

All Saints C.E.V.A. Primary School

SAFEGUARDING / CHILD PROTECTION : POLICY AND PROCEDURES

Genesis 43:9 "I will be a pledge of his safety."

Name of school:-

**All Saints CEVA Primary School
Boughton Green Road
Kingsthorpe
Northampton
NN27AJ**

This policy (pages 1- 28) is reviewed annually by the governing body, and was last reviewed on **29th June 2017**.
This policy is based on the Northamptonshire County Council Model Policy and LSCBN advice.

Signature

Chair of Governors

Print Name

K Beck

Date:

Signature

Headteacher

Print Name

C Dunstan

Date:

Signature

Designated Safeguarding Lead

Print Name

K Cumberpatch

Date:

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Named staff and initial contacts – all contactable on 01604 715658

Designated Safeguarding Lead: Karen Cumberpatch, Inclusion Leader

Deputy Designated Safeguarding Lead/s: Claire Dunstan, Headteacher; David Ribbins, Deputy Headteacher

Nominated Safeguarding Governor: Kate Beck

Safeguarding, advice and training contacts:

Safeguarding Referrals must be made in one of the following ways:

- By telephone contact to the Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**;
- By e-mail to: MASH@northamptonshire.gcsx.gov.uk;
- By using the online referral form found at <http://www.northamptonshirescb.org.uk/more/borough-and-district-councils/how-to-make-an-online-referral/>
- In an emergency outside office hours, by contacting the Emergency Duty Team on 01604 626938 or the Police.
- **If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999.**

Multi-Agency Safeguarding Hub (M.A.S.H)

The Multi-Agency Safeguarding Hub (MASH) deals with referrals from professionals and members of the public who may have concerns about a child's welfare following contact with the helpline that is now also based in the Multi-Agency Safeguarding Hub. It makes the process of dealing with referrals quicker and more effective by improving the way county council: Children's social care, Northamptonshire Fire and Rescue Service (NFRS), Youth Offending Service (YOS) and education, work alongside other partner agency colleagues including Northamptonshire police, Northamptonshire health partners, National Probation Service, and the East Midlands Ambulance Service (EMAS) to share information.

For referrals regarding adults in education:

Designated Officer (Formerly LADO)

doreferral@northamptonshire.gov.uk

1 Introduction

- 1.1 All Saints fully recognises the contribution it can make to protect children and support pupils in school. The pupils' welfare and safety is of paramount importance. The aim of the policy is to safeguard and promote our pupils' welfare, safety and health by fostering an honest, open, caring and supportive climate.
- 1.2 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

[Section 11](#) of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

- 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”*.

- Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Keeping Children Safe in Education (DfE, September 2016)
- Keeping Children Safe in Education: Part One - information for all school and college staff (DfE, September 2016) – APPENDIX 1
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005
- 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 2015) requires each school to follow the procedures for protecting children from abuse which are established by the Northamptonshire Safeguarding Children Board.

Schools are also expected 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.

- 1.3 There are four main elements to our Child Protection Policy:
- **Prevention** (e.g. positive, supportive school atmosphere, teaching and pastoral support to pupils, safer recruitment procedures);
 - **Protection** (by following agreed procedures, ensuring all staff are trained and supported to respond appropriately and sensitively to Child Protection concerns);
 - **Support** (to pupils and school staff and to children who may have been abused);

- **Working with parents** (to ensure appropriate communications and actions are undertaken).

1.4 This policy applies to all staff, governors and visitors to the school. We recognise that child protection is the responsibility of **all** staff. We ensure that all parents and other working partners are aware of our child protection policy by highlighting it in our school prospectus and on our school website, displaying appropriate information in our reception and by raising awareness at meetings with parents.

1.5 **Extended School Activities**

Where the Governing Body provides services or activities directly under the supervision or management of school staff, the school's arrangements for child protection will apply. Where services or activities are provided separately by another body, the Governing Body will seek assurance in writing that the body concerned has appropriate policies and procedures in place to safeguard and protect children and that there are arrangements to liaise with the school on these matters where appropriate.

2 **Safeguarding Commitment**

2.1 The school adapts an open and accepting attitude towards children as part of its responsibility for pastoral care. All staff encourage children and parents to feel free to talk about any concerns and to see school as a safe place when there are difficulties. Children's fears and concerns will be taken seriously and children are encouraged to seek help from members of staff.

2.2 Our school will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk, and are always listened to;
- Ensure that children know that there are adults in the school whom they can approach if they are worried or are in difficulty;
- Include in the curriculum activities and opportunities for PSHE/Citizenship which equip children with the skills they need to stay safe from abuse (including online), and to know to whom they can turn for help;
- Provide opportunities to establish effective working relationships with parents and colleagues from other agencies;
- Operate safer recruitment procedures and make sure that all appropriate checks are carried out on new staff and volunteers who will work with children, including references, Criminal Record and prohibition from teaching checks.
- Ensure that all staff are aware what **private fostering** arrangements are and how to report them.

2.3 Safeguarding in the Curriculum

The following areas are among those addressed in PSHE and in the wider curriculum:

Bullying/Cyberbullying
Relationships
Drug, alcohol and substance abuse
E Safety / Internet Safety / Sexting
Extremism
Fire and Water Safety
Protective Behaviours
Road Safety
Stranger Awareness
Other safeguarding issues as relevant.

3 Roles and Responsibilities

3.1 General

All adults working with or on behalf of children have a responsibility to safeguard and promote their welfare. This includes a responsibility to be alert to possible abuse and to record and report concerns without delay to staff identified with child protection responsibilities within the school.

The names of the Designated Safeguarding Leads for the current year are listed at the start of this document.

3.2 Governing Body

In accordance with the Statutory Guidance "*Keeping Children Safe in Education*" - 2016, the Governing Body will ensure that:

- The school has a child protection/safeguarding policy, procedures and training in place which are effective and comply with the law at all times. The policy is made available publicly;
- The school operates safer recruitment practices, including appropriate use of references and checks on new staff and volunteers. Furthermore, the Headteacher, a nominated Governor and other staff involved in the recruitment process have undertaken appropriate Safer Recruitment training;
- There are clear procedures for dealing with allegations of abuse against members of staff and volunteers;
- There is a senior member of the school's leadership team who is designated to take lead responsibility for dealing with child protection (the "Designated Safeguarding Lead") and that there is always cover for this role;
- Ensuring that all of the Designated Safeguarding Leads (including deputies) should undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via

e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)

- The Headteacher, Governors and all other staff and volunteers who work with children, undertake appropriate training which is regularly updated (at least every two years in compliance with the LSCBN protocol); and that new staff and volunteers who work with children are made aware of the school's arrangements for child protection and their responsibilities. The Local Authority A5 guide, "Making Children Safer", the "Keeping Children Safe in Education - 2014 – Information for all School and College Staff" and the "Staff Code of Conduct" will be used as part of this induction;
- Any deficiencies or weaknesses brought to the attention of the Governing Body will be rectified without delay;
- The Chair of Governors (or, in the absence of a Chair, the Vice Chair) deals with any allegations of abuse made against the Headteacher, in liaison with the Local Authority Allegations Manager (LADO);
- Effective policies and procedures are in place and updated annually including a behaviour policy/"code of conduct" for staff and volunteers. Information is provided to the Local Authority (on behalf of the LSCBN) through the Annual Section 11 Safeguarding Return;
- There is an individual member of the Governing Body who will champion issues to do with safeguarding children and child protection within the school, liaise with the Designated Safeguarding Lead, and provide information and reports to the Governing Body;
- The school contributes to inter-agency working in line with statutory guidance "*Working Together to Safeguard Children*" 2015 and *Northamptonshire County Council's "Thresholds and Pathways Document"* including providing a co-ordinated offer of early help for children who require this. Safeguarding arrangements take into account the procedures and practice of the local authority and the Local Safeguarding Children Board for Northamptonshire (LSCBN).

3.3 Headteacher

The Headteacher of the school will ensure that:

- The policies and procedures adopted by the Governing Body are effectively implemented, and followed by all staff;
- Sufficient resources and time are allocated to enable the Safeguarding Lead and other staff to discharge their responsibilities, including taking part in strategy discussions and other inter-agency meetings, and contributing to the assessment of children;
- Allegations of abuse or concerns that a member of staff or adult working at school may pose a risk of harm to a child or young person are notified to the Local Authority Designated Officer (LADO);

- All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed sensitively, confidentially and effectively in a timely manner;
- All staff are made aware that they have an individual responsibility to pass on safeguarding concerns and that if all else fails to report these directly to Children's Social Care Services or the Police.

3.4 Designated Safeguarding Lead

The Designated Safeguarding Lead should undergo formal training every two years. The DSL 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 DSLs, or taking time to read and digest safeguarding developments), at least annually to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments. Have a working knowledge of the latest Thresholds and Pathways document (www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/)
- 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
- Ensure each member of staff has access to and understands the school's or college's safeguarding and child protection policy and procedures, especially new and part time staff
- Ensure that all staff:
 - understand what 'early help' is
 - understand what this looks like in their school
 - understand how to identify children in need of 'early help'
 - understand the difference between a 'concern' and 'immediate danger or at risk of harm'
- Ensure that the school keeps a record of the children who are in receipt of Early Help
- Be alert to the specific needs of children in need, those with special educational needs and young carers
- 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
- Be able to keep detailed, accurate, secure written records of concerns and referrals

- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

4 Records, Monitoring and Transfer

All concerns, discussions and decisions made and the reasons for those decisions should be recorded on MyConcern. If in doubt about recording requirements staff should discuss with the 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 MyConcern system wherever possible.
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a 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 Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead 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 Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

- 4.1 Well-kept records are essential to good child protection practice. All staff are clear about the need to record and report concerns about a child or children within the school. The Designated Safeguarding Lead is responsible for such records and for deciding at what point these records should be shared with, or copied and passed over to, other agencies.
- 4.2 Records relating to actual or alleged abuse or neglect are stored separately and securely from normal pupil or staff records. Normal records have markers to show that there is sensitive material stored elsewhere. This is to protect individuals from accidental access to sensitive material by those who do not need to know.

- 4.3 Child protection records are stored securely, with access confined to specific staff, e.g. the Designated Safeguarding Lead and the Headteacher.
- 4.4 Child protection records are reviewed regularly to check whether any action or updating is needed. This includes monitoring patterns of complaints or concerns about any individuals and ensuring these are acted upon.
- 4.5 When children transfer school copies of all their child protection records are also transferred. Safeguarding records will be transferred separately from other records and best practice is to pass these directly to a Designated Safeguarding Lead in the receiving school, with any necessary discussion or explanation and to obtain a signed and dated record of the transfer. In the event of a child moving out of area and a physical handover not being possible then the most secure method possible should be found to send copies of the confidential records to a named Designated Safeguarding Lead by registered post and original documents kept (until a child has reached 25 or 75 if the child is a looked after child). Files requested by other agencies e.g. Police, should be copied and shared as appropriate.

5 Support for Pupils and School staff

5.1 Support for pupils

Our school recognises that children who are abused or who witness violence may find it difficult to develop a sense of self-worth and view the world in a positive way. For such children school may be one of the few stable, secure and predictable aspects of their lives. Other children may be vulnerable because, for instance, they have a disability, are in care, or are experiencing some form of neglect. We will actively seek to provide such children with the necessary support and to build their self-esteem and confidence.

- 5.2 This school recognises that children sometimes display abusive behaviour and that such incidents must be referred on for appropriate support and intervention.

- 5.3 Complaints or concerns raised by pupils will be taken seriously and followed up in accordance with the school's complaints process.

5.4 Support for Staff

As part of their duty to safeguard and promote the welfare of children and young people staff may hear information, either from the child/young person as part of a disclosure or from another adult that will be upsetting. Where a member of staff is distressed as a result of dealing with a child protection concern, he/she should in the first instance speak to the Designated Safeguarding Lead about the support he/she requires. The Designated Safeguarding Lead should seek to arrange the necessary support.

6 Working with Parents/Carers

The school will:

- Ensure that parents/carers have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus and on the school website;
- Undertake appropriate discussion with parents/carers prior to involvement of CYPS Specialist Services (Children's Social Care) or another agency, unless to do so would place the child at risk of harm or compromise an investigation.

7 Other Relevant Policies

7.1 The Governing Body's statutory responsibility for safeguarding the welfare of children goes beyond simply child protection. The duty is to ensure that safeguarding permeates all activity and functions. This policy therefore compliments and supports a range of other policies and procedures, for instance:

- Behaviour Management
- Racist Incidents
- Anti-Bullying (including Cyberbullying)
- Physical Interventions/Restraint (DfE Guidance - "Use of Reasonable Force" and "Screening, Searching and Confiscation")
- Inclusion
- Trips and Visits
- Work Experience
- First Aid and the Administration of Medicines
- Health and Safety
- Sex and Relationships Education
- Equal Opportunities
- E-safety
- Management of Learning Outside the Classroom
- Staff and Governor Induction

The above list is not exhaustive but when undertaking development or planning of any kind our school will consider the implications for safeguarding and promoting the welfare of children.

8 Recruitment and Selection of Staff

8.1 The school's safer recruitment processes are based on the Statutory Guidance: "*Keeping Children Safe in Education*" - 2016. The school will provide all the relevant information in references for a member of staff about whom there have been concerns about child protection / inappropriate conduct. Cases in which an allegation has been proven to be unsubstantiated, false or malicious will not be included in employer references. A history of repeated concerns or allegations which have all been found to be unsubstantiated, malicious etc. will also not be included in a reference.

8.2 The school has an open safeguarding ethos regularly addressing safeguarding responsibilities during staff meetings and fostering an ongoing culture of vigilance. All new staff and volunteers receive a safeguarding induction and are briefed on the code

of conduct for adults working with children. The Northamptonshire County Council Local Authority A5 guide, "Making Children Safer", the "Keeping Children Safe in Education 2016 – Information for all school and college staff" and the "Staff Code of Conduct" are given to all staff and are the basis for the safeguarding induction.

- 8.3 On every interview panel for school staff at least one member (teacher/manager or governor) will have undertaken safer recruitment training either online on the DfE website or by attending other another appropriate local or national accredited training course.

9 When to be concerned

9.1 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.

9.2 Children Who May Require Early Help

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 Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services if the child's situation does not appear to be improving.

9.3 Early Help Links:

- Follow this link: www.northamptonshirescb.org.uk/social-care/early-help/ to access Northamptonshire's information and support for professionals regarding Early Help.
- The Early Help Strategy
www.northamptonshirescb.org.uk/social-care/early-help/early-help-strategy/
- Early Help Co-ordinator
www.northamptonshire.gov.uk/earlyhelp

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 college 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 5 of this policy for information on indicators of abuse and Appendix 1 for specific safeguarding issues.

- Please refer to the NSCB website for specific guidance on identification of neglect (<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/neglect-toolkit/>), including roles and responsibilities for interventions. Please use the full suite of documents and guidance contained within the NSCB webpages - including the Neglect Screening Tool – (<http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADMANqB8AHwAVABYAHUAZQB8AHwAMAB8AA2>)

9.4 **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; including for example: ADHD or other specific behavioural problems/diagnosis, 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.

Directory Of Services for Children With Disabilities:

<http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/special-educational-needs-disability-support/Pages/SpecialistSupportService.aspx>

Northamptonshire's Local Offer:

<http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/special-educational-needs-disability-support/local-offer/Pages/default.aspx>

9.5 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.

Staff should recognise that children are capable of abusing their peers. Governing bodies and proprietors should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with. The policy should reflect the different forms peer on peer abuse can take, make clear that abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". It should be clear as to how victims of peer on peer abuse will be supported. *Keeping Children Safer in Education 2016*.

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, domestic abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

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

www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.24_39_KG_NCA_Sexting_in_Schools_WEB_1_.PDF

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).

See also Annex C of Keeping Children Safer in Education 2016 'Online Safety'

10 **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 record on MyConcern, or a written record (see Record Keeping)
- Pass the information to the Designated Senior Person 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 Safeguarding Lead Person.

If a school/college staff member receives a disclosure about potential harm caused by another staff member, they should see section 15 of this policy – *Allegations involving school staff/volunteers.*

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

11 **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 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.

12 School Procedures

Please see Appendix 3: Procedures to follow in cases of possible alleged or suspected abuse and Appendix 4 :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 Safeguarding Lead. The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Whilst it is the DSLs 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/or the Police immediately. Where referrals are not made by the DSL, the DSL 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 after informing the Designated Safeguarding Lead Person. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2016): Annex A for further details.

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 Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

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

14 Communication with Parents/Carer

All Saints CEVA Primary school will ensure the Child Protection Policy is available publicly either via the school website or by other means.

Parents/carers 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 this 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.

15 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 she/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 within their personal, professional or community life.

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

- 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 whistle blowing 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 or college's senior leadership team.

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

The Chair of Governors in this school is:

NAME:
Kate Beck

CONTACT NUMBER:
01604 715658

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

NAME:
Sharon Sharples

CONTACT NUMBER:
01604 715658

In the event of allegations of abuse being made against the Head Teacher, where the Head Teacher is also the sole Proprietor of an independent 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 Designated Officer (formerly LADO). Staff may consider discussing any concerns with the Designated Safeguarding Lead if appropriate make any referral via them. (See Keeping Children Safe in Education: Part Four, DfE 2016, for further information).

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/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 Teacher. 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 Teacher/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 Designated Officer (formerly LADO):

Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**

Designated Officers (formerly LADO):
doreferral@northamptonshire.gov.uk

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

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

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 Teacher should, as soon as possible, **following briefing** from the Designated Officer inform the subject of the allegation.

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

- Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**
- NSPCC whistle blowing 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/staff behaviour policy 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/college's behaviour management policy for more information.

Useful Links:

NSCB

<http://www.northamptonshirescb.org.uk/>

NSCB Schools

<http://www.northamptonshirescb.org.uk/schools/>

National Society for Prevention of Cruelty to Children (NSPCC):

<http://www.nspcc.org.uk/>

0808 800 5000

Childline:

<https://www.childline.org.uk/>

0800 1111

Child Exploitation and Online Protection (CEOP):

<http://ceop.police.uk/>

0870 000 3344

Online safety training and advice contact:

e-safety@northamptonshire.gov.uk

Online safety policy examples:

<http://swgfl.org.uk/products-services/esafety/resources/online-safety-policy-templates>

Inspecting Safeguarding In the Early Years August 2016:

www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015

Early Years Foundation Stage Statutory Framework:

www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf

APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2016)
Part One: Information for all school and college staff
Annex A: Further information

On publication of this Child Protection Policy the guidance Keeping Children Safe in Education commenced on 5th September 2016. The DfE have confirmed that this guidance will be updated annually thereafter.

Keeping Children Safe in Education September 2016 mentions that there will be also be updates likely to the definition of Child Sexual Exploitation.

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

- children missing from education
- child sexual exploitation
- 'honour based' violence
- FGM mandatory reporting duty
- forced marriage
- preventing radicalisation

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

It is highly recommend that staff are asked to sign to say they have read these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

Children Missing in Education

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School and college staff should follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. (Keeping Children Safer in Education 2016)

The DfE have published guidance on Children Missing from Education September 2016: <https://www.gov.uk/government/publications/children-missing-education>

Child Sexual Exploitation

- Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:
 - Children who appear with unexplained gifts or new possessions;
 - Children who associate with other young people involved in exploitation;
 - Children who have older boyfriends or girlfriends;

- Children who suffer from sexually transmitted infections or become pregnant;
 - Children who suffer from changes in emotional well-being;
 - Children who misuse drugs and alcohol;
 - Children who go missing for periods of time or regularly come home late; and
 - Children who regularly miss school or education or do not take part in education.
- If a teacher, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.
 - School and college staff can access government guidance via GOV.UK and other government websites. For CSE there is the following guidance: 'What to do if you suspect a child is being sexually exploited';
www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited
 - Additional information can be sought through the NCSB website using the 'Tackling Child Sexual Exploitation Toolkit' via the following link:
www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/

Private Fostering

- The nationally accepted definition of Private Fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'.
- This is a private arrangement made between a parent and a carer for 28 days or more.
- Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).
- Many private fostering arrangements remain unknown to the local authority. This is a cause for concern as privately fostered children and young people, without the safeguards provided by law, are a particularly vulnerable group.
- All staff should be alert to the definition and wider aspects relating to private fostering.
- Northamptonshire Children's Services must be informed of all private fostering arrangements.
- If professionals become aware of a child who is being privately fostered they should encourage the parent/carers to inform Children's Services of the arrangement or contact Children's Services themselves if they think parents/carers may not have done so already.
- Further information on private fostering can be found on the NSCB website:
www.northamptonshirescb.org.uk/health-professionals/taking-action/private-fostering/

Preventing Radicalisation

- The Counter-Terrorism and Security Act, 2015 places a duty on authorities 'to have due regard to the need to prevent people from being drawn into terrorism'.
- Protecting children from the risk of radicalisation should be seen as part of schools' and colleges' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.
- As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.

- In addition, schools and colleges should refer to the following DfE Guidance:
 - The Prevent Duty Guidance for England and Wales places requirements on the school under four themes: risk assessment, working in partnership, staff training and IT policies: www.gov.uk/government/publications/prevent-duty-guidance
 - The use of social media for online radicalisation: www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

Further information regarding preventing radicalisation can be found in Annex A Keeping Children Safer 2016.

Honour Based Violence (HBV)

- So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing.
- All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.
- Staff who have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. Where FGM has taken place, since 31st October 2015 there has been mandatory reporting duty placed on teachers that requires a different approach: Guidance: 'Mandatory reporting of female genital mutilation: procedural information' www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information
- There are a range of potential indicators that a child may be at risk of HBV.
- Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage.
- Schools and colleges can play an important role in safeguarding children from forced marriage.
- The Forced Marriage Unit has published Multi-agency guidelines, with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmufco.gov.uk.
- Additional information can be found on the NSCB website: www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/

Female Genital Mutilation (FGM)

- Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.
- It is carried out on children between the ages of 0-15, depending on the community in which they live.
- There is a statutory duty for professionals in England and Wales to report 'known' cases of FGM in under-18s to the police which they identify in the course of their professional work.

Online Safety

- It is important that children and young people receive consistent messages about the safe use of technology and are able to recognise and manage risks posed both in the real world and the virtual world.
- Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to all fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks to their well-being.

The issues can be categorised into three areas of risk:

- Content – being exposed to illegal, inappropriate or harmful material
- Contact – being subjected to harmful online interaction with other users
- Conduct – personal online behaviour that increases the likelihood of, or causes harm

Best Practice:

- **Whole Setting Approach:** Staff recognise and are aware of online safety issues and the Designated Safeguarding Lead (DSL) and leadership team should make online safety a priority.
- **Policies:** Designated Safeguarding Lead (DSL) and leadership team must ensure that all of the relevant online safety policies and procedures are in place and implemented. This includes having an awareness of the relevant sections of the EYFS Statutory Framework which relate to safeguarding.
- **Monitoring and Evaluation:** Risk assessment is taken seriously and used to promote online safety. There are appropriate filters and monitoring systems in place to protect children from harmful online material.
- **Management of Personal Data:** Data is managed securely and in accordance with the requirements of the Data Protection Act.

Use of Mobile Phones and Cameras:

- The Designated Safeguarding Lead (DSL) and leadership team must ensure that the relevant safety policies and procedures are in place and implemented which relate to the use of mobile phones, cameras and social networking for pupils and for staff, visitors and volunteers.
- The Designated Safeguarding Lead (DSL) and leadership team must ensure that staff read and understand all relevant 'Staff Codes of Conduct'/'Staff Behaviour' policies, inclusive of clear procedures in relation to the use of mobile phones, cameras and social networks as well as online conduct.
- Staff should have a clear understanding of what constitutes misuse of mobile phones and cameras and know how to minimise the risk.
- Staff must be vigilant and alert to any potential warning signs of the misuse of mobile phones and cameras and report any concerns.

Domestic Violence (DV)

- Domestic violence is defined as any incident or pattern of incidents of controlling, coercive or 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.

- This can encompass, but is not limited to, the following types of abuse:
 - Psychological
 - Physical
 - Sexual
 - Financial
 - Emotional

Link to Keeping Children Safe in Education:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

APPENDIX 2: DECLARATION FOR STAFF
Child Protection Policy and Keeping Children Safe in Education (DfE 2016)

School/College name ...All Saints CEVA Primary School.....
Academic Year2017/18.....

Please sign and return to K Cumberpatch.....(DSL) by

I, _____ have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s):

- (1) The School/College's Child Protection Policy
- (2) **Part 1 and Annex A** of 'Keeping Children Safe in Education' DfE Guidance, 2016

I am familiar with how to make a referral for a concern using **MyConcern**

I am aware that the DSLs are:

K Cumberpatch Inclusion Leader

C Dunstan, Headteacher

D Ribbins, Deputy Headteacher

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 on the school website, in the staff room and on MyConcern.

Signed _____

Date _____

APPENDIX 3

PROCEDURE TO FOLLOW IN CASES OF POSSIBLE, ALLEGED OR SUSPECTED ABUSE, OR SERIOUS CAUSE FOR CONCERN ABOUT A CHILD

Contents

A	General	
B	Individual Staff/Volunteers/Other Adults - main procedural steps	
C	Designated Safeguarding Lead – main procedural steps	

A. General

- 1) The Local Safeguarding Children Board for Northamptonshire Procedures contains the inter-agency processes, protocols and expectations for safeguarding children. (Available on LSCBN website www.lscbnorthamptonshire.org.uk). The Designated Safeguarding Lead is expected to be familiar with these, particularly the referral processes and with NCC “Thresholds and Pathways”.
- 2) It is important that all parties act swiftly and avoid delays.
- 3) Any person may seek advice and guidance from the Multi-Agency Safeguarding Hub particularly if there is doubt about how to proceed (see contacts at the start of this policy document). Any adult, whatever their role, can take action in his/her own right to ensure that an allegation or concern is investigated and can report to the investigating agencies.
- 4) Records, dated and signed, must be made to what has been alleged, noticed and reported, and kept securely and confidentially using the MyConcern system.
- 5) In many cases of concern there will be an expectation that there have already been positive steps taken to work with parents and relevant parties to help alleviate the concerns and effect an improvement for the child. This is appropriate where it is thought a child may be in need in some way, and require assessment to see whether additional support and services are required. An example might be where it is suspected a child may be the subject of neglect. In most cases the parents’ knowledge and consent to the referral are expected, unless there is reason for this not being in the child’s interest. However, there will be circumstances when informing the parent/carer of a referral that might put the child at risk, and in individual cases advice from Children’s Social Care will need to be taken.

B. Individual Staff/Volunteers/Other Adults – main procedural steps

- 1) When a child makes a disclosure, or when concerns are received from other sources, do not investigate, ask leading questions, examine children, or promise confidentiality. Children making disclosures should be reassured and if possible at this stage should be informed what action will be taken next.
- 2) As soon as possible the concern must be logged on MyConcern, giving details of what has been disclosed or noticed, said or done and report to the Designated Safeguarding Lead in the school.

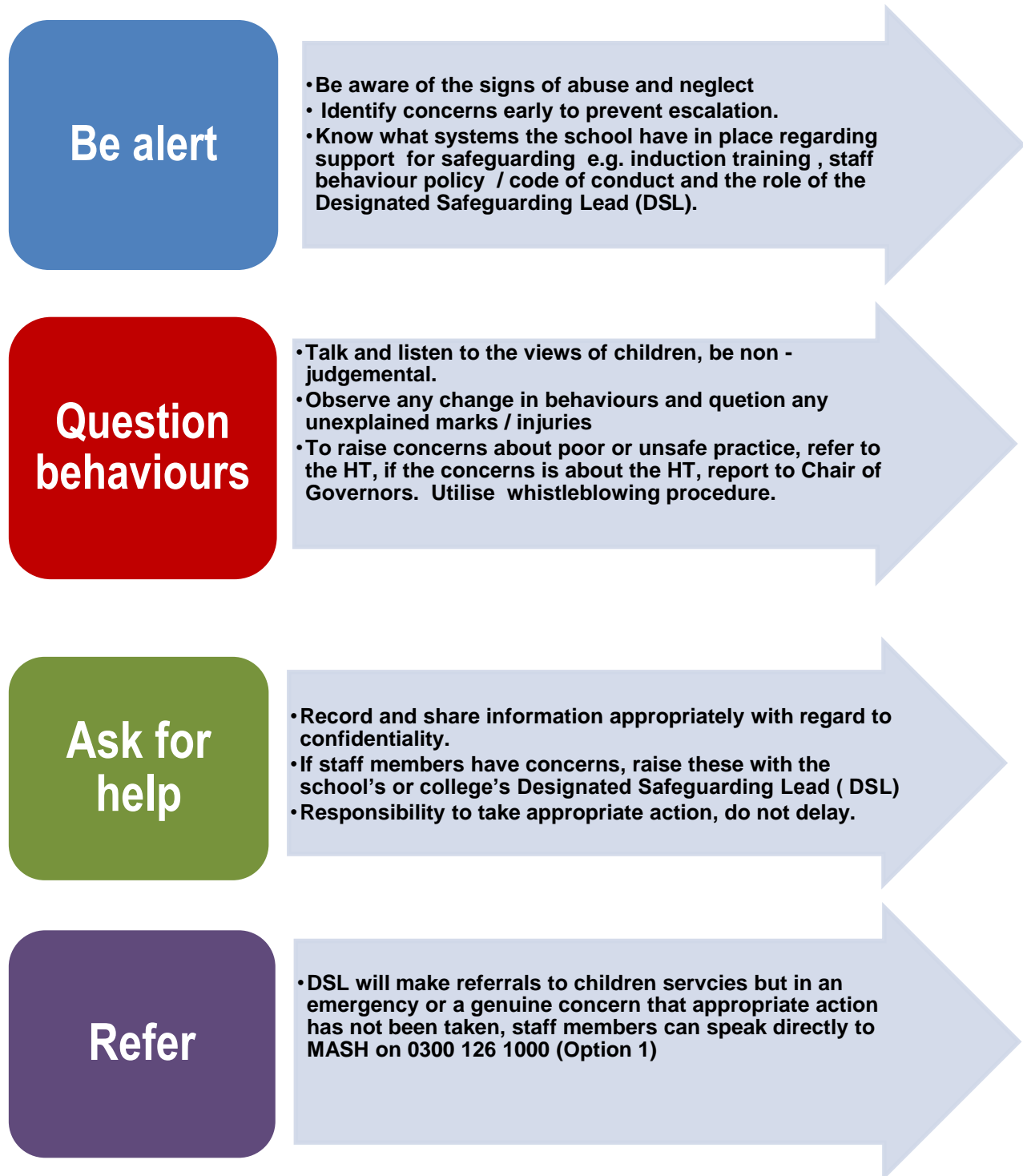
- 3) If the concern involves the conduct of a member of staff or volunteer, a visitor, a governor, a trainee or another young person or child, the Headteacher must be informed. The Headteacher will contact the DO Formerly (LADO) to seek advice.
- 4) If the allegation is about the Headteacher, the information should normally be passed to the Chair of Governors or the Local Authority Allegations Manager (otherwise known as, LADO). See contacts on Pages 3 and 4 of this policy.
- 5) If this has not already been done, inform the child (or other party who has raised the concern) what action you have taken.

C. Designated Safeguarding Lead – Main Procedural Steps

- 1) Begin a case file for pupils where there are concerns, with an overview chronology, which will hold a record of communications and actions. This must be stored securely (see Section on Records and Monitoring).
- 2) Where initial enquiries do not justify a referral to the investigating agencies inform the initiating adult and monitor the situation. If in doubt, seek advice from the Multi-Agency Safeguarding Hub: 0300 126 1000.
- 3) Share information confidentially with those who need to know.
- 4) Where there is a child protection concern requiring immediate, same day, intervention from Children's Social Care (Priority 1), the Multi-Agency Safeguarding Hub should be contacted immediately by phone. Written confirmation should follow within 24 hours on the LSCBN Agency Referral Form. All other referrals should be made firstly through a telephone conversation with the Multi-Agency Safeguarding Hub and then by following up with the online form, where requested to do so. The Multi-Agency Safeguarding Hub is available for advice on the advice line number given in the contact details on page 3 of this document.
- 5) If it appears that urgent medical attention is required arrange for the child to be taken to hospital (normally this means calling an ambulance) accompanied by a member of staff who must inform medical staff that non-accidental injury is suspected. Parents must be informed that the child has been taken to hospital.
- 6) Exceptional circumstances: If it is feared that the child might be at immediate risk on leaving school, take advice from the Multi-Agency Safeguarding Hub (for instance about difficulties if the school day has ended, or on whether to contact the police). Remain with the child until the Social Worker or Police take responsibility. If in these circumstances a parent arrives to collect the child, the member of staff has no right to withhold the child, unless there are current legal restrictions in force (e.g. a restraining order). If there are clear signs of physical risk or threat, the Multi-Agency Safeguarding Hub should be updated and the Police should be contacted immediately.

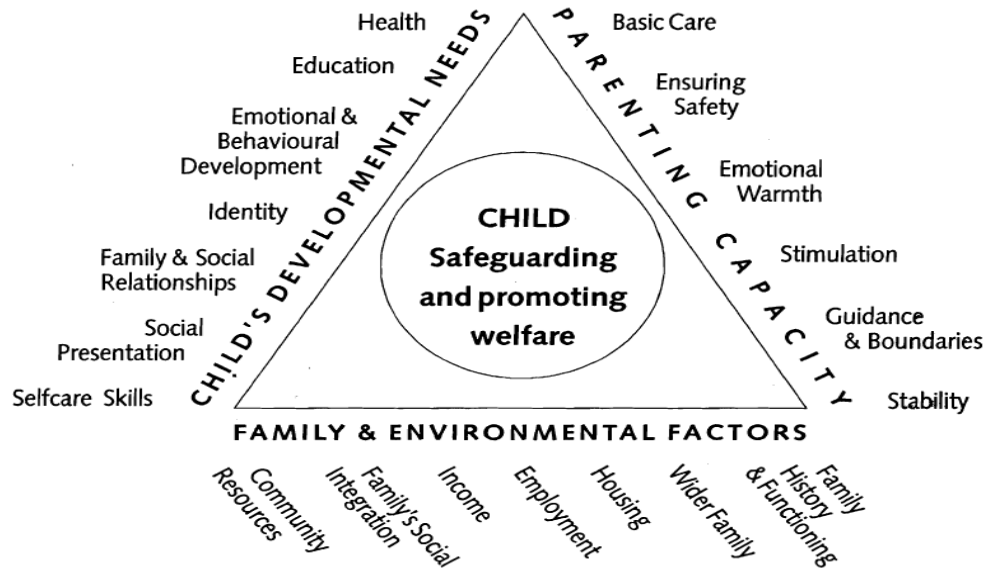
**APPENDIX 4: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED:
ADVICE FOR PRACTITIONERS (DfE 2015)**

Flowchart



APPENDIX 5: INDICATORS OF ABUSE AND NEGLECT

The framework for understanding children's needs:



In addition to the above, from Working Together to Safeguard Children (DfE 2015), refer to the latest Thresholds and Pathways document:

www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/

Working Together to Safeguard Children (DFE, 2015)

Physical abuse	
<i>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</i>	
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 behaviour 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, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

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 (e.g. 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, somatising 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.

Neglect	
<i>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.</i>	
Child	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
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 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, somatising 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	
Sexual abuse	
<i>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 or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.</i>	
Child	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention/concentration (world of their own)
Pain, bleeding, bruising 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, somatising 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.

APPENDIX 6

All Saints Policy, including Early Years Foundation Stage (EYFS), for the use of Cameras and Mobile Phones

To ensure the safety and welfare of the children in our care this policy outlines the protocol for the use of personal mobile phones, lap tops and cameras in the school.

- All staff must ensure that their mobile phones, personal cameras and recording devices are stored securely during working hours on school premises or when on outings. (This includes visitors, volunteers and students).
- Mobile phones must not be used in any teaching area in school or within toilet or changing areas.
- Only school equipment should be used to record classroom activities. Photos should be put on the school system as soon as possible and not sent to or kept on personal devices.
- During school outings nominated staff will have access to a school mobile which can be used for emergency or contact purposes.
- All telephone contact with parents or carers must be made on the school phone and a note kept. Personal mobile phones should not be used.
- Parents or carers are permitted to take photographs of their own children during a school production or event. The school protocol requires that photos of other people's children are not published on social networking sites such as Facebook.
- Staff and parents are advised via the home/school agreement, issued annually, against the misuse of network sites such as Facebook and Twitter to share confidential or potentially negative or abusive comments or information regarding the school, a member of staff, parent or child.
- Mobile phones are not permitted in school other than for the older children as part of childcare arrangements. In these circumstances a letter from parents is required.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271631/eyfs_statutory_framework_march_2012.pdf (until September 2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299391/DFE-00337-2014.pdf (from September 2014)

APPENDIX 7

Guidance on Child Sexual Exploitation (CSE)

CSE Definition

This definition of child sexual exploitation was created by the UK National Working Group for Sexually Exploited Children and Young People (NWG) and is used in statutory guidance for England:

“Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.”

Recognising the signs of CSE:

Parents, carers and professionals coming into contact with children are urged to look out for signs of CSE.

The signs can be very difficult to identify, young people who are being sexually exploited may:

- be involved in abusive relationships, intimidated and fearful of certain people or situations;
- hang out with groups of older people, or anti-social groups, or with other vulnerable peers;
- associate with other young people involved in sexual exploitation;
- get involved in gangs, gang fights, gang membership;
- have older boyfriends or girlfriends;
- spend time at places of concern, such as hotels or known brothels;
- not know where they are, because they have been moved around the country; and
- go missing from home, care or education.

This is not an exhaustive list and indicators can change over time. Please refer to 'The Northamptonshire Tackling Child Sexual Exploitation Toolkit', available from:

<http://www.northamptonshirescb.org.uk/social-care/cse-professionals/cse-toolkit/>

Updated in June 2015

APPENDIX 8

Guidance on Domestic Violence (DV)

Domestic Violence and Abuse is defined as:

"Any incident or pattern of incidents of controlling, coercive or 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."

This can encompass but is not limited to the following types of abuse:

- 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 so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

For further information please refer to the website 'Northamptonshire Against Domestic and Sexual Abuse' : <http://www.nadasa.co.uk>

APPENDIX 9

Guidance on Female Genital Mutilation (FGM)

FGM definition:

The following definition is taken from Government Practice Guidelines: Female Genital Mutilation:

“FGM 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 has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls’ and women’s bodies. The practice causes severe pain and has several immediate and long- term health consequences, including difficulties in childbirth also causing dangers to the child.”

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

The following information concerning the risks and signs of FGM taking place are from the above guidance:

SPECIFIC FACTORS THAT MAY HEIGHTEN A GIRL’S OR WOMAN’S RISK OF BEING AFFECTED BY FGM

There are a number of factors in addition to a girl’s or woman’s community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON:

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that **FGM happens to British girls in the UK as well as overseas** (often in the family’s country of origin). Girls of school age who are subjected to FGM overseas are

thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies. There can also be clearer signs when FGM is imminent:

It maybe possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.

- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it (See Appendix B for commonly used terms in different languages).
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent (see Section 2.5 for the nationalities that traditionally practise FGM).
- Parents seeking to withdraw their children from learning about FGM.

INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE:

It is important that professionals look out for signs that FGM has already taken place so that:

- the girl or woman affected can be supported to deal with the consequences of FGM.
- Enquiries can be made about other female family members who may need to be safeguarded from harm.
- criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.

- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

Further guidance and support can be accessed via:

<http://www.northamptonshirescb.org.uk/young-people/what-is-abuse/yp-fgm>

Locally from: www.northantsfgmca.org

APPENDIX 10

Guidance on Substance abuse

Substance abuse definition:

Substance abuse, also known as drug abuse and substance use disorder, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder.

For further guidance refer to:

Government document:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

Ask FRANK:

<http://www.talktofrank.com/>

APPENDIX 11

Guidance on Child Mental Health

With good mental health, children and young people do better in every way. They are happier in their families, are able to learn better, do better at school, and enjoy friendships and new experiences.

Definition of Child Mental Health:

“Mental Health affects all aspects of a child’s development including their cognitive abilities, their social skills as well their emotional wellbeing. Building emotional resilience is key and we believe there are core attributes seen in mentally healthy children and young people:

- *The capacity to enter into and sustain mutually satisfying personal relationships*
- *A continuing progression of psychological development*
- *An ability to play and to learn appropriately for their age and intellectual level*
- *A developing moral sense of right and wrong*
- *The capacity to cope with a degree of psychological distress*
- *A clear sense of identity and self worth”*

Childhood and teenage years are when mental health is developed and patterns are set for the future. So a child with good mental health is much more likely to have good mental health as an adult, and to be able to take on adult responsibilities and fulfill their potential.

Mental health problems affect about one in ten children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

The emotional well-being of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Things that can help keep children and young people mentally well include:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school that looks after the well-being of all its pupils
- taking part in local activities for young people.

Other factors are also important, including:

- feeling loved, trusted, understood, valued and safe
- being interested in life and having opportunities to enjoy themselves being hopeful and optimistic

- being able to learn and having opportunities to succeed
- accepting who they are and recognising what they are good at
- having a sense of belonging in their family, school and community
- feeling they have some control over their own life
- having the strength to cope when something is wrong (resilience) and the ability to solve problems.

Most children grow up mentally healthy, but surveys suggest that more children and young people have problems with their mental health today than 30 years ago. That's probably because of changes in the way we live now and how that affects the experience of growing up.

For further information refer to:

<http://www.youngminds.org.uk/about>

<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/C/children-young-people/>

APPENDIX 12

Guidance on Sexting

Definition of 'sexting':

There are a number of definitions of sexting but for the purposes of this policy sexting is defined as:

"Images or videos generated

- by children under the age of 18, or*
- of children under the age of 18 that are of a sexual nature or are indecent.*

These images are shared between young people and/or adults via a mobile phone, handheld device or website with people they may not even know."

There are many different types of sexting and it is likely that no two cases will be the same. It is necessary to carefully consider each case on its own merit.

All incidences of sexting must be reported to the DSL immediately.

For further guidelines refer to:

<http://www.naace.co.uk/esafety/sexting>

Further advice for parents can be found at:

<http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/sexting/>

APPENDIX 13

Guidance for Schools: Prevention of Forced Marriage (Revised October 2014)

Schools are well placed to raise concerns and take action to prevent young people from being forced into marriage whilst on extended visits to their parents' home country or that of extended family. While the majority of extended holidays or visits to family overseas are for valid reasons, this guidance aims to raise awareness amongst education professionals of children at risk of forced marriage. It should be read together with the multi-agency practice guidelines produced by the [Forced Marriage Unit](#).

What is forced marriage?

A forced marriage is a marriage in which one or both spouses do not or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure.

This is not the same as an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

Who is at risk?

Research indicates that hundreds of people in the UK (particularly girls and young women) and some as young as 7 years old are forced into marriage each year. Where the age was known, 15% of cases involved victims below 16 years, 25% involved victims aged 16-17, 33% involved victims aged 18-21, 15% involved victims aged 22-25, 7% involved victims aged 26-30, 3% involved victims aged 31+. 82% of cases involved female victims and 18% involved male victims.¹

The key motives for forcing a child into marriage have been identified as:

- Controlling unwanted behaviour and sexuality (including perceived promiscuity such as kissing or hand-holding, or being gay, lesbian, bisexual or transgender);
- Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in a 'westernized manner'
- Preventing 'unsuitable' relationships, e.g. outside the ethnic, cultural religious or caste group
- Protecting 'family honour' or 'izzat'
- Rejecting a proposal of marriage
- Responding to peer group or family pressure
- Attempting to strengthen family links
- Achieving financial gain
- Ensuring land, property and wealth remain within the family
- Protecting perceived cultural ideas

¹ Source: Forced Marriage Unit statistics January to December 2013

- Protecting perceived religious ideals that are misguided
- Ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfil that role
- Assisting claims for residence and citizenship
- Long-standing family commitments

CHART OF POTENTIAL WARNING SIGNS OR INDICATORS²

EDUCATION			
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Surveillance by siblings or cousins at school. • Decline in behaviour, engagement, performance or punctuality. • Poor exam results. 	<ul style="list-style-type: none"> • Being withdrawn from school by those with parental responsibility. • Removal from a day centre of a person with a physical or learning disability 	<ul style="list-style-type: none"> • Not allowed to attend extra-curricular activities • Sudden announcement of engagement to a stranger • Prevented from going on to further/higher education

² Taken from 'Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage', HM Government (2014)