



Laycock Primary School

Child Protection Policy - April 2020.

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This policy is to be read in conjunction with the Safeguarding Policy

Named personnel with responsibility for Child Protection:

Mrs J Nove – DSL Lead

Mrs K Taylor – DSL trained

Mrs J McGuinness – DSL trained

Designated Governor – Mr A Bray.

1. Introduction:

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that at all time, they should consider what is in the best interests of the child.

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

Safeguarding is defined as

- protecting children from maltreatment,
- preventing impairment of health and/or development,
- ensuring that children grow up in the provision of safe and effective care and
- taking action to enable all children to have the best life chances.

Children includes everyone under the age of 18.

This **Child Protection Policy** forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. In particular, this policy should be read in conjunction with the Safeguarding Policy, Safer Recruitment Policy, Positive Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, **Looked After Children Policy**, Code of Conduct, E-safety Policy and ICT Acceptable Usage Policy.

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.

To ensure that staff understand that safeguarding the welfare of children is everyone's responsibility.

To ensure that staff working with children maintain the attitude that 'it could happen here' where safeguarding is concerned and that when concerned about the welfare of a child, staff always act in the best interests of the child.

The school follows the procedures established by the three Safeguarding Partners: Bradford Local Authority, The Chief of West Yorkshire Police and the Local Commissioning Group.

School Staff & Volunteers

All school and college staff have a responsibility to provide a safe environment in which children can learn.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff will receive appropriate safeguarding children training which is updated regularly, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff

meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Person during induction training.

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

2. Statutory Framework

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (Section 175/157)

Outlines that Local Authorities and School Governing Bodies have a responsibility to "ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils".

- Bradford Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
- Keeping Children Safe in Education (DfE, September 2019)
- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2019) – APPENDIX 1

- Working Together to Safeguard Children (DfE 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Information Sharing July 2018
- The GDPR and Data Protection Act (2018)
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)

Working Together to Safeguard Children (DfE 2018) requires each school to follow the procedures for protecting children from abuse which are supported by the three-partner approach to Safeguarding (Bradford Local Authority, Chief Of West Yorkshire Police and the Local Commissioning Group).

Schools are also expected to be involved in the new three partner safeguarding arrangements to ensure that they have appropriate procedures in place for responding to situations in which:

(a) a child may have been abused or neglected or is at risk of abuse or neglect;

(b) a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

3. THE DESIGNATED SENIOR PERSON N.B. Keeping Children Safe in Education, DfE 2016 refers to this role as Designated Safeguarding Lead – DSL

Governing bodies should ensure that the school designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

During term time the designated safeguarding lead and or a deputy will always be available (during school hours) for staff in the school to discuss any safeguarding concerns.

The Designated Senior Person for Child Protection in this school is:

Juliet Nove - Headteacher

There should be a Deputy Designated Senior Person in the absence of the lead DSP. The Deputy Designated Senior Person for Child Protection in this school is:

Kate Taylor – Deputy Headteacher, and in her absence,

Jenny McGuinness – Child and Parent Support Lead.

Both are known in school as Designated Safeguarding Leads (DSLs).

The broad areas of responsibility for the Designated Senior Person (DSP) and Designated Safeguarding Leads (DSLs) are:

- Managing referrals and cases
- Refer all cases of suspected abuse or neglect to the Local Authority Children's Services (Safeguarding and Specialist Services), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Support staff who make referrals
- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

Training

The Designated Senior Person and Designated Safeguarding Leads should undergo formal training every two years. They should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSPs, or taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process of the Bradford Continuum Of Need (Sept 2019) for providing Early Help and intervention, for example through locally agreed common and shared assessment processes such as Early Help assessments.
2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
3. Be alert to the specific needs of children in need, those with special educational needs and young carers.
4. Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation.
5. Be able to keep detailed, accurate, secure written records of concerns and referrals.
6. Obtain access to resources and attend any relevant or refresher training courses.
7. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them.

As part of their role, the DSP should:

1. Ensure all staff receive appropriate child protection and safeguarding training, which is updated regularly. In addition, all staff should receive safeguarding and child protection updates (via e-bulletins, staff meetings) as required and at least annually.
2. Ensure each member of staff has access to and understands the school's safeguarding and child protection policy and procedures, and copies of Part 1 and Annex A of "Keeping Children Safe In Education", 2019.
3. Ensure all staff are aware of the process of making referrals to Early Help and to Children's Social Services and for statutory assessments under the Children Act 1989, especially section 17

(Children In Need) and Section 47 (a child suffering or likely to suffer significant harm) that may follow a referral, along with the role they might expect to play in such assessments.

4. Ensure that new staff, students, volunteers and staff returning from long term absence receive a robust induction programme (see Induction Checklist)

Raising Awareness

- The designated safeguarding person should ensure the school or policies are known, understood and used appropriately.
- Ensure the school safeguarding and child protection policies are reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the safeguarding and child protection policies are available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this.
- Link with the local three Safeguarding Partners (Bradford Local Authority, Local Chief of Police and Clinical Commissioning Groups) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school, ensure the file for safeguarding and any child protection information is sent to any new school /college as soon as possible but transferred separately from the main pupil file.
- Schools should obtain proof that the new school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with GDPR and data protection guidelines (see Record keeping Guidance for further information.)

4. THE GOVERNING BODY

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools are effective and comply with the law at all times.

The nominated governor for child protection is:

NAME Mr Antony Bray

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of Early Help when additional needs of children are identified.
- ensuring that an effective child protection policy is in place, together with a Staff Code Of Conduct.
- ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2019) – Appendix 1 and are aware of specific safeguarding issues.
- ensuring that staff induction is in place with regards to child protection and safeguarding.

- appointing an appropriate senior member of staff to act as the Lead Designated Senior Person. It is a matter for individual schools as to whether they choose to have one or more Deputy Designated Senior Person / Designated Safeguarding Leads.
- ensuring that all of the Designated Senior Persons (including deputies) should undergo formal child protection training every two years (in line with KCSIE 2019 guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSPs, or taking time to read and digest safeguarding developments).
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- ensuring that children are taught about safeguarding in an age appropriate way.
- ensuring appropriate filters and appropriate monitoring systems (Forensic Monitoring) are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support governing bodies and proprietors is provided in Keeping Children Safe in Education (DFE2019)

5. WHEN TO BE CONCERNED

A child centred and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is everyone's responsibility. In order to fulfil this responsibility effectively, all professionals should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

Children who may require early help

Families First is Bradford's programme of early help services for families. A directory of early help services is available at www.gov.uk/familiesfirst and will help practitioners and families find information and support to prevent escalation of needs and crisis.

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Senior Person any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services (Safeguarding and Specialist Services) if the child's situation doesn't appear to be improving.

Staff can make an Early Help referral via the Gateway: tel 01724 432121 and on a Multi Agency Referral Form (MARF) on the BSO Website

Staff and volunteers working within the School should be alert to the potential need for early help for children also who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence
- Children who are showing early signs of abuse and/or neglect.

School and staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and specific safeguarding issues so that they are able to identify cases of children who may be in need of help or protection.

See Appendix 4 for information on indicators of abuse and Appendix 1 for specific safeguarding issues.

Children with special educational needs and disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- Communication barriers and difficulties;
- Reluctance to challenge carers , (professionals may over empathise with carers because of the perceived stress of caring for a disabled child) ;
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.;
- A disabled child's understanding of abuse;
- Lack of choice/participation ;
- Isolation

Peer on peer abuse

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

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

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/ sexual assaults, sexting, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour. The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service will be used to help professionals; assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at www.brook.org.uk/our-work/the-sexualbehaviours-traffic-light-tool.

Staff should recognise that children are capable of abusing their peers and should not be tolerated or passed off as “banter” or “part of growing up”.

In order to minimise the risk of peer on peer abuse the school:

- Provides a developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Develop robust risk assessments where appropriate
- Have relevant policies in place (e.g. behaviour policy).

Specific Safeguarding Issues:

All staff should have an awareness of the safeguarding issues listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger. Refer to Annex A of KCSIE (2019):

Children and the Court System

Children Missing From Education

Children with Family Members in Prison.

Child Sexual Exploitation

Child Criminal Exploitation/County Lines.

Domestic Abuse

Homelessness.

So-called ‘Honour-Based’ violence (including Female Genital Mutilation and Forced Marriage).

FGM & FGM Mandatory reporting duty for teachers.

Forced marriage.

Preventing radicalisation

Peer on peer abuse

Sexual violence and sexual harassment between children in schools and colleges

What is sexual violence and sexual harassment?

Sexual violence

Sexual harassment

Up skirting

The response to a report of sexual violence or sexual harassment

6. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person or in their absence, a Designated Safeguarding Lead, without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person.

If a school staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– Allegations involving school staff/volunteers.

7. CONTEXTUAL SAFEGUARDING

Staff should be aware that as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and / or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including:

- Exploitation by criminal gangs and organised crime groups such as county lines;
- Trafficking;
- Online abuse;
- Sexual exploitation and the influence of extremism leading to radicalisation.

Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Staff making assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and / or welfare.

If a staff member receives a disclosure concerning the welfare of a child in relation to contextual safeguarding, a referral will be made to a Channel to assess the extent to which identified individuals are vulnerable to being drawn into terrorism and, where appropriate, arrange for support to be provided.

8. RECORD KEEPING

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the Designated Senior Person or Designated Safeguarding Lead.

When a child has made a disclosure, the member of staff/volunteer should:

- Record as soon as possible after the conversation. Use the school record of concern sheet or CPOMS log wherever possible .
- Do not destroy the original notes in case they are needed by a court. Either keep in the roller cabinet in the child's CP file, or scan and upload to CPOMS.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child .
- Draw a diagram/use the CPOMS diagram to indicate the position of any injuries.
- Record statements and observations rather than interpretations or assumptions.

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

9. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This may ultimately not be in the best interests of the child.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

10. SCHOOL PROCEDURES

Please see Appendix 3: What to do if you are worried a child is being abused: flowchart.

If any member of staff is concerned about a child he or she must inform the Designated Senior Person. The Designated Senior Person will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

While it is the DSP's role to make referrals, any staff member can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and the Police immediately. Where referrals are not made by the DSP, the DSP should be informed as soon as possible.

If a teacher (persons employed or engaged to carry out teaching work at schools and other institutions in England), in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the teacher must report this to the police. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2019): Annex A for further details.

Bradford Children's Services: 01274 435600 Mon – Fri 8.30am – 5.00pm

Out of Hours Emergency Duty Team: 01274 431010

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

Referrals - Safeguarding referrals should be made to Social Care and will be accompanied by an Early Help referral form.

USEFUL TELEPHONE NUMBERS

Children's Social Care Initial Contact Point: 01274 435600

Emergency Duty Team: 01274 431010

Education Safeguarding Officers: 01274 437155

Police: Javelin House, Child Protection Unit: 01274 376059

PREVENT

Referrals for children who are at risk of being exposed to radicalisation should be made via the Channel referral process.

Channel Co-ordinator, West Yorkshire Police Tel 01274 376215

11. COMMUNICATION WITH PARENTS

Laycock Primary School will ensure the Child Protection Policy is available publicly, either via the school website or by a paper copy in school.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

The school may also consider not informing parent(s) where it would place a member of staff at risk.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

12. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children.

This applies to any child the member of staff/volunteer has contact with within their personal, professional or community life.

What school staff should do if they have concerns about safeguarding practices within the school

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head of School. Where there are concerns about the Head of School, this should be referred to the Chair of Governors as appropriate.

The Chair of Governors in this school is:

Mrs Brenda Hickling

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

Dr Rev Jonathan Pritchard.

In the event of allegations of abuse being made against the Head of School or where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Local Authority Designated Officer (LADO). Staff may consider discussing any concerns with the Designated Senior Person and, if appropriate, make any referral via them. (See Keeping Children Safe in Education: Part Four, DfE 2019, for further information).

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head of School.

The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head of School /Chair of Governors will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (LADO).

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, an investigation will take place by the local authority.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head of School should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer / through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/ school code of conduct and Safer Recruitment Consortium document *Guidance for safer working practice for those working with children and young people in education settings (September 2015)*

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998). Please see the school's Positive Behaviour Policy for more information.

Appendix 1: Keeping Children Safe In Education, (DfE 2019).

Part One: Information for all staff

Annex A: Further Information

The publication of this Child Protection Policy (April 2019) has been written in line with the statutory guidance Keeping Children Safe In Education 2019.

The hyperlink to the document Keeping Children Safe In Education 2019 has been included in this policy, rather than the document in its entirety, to address any changes in content, which may arise during the year.

It is essential that all staff have access to this online document and read Part 1 and Annex A, which provides further information on:

- Children missing from education;
- Child sexual exploitation;
- Peer-on-peer abuse;
- Up-skirting;;
- Honour-based violence
- FGM mandatory reporting duty;
- Forced marriage;
- Preventing radicalisation;
- Contextual safeguarding;
- County lines.

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

Staff are required to sign to say they have read and understood these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

Link to Keeping Children Safe In Education Part One 2019:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836144/Keeping_children_safe_in_education_part_1_2019.pdf

Appendix 2: Declaration For Staff

Child Protection Policy and Keeping Children Safe in education (DfE 2019)

Academic Year: 2019-2020

I confirm that I have read and understood the contents of the following documents and I understand my role and responsibilities as set out in these documents:

1. The School's Child Protection Policy and the role of the DSP
2. The School's Safeguarding Policy.
3. Part 1 and Annex A of Keeping Children Safe in education, DfE Guidance, 2019.
4. Staff Code of Conduct.
5. School's Positive Behaviour Policy.

I am aware that the school DSP and DSLs are:

_____ and
_____ and

and I am able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available in the school staffroom, from a member of SLT and on 'T' drive on the school IT network.

Signed: _____ Date: _____

Name (Printed): _____

Appendix 3:

What to do if you are worried a child is being abused: Advice for Practitioners Flowchart

Be alert

- Be aware of the signs of abuse and neglect.
- Identify concerns early to prevent escalation.
- Know what systems the school has in place regarding support for safeguarding eg induction training, staff code of conduct and the role of the DSL

Question behaviours

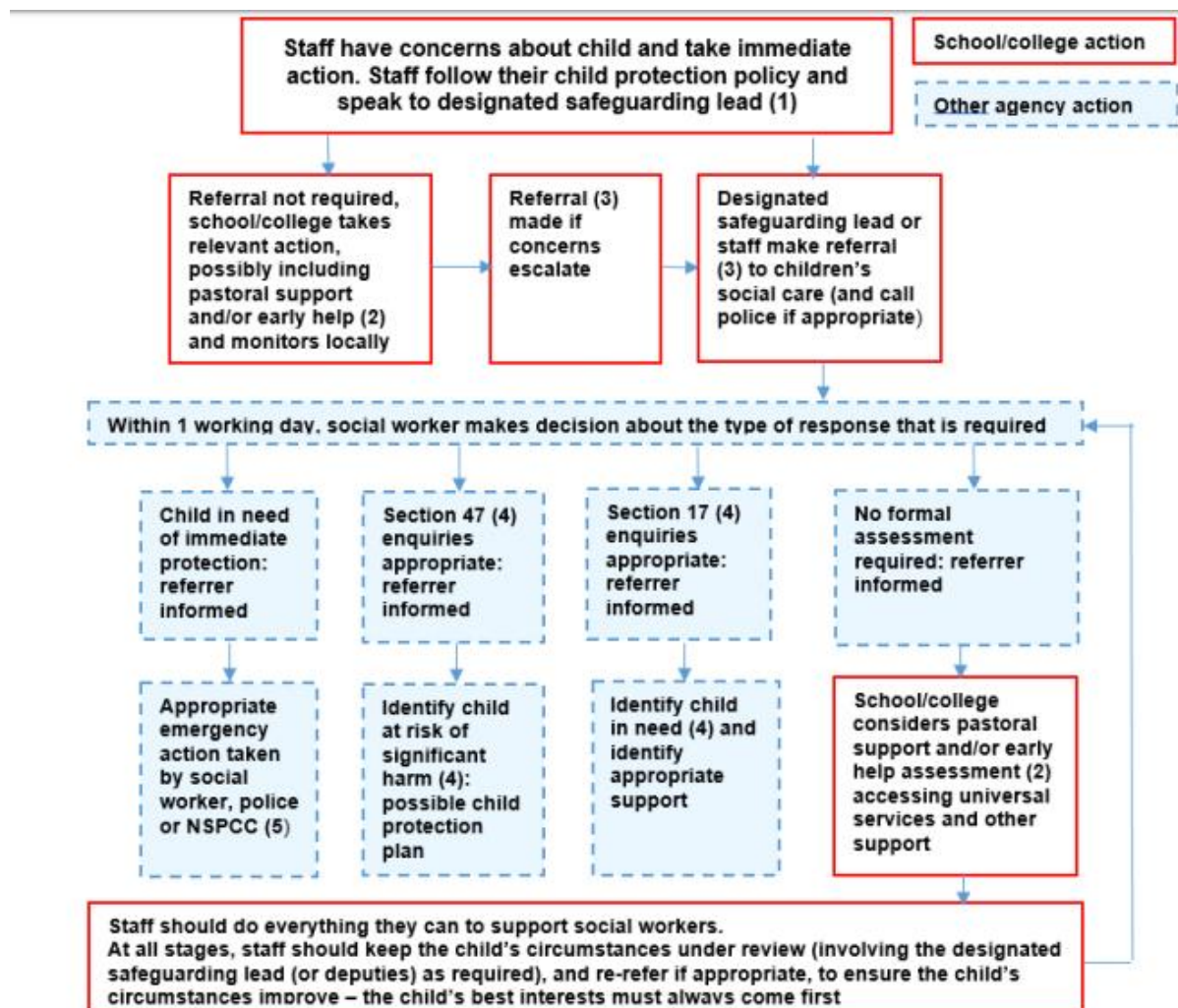
- Talk and listen to the views of children; be non-judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries.
- To raise concerns about poor or unsafe practice, refer to the HT. If the concern is about the HT, report to the Chair of Governors. Utilise whistleblowing procedure.

Ask for help

- Record and share information appropriately with regard to confidentiality.
- If staff members have concerns, raise these with the school's or colleges DSL.
- Responsibility to take appropriate action, do not delay.

Refer

- DSL will make referrals to Children's Services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Services on 0300 1234043



(1) In cases which also involve a concern or an allegation of abuse against a staff member, see Part Four of this guidance.

(2) Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter one of [Working Together to Safeguard Children](#) provides detailed guidance on the early help process.

(3) Referrals should follow the process set out in the local threshold document and local protocol for assessment. Chapter one of [Working Together to Safeguard Children](#).

(4) Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989. Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in Chapter one of [Working Together to Safeguard Children](#).

(5) This could include applying for an Emergency Protection Order (EPO).

Appendix 4: Bradford Continuum of Need and Risk Assessment Tool - Indicators Of Abuse And Neglect, based on KCSIE Sept 2019 definitions

Continuum of Need Model (continued)

3. Descriptors

A set of descriptors and indicators have been laid out in the document to enable partner agencies to use shared terminology and develop a shared understanding of levels of need, risk and vulnerability.

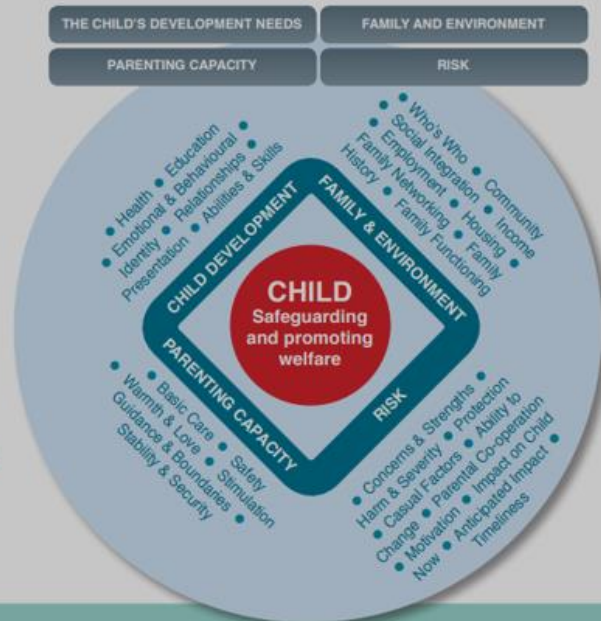
They provide a detailed breakdown of the three domains and dimension of the Framework for Assessment of Children in need and their families:

- ✓ The child's developmental needs
- ✓ Parenting Capacity
- ✓ Family and environmental factors

The descriptors and indicators are indicative rather than definitive, but will help to provide an evidence base for professional judgement and decision making. The descriptors and indicators cannot reflect or predict sudden changes in the child's world and any sudden change in a child's presentation should be explored to establish if there is a cause for concern. In addition the age of the child and any protective factors that may enhance resilience need to be taken into account. The lack of impact of previous or on-going service involvement should also be noted as a concern.

This is a tool for everyone to use to support inter-agency working, information sharing and assessment. Bradford's Safeguarding Children's Board (BSCB) has adopted this continuum of need model to provide a multi-agency, whole system approach to assessment, risk, prevention and intervention for children, young people and their families.

The adoption of the model provides consistency from professionals working across geographical areas. This dynamic model provides a needs led, outcome focussed matrix of need and vulnerability which, when used effectively can match the child/young person's needs with the appropriate assessment and provision.



At no time must disagreement prevent a child from being safeguarded. If you are not getting the response you feel is appropriate, please refer to the "Resolving Professional Disagreement & Escalation Policy". This provides the procedures to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at front line level.

Hyperlink to 'Resolving Professional Disagreement and Escalation'
https://westyorkscb.proceduresonline.com/chapters/p_res_profdisag.html?zoom_highlight=professional+disagreement&zoom_highlight=professional+disagreement

Appendix 5:

Important Additional Information About Specific Forms Of Abuse And Safeguarding Issues

All definitions are taken directly from 'Keeping Children Safe in Education', DfE 2019:

21. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

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

Child	
Bruises – shape, grouping, site, repeat or multiple.	Withdrawal from physical contact
Bite-marks – site and size. Burns and scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behavioural problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness
Parent	Family / Environment
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatic symptom disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community
Fear of medical help / parents no seeking medical help	Physical or sexual assault or a culture of physical chastisement
Over chastisement of child	

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

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

24. **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see paragraph 27).

Peer on peer abuse

27. **All staff should be aware that children can abuse other children (often referred to as peer on peer abuse).** This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence,⁸ such as rape, assault by penetration and sexual assault;
- sexual harassment,⁹ such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting,¹⁰ which 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 humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

28. **All staff should be clear as to the school's or college's policy and procedures with regards to peer on peer abuse.**

Child

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

25. **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Child

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

Part one: Safeguarding information for all staff

What school and college staff should know and do

A child centred and coordinated approach to safeguarding

1. Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance [Working Together to Safeguard Children](#).
2. Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.
3. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
 - protecting children from maltreatment;
 - preventing impairment of children's health or development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
5. Children includes everyone under the age of 18.

The role of school and college staff

6. School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.
7. **All** staff have a responsibility to provide a safe environment in which children can learn.

8. **All staff** should be prepared to identify children who may benefit from early help.³ Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.
9. **Any staff member** who has a concern about a child's welfare should follow the referral processes set out in paragraphs 36-47. Staff should expect to support social workers and other agencies following any referral.
10. Every school and college should have a designated safeguarding lead who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.
11. The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.
12. The Teachers' Standards 2012 state that teachers (which includes headteachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.⁴

What school and college staff need to know

13. **All staff** should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include the:

- child protection policy;
- behaviour policy;⁵
- staff behaviour policy (sometimes called a code of conduct);
- safeguarding response to children who go missing from education; and
- role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

³ Detailed information on early help can be found in Chapter 1 of [Working Together to Safeguard Children](#).

⁴ The [Teachers' Standards](#) apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are subject to the Education (School Teachers' Appraisal) (England) Regulations 2012.

⁵ All schools are required to have a behaviour policy (full details are [here](#)). If a college chooses to have a behaviour policy it should be provided to staff as described above.

Copies of policies and a copy of Part one of this document should be provided to staff at induction.

14. **All** staff should receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

15. **All** staff should be aware of their local early help⁶ process and understand their role in it.

16. **All** staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.⁷

17. **All** staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated safeguarding lead (or a deputy) and children's social care. Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

What school and college staff should look out for

Early help

18. **Any** child may benefit from early help, but all school and college staff should be particularly 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;

⁶ Detailed information on early help can be found in Chapter 1 of [Working Together to Safeguard Children](#).

⁷ More information on statutory assessments is included at paragraph 42. Detailed information on statutory assessments can be found in Chapter 1 of [Working Together to Safeguard Children](#).

- 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; and
- is a privately fostered child.

Abuse and neglect

19. Knowing what to look for is vital to the early identification of abuse and neglect. **All** staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. If staff are unsure, they should **always** speak to the designated safeguarding lead (or deputy).

20. **All** school and college staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Indicators of abuse and neglect

21. **Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

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

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

24. **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see paragraph 27).

25. **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Safeguarding issues

26. **All staff** should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

Peer on peer abuse

27. **All staff** should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence,⁸ such as rape, assault by penetration and sexual assault;

⁸ For further information about sexual violence see Annex A.

- sexual harassment,⁹ such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting,¹⁰ which 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 humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

28. **All** staff should be clear as to the school's or college's policy and procedures with regards to peer on peer abuse.

Serious violence

29. All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in 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.

30. All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office's [Preventing youth violence and gang involvement](#) and its [Criminal exploitation of children and vulnerable adults: county lines](#) guidance¹¹.

Female Genital Mutilation

31. Whilst **all** staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific **legal duty on teachers**.¹² If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher **must** report this to the police. See Annex A for further details.

Contextual safeguarding

32. Safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside the school or college. **All** staff, but especially the designated safeguarding lead (and deputies) should be considering the context within which such incidents and/or behaviours occur. This is

⁹ For further information about sexual harassment see Annex A.

¹⁰ For further information about 'upskirting' see Annex A.

¹¹ For further information about violent crime see Annex A.

¹² Under Section 5B(11) (a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors so it is important that schools and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse. Additional information regarding contextual safeguarding is available here: [Contextual Safeguarding](#).

Additional information and support

33. Departmental advice [What to Do if You Are Worried a Child is Being Abused - Advice for Practitioners](#) provides more information on understanding and identifying abuse and neglect. Examples of potential indicators of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The [NSPCC](#) website also provides useful additional information on abuse and neglect and what to look out for.

34. **Annex A** contains important additional information about specific forms of abuse and safeguarding issues. School and college leaders and those staff who work directly with children should read the annex.

What school and college staff should do if they have concerns about a child

35. Staff working with children are advised to maintain an attitude of '**it could happen here**' where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the **best** interests of the child.

36. If staff have **any concerns** about a child's welfare, they should act on them immediately. See page 16 for a flow chart setting out the process for staff when they have concerns about a child.

37. If staff have a concern, they should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or deputy).

38. Options will then include:

- managing any support for the child internally via the school's or college's own pastoral support processes;
- an early help assessment;¹³ or

¹³ Further information on early help assessments, provision of early help services and accessing services is in Chapter 1 of [Working Together to Safeguard Children](#).

- a referral for statutory services,¹⁴ for example as the child might be in need, is in need or suffering or likely to suffer harm.

39. The designated safeguarding lead or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

40. Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. [Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers](#) supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information **must not** be allowed to stand in the way of the need to promote the welfare, and protect the safety of children.

Early help

41. If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services, if the child's situation does not appear to be improving or is getting worse.

Statutory assessments

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

¹⁴ Chapter 1 of [Working Together to Safeguard Children](#) sets out that the safeguarding partners should publish a threshold document that should include the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under section 17 and 47. Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care.

Children in need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm

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

43. The online tool [Report Child Abuse to Your Local Council](#) directs to the relevant local children's social care contact number.

What will the local authority do?

44. Within one working day of a referral being made, a local authority social worker should acknowledge receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;
- any services are required by the child and family and what type of services
- further specialist assessments are required to help the local authority to decide what further action to take;
- to see the child as soon as possible if the decision is taken that the referral requires further assessment.

45. The referrer should follow up if this information is not forthcoming.

46. If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required).

47. If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Record keeping

48. All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead (or deputy).

Why is all of this important?

49. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action.¹⁵ Examples of poor practice include:

- failing to act on and refer the early signs of abuse and neglect;
- poor record keeping;
- failing to listen to the views of the child;
- failing to re-assess concerns when situations do not improve;
- not sharing information;
- sharing information too slowly; and
- a lack of challenge to those who appear not to be taking action.

What school and college staff should do if they have concerns about another staff member who may pose a risk of harm to children

50. If staff have safeguarding concerns, or an allegation is made about another member of staff (including volunteers) posing a risk of harm to children, then:

- this should be referred to the headteacher or principal;
- where there are concerns/allegations about the headteacher or principal, this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school; and
- in the event of concerns/allegations about the headteacher, where the headteacher is also the sole proprietor of an independent school, allegations should be reported directly to the designated officer(s) at the local authority. (Further details can be found in Part four of this guidance).

¹⁵ An analysis of serious case reviews can be found at [Serious case reviews, 2011 to 2014](#).

What school or college staff should do if they have concerns about safeguarding practices within the school or college

51. All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's or college's safeguarding regime, and know that such concerns will be taken seriously by the senior leadership team.

52. Appropriate whistleblowing procedures should be put in place for such concerns to be raised with the school's or college's senior leadership team.

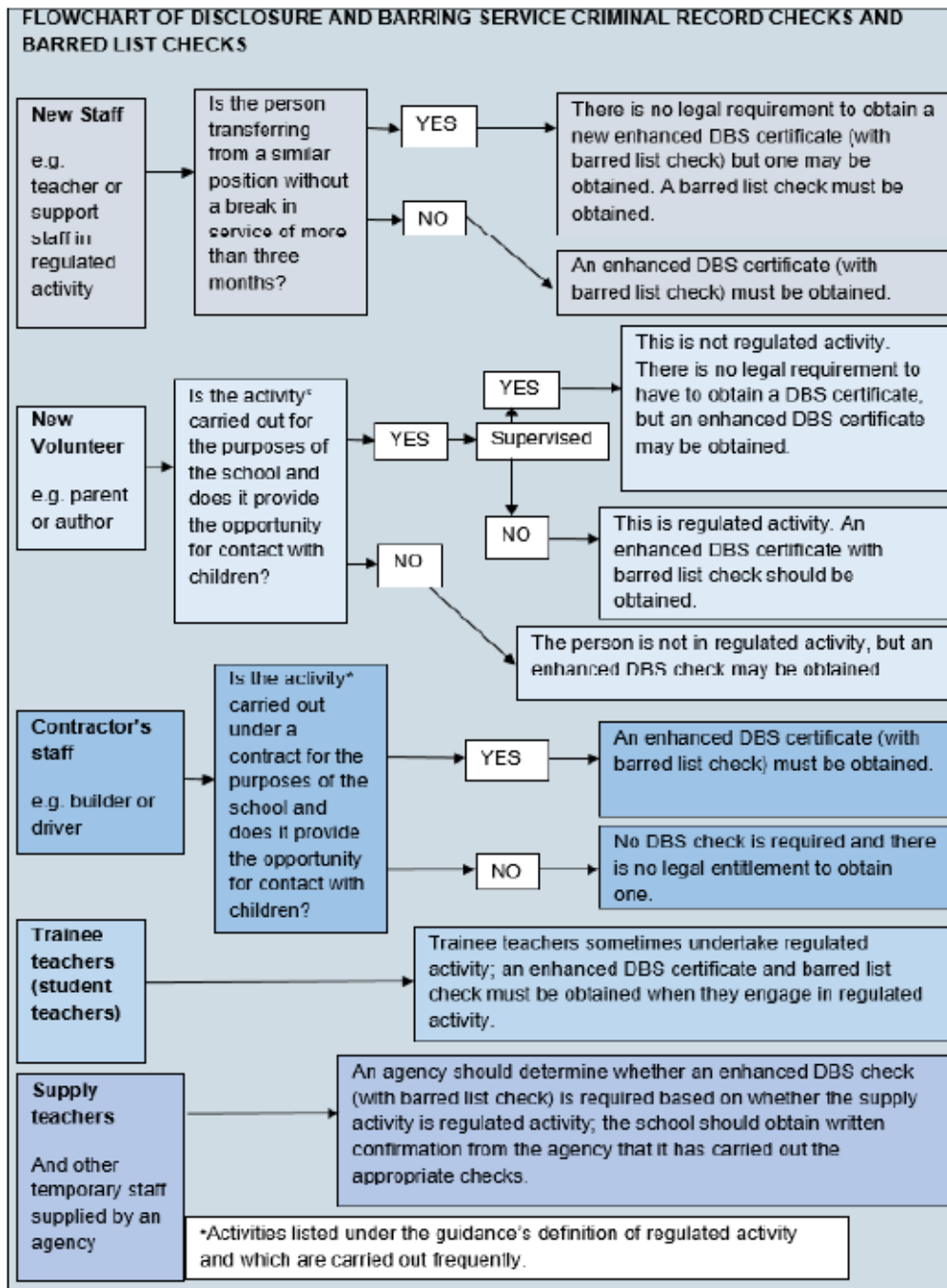
53. Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- general guidance on whistleblowing can be found via: [Advice on Whistleblowing](#); and
- the [NSPCC's what you can do to report abuse dedicated helpline](#) is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their school or college. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk.¹⁶

Appendix 6

Flowchart of Disclosure and Barring Service Criminal Record Checks and Barred List Checks

KCSIE 2019

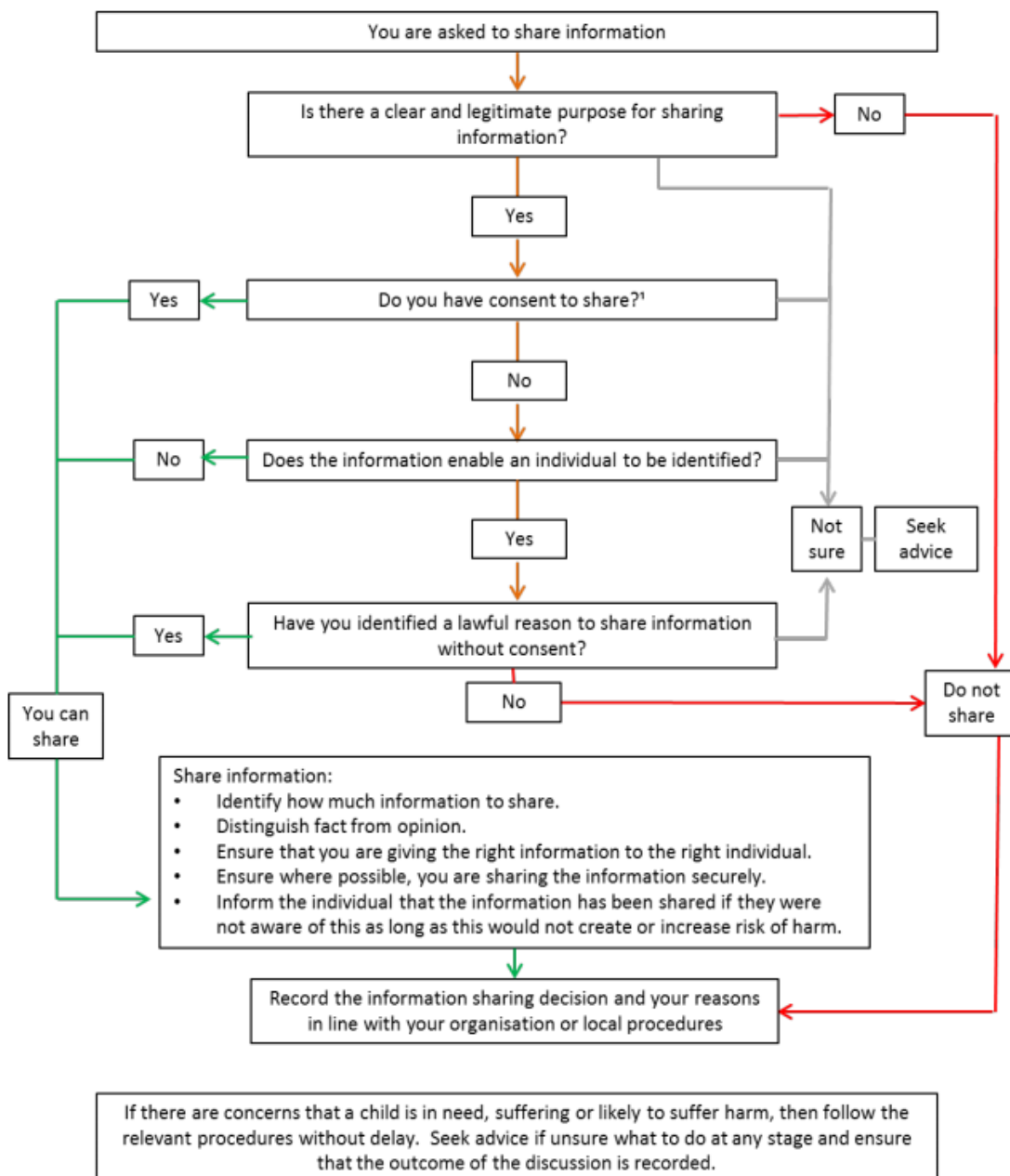


Appendix 7

Flowchart of When and How to Share Information

Taken from : 'Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers', July 2018

Flowchart of when and how to share information



1. Consent must be unambiguous, freely given and may be withdrawn at any time