnership:

<https://warringtonsafeguarding.org/>

**Key Principles and Values**

At Bewsey Lodge Primary School anyone who works with children and their families including teachers, teaching assistants, midday assistants, office staff, students, catering staff, maintenance officers, volunteers and governors[[1]](#footnote-1), have a role and responsibility to play in identifying concerns, sharing information and taking prompt action to keep children safe.

Bewsey Lodge Primary Schoolis committed to working together with all relevant agencies to ensure that children and families are able to receive the right help at the right time and that appropriate action is taken swiftly to protect children from harm.

We believe that:

* All children and young people have the right to be protected from harm.
* Children and young people need to be safe and to feel safe in school.
* Children and young people need support, which matches their individual needs, including those who may have experienced abuse.
* All children and young people have the right to speak freely and voice their values and beliefs.
* All children and young people must be encouraged to respect each other’s values and support each other.
* All children and young people have the right to be supported to meet their emotional and social needs as well as their educational needs – a happy, healthy, sociable child will achieve better educationally.

**Child Protection Procedures**

If staff have any concerns they need to be logged on COPMS and the appropriate member of staff alerted, this needs to be done in a timely manner (and ideally on the same day).

**If the concern/disclosure is of significant concern, for example the child is in immediate danger or risk of harm, then this needs to be done immediately and face to face with the DSL/DDSL so that appropriate action can be taken as quickly as possible. It is not acceptable to leave this until later in the day or at a more convenient time. Staff members will be held accountable for not taking swift action. The incident can then be logged on CPOMS within 24 hours at the latest.**

Incidents logged will capture all the relevant information about the concern (guidance on completing this form can be found in **Appendix 1**). This is evidence based practice and will support the DSL/Deputy DSL in making an assessment of what action needs to be taken.

See A**ppendix 2** for a full flow chart showing the process followed following a Child Protection Concern.

Although it is the responsibility of the DSL or Deputy DSL to contact children’s social care/MASH, there may be occasions when it is necessary for another member of staff to do so. The following procedures will need to be followed:

* You will need to complete a MARS referral online at; <https://www.warrington.gov.uk/mars>​
* Parents/carers consent should be sought before a referral is made, unless this places a child at risk of significant harm. ​
* Share any action taken with the DSL/record on CPOMS as soon as possible (including copy of MARS form).

The police can also be contacted on 101 for non-emergencies.

If staff have concerns about a member of staff they need to follow the Local Authority’s Whistleblowing Policy, this can be found online or a paper copy is available from the school office, upon request.

**Staff Well-Being**

Some disclosures can be quite distressing for staff and as such, following a disclosure, consideration is given as to whether the member of staff involved needs some immediate ‘time out’. This decision is made at the discretion of the DSL/Deputy DSL**.** Ongoing support is offered by the DSL though staff drop ins, where staff are welcome to discuss any difficulties they are having in school related to any safeguarding incidents.

Further support is available through Warrington’s occupational health. Staff can self-refer or this can be done by another member of staff on their behalf, upon request.

National support is available at Education Support Partnership a charity providing mental health and wellbeing support services to all education staff and organisations **(**<https://www.educationsupportpartnership.org.uk/>**)**

We also have a Staff Well-Being Policy, this is available from the school office, upon request.

**Staff Training and Induction Procedures**

All new staff and volunteers are given an induction by the DS/DDSL; this includes the statutory safeguarding induction. All new Governors receive an induction from the Headteacher and Chair of Governors. They are also encouraged to attend a course run by the Local Authority.

Staff attend regular training throughout the year to meet the needs within the school and in line with local and national themes. An annual safeguarding INSET takes place every year. A second session is offered to staff who were not able to attend the INSET if their last attendance was not within two years.

A record of all training attended is kept by Miss Muia, the Continuous Professional Development (CPD) Co-ordinator.

The DSL and deputy DSL attend formal training every two years. In addition to this the DSL attends termly network meetings and any other training of relevance.

As part of annual training, all staff are asked to read and sign to say they have read and understand Part One and Annex A of Keeping Children Safe in Education, following this a quiz is carried out to embed what had been read.

The Headteacher, Business Manager & Chair of Governors are safer recruitment trained.

**Information Sharing**

At Bewsey Lodge Primary School, we understand that information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many serious case reviews (SCRs), where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe. We therefore follow the guidance set out in Information sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018) and the seven golden rules stated within this document (**see Appendix 3**).

**Transferral of Files**

It is the responsibility of the DSL/Deputy DSL to manage the transfer of child protection files when a child moves to a new school. Consideration is always given to whether it is appropriate to share any information with the new school in advance of the child leaving, to ensure that the new school can make appropriate arrangements to support the child. Files are sent electronically via CPOMS or hand delivered or sent securely by post, marked ‘Strictly Confidential’, to the named DSL, with a receipt enclosed for the new school to return. The receipt must include the names of who sent and received the file and on what date. They are sent separately from the main pupil file and within five days. Any outstanding receipts are followed up. The new school are notified in advance that a child protection file(s) is being sent.

Exceptions to this transfer procedure is that child protection files of pupils which relate to the conduct of an adult employed, or previously employed by the school which were subject to safeguarding concerns, should be kept in the event that the school is approached by a third party wanting details of the adult’s behaviour. The names/identifying information of the pupils need to be removed to avoid them being identified before any disclosure is made. Files will also need to be retained if there is an Independent Inquiry into Child Abuse (IICSA) or any other ongoing legal action.

It is recommended that child protection records are retained by the last statutory establishment where the child attended until a child’s 25th birthday (6 years after the subject’s last contact with the Authority). Records should then be securely disposed of and a record of disposal kept. Paper records should be shredded and electronic records deleted. If a child is subject to a Child Protection Plan, good practice is to keep the record until the child’s 35th birthday as this is in line with Children’s Social Care retention policies.

**Roles and Responsibilities of the Headteacher/Governing Body**

* Discuss and review safeguarding matters arising at Full Governing Body and Committee Meetings.
* Ensure there is a DSL and Deputy DSL and that these people have received the appropriate training.
* Ensure there is a named Safeguarding Governor and that they undertake training at a minimum of two yearly intervals, although annual training is best practice.
* Ensure the DSL/Deputy DSL attends appropriate refresher training every two years as a minimum, although annual update is best practice.
* Provide supervision to the DSL (as required)
* Ensure the school remedies any deficiencies or weaknesses brought to its attention without delay.
* Ensure the Child Protection Policy is reviewed on an annual basis.
* Be aware of and make sure the school follows Warrington’s safeguarding arrangements.
* Ensure that the school contributes to multi-agency safeguarding arrangements, working in line with statutory guidance (Working Together to Safeguard Children 2018).

**Role and Responsibilities of the Safeguarding Governor**

* Maintain their own knowledge and skills in safeguarding children.
* Ensure safeguarding policies and procedures are in place.
* Meet with the DSL, as appropriate throughout the year.
* A contact for any concerns staff may have related to the Headteacher.

**The Roles and Responsibilities of the DSL**

* Lead responsibility for dealing with safeguarding and child protection concerns at the school.
* Review this and all other safeguarding policies and ensure staff have signed to say they have read and understood them.
* Ensure all safeguarding policies are available to parents/carers on the school website or from the school office.
* Ensure there is always a member of staff present in school who can take a lead role in safeguarding children in their absence.
* Manage the transfer of child protection files when a child moves to a new school.
* Attend DSL training.
* Access regular training and termly network events to keep as up to date as possible with changes in legislation and or statutory guidance.
* Keep up to date with new safeguarding documents nationally and within the local authority
* Deliver whole school staff safeguarding training to all staff on at least a yearly basis, including briefings on relevant topics.
* Deliver induction training to all new staff to include the Child Protection Policy (incorporating the role of the DSL), CME procedures, Positive Behaviour Policy, Code of Conduct.
* Follow Warrington’s safeguarding arrangements (Safeguarding Partners) and share with staff.
* Contribute to multi-agency safeguarding arrangements, working in line with statutory guidance (Working Together to Safeguard Children 2018).
* Supply information as requested by the three Safeguarding Partners.
* Act as a source of support, advice and expertise within school.
* Assume the role of Designated Lead for Looked After and previously Looked After children.
* Make appropriate judgements on what action to take based on information presented by staff and contact children’s social care/MASH if suspect cases of abuse (contact number 01925 443322).
* Support staff that make referrals to children’s social care/MASH and the Channel Programme.
* Refer cases to the Channel Programme, where there is a radicalisation concern.
* Refer cases where a person is dismissed or has left due to risk/harm to a child, to the Disclosure Barring Service.
* Refer cases where a crime may have been committed to the Police.
* Assess the appropriateness of completing an early help assessment (EHA), or whether the threshold has been met for statutory social work services.
* Alongside the Attendance Manager, monitor pupil’s absence from school, particularly if they are on the Vulnerable Risk Register (VRR) and follow the procedures set out in the Attendance/CME Policy.
* Keep an up to date Vulnerable Risk Register.
* Provide supervision to the Deputy DSL/EHA Support, as appropriate.
* Complete regular safeguarding audits
* Meet with the Safeguarding Governor throughout the year, as appropriate.
* Meet with the Deputy DSL, Attendance Manager every three weeks.
* Liaise with the Headteacher to inform her of issues (especially ongoing enquires under section 47 of the Children Act 1989 and police investigations).
* Liaise with the ICT co-ordinator/technician, as appropriate.

**The Role and Responsibilities of the Deputy DSL**

* Assume the lead responsibility for dealing with safeguarding and child protection concerns at the school in the absence of the DSL.
* Attend DSL training.
* Access training to keep as up to date as possible with changes in legislation and or statutory guidance, including annual DSL training from the LA.
* Keep up to date with new safeguarding documents nationally and within the local authority.
* Act as a source of support, advice and expertise within school, alongside the DSL.
* Attend Safeguarding Team Meetings every half term and meet with the DSL every three weeks.
* Support the DSL in her role, as required.

**Roles and Responsibilities of Staff**

* Contribute to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect, and shared values.
* To ensure that safe practices are carried out by following the guidance set out in, ‘Guidance for safer working practices for those working with children and young people in education settings, Safer recruitment Consortium, May 2019
* Attend annual safeguarding training, which will include relevant topics and any other training, as appropriate.
* Understand how to make a referral to children’s social care/MASH.
* When directed, read policies/procedures/other documents and sign to say that they have been read and understood within the deadlines given.
* Ensure children know that there are adults in school whom they can approach if they are worried.
* Notify the DSL of any concerns about a child immediately or in the absence of the DSL, the Deputy DSL.
* Record child protection concerns on CPOMS
* Identify and protect the most vulnerable children, including those with special educational needs (SEN).
* Introduce appropriate work within the curriculum.
* Work in partnership with pupils, parents and agencies.
* Be supportive to the development and implementation of Team around the Family, Child in Need, Child in Care and Child Protection plans.
* Promote the welfare of previously Looked after Children.
* Be alert to the signs and indicators of possible abuse (See Part Three).
* Chase up an outcome to a Child Protection Concern Form, from the DSL/Deputy DSL, if one has not been given. If staff are not in agreement with the outcome they need to escalate the concern via the Headteacher, in line with WSCB Escalation Policy[Pan Cheshire Multi-Agency Escalation Policy (proceduresonline.com)](https://www.proceduresonline.com/pancheshire/warrington/p_escalation_pol.html)
* Take responsibility for monitoring the use of IT and personal devices using Wi-Fi

*These lists are not exhaustive*

There is also an expectation placed on all staff to disclose to the Headteacher or DSL immediately if:

* S/he is included on the *DBS Children’s Barred List*;
* S/he is found to have committed certain criminal offences (a list is available at pages 13 to 41 of the DfE’s statutory guidance, which may be found by clicking on the following link <https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006>**);**
* Certain orders relating to children have been made against him or her (a list of relevant orders is available at pages 42 to 45 of the DfE’s statutory guidance);
* S/he has had registration in relation to childcare or children’s homes refused or cancelled, or has been prohibited from private fostering;

**Please note, we are aware the above expectation should apply to specific staff only but due to the flexibility of staff within the school we apply it to everyone.**

**Part Two: Early Help for Children and Families**

Providing early help is more effective in promoting the welfare of children than reacting later when situations can be more complex. Early help means providing support as soon as a problem emerges, at any point in a child’s life. Part of a school safeguarding procedures should include effective ways to identify emerging problems and potential unmet needs for individual children and families.

This requires all professionals, including those in schools to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

Effective early help relies upon local agencies working together to:

* Identify children and families who would benefit from early help.
* Undertake an assessment of the need for early help (E.g. Early Help Assessment; EHA).
* Provide targeted early help services to address the assessed needs of a child and their family, which focuses on activity to significantly improve the outcomes for the child.

Using The Family Support Model (**Appendix 4**) we identify and monitor children/families that may need extra help by:

* Observations.
* Conversations with children/parents.
* Attendance/punctuality.
* Drop ins for parents.
* Talk Time.
* EHAs (these are completed by the DSL/Deputy DSL or Mrs Jones, EHA support).
* Team around the Family (TAF) Meetings.
* Worry monsters in every class.

**Children with Additional Vulnerabilities including Special Educational Needs**

We are alert to the potential need for early help for a child who:

* Is disabled and has specific additional needs.
* Has special educational needs (whether or not they have a statutory Education, Health and Care Plan).
* Is a young carer.
* Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
* Is frequently missing/goes missing from care or from home.
* Is at risk of modern slavery, trafficking or exploitation.
* Is at risk of being radicalised or exploited.
* Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse.
* Is misusing drugs or alcohol themselves.
* Has returned home to their family from care.
* Is a privately fostered child.

Children with SEND and disabilities can face additional safeguarding challenges. This policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These barriers can include:

* Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration;
* Being more prone to peer group isolation than other children;
* The potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs;
* Communication barriers and difficulties in overcoming these barriers.

LAC and previously LAC children and care leavers start with the disadvantage of their pre-care experiences and, often, have special educational needs. These children are supported in school with the DSL taking on the role of the Designated Teacher. Regular PEP meetings are hosted and attended and there is an open line of communication with the Virtual Head, the Independent Reviewing Officer (IRO) and PEP co-ordinator.

Bewsey Lodge Primary School supports all their children (including those with additional vulnerabilities) and their families through:

* The content of the curriculum, to encourage self-esteem and self-motivation, this is always differentiated at an appropriate level for all children.
* The school ethos, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
* ‘Drop in’ sessions for children (Talk Time) and parents/carers.
* Ensuring that children and parents/carers know who to speak to if they have any worries.
* The school’s Positive Behaviour Policy, which is aimed at supporting vulnerable pupils in the school.
* Worry Monsters, where worries can be written or drawn.
* Children’s How to Stay Safe Policy.
* Access to designated provisions.
* 1:1/small groups interventions to support social, emotional and mental health needs.
* Ensuring that children know that some behaviour is unacceptable but they are valued and are not to be blamed for any abuse, which has occurred.
* Liaising with other agencies, which support the child.
* Keeping records and notifying children’s social care/MASH as soon as there is a recurrence of a concern.
* Offering support with attendance and punctuality.
* Completing/contributing to the EHA process.
* Leading/attending Team Around the Family (TAF) meetings and providing reports
* Completing a MARS referral.

*This list is not exhaustive*

If a member of staff identifies a family that needs additional support, then they must speak to the DSL without delay.

**The Child’s Voice**

Throughout the school, children are encouraged to share their opinions, views and worries in a variety of ways. This includes how to recognise risk and get help:

* Through the curriculum such as PHSE, British Values, Philosophy for Children, Good Touch/Bad Touch, online safety, NSPCC school’s service.
* Contributing to the ‘How to Get Help’ Policy.
* Talk Time (opportunity to discuss worries with a member of staff).
* Attending councils such as school council, Bewsey Bees.
* Having access to a worry monster in each classroom, where children are encouraged to write or draw their worries.
* Participation in questionnaires about the school.
* Visitors to school; NSPCC, Specialist Safeguarding Trainers, PCSOs.
* Posters around school advertising different agencies such as Childline.

**Working with Parents and Carers**

In general, the DSL/Deputy DSL will discuss any child protection concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency e.g. children’s social care/MASH. The exception to this principle is when the concern is either a physical or sexual nature and implicates a family member or if doing so would place the child at risk of significant harm. The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not prevent, or limit, the sharing of information for the purposes of keeping children safe. This includes allowing practitioners to share information without consent.

Parent/carers are able to access our Child Protection Policy and Safeguarding Suite of Policies through our school websiteor on request from school. When statutory policies are reviewed parents/carers are alerted of this through the weekly newsletter and encouraged to read them.

If parents/carers have any queries or concerns they are encouraged to contact Mrs Bailey (DSL), via the school office (01925 632 730)

**Part Three: Types of Abuse & Other Safeguarding Information**

**What is Abuse?**

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult/adults or another child/children. Abuse has a significant impact on a child’s physical and emotional health and development. All staff need to understand what the categories of abuse are and how to spot the signs and symptoms of abuse in a child so that action can be taken to protect and safeguard the child.

**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; protect a child from physical and emotional harm or danger; ensure adequate supervision; or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

* Constant hunger.
* Smelly (through poor hygiene or clothing).
* Stealing, scavenging and/or hoarding food.
* Frequent tiredness or listlessness.
* Frequently dirty or unkempt.
* Often poorly or inappropriately dressed for the weather.
* Poor school attendance or often late for school.
* Poor concentration.
* Affection or attention seeking behaviour.
* Illnesses or injuries that are left untreated.
* Failure to achieve developmental milestones, for example growth, weight.
* Failure to develop intellectually or socially.
* Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings.
* The child is regularly not collected or received from school.
* The child is left at home alone or with inappropriate carers.

**Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as 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 cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

* The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly.
* Quiet, withdrawn and nervous.
* Over-reaction to mistakes.
* Delayed physical, mental or emotional development.
* Sudden speech or sensory disorders.
* Inappropriate emotional responses, fantasies.
* Neurotic behaviour: rocking, banging head, regression, tics and twitches.
* Self-harming, drug or solvent abuse.
* Fear of parents being contacted.
* Running away.
* Compulsive stealing.
* Appetite disorders - anorexia nervosa, bulimia.
* Soiling, smearing faeces, enuresis.

N.B. Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

**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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

* Sexually explicit play or behaviour or age-inappropriate knowledge.
* Anal or vaginal discharge, soreness or scratching.
* Reluctance to go home.
* Inability to concentrate, tiredness.
* Refusal to communicate.
* Thrush, persistent complaints of stomach disorders or pains.
* Eating disorders, for example anorexia nervosa and bulimia.
* Attention seeking behaviour, self-mutilation, substance abuse.
* Aggressive behaviour including sexual harassment or molestation.
* Unusual compliance.
* Regressive behaviour, enuresis, soiling.
* Frequent or open masturbation, touching others inappropriately.
* Depression, withdrawal, isolation from peer group.
* Reluctance to undress for PE or swimming.
* Bruises or scratches in the genital area.

**Physical Abuse**

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

* Multiple bruises in clusters, or of uniform shape.
* Bruises that carry an imprint, such as a hand or a belt.
* Bite marks.
* Round burn marks.
* Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks.
* An injury that is not consistent with the account given.
* Changing or different accounts of how an injury occurred.
* Bald patches.
* Symptoms of drug or alcohol intoxication or poisoning.
* Unaccountable covering of limbs, even in hot weather.
* Fear of going home or parents being contacted.
* Fear of medical help.
* Fear of changing for PE.
* Inexplicable fear of adults or over-compliance.
* Violence or aggression towards others including bullying.
* Isolation from peers.

*See* ***Appendix 5 & 6*** *for more information.*

**Fabricated or Induced Illness (FII)**

Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent/carer, usually the child’s biological mother, exaggerates or deliberately causes symptoms of illness in the child.

FII is also known as ‘Munchausen’s Syndrome by Proxy’ (not to be confused with Munchausen’s Syndrome, where a person pretends to be ill or causes illness or injury to themselves.

FII covers a wide range of symptoms and behaviours involving parents/carers seeking healthcare for a child. This ranges from extreme neglect (failing to get medical care) to induced illness.

Behaviours in FII include a parents/carer, who:

* Persuades healthcare professionals that their child is ill when they’re healthy
* Exaggerates or lies about their child’s symptoms
* Manipulates test results to suggest the presence of illness, for example, by putting glucose in urine samples to suggest the child has diabetes
* Deliberately induces symptoms of illness, by poisoning their child with unnecessary medicine or other substances

If you have concerns about FII then you should speak to the DSL straight away.

**Parenting Capacity**

The following responses from parents may suggest a cause for concern across all four categories:

* Delay in seeking treatment that is obviously needed.
* Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb).
* Inconsistent explanations offered/several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development.
* Reluctance to give information or failure to mention other known relevant injuries.
* A persistently negative attitude towards the child.
* Unrealistic expectations or constant complaints about the child.
* Alcohol misuse or other drug/substance misuse.
* A request for removal of the child from home.
* Mental health issues which prevent the parent from meeting the child’s basic needs.
* Violence between adults in the household.
* Failure to protect the child from known ‘risky’ persons.
* Failure to prioritise the child’s needs above that of their own.

**Mental Health**

Schools have an important role to play in supporting the mental health and well-being of their pupils. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour and education. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy. The Department for Education has published advice and guidance on Mental Health and Behaviour in Schools (Mental Health and Behaviours in Schools November 2018).

In recognition of the importance of mental health, we are currently writing our own Mental Health Policy.

**Contextual Safeguarding**

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside school and/or can occur between children outside of this environment. This is known as Contextual Safeguarding. All staff, but especially the DSL/Deputy DSL should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. Parents and carers can have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships.

Schools and educational settings need to consider the location and culture of their school or college and assess the risks that young people may be exposed to, both inside and outside of the school or college community.

A Contextual Safeguarding approach would recognise that children and young people risk experiencing significant harm in extra-familial contexts, and seek to include these contexts within prevention, identification, assessment and intervention safeguarding activities.

It may be necessary for schools to consider interventions to change the systems or social conditions of the environments in which abuse has occurred.

Keeping Children Safe in Education (2023) advises that when completing social care assessments, schools should consider wider environmental factors and provide as much information as possible as part of the referral process.

The Contextual Safeguarding Operational Group (CSOG) is a multi-agency meeting where children for whom Contextual Safeguarding Screening Tools have been completed are discussed.

It also serves to identify those suspected of perpetrating child exploitation and locations where exploitation may be occurring and then actively disrupt this.

The screening tool is designed to help identify possible risks of exploitation and for professionals to explain what they are worried about.

Exploitation does not always involve physical contact as it can also occur through the use of technology and can include CSE, modern slavery, human trafficking, violence, radicalisation and extremism and exploitation through County Lines activity (all of which are discussed further below).

For CSOG, all relevant forms/screening tools can be found on Procedures Online at <https://www.proceduresonline.com/pancheshire/warrington/p_ch_sexual_exploit.html>

**Child Trafficking**

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

Children are trafficked for:

Sexual exploitation

Benefit fraud

* Forced marriage
* Domestic slavery like cleaning, cooking and childcare
* Forced labour in factories or agriculture
* Committing crimes like begging, theft, working on cannabis farms or moving drugs

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

Knowing the signs of trafficking can help give a voice to children. Sometimes children won’t understand that what’s happening to them is wrong. Or they might be scared to speak out. It might not be obvious that a child has been trafficked but you might notice unusual or unexpected things. They might:

* Spend a lot of time doing household chores
* Rarely leave their house or have no time for playing
* Be orphaned or living apart from family
* Live in low-standard accommodation
* Be unsure which country, city or town they are in
* Not be registered with a school or a GP practice
* Can’t or are reluctant to share personal information or where they live
* Have no access to their parents/guardians
* Be seen in inappropriate places like brothels
* Have injuries from workplace accidents
* Have money or things you would not expect them to
* Give a prepared story which is very similar to stories given by other children.

If you have concerns about child trafficking, speak to the DSL immediately.

The Modern Slavery Helpline can offer help and you can report a suspicion or seek advice. They can be contacted on 0800 012 1700 or fill in their online form: (<https://www.modernslaveryhelpline.org/report>)

**Child Sexual Exploitation** **(CSE)**

CSE is a form of child abuse where children and young people (male and female, of a range of ethnic origins and ages, in some cases as young as 10) are involved in exploitative situations, contexts and relationships where they receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) in exchange for sexual activity. Sexual exploitation can take many forms ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.

What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim, which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying (including cyber-bullying) and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Key indicators of children being sexually exploited can include:

* Going missing for periods of time or regularly coming home late.
* Regularly missing school or education or not taking part in education.
* Appearing with unexplained gifts or new possessions.
* Associating with other young people involved in exploitation.
* Older boyfriends or girlfriends.
* Suffering from sexually transmitted infections.
* Mood swings or changes in emotional wellbeing.
* Drug and alcohol misuse.
* Displaying inappropriate sexualised behaviour.

Education staff should be aware that children and young people are more vulnerable to abuse through sexual exploitation if:

* They have experience of violence/domestic abuse.
* They are a ‘Looked after Child’.
* They are refugees/asylum seekers.
* They have experience of street homelessness.
* There has been substance misuse by parent/carer/child.
* They have learning disabilities, special needs or mental health issues.
* They have experienced homophobia.
* They are estranged from family.
* There has been death or illness of a significant person in the child’s life.
* They are financially unsupported.

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Return interviews for young runaways can help in establishing why a young person ran away and the subsequent support that may be required, as well as preventing repeat incidents. The information gathered from return interviews can be used to inform the identification, referral and assessment of any child sexual exploitation cases.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to the issue of consent. It is important to bear in mind that:

* A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching.
* Sexual activity with a child under 16 is also an offence.
* It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.
* Where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered.
* Non consensual sex is rape whatever the age of the victim.
* If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

What to do if you have concerns:

If you suspect that a child may be at risk of, or being sexually exploited then you must share your concerns with the DSL who will make appropriate contact with children’s social care/MASH or the police.

**Child Criminal Exploitation (CCE) and County Lines**

**County lines** is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.

Like other forms of abuse and exploitation, county lines exploitation can:

* Affect any child or young person (male or female) under the age of 18 years.
* Affect any vulnerable adult over the age of 18 years.
* Still be exploitation even if the activity appears consensual.
* Involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.
* Be perpetrated by individuals or groups, males or females, and young people or adults.
* Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in county lines activity to stop someone carrying out a threat to harm his/her family.

Who is vulnerable to county lines exploitation?

The national picture on county lines continues to develop but there are recorded cases of:

* Children as young as 12 years old being exploited or moved by gangs to courier drugs out of their local area; 15-16 years is the most common age range.
* Both males and females being exploited.
* White British children being targeted because gangs perceive they are more likely to evade police detection but a person of any ethnicity or nationality may be exploited.
* The use of social media to make initial contact with children and young people
* Class A drug users being targeted so that gangs can take over their homes (known as ‘cuckooing’).

County lines exploitation is widespread, with gangs from big cities including London, Manchester and Liverpool operating throughout England, Wales and Scotland. Gangs are known to target vulnerable children and adults; some of the factors that heighten a person’s vulnerability include:

Having prior experience of neglect, physical and/or sexual abuse lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example):

* Social isolation or social difficulties.
* Economic vulnerability.
* Homelessness or insecure accommodation status.
* Connections with other people involved in gangs.
* Having a physical or learning disability.
* Having mental health or substance misuse issues.
* Being in care (particularly those in residential care and those with interrupted care histories).
* Being excluded from mainstream education, in particular attending a Pupil Referral Unit.

Signs to look out for:

* Persistently going missing from school or home and / or being found out-of-area.
* Unexplained acquisition of money, gifts, clothes, or mobile phones.
* Excessive receipt of texts / phone calls and/or having multiple handsets.
* Relationships with controlling / older individuals or groups
* Associating with young people involved in exploitation
* Leaving home / care without explanation.
* Suspicion of physical assault / unexplained injuries.
* Parental concerns.
* Carrying weapons.
* Significant decline in school results / performance.
* Gang association or isolation from peers or social networks.
* Self-harm or significant changes in emotional well-being.

If you suspect a child may be at risk or indeed a victim of criminal exploitation/county lines you must share your concerns with the DSL, who will make appropriate contact with children’s social care/MASH or the police.

**Domestic Violence or Abuse**

Domestic violence is characterised by inter-personal violence and with effect from March 2013 it was defined by the Home Office as:

Domestic violence and abuse is any incident, or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

* Psychological.
* Physical.
* Sexual.
* Financial.
* Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition includes 'honour’ based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group. The definition does not cover violence by an under 16 year old against another family member. Where the perpetrator is over 18 and the victim under 18, this is regarded as child abuse. If both perpetrator and victim are under 18 years, consideration of the need for a child protection investigation to be undertaken would still be required but the national definition allows any abuse between 16 -17 year olds to be considered as domestic abuse.

If you have concerns of this nature, ensure that you share this with the DSL.

Teenage Relationship Abuse By [**Andrew Hall**](http://www.safeguardinginschools.co.uk/author/stoke/) on June 14, 2013in [**Child Protection**](http://www.safeguardinginschools.co.uk/category/child-protection/), [**Safeguarding**](http://www.safeguardinginschools.co.uk/category/safeguarding/)Since March 2013, the Home Office definition of domestic violence now includes 16 – 18 year olds. However, this type of abuse can occur in any relationship. Teenage relationship abuse may include the following features:

|  |  |  |  |
| --- | --- | --- | --- |
| Emotional Abuse | Physical Abuse | Sexual Abuse | Financial Abuse |
| Constant insults and name calling;  Isolation from friends and family;  Checking up on partners all the time (Inc. checking emails, texts, social networking sites etc.)  Making the person feel responsible for the abuse;  Controlling what someone wears or where they go | Hitting, punching, pushing, biting, kicking, using weapons etc. | Forcing someone to have sex  Unwanted kissing or touching  Being made to watch pornography without consent  Pressure not to use contraception | Taking/controlling money  Forcing people to buy them things  Forcing partners to work or not to work |

Warning signs of relationship abuse might include:

* Physical signs of injury / illness.
* Truancy, failing grades.
* Withdrawal, passivity, being compliant.
* Changes in mood and personality.
* Isolation from family and friends.
* Frequent texts and calls from boyfriend / girlfriend.
* Inappropriate sexual behaviour /language / attitudes.
* Depression.
* Pregnancy.
* Use of drugs / alcohol (where there was no prior use).
* Self-harm.
* Eating disorders or problems sleeping.
* Symptoms of post-traumatic stress.
* Bullying / being bullied.

Signs of relationship abuse to look out for:

* Being late for school / not attending (especially if abuser attends same school).
* Arriving early / staying late to avoid abuser.
* Not focused in lessons as s/he is preoccupied and worried.
* Very gendered expectations of career and achievement.
* Feeling unsafe as afraid of being traced by abuser via school.
* Disturbed sleep affecting concentration.
* Appearing isolated and removed.
* Worried that everyone at school knows what is happening.

**Substance Misuse**

Pupils affected by their own or other's drug misuse should have early access to support through the school’s ‘early help’ offer and through referral to local drug and alcohol services.

As part of the statutory duty on schools to promote pupils’ wellbeing, schools have a clear role to play in preventing drug misuse as part of their pastoral responsibilities. Schools can have a key role in identifying pupils at risk of drug or alcohol misuse. The process of identifying needs should aim to distinguish between pupils who require general information and education, those who could benefit from targeted prevention, and those who require a detailed needs assessment and more intensive support.

Schools should:

* Provide accurate information on drugs and alcohol through education and targeted information, including via the FRANK service.
* Tackle problem behaviour in schools, with wider powers of search and confiscation.
* Work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse.
* To include this support for children as part of the ‘early help’ offer from the school.

**Faith Abuse**

Faith abuse is where certain kinds of child abuse are linked to faith or belief. This includes, belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts), dakini (in the Hindu context), ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

Child abuse can also occur in culture or faith contexts in general, this can include female genital mutilation, forced marriage, excessive physical punishment or abuse relating to gender, sexuality, ethnicity, nationality, disability or other differences recognised within social or cultural beliefs. Abuse in any culture or faith context is not acceptable and is child abuse.

**Female Genital Mutilation (FGM)**

FGM is a cultural practice and comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It occurs mainly in Africa and to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There are no health benefits. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan. In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first-generation immigrants, refugees and asylum seekers. These areas include: London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.

Key points:

* It is not a religious practice.
* Occurs mostly to girls aged from 5 – 8 years old but can happen up to 15 years of age.
* Criminal offence in UK since 1985.
* Offence since 2003 to take girls abroad.
* Criminal penalties include up to 14 years in prison.

Reasons for this cultural practice include:

* Cultural identity – an initiation into womanhood.
* Gender identity – moving from girl to woman.
* Sexual control – reduce the woman’s desire for sex.
* Hygiene/cleanliness – unmutilated women are regarded as unclean.

Risk factors:

* Low level of integration into UK society.
* Mother or sister who has undergone FGM.
* Girls who are withdrawn from personal, social health education (PSHE).
* A visiting female elder from the country of origin.
* Being taken on a long holiday to the family’s country of origin.
* Talk about a ‘special’ event or procedure to ‘become a woman’.

High risk time: be aware

This procedure often takes place in the summer, as the recovery period after FGM can be 6  
to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high-risk group is absent from school or where the family request an ‘authorised absence’ for just before or just after the summer school holidays. Although, it is difficult to identify girls before FGM takes place, where girls from these high-risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.

Post-FGM symptoms include:

* Difficulty walking, sitting or standing.
* Spend longer than normal in the bathroom or toilet.
* Unusual behaviour after a lengthy absence.
* Reluctance to undergo normal medical examinations.
* Asking for help, but may not be explicit about the problem due to embarrassment or fear.

Longer term problems include:

* Difficulties urinating or incontinence.
* Frequent or chronic vaginal, pelvic or urinary infections.
* Menstrual problems.
* Kidney damage and possible failure.
* Cysts and abscesses.
* Pain when having sex.
* Infertility.
* Complications during pregnancy and childbirth.
* Emotional and mental health problems.

What to do if you have concerns:

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

• are informed by a girl under 18 that an act of FGM has been carried out on her;

• observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl’s age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures. For more information, please see Working Together to Safeguard Children and the multi-agency statutory guidance on FGM.

At Bewsey Lodge Primary School if you suspect that a child may be at risk of, or have suffered FGM then you must share your concerns with the DSL who will make appropriate contact with children’s social care/MASH and the police, following the guidance set out on the Mandatory Reporting of Female Genital Mutilation; procedural information, 2015. If a member of staff discovers that FGM has been carried out on a girl under the age of 18, it **must** be reported to the police.

**Forced Marriage**

There is a clear difference between a ‘forced marriage’ and an ‘arranged marriage’. Arranged marriages have worked well in society for many years. An arranged marriage is when families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

A forced marriage is when one or both parties do not consent to the marriage, and people are forced into marriage against their will. Forced marriage is an abuse of human rights. Both physical and emotional abuse may be used to coerce people into the marriage. In law, both parties to a marriage must validly consent to the marriage; the minimum age a person is able to consent to a marriage is 16. A Forced Marriage Protection Order can be obtained from a Family Court in order to protect victims, both adults and children from a potential forced marriage or people who are already in a forced marriage. The Anti-social Behaviour, Crime and Policing Act (2014) make it a criminal offence to force someone to marry, this includes:

* Taking someone overseas to force them to marry (whether or not the forced marriage takes place).
* Marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not).
* Breaching a Forced Marriage Protection Order is also a criminal offence.

Young people, especially girls who are forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally, often leading to depression and self-harm. These factors can contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions.

Staff may become aware of a pupil because they appear anxious, depressed and emotionally withdrawn with low self-esteem. They may have mental health issues and display behaviours such as self-harming, self-cutting or anorexia. Sometimes they may come to the attention of the police having been discovered shoplifting or taking drugs or alcohol. Often pupil’s symptoms can be exacerbated in the periods leading up to the holiday season. Education staff may wish to be particularly vigilant in that period.

It may be the case that a pupil may present with a sudden decline in their attendance, performance, aspirations or motivation. Some female pupils may feel studying at school is pointless if they are going to be forced to marry and therefore be unable to continue with their education.

The ‘One Chance’ rule

All professionals working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the “one chance” rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have one chance to save a life. As a result, all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they are faced with forced marriage cases. If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted.

Potential warning signs or indicators that a child is at risk of Forced Marriage (not an exhaustive list):

* Absence and persistent absence.
* Request for extended leave of absence and failure to return from visits to country of origin.
* Fear about forthcoming school holidays.
* Surveillance by siblings or cousins at school.
* Decline in behaviour, engagement, performance or punctuality.
* Poor exam results.
* Being withdrawn from school by those with parental responsibility.
* Not allowed to attend extra-curricular activities.
* Sudden announcement of engagement to a stranger.
* Prevented from going on to further/higher education.

What to do if you have concerns:

Forced Marriage is an offence and if this is also happening to a child under the age of 18 it is considered to be child abuse. If you suspect that a child may be forced to marry, then you must share your concerns with the DSL who will make appropriate contact with children’s social care/MASH or the Police. The Forced Marriage Unit can also be contacted for advice and help in making the referral.

**Radicalisation and Violent Extremism**

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. The Counter Terrorism and Security Act 2015 - The Prevent Duty, places a duty on schools to prevent people being drawn into terrorism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Useful Definitions

*Radicalisation* refers to the process by which a person comes to support terrorism and or extremism leading to terrorism.

*Extremism*is defined by the Government in the Prevent Strategy (2010) as: vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

There is no such thing as a “typical extremist” those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

* Identity Crisis – the pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society.
* Personal Crisis – the pupil may be experiencing family tension, a sense of isolation and low self-esteem. They may have dissociated from their existing friendship group and become involved with a new and different group of friends. They may be searching for answers to questions about identity, faith and belonging.
* Personal Circumstances – migration, local community tensions and events affecting the pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
* Unmet Aspirations – the pupil may have perceptions of injustice, a feeling of failure/rejection of civic life.
* Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration.
* Special Educational Need – the pupil may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

* Being in contact with extremist recruiters.
* Accessing violent extremist websites, especially those with a social networking element.
* Possessing or accessing violent extremist literature.
* Using extremist narratives and a global ideology to explain personal disadvantage.
* Justifying the use of violence to solve societal issues.
* Joining or seeking to join extremist organisations.
* Significant changes to appearance/behaviour.
* Experiencing a high level of social isolation resulting in issues of identity crisis/personal crisis.

What to do if you have concerns:

If you suspect that a child/family member may be at risk of radicalisation or extremism then you must share your concerns with the Lead Prevent Officer, Liz Bailey, who will make contact with the appropriate agencies and complete the necessary referral form (<https://www.warrington.gov.uk/sites/default/files/2020-08/Warrington%20Prevent%20Referral%20form%20-%20August%202020.pdf>

The Local Prevent Co-ordinator is Stephen Gillham, who can be contacted on 01925 442928.

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity.

The Channel contact for Cheshire is Andy McIntyre, who can be contacted on 01606 36 5239 or 0777 551 6940 or by email at [andrew.mcintyre@cheshire.pnn.police.uk](https://rmt.warrington.gov.uk/owa/,DanaInfo=V28WCNEXCH01.wcn.local,SSL+redir.aspx?C=0Vlq3aHwqRxyLB-567tyInI3L9zjMXVJ1_qalSstmpLPB6VDhl7WCA..&URL=mailto%3aandrew.mcintyre%40cheshire.pnn.police.uk)

Further information is also available in the Preventing Extremism and Radicalisation Safeguarding Policy for Warrington Schools and Academies on the Safeguarding page of the school’s website.

**Private Fostering**

A private fostering arrangement is when a child under the age of 16 (18 if they have a disability) goes to live with someone who is not a close relative for 28 days or more. This is a private agreement between a parent and another adult. Private foster carers may be from the extended family such as a cousin, great aunt, friend of the family, the parent of a friend of the child or someone previously unknown to the child's family. It is not private fostering when a child is living with a close relative such as a parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage).

Privately fostered children could include:

* Children or young people who are sent to this country for education, health care by their birth parents from overseas.
* Teenagers living with a friend's family because they do not get on with their own family.
* Children living with a friend's family because their parents study or work involves unsociable hours, which makes it difficult to use ordinary day care or after school care.
* Children staying with another family because their parents have divorced or separated.
* A child from overseas staying with a host family while attending school or overseas students at boarding school who stay with a host family during the holidays.

What to do if you have concerns:

If you suspect that a child may be being privately fostered, then you must share your concerns with the DSL who will contact the Local Authority.

**Peer-on-Peer Abuse**

Peer-on-peer abuse features physical, emotional, sexual and financial abuse of a child/young person by their peers. Peer-on-peer abuse is often located within the neighbourhoods, schools, peer groups and families associated with the young people who are affected.

There are many forms of abuse that may occur between peers and these are described below and followed by sections giving advice and support on action to be taken in relation to both the victim and the perpetrator of the abuse. All staff are expected to have an awareness of what constitutes peer on peer abuse.

We also recognise the gendered nature of peer-on-peer abuse (i.e. girls being sexually touched and boys being subject to initiation). However, all peer-on-peer abuse is unacceptable and will be taken seriously.

It should be noted that there can be considerable overlap between these different types of peer-on-peer abuse.

**Physical abuse** (biting, hitting, kicking, hair pulling etc.)

Physical abuse may include, hitting, kicking, nipping, shaking, biting, hair pulling, or otherwise causing physical harm to another person. There may be many reasons why a child physically harms another and it is important to understand why a young person has engaged in such behaviour (including whether it has happened accidently) before considering the action or punishment to be undertaken.

**Prejudiced Behaviour**

The term prejudice related bullying refers to a range of hurtful behaviour, (physical, emotional or both) which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society. In particular, prejudices are to do with disabilities and special educational needs, ethnicity, cultural and religious backgrounds, gender, home life and sexual identity (homosexual, bisexual and transsexual).

**Harmful Sexual Behaviour**

Harmful sexual behaviour includes; using sexually explicit words and phrases, inappropriate touching, using sexual violence or threats and full penetrative sex with other children or adults.

Children and young people who develop sexual harmful behaviours harm themselves and others.

Harmful sexual behaviour involves one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development.

Sexual behaviour between children is also considered harmful if one of the children is much older – particularly if there is more than two years’ difference in age or if one of the children is pre-pubescent and the other isn’t (Davies, 2012)

However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled (Rich, 2011).

Decisions on whether sexualised behaviour is potentially harmful should be made with reference to the NSPCC framework and the Brook Traffic Light tool **(**<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>).

Sexual Violence/Sexual Harassment

Sexual violence is referred to in this instance in the context of child on child. Sexual offences include: rape, assault by penetration, sexual assault.

Sexual harassment is referred to in this instance as ‘unwanted conduct of a sexual nature’ that can occur online and offline in the context of child on child. It is likely to violate a child’s dignity, make them feel intimidated, degraded or humiliated/ create a hostile, offensive or sexualised environment.

Further guidance can be found in; Sexual violence and harassment between children in schools and colleges guidance May 2018.

**Cyber bullying**

Cyberbullying includes the use of phones and computers/ electronic devices to harass threaten or intimidate someone and it can include: instant messaging; e-mail; chat rooms; or social networking sites such as Facebook and X. It may constitute a criminal offence under the Sexual Offences Act 2003.

Outside of the immediate support young people may require in these instances, as a school we may have no choice but to involve the police to investigate these situations.

**Initiation/Hazing**

Hazing is a form of initiation ceremony that is used to induct newcomers into an organisation such as a private school, sports team etc. There are a number of different forms, from relatively mild rituals to severe and sometimes violent ceremonies.

The idea behind this practice is that it welcomes newcomers by subjecting them to a series of trials, which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation because they all experienced it as part of a rite of passage. Many rituals involve humiliation, embarrassment, abuse, and harassment.

**Bullying (physical, name calling, homophobic etc.)**

Bullying is unwanted, aggressive behaviour that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. Both young people who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behaviour must be aggressive and include:

* Imbalance of Power: Young people who bully use their power - such as physical strength, access to embarrassing information, or popularity - to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
* Repetition: Bullying behaviours happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally or for a particular reason e.g. size, hair colour, gender, sexual orientation, and excluding someone from a group on purpose.

**Upskirting**

This typically involves taking a picture under a person’s clothing, without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim, distress, humiliation or alarm. It is now a criminal offence.

**Serious violence**

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

All staff should be aware of the associated risks and understand the measures in place to manage these. Advice can be found in the Home Office’s Preventing youth violence and gang involvement and its Criminal exploitation of children and vulnerable adults; County Lines guidance.

**Responses to Peer on Peer Abuse**

For the young person who has been harmed:

* Named member of staff to talk to.
* Interventions to improve peer relationships.
* Restorative justice work.
* Whole class work.
* Strategies for managing futures issues.
* Support from outside agencies e.g. counselling.
* Liaise with parents/carers.
* Risk assessment.
* Regular reviews with young person.

For the young person who has displayed harmful behaviour:

* Named member of staff to talk to.
* Interventions to improve peer relationships.
* Restorative justice work.
* Whole class work.
* Strategies for managing futures issues.
* Support from outside agencies e.g. counselling.
* Education off site.
* Risk Assessment.
* Consequences/sanctions.
* Liaise with parents/carers.
* Regular reviews with young person.

If you suspect that a child may be being subjected to peer on peer abuse then you must share you concerns with the DSL, who will contact the appropriate professionals for advice and support.

It is incredibly important that staff do not dismiss issues as ‘banter’ or ‘growing up’ or compare issues to their own experiences of childhood. It is necessary that staff consider each issue and each individual in their own right before taking action. If staff minimise the concerns raised it may result in a young person seeking no further help or advice.

Through Sex and Relationship Education (SRE), Personal, Social, Health and Economic (PHSE), Spiritual, Moral, Social and Cultural (SMSC) and Lesbian, Gay, Bisexual, Transgender/Transsexual (LGBT+) we deliver high quality lessons to prepare and equip our pupils now and in the future and to minimise the risk of peer on peer abuse occurring.

**Sexting**

Sexting is when someone sends or receives a sexually explicit text, image or video on their mobile phone, usually in a text message.

When people talk about sexting, they usually refer to sending and receiving:

* Naked pictures or 'nudes'.
* 'Underwear shots'.
* Sexual or 'dirty pics'.
* Explicit ‘rude’ text messages or videos.

If pupils are ‘sexting’ indecent images of someone under the age of 18, they may be committing a criminal offence under Section 1 of the Protection of Children Act 1978 and Section 160 Criminal Justice Act 1988. This means, it is a crime to:

* Take an indecent photograph or allow an indecent photograph to be taken.
* To make an indecent photograph (and this includes downloading or opening an image that has been sent).
* To distribute or show such an image.
* To possess with the intention of distributing images.
* To possess such images.

Whether someone is charged is decided by the Crown Prosecution Service.  Generally, children are not prosecuted. HOWEVER, children and young people need to be aware that they may be breaking the law. Although unlikely to be prosecuted, children and young people who send or possess the images may be visited by Police and on some occasions media equipment e.g. computers and mobile phones could be removed.

The key factor to highlight is that the real harm in relation to ‘sexting’ is that those in the photographs may become victims should the images be shown to others.

If you suspect a child may be sexting or the victim of sexting then you must share your concerns with the DSL, who will make appropriate contact with children’s social care/MASH or the police.

In cases of sexting the following guidelines should be consulted:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647389/Overview_of_Sexting_Guidance.pdf>

**Children Missing Education (CME)**

A child going missing from education is a potential indicator of abuse or neglect. Staff should follow the school’s CME procedures for dealing with children who go missing from education, particularly on repeated occasions, to help identify any risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future. These procedures can be found on the school’s website.

**Children at particular risk of missing education:**

* Pupil at risk of harm/neglect.
* Children of Gypsy, Roma and Traveller (GRT) families.
* Children of Service Personnel.
* Missing children and runaways.
* Children and young people supervised by the Youth Justice System.
* Children who cease to attend a school.
* Children of new migrant families.

*Children Missing Education Statutory Guidance for Local Authority September 2016*

**Children Missing Through the School Day**

At Bewsey Lodge Primary School, the safety of our pupils is our priority whilst they are in our care. For full details of our procedures for pupils who go missing from the school site during the school day or a school trip please see our Missing Child Policy.

**Children Accessing Alternative Provisions**

Bewsey Lodge Primary School will maintain ongoing responsibility for safeguarding any children that attends alternative provision and will obtain confirmation that providers have undertaken satisfactory safer recruitment checks in line with DfE, Keeping Children Safe in Education (2023).

**Children and the Court System**

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds. The guides explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained. Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers, <https://helpwithchildarrangements.service.justice.gov.uk/>

**Children with family members in prison**

Approximately 200,000 children in England and Wales have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

**Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes into the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children’s social care where a child has been harmed or is at risk of harm. The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis. In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children’s services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child’s circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation: <https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets>

**Part Four: Appendices**

**Appendix 1: Do’s and Don’ts; when a child discloses to you**

Do:

* Stay calm and listen to what the child is saying.
* Consider the environment that you are in with the child, is it appropriate? Do other staff members know where you are?
* Ask open ended questions (use of TED; tell, explain describe and who, what, where, when questions)
* Allow the child to talk freely and reassure them that they have done the right thing in speaking to you.
* Children very rarely lie about abuse; but may have tried to tell others and not been heard or believed.
* Tell the child that it is not their fault.
* Listen and remember.
* Check that you have understood correctly what the child is trying to tell you by clarifying the facts.
* Communicate that they have a right to be safe and protected and that you will take action to keep them safe.
* Be aware that the child may retract what they have told you. It is essential to record all you have heard.
* At the end of the conversation, tell the child again who you are going to tell (the DSL) and why that person needs to know (e.g. to help keep them safe).
* As soon as you can afterwards, make a detailed record of the conversation

Don’t:

* Do not ask "leading questions" or press for information.
* Do not investigate.
* Do not communicate shock, anger or embarrassment or share your opinion/own experience on what has happened.
* Do not make inappropriate comments about the alleged offender.
* Never enter into a pact of secrecy with the child. Assure the child that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why (the DSL).
* Do not tell the child that what they have experienced is dirty, naughty or bad.
* Do not automatically make physical contact with the child. Whilst the child may seek out physical contact, remember that this may place you in a vulnerable position and also an abused child may not want physical comfort e.g. a hug.

**Appendix 2: Dos and don’ts when recording an incident on CPOMS**

|  |  |
| --- | --- |
| **Do** | **Don’t** |
| * Check spelling & grammar   using the child’s own language.   * Include any questions you may have asked or responses you have given. You can include descriptive language as long as you have evidence to support this e.g. the child was upset because they were crying. * Ensure neutral/objective language is used throughout record keeping, sticking to the facts and not your interpretation/opinion. * Include details in your records of any resources used to support children with special educational needs/disabilities or English as an Additional Language etc. * Clear, concise language; “not heard from X” (is that X has not contacted us or we have tried but not got through) * Consider carefully the category you are using * Write a swear word (not f\*\*\*) * Use amber, red, double red * If you have been given an action record this so we have a full chronology (eg asked to ring parent) * If you are logging an incident that you would have recorded on a pink form make sure you alert the DSL/DDSL. * Use full names of staff * Remember that the date/time can be amended to reflect the time of the incident | * Use abbreviations * Put your opinion, unless you have evidence to back it up) * Name other children in logged incident * Don’t link in other children (unless sibling and it applies to that sibling eg a log about home) * Write in note form * Use CPOMS when you are working with the children * Don’t use a body map unless it is in relation to the child’s body you are writing about. |

**Appendix 3: Flow Chart following a Child Protection Concern Form**



**Appendix 4: The Seven Golden Rules to Sharing Information**

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

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

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

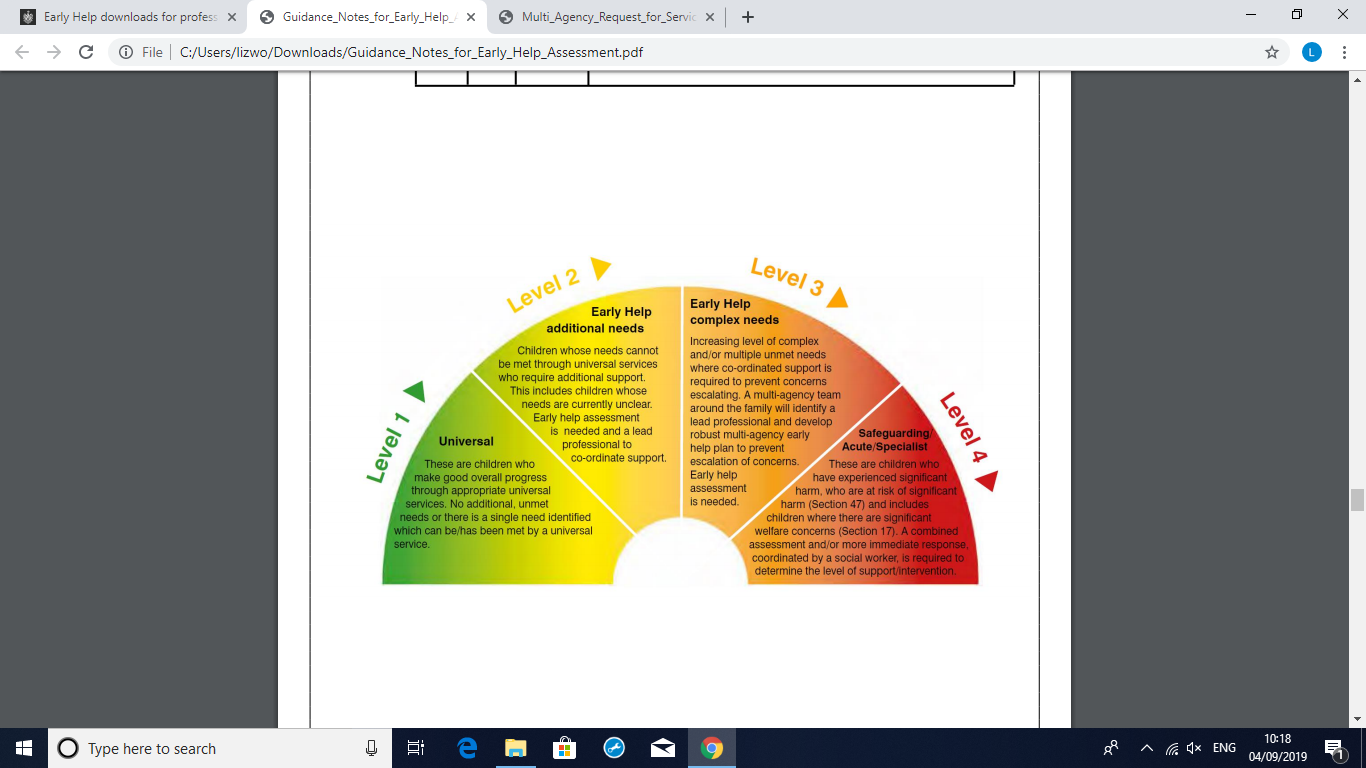
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

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

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely (see principles).

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

**Appendix 5: The Family Support Model**



**Appendix 6: Common Sites for Non-Accidental Injury**

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**Appendix 7: Common Sites for Accidental Injury**

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1. From here on in this group of people will be referred to as staff. [↑](#footnote-ref-1)