


# MERIDEN CHURCH OF ENGLAND PRIMARY SCHOOL



## CHILD PROTECTION POLICY

<b>Approved by Governing Body</b>	September 2017		
<b>Governor Lead</b>	Rosie Weaver		
<b>Nominated Members of Staff</b>	Sarah Parker, Stephen Beamond		
<b>Signature of Chair</b>		<b>Date</b>	September 2017
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## **Child Protection Policy Statement**

The governing body recognise their moral and statutory responsibility to safeguard and promote the welfare of all children. The policy applies to all children between the ages of 0-18 whose care and education comes within the remit of this education provision. (For some special education provisions this age range goes beyond 18). All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.

The governing body will ensure that our school will safeguard and promote the welfare of pupils and work together with other agencies to ensure that our school has adequate arrangements to identify, assess and support those children who have been harmed or are at significant risk of being harmed.

- This policy sets out how the governing body of Meriden CE Primary School is carrying out its statutory responsibility to safeguard and promote the welfare of children in accordance with Section 175 of the Education Act 2002 or Section 157 in relation to independent education provisions, academies and post-16 providers.
- This policy relates to child protection and sits within a broader safeguarding policy. The policy applies to all staff (teaching and non-teaching), governors, volunteers, temporary and supply staff working in the education provision.
- This policy will be reviewed annually by the governing body and is in line with the requirements of Working Together to Safeguard Children (DfE, March 2015), Keeping Children Safe In Education (DfE, September 2016), Inspecting safeguarding in early years, education and skills settings Ofsted document (August 2015).
- This policy is made available to parents on request and published on the school website at [www.meridenceprimaryschool.co.uk](http://www.meridenceprimaryschool.co.uk) so that parents have an understanding of the child protection responsibility placed on the school.

The welfare of our pupils is our paramount concern. Our school is a community and we all (staff, governors, parents, families and pupils) have an essential role to play in making it safe and secure. This includes maintaining an attitude of “it could happen here” where child protection is concerned.

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 safeguarding children.

We make every effort to provide a safe and welcoming environment, underpinned by a culture of openness where both children and adults feel secure, able to talk and believe they are being listened to.

#### Aims:

- To set clear expectations of how we expect all staff and volunteers to respond in the event of a concern about a child or young person, including their responsibilities in identifying and reporting possible cases of abuse, in order to safeguard children and young people.
- To identify key roles and responsibilities for all staff in relation to child protection, and emphasise the need for good levels of communication between all members of staff in school.
- To recognise our responsibility to refer any significant concerns about a child or young person which may indicate physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) or neglect to Multi-agency Safeguarding Hub (MASH).
- To provide reports to and attend any statutory child protection conferences, initial and review, core group meetings and child in need conferences that may be called in line with Solihull Local Safeguarding Board (LSCB)
- To engage in child protection statutory assessment and interventions as required, recognising our duty to work with other agencies in protecting children from harm (e.g: Children’s Social Work Services, Police Public Protection Unit, health professionals including mental health professionals).
- To maintain clear management oversight of all child protection work; identifying, referring and supporting children known to be at risk of harm, ensuring pupils at risk of harm are safeguarded and receive timely support and intervention; including early help and prevention work.

#### Definitions

**Safeguarding:** protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adulthood (as defined in the Children Act 2004). This is applied to every child.

**Child Protection:** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

**Child:** refers to all young people who have not yet reached their 18<sup>th</sup> birthday. The policy applies to all pupils of our school. It will extend to visiting children and students from other establishments.

**Parent:** refers to birth parents and other adults in a parenting role, for example adoptive parents, step parents and foster parents.

**Abuse:** a form of maltreatment of a child. This could mean neglect, physical, emotional or sexual abuse or any combination of these. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. In the Children's Acts 1989 and 2004, a **child** is anyone who has not yet reached their eighteenth birthday.

## Legal Framework

The Children's Acts 1989 and 2004 (as amended 2004 section 52) The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children Under Section 17 (10) of the Children Act 1989, a child is in "need" if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

Education Act 2002 Section 175 (maintained schools) and Section 157 (independent schools, academies and post 16 provision)

The Sexual Offences Act 2003

The Counter-Terrorism and Security Act (2015), section 26 The Prevent Duty

Serious Crime Act (2015), Mandatory reporting duty for known cases of female genital mutilation.

Statutory Guidance: Keeping Children Safe In Education (September 2016)

Statutory Guidance: Working Together to Safeguard Children (March 2015)

Statutory Guidance: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE 2015).

Inspecting safeguarding in early years, education and skills settings (August 2016)

What to do if you're worried a child is being abused (March 2015)

## Leadership and Management of Child Protection

### Governing Body

The governing body is responsible for:

- Ensuring there is a nominated safeguarding governor who ensures accountability for child protection and attends appropriate training in order to guide governors on their strategic responsibilities.
- Liaising with the Headteacher/designated staff over all matters regarding child protection issues. This is a strategic role rather than operational – governors will not be involved in concerns about individual pupils. The safeguarding governor should provide appropriate challenge and support for any action to progress areas of weakness or development in the education provision's child protection arrangements.
- Ensuring a member of the senior leadership team is appointed as the Designated Safeguarding Lead (DSL) who leads on and has clear oversight of all child protection work. The DSL must be appropriately trained to undertake this role. Governors must support the DSL in their role by ensuring the allocation of funding and resource is sufficient to meet the current child protection activity.
- Ensuring the DSL produces an annual report to the governing body of child protection activity. This should also reflect the child protection element of the local authority annual review of safeguarding. Under no circumstances should the establishment's governors or trustees be given details of individual cases. Governors or trustees may, however, be provided with a report at the end of the academic year, outlining the number of cases dealt with and other statistics which do not identify individual children.
- Ensuring the education provision fully engages with the local authority in their annual review of safeguarding procedures, providing relevant information in a timely manner. The chair of governors should sign to confirm accuracy of the education provision's arrangements, and ensure any concerns are remedied without delay.
- Ensuring the governing body receives child protection awareness training, including the safeguarding governor.
- Ensuring the school has an effective child protection policy and a staff behaviour policy.
- Ensuring that all school staff and volunteers (including governors) receive child protection awareness training at the required frequency.
- Ensuring the school has a broad and balanced curriculum that teaches children about keeping safe.
- Ensuring national statutory guidance and legislation (specifically Keeping Children Safe in Education, DfE, September 2016 and Working Together to Safeguard Children, DfE, March 2015) and local requirements (specifically Solihull LSCB procedures and Solihull local authority policy, advice and guidance) are adhered to.

### Child Protection Roles

The **Designated Safeguarding Lead (DSL) for Child Protection** is Stephen Beamond and is a member of the Senior Leadership Team. His job description clearly reflects this role. He has undertaken relevant training to the role and receives at least bi-annual updates.

The **Deputy Designated Safeguarding Lead (DSL)** for child protection is Sarah Parker. Her job description clearly reflects this role. She has undertaken relevant training to undertake the role and receives at least bi-annual updates.

In the absence of the Designated Safeguarding Lead and the Deputy Designated Safeguarding Lead the most senior member of staff in education provision will assume responsibility for any child protection matters that arise.

**The nominated safeguarding governor** is Rosie Weaver. She is responsible for child protection and champion good practice; to liaise with the headteacher and to provide support and challenge in the area of child protection.

The **Headteacher** will ensure that the child protection policies and procedures adopted by the governing body are fully implemented and sufficient resources and time are allocated to enable staff members to discharge their safeguarding responsibilities.

The **governing body** is collectively responsible for ensuring that child protection arrangements are fully embedded within the school's ethos and adhered to in the school's day-to-day practice.

**All staff members, governors, volunteers and external providers** are expected to:

- Remember that the child's welfare and interests must be the paramount consideration at all times.
- Never promise to keep a secret or confidentiality, where a child discloses abuse.
- Know the definitions for abuse and the impact abuse can have on children and young people.
- Be alert to signs and recognise indicators of possible abuse.
- Listen to abuse concerns shared by a child (disclosure) and follow school child protection procedures, including notifying the DSL immediately.
- Undertake induction and training on child protection as required.
- Notify the DSL of any unexplained absence of a child on a Child Protection Plan or subject to a Child In Need Plan.
- Report to the DSL any additional concerns, disclosures or observations after the initial referral, not assuming that a referral in itself will protect children.

Any member of staff who has concerns about the safety or potential abuse of a child must report their concerns to the Designated Safeguarding Lead for Child Protection **without delay**. This includes allegations made against other children.

Staff are not expected to take it upon themselves to investigate concerns or make judgements.

### Staff Induction, Training and Development

**All** staff members receive appropriate safeguarding and child protection training, including induction, which is regularly updated. This should include training on how to recognise signs of abuse **and** how to respond to any concerns. In addition, all staff members 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.

Individuals **must**:

- read chapter one of Keeping Children Safe In Education (DfE September 2016) entitled “Safeguarding Information for All Staff” and understand its implications;
- read and understand the school’s child protection policy and make sure they are clear on how to act in the event of a concern and maintaining confidentiality;
- read and understand the staff behaviour policy (code of conduct), so that they are clear on what to do if there is a breach of the code of conduct (governor code of conduct for governors);
- understand the difference between having a concern about a child, and a child in immediate danger, being clear on the relevant actions to take;
- know the role of the designated safeguarding lead in school;
- understand that early help and support that can be provided by the school, and their role in early help.

The DSL provides at least an annual briefing to the school to provide staff with any updates on changes to child protection legislation, procedures and relevant learning from key serious case reviews.

The nominated safeguarding governor with responsibility for child protection undergoes child protection training prior to or as soon as appointment to the role and at regular intervals thereafter.

The Designated Safeguarding Lead for child protection attends the multi-agency safeguarding LSCB training within 12 weeks of taking up their responsibilities. The education provision will ensure that its Designated Safeguarding Lead attends the Designated Safeguarding Lead annual education conference to keep abreast of child protection learning and developments, and LSCB training at least biannually.

We ensure that staff members provided by other agencies and third parties, e.g. supply teachers and contracted staff, such as catering staff, are aware of our child protection policy and procedure, and have received appropriate child protection training.



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

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

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

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

**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 and development. Neglect may occur during pregnancy as a result of maternal substance misuse. 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-takers);
- ensure access to appropriate medical care or treatment.

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

### **Additional Vulnerabilities for Pupils with Special Educational Needs and Disabilities (SEND)**

Additional barriers can exist when recognising abuse and neglect for children with special educational needs and disabilities, including:

- assumptions that indicators of possible abuse (eg: behaviour, mood, injury) relate to the child's disability without further exploration;
- children with SEND can be disproportionately impacted by things such as bullying – without outwardly presenting any signs;

- communication barriers and difficulties (eg: not hearing, not listening, not seeing) in overcoming these.

### The Impact of Abuse and Neglect

The sustained abuse or neglect of children physically, emotionally, or sexually can have long-term effects on the child's health, development and well-being. It can impact significantly on a child's self-esteem, self-image and on their perception of self and of others. The effects can also extend into adult life and lead to difficulties in forming and sustaining positive and close relationships. In some situations it can affect parenting ability.

### Recognising Signs of Child Abuse

- The following signs may indicate something is wrong:
  - significant change in behaviour
  - extreme anger or sadness
  - aggressive and attention seeking behaviour
  - suspicious bruises with unsatisfactory explanations
  - lack of self esteem
  - self-injury or harm
  - depression
  - age inappropriate sexual behaviour

(For further guidance, "What to do if you are worried a child is being abused?"

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2> ).

If abuse is suspected, presence of signs of abuse is not proof that the abuse has occurred, but:

- must be regarded as indicators of the possibility of significant harm
- justify the need for careful assessment and discussion with the designated member of staff for child protection / decision making conversation which is logged
- may require consultation with and / or referral to Children's Social Work Service

The absence of such risk indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- appear frightened of the parents
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- persistently avoid child health promotion services and treatment of the child's episodes of illness
- have unrealistic expectations of the child
- frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- be absent or misusing substances
- persistently refuse to allow access to professionals on home visits
- be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

### Significant Harm

The Children Act 1989 introduced the concept of **significant harm** as the threshold that justifies compulsory intervention in family life in the best interests of a child, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

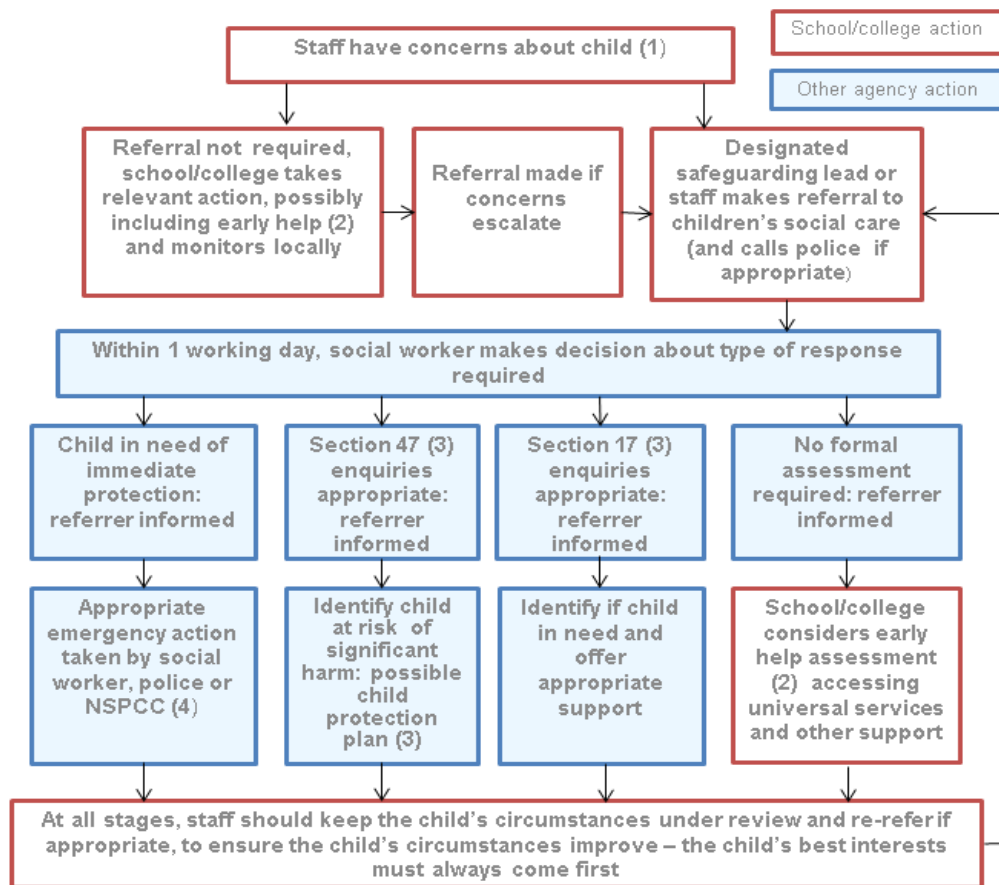
Safeguarding and promoting the welfare of children is defined in Working Together to Safeguard Children (2015) as:

- protecting children from maltreatment;
- preventing impairment of a child's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes. (DfE, March 2015 p6)

### Action when a child has suffered or is likely to suffer harm

This diagram, taken from Keeping Children Safe in Education (September 2016), illustrates what action should be taken and who should take it where there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately.

## Actions where there are concerns about a child

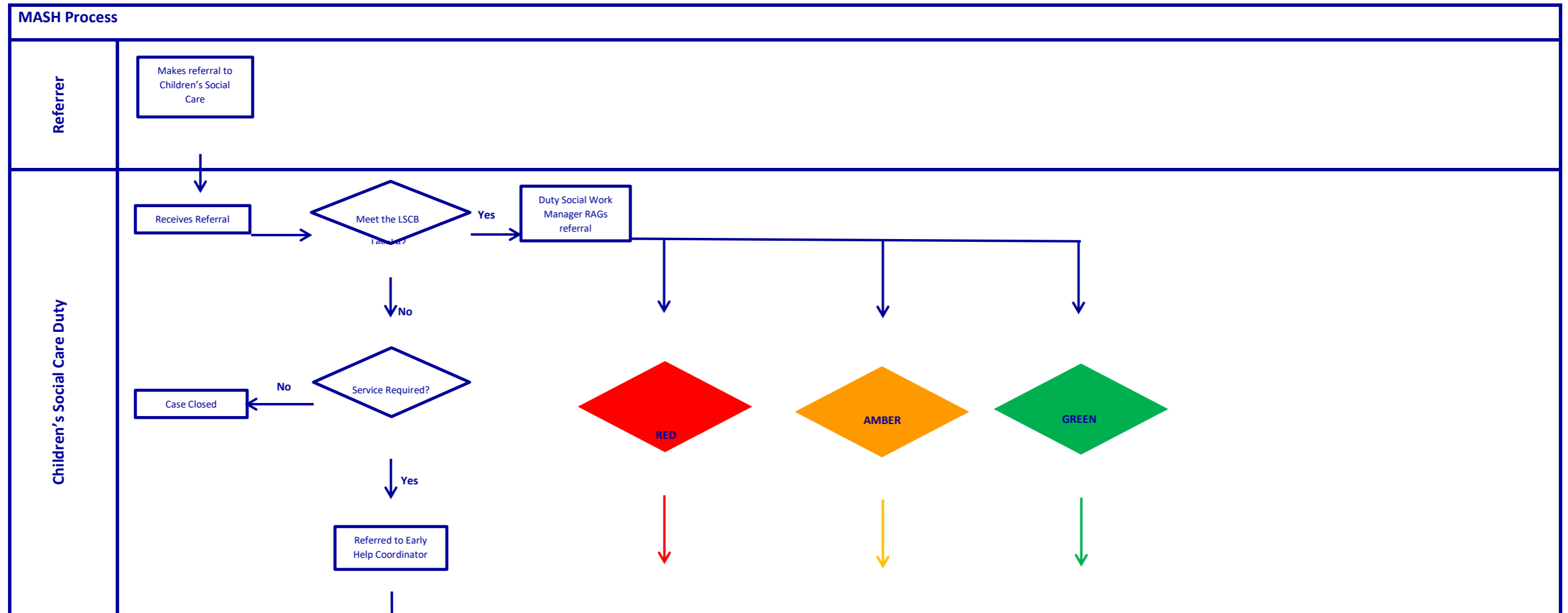


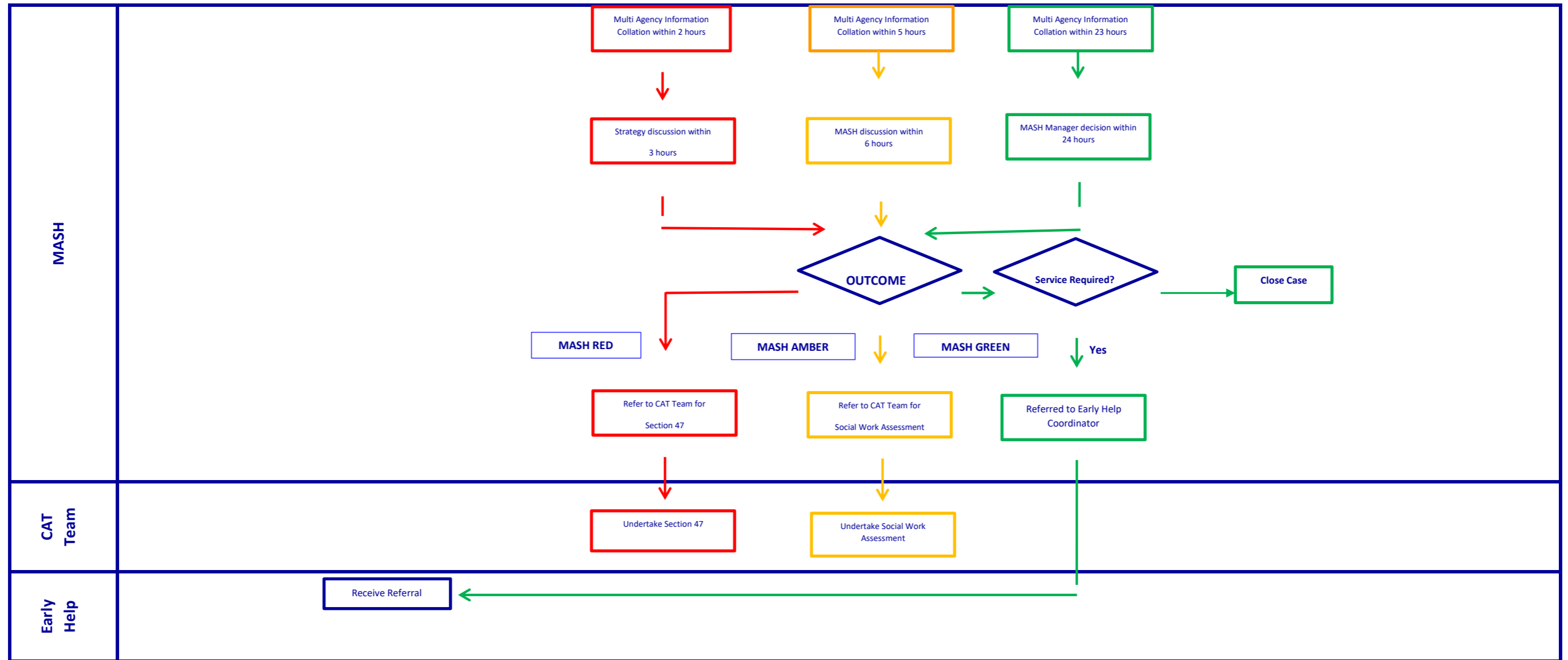
### Anybody can make a referral

1. In cases which also involve an allegation of abuse against the staff member, the school's managing allegations procedures should be followed in line with the organisation's safeguarding policy, which explains action the school or college should take in respect of the staff member.
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. 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. This can include s17 assessments of children in need and s47 assessments of children at risk of significant harm. Full details are in Chapter one of Working together to safeguard children. This could include applying for an Emergency Protection Order (EPO).

Members of staff should make a written account of any concern they have regarding the welfare or well-being of a pupil using CPOMS, including making a note of any visible marks and injuries.

Solihull Multi-Agency Safeguarding Hub (MASH) Referral Process





### Dealing with Disclosures or Concerns:

If a child makes an allegation or discloses information which raises concern about actual or potential Significant Harm, the initial response should be limited to listening carefully to what the child says so as to:

- clarify the concerns;
- confirm who the child has already told, if anyone;
- make a full written record of what is being said by the child in their words.

If a child is freely recalling events, the response should be to listen, rather than stop the child; questioning of the information being given must be limited to confirming factual accuracy required to provide a quality referral, e.g. who are the people involved, what has actually happened and when and where did any incident occur.

If the child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury was sustained.

However, the child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice Police investigations.

It is important that the child should not be asked to repeat the information to a colleague or write the information down. Making an accurate and verbatim record of what the child has said (disclosure), (or evidence that has led to the concerns) recording the child's own words, is the responsibility of the person to whom the child has disclosed. This is recorded on CPOMS

The DSL should be informed of the concerns immediately and sent the completed concern form on CPOMS as soon as possible afterward.

A record of all conversations (including the timings, the setting, those present, as well as what was said by all parties) and actions must be kept. These should be recorded on CPOMS

Any member of staff who has concerns about the welfare of a child must share this information with the DSL.

- The report is given to the DSL immediately who will analyse risk and refer onwards as necessary and appropriate.
- Referrals where urgent action is required should never be delayed in order for a full record to be written.

No enquiries or investigations may be initiated without the authority of Children's Social Work Services or the Police.

### Guiding Principles for all staff and volunteers for Dealing with Disclosures: The Seven R's

The Seven R's provides staff with clear guidance on how to act in the event of a concern or disclosure: Receive, Reassure, Respond, Report, Record, Remember, Review.

#### **Receive**

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said and take it seriously.
- Make a note of what has been said as soon as practicable.

### Reassure

- Reassure the pupil, but only as far as is honest and reliable.
- Do not make promises you may not be able to keep, e.g.: “I’ll stay with you”, or “everything will be alright now” or “I’ll keep this confidential”.
- Do reassure, e.g.: you could say “I believe you”, “I am glad you came to me”, “I am sorry this has happened”, “We are going to do something together to get help”.

### Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask ‘leading’ questions, i.e.: “did he touch your private parts?” or “did she hurt you?”. Such questions may invalidate your evidence (and the child’s) in any later court proceedings.
- Instead, make use of open ended questions which offers the child the opportunity to provide more information about an event in a way that is not leading, suggestive or putting them under pressure. Open questions may use how? When? Who? Where?
- Questions beginning with the phrases “tell me”, “describe” or “explain” are useful:
  - Tell me what happened, tell me who was there.
  - Explain what you mean when you say.
  - Describe the place to me.
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible.
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff.

### Report

- Share concerns with the designated safeguarding lead (DSL) as soon as possible. If you are unable to contact your designated safeguarding lead, deputy designated safeguarding lead, or most senior member of staff, and the child is at risk of immediate harm, contact MASH on **0121 788 4333**
- If you are dissatisfied with the response from the DSL or children’s social work, you should ask for the decision to be reconsidered, giving your reasons for this
- A formal referral or any urgent medical treatment **must not** be delayed by the unavailability of designated staff

### Record

- If possible make some very brief notes at the time and write them up as soon as possible. Keep your original notes on file by scanning in to CPOMS.
- Any member of staff receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse in a child or young person, will make a written



record within the hour recording the disclosure using the child's own words, what was said or seen and the location both of the abuse and the disclosure.

- Record the date, time, place, persons present and noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into proper words.
- A record of a concern, suspicion or allegation should be made at the time of or as soon as possible after the event. Dates and times of events should be recorded as accurately as possible, together with a note of when the record was made.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.
- A record should be made of any visible marks, bruising or injuries to a child that give cause for concern. This may be completed on a body map. The child should not be examined intimately or pictures taken of any injuries / marks.
- All records must be signed and dated clearly with the name of the signatory clearly printed.
- Children **MUST NOT** be asked to make a written statement themselves or to sign any records.
- All records of a child protection nature (handwritten or typed) are passed to the DSL.

### Remember

- Support the child: listen, reassure, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Try to get some support for yourself if you need it.

### Review

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

### Specific Safeguarding Issues

In addition to the four categories of abuse, Keeping Children Safe in Education (2016) identifies the following safeguarding issues:

- breast ironing
- bullying including cyber-bullying
- children missing education
- child missing from home or care
- child sexual exploitation (CSE)
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- hate
- mental health
- missing children and adults
- private fostering
- preventing radicalisation
- relationship abuse
- sexting trafficking

Definitions of these specific safeguarding issues and local pathways to support are provided in the Solihull Designated Safeguarding Lead's Handbook ([www.solgrid.org.uk/safeguarding](http://www.solgrid.org.uk/safeguarding)). National guidance is provided in Keeping Children safe in Education (DfE 2016), pages 12-13, which provide links to the TES, MindEd and NSPCC websites which provide information for education providers. LSCB guidance and procedures are contained in the Solihull Local Safeguarding Board Procedures through the link [Solihull LSCB procedures](#).

**All** staff have an awareness of specific safeguarding issues. Staff are aware that behaviours linked to the likes of sexting, online behaviour drug taking, alcohol abuse and truanting (children missing from education) put children in danger.

### Online Safety

An effective whole provision approach to on line safety empowers our provision to protect and educate the whole provision in their use of technology and establish mechanisms to identify, intervene in and escalate any incident where appropriate. Annex C in KCSIE 2016 is dedicated to online safety, and is shared with all staff.

Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find

themselves involved in activities which are inappropriate or possibly illegal. The school has a responsibility to educate pupils and teach them the appropriate behaviours and critical thinking skills to enable them to remain both safe and legal when using the internet and related technologies.

We work with Parents/carers to raise awareness of on-line safety, including them as much as possible in this process so that they can ensure that any access the pupils have to computers and the internet at home is safe.

### **Sexting**

The NSPCC defines 'sexting' as the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet.

### **Child Missing from Education (CMfE)**

A child going missing from education is a potential indicator of abuse or neglect. Staff follow school procedures 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 their going missing in the future. We encourage high rates of attendance and review all attendance records regularly. An attendance policy is in place and all staff follow it.

### **Preventing Radicalisation**

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

**Child sexual exploitation (CSE)** involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber-bullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

**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. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

### **Children who abuse other children: Child on child abuse/peer on peer abuse**

Children and young people who abuse others, including those who sexually abuse/offend, are often likely to have considerable needs themselves. They may pose a significant risk of harm to other children. They may have suffered considerable disruption in their lives, been exposed to violence

within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences. Such children and young people are likely to be children in need, and some will in addition be suffering or at risk of significant harm, and may themselves be in need of protection. Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. In such cases, the needs of such children should be considered separately to the needs of their victims.

Consideration needs to be given to the fact that these children may have considerable unmet developmental needs as well as specific needs arising from their behaviour.

**All** staff are aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), gender based violence/sexual assaults and sexting. Staff should be clear as to the school or college's policy and procedures with regards to peer on peer abuse.

**Private fostering.** Children under 16, who are cared for full-time under a private arrangement between parent and carer on a basis by people who are not their parents or a close relative, are deemed in law to be privately fostered. To safeguard children in such arrangements local authorities have a duty to identify, assess, monitor and where necessary support all private fostering. Many private fostering arrangements are hidden and not brought to the attention of local authorities, even though it is an offence not to inform them. Most private fostering placements are safe, but clearly there are risks and nationally there have been some high profile tragedies involving children who were privately fostered. A child may be living with a friend's family, perhaps following a row with parents. Equally, a child may have joined the school having recently arrived in the UK with someone who does not appear to be a parent. The MASH must be notified as soon as you become aware of a current or intended private fostering arrangement, and a referral made. If you are not sure whether something constitutes private fostering, please do not hesitate to seek urgent advice from the MASH.

### **Solihull LSCB Priorities**

Locally, Solihull LSCB has identified the '**toxic trio**' (domestic abuse, substance misuse - particularly parental substance misuse, mental health - particularly parental mental health and **neglect** as priority areas.

### **Substance Misuse: Drug and Alcohol Misuse**

Solihull Local Safeguarding Board use the following definition of substance misuse in their Joint Services protocol re. Families and Children Affected by Substance Misuse:

*"Substance misuse is the use of or dependence on a substance leading to social, psychological, physical or legal effects that are detrimental to the individual or others. Substance use includes prescribed and non-prescribed, legal and illegal substances including alcohol."*

[http://solihullscb.proceduresonline.com/chapters/pr\\_drugs\\_alcohol.html](http://solihullscb.proceduresonline.com/chapters/pr_drugs_alcohol.html)

### **Domestic Abuse**

The cross-government definition of domestic violence and abuse is:

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

- psychological
- physical
- sexual
- financial
- emotional

<https://www.gov.uk/guidance/domestic-violence-and-abuse>

(\***Domestic Abuse 'Honour' based violence (HBV)** is a form of domestic abuse which is perpetrated in the name of so called '**honour**'. The **honour** code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family.)

### **Safeguarding in the School Curriculum**

As a school we will educate and encourage pupils to keep safe through the provision of a **broad and balanced curriculum which includes a safeguarding curriculum**. The curriculum (for example history, English, drama, and art) and in particular the personal, social and health education development strand of the curriculum, includes an emphasis on relationships (relationships and sex education), building confidence and resilience in pupils, developing preventative strategies to ensure their own protection and that of others and promoting fundamental British values. Opportunities are provided for pupils to develop the skills and knowledge they need to stay safe from abuse, for example: the promotion of positive self-esteem, emotional literacy and assertiveness; online safety; preventing radicalisation; body confidence including naming private body parts; female genital mutilation; features of safe and healthy relationships; child sexual exploitation; and anti-bullying work. Clear advice and guidance is built into the curriculum to ensure that pupils understand that there is a range of contacts they can turn to for advice and support and that they know where and how to report abuse.

### **Supporting Children**

We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth. We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

We support all children by:

- Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
- Ensuring repeated hate incidents, e.g. racist, homophobic or gender or disability based bullying, are considered under child protection procedures.
- Promoting a caring, safe and positive environment within the school, with access to appropriate adults to approach if they are in difficulties.

- Liaising and working together with all other support services and those agencies involved in the safeguarding of children, including notifying social care as soon as there is a significant concern.
- Notify the allocated social worker of any new concerns about a child who is subject to a child protection plan or a child in need plan (Section 2.7 of Chapter 3.1. of the LSCB Procedures).
- Monitoring children who have been identified as having welfare of protection concerns and providing appropriate support. An individual support plan is devised, implemented and reviewed regularly for pupils requiring early help of safeguarding. This is kept with the child protection record.
- We ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.
- Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

**The role of the DSL following a report of concerns from a member of staff – what the DSL must do in considering next steps including making a referral and record keeping:**

**a) Referring**

The DSL will assess the information provided on the concern form, using the Solihull multi-agency thresholds criteria and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care.

The DSL will:

- make a professional judgement about what action needs to be taken, using the Solihull Multi-agency Guidance Threshold Criteria to help support Children, Young People and their Families in Solihull, [What to do if you're worried that a child is being abused](#), the school child protection procedure and the Solihull LSCB procedures (<http://solihullscb.proceduresonline.com/index.htm>). The DSL will consider the following:
  - the nature of the concern;
  - how and why it has arisen;
  - what the presenting child's and family's needs appear to be;
  - what relevant information is held by the school, (consider any previous referrals, closed case to children's social work, any other school concerns; early help work, developmental needs of the child, parenting capacity, family structure )
  - whether the concern indicates a likelihood of **Significant Harm** and if so;
  - whether there is any need for any urgent action to protect the child, any other child in the same household or any child in contact with an alleged perpetrator;
  - whether there are any other children, either in the household or in contact with any alleged perpetrator of abuse, identified as in need or at risk of harm;
  - whether the child has any sibling(s) at other education provisions or early years settings and consider whether information is such that it should be shared with that other setting;
  - whether there are any concerns regarding an abuse of a position of trust;
  - where targeted support services have been offered but there is refusal or reluctance by the parent/carer to engage or engage consistently with the support being offered and therefore

the identified cause of concern/need is not being addressed, i.e. no improved outcome for the child;

- where targeted support services have been in place but the parent or carer appear unable to make the required changes in order to improve outcomes for the child.
- Where a DSL makes a referral, they should include:
  - the known facts;
  - any suspicions or allegations;
  - whether or not there has been any contact with the child's family;
  - any information they have on the child's developmental needs, and the capacity of the child's parent or carers to meet those needs.

If the DSL feels unsure about whether a referral is necessary, a telephone call to MASH can be made for advice.

- If the child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify Children's Social Care of the occurrence and what action has been taken. This should be formally recorded by the school.
- Where the pupil is suffering from a serious injury, medical attention must be sought immediately by calling an ambulance or taking the child to the Accident and Emergency Department of the local hospital (Headteacher or DSL). The DSL should notify Children's Social Care. On arrival at the hospital, the duty consultant paediatrician must be informed of the nature of the concerns. The DSL should make a referral and ensure that all events, advice, notifications and actions are recorded, including any decision making. The DSL should seek advice from Children's Social Care about informing parents, remembering that parents should normally be informed that a child requires urgent medical attention.
- In accordance with the [Local Safeguarding Children's Board Procedures](#), the agreement of the parents for a referral to MASH should normally be sought where possible, ([Chapter 3.1.Section 13.1](#)). However, if it is felt that seeking any such agreement would increase the level of significant risk to the child, the matter should be discussed with MASH and their advice sought. This must not contribute to a delay in making a referral.
- If the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in her/his absence, the manager or a duty officer in the team. Sharing of this information and response should be recorded on the pupil file. If you are not aware of the name or contact number for the allocated social worker you should contact the Children's Assessment Team and they will assist in confirming this detail.

**Contact details for a referral for children residing in Solihull:**

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

**0121 788 4333**

**0121 605 6060 (Out of Hours)**

All referrals need to be confirmed in writing as soon as possible using the [Children and Families Inter agency Referral](#) form online.

- Where the child does not reside in Solihull the referrals must be made to the appropriate cross border local authorities. These must also be confirmed in writing.
- The DSL should receive a response to the referral within one working day. If a response is not received, the DSL should contact MASH to obtain information about the status of the referral. **Decisions must be recorded in writing on the child's file or record.**
- Where a referrer is unclear or in disagreement with the decision made, they should ask to speak to the responsible qualified social worker or the duty Assistant Team Manager in the first instance to try and reach an agreed understanding regarding the decision.
- The DSL should follow any action requested from Children's Social Services including allowing visits to the school by social workers and/or the police in relation to the referral and requests for any further information, report or attendance at meetings.

#### **b) Confidentiality and Information Sharing**

Pupils should have a range of trusted adults to talk to in school and they should also have a clear understanding of confidentiality boundaries with a range of adults. Laying these foundations at a young age will support pupils in accessing help, guidance and support whenever they need it as they navigate life. This is important because we know that concerns about confidentiality, and subsequent lack of trust, are the main barriers that stop young people from accessing advice and support when they need it.

We recognise that all matters relating to child protection are confidential. We maintain that all matters relating to child protection are to be treated as confidential and only shared in line with Working Together to Safeguard Children guidance. The Headteacher or Designated Safeguarding Lead will disclose any information about a child to other members of staff on a need to know basis only. Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing. We will always undertake to share our intention to refer a child to Social Care with their parents/carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult Children's Social Work for advice.

When there is a concern that a child is at risk of significant harm, all information held by the education provision must be shared with Children's Social Care, police and health professionals. Section 47 of the Children Act 1989 and sections 10 and 11 of the Children Act 2004 empower all agencies to share information in these circumstances. In the event of any doubt, the DSL should liaise with MASH.



Disciplinary action will be considered for any breach of confidentiality.

Further Guidance in information sharing can be found in Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE 2015).

### **Parental Consent to the Referral**

The referrer should seek, in general, to discuss concerns with the family and, where possible seek the family's agreement to making a referral unless this may place the child at increased likelihood of suffering **Significant Harm** by:

- Delay in referral;
- The response it prompts from the parents;
- Alerting the alleged perpetrator.

A decision by any professional not to seek parental permission before making a referral to Children's Social Work Services must be recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed on the Children and Families Inter-Agency Referral Form. Where the parent is consulted and refuses to give permission for the referral, further advice should be sought from MASH, unless to do so would cause undue delay. Any further advice and decision making should be fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded;
- Children's Social Work Services should be told that the parent has withheld her/his permission;
- The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made. The timing of this contact should be agreed with Children's Social Work Services;
- Any decision not to advise a parents about a referral or contact with a Young Person must be recorded in detail in order to provide a record of defensible decision making.

### **Pupil Consent to the referral**

The Solihull LSCB child protection procedures state that:

"If the child can understand the significance and consequences of making a referral, his or her views regarding a referral to Children Social Work Services should be obtained and taken into consideration by the referring professional.

Whilst the child's views should be sought, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children.

It is important to explain to the child in an age appropriate way how the information will be passed to Children's Social Work Services and/or the Police as the agencies with lead responsibility for the welfare and protection of children.

Where the child does not wish his or her parent to know that they or someone else has made a referral about them, those receiving the referral must consider the wishes and best interests of the child. If the child can be considered as “Fraser Competent”, then direct work can be undertaken with the child without parental knowledge or consent; however it is always important to encourage a child to be open and to engage parents unless to do so would increase a risk of harm to the child or young person.

### **c) Record Keeping**

The importance of good clear child welfare and child protection record keeping has been highlighted in the learning from serious case reviews. Good up to date record keeping of concerns and action taken is essential for two main reasons:

- It helps education provisions identify causes for concern at an early stage. Often it is only when a number of seemingly minor issues are seen as a whole, that a pattern can be seen indicating safeguarding or child protection concern.
- It helps education provisions monitor and manage their safeguarding practices and provides evidence of robust and effective child protection policy and practice.

Keeping a good quality record about work with a child who you have child protection concerns and his or her family is an important part of the professional accountability of the school. It helps to focus work, and it is essential to working effectively across agency and professional boundaries. Clear and accurate records for each child ensure that there is a documented account of an agency's or professionals' involvement with a child and/or family or care giver. They help with continuity when individual workers are unavailable or change, and they provide an essential tool for managers to monitor work or for peer review.

- Child protection records are securely held, separate from the main pupil file, and in a secure place.
- Access to any records and details of a case will be on a ‘need to know ‘basis decided on a case by case basis, to enable those people to take appropriate steps to safeguard the pupil or to carry out their own duties.
- Any contact with other agencies must be recorded as should the rationale for sharing or not sharing information.

### **Management Oversight of Child Protection Work**

We ensure clear management oversight of work by the Designated Safeguarding Lead and senior leaders including governors. Oversight of numbers of pupils at risk due to child protection concerns are monitored through the threshold data sheet. Regular reports to governors around child protection (anonymised) ensure effective support and challenge in this area of work. Our annual safeguarding audit work is shared with the local authority to ensure 157/175 compliance. Strengths in child protection work and any areas for development are identified and immediately remedied.

### **Supervision of Child Protection Work**

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

There are clear and effective arrangements for staff development and training in respect of the protection and care of children and learners. Staff and other adults receive regular supervision and support if they are working directly and regularly with children and learners whose safety and welfare are at risk, (Inspecting safeguarding in early years education and skills settings, August 2016, Ofsted), in line with our supervision policy.

We further support staff as necessary, by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and their line manager, and to seek further support as appropriate. This could include:

- Stress Risk Assessment undertaken by the line manager
- Access to the Employee Assistance Programme - CIC 0800 085 1376, [assist@cic-eap.co.uk](mailto:assist@cic-eap.co.uk), well-online.co.uk - username: sbclogin Password: wellbeing
- Referral to Occupational Health for one-to-one counselling

In the event of a violent incident, the violence and aggression at work policy and risk assessment will be followed.

### **Professional Disagreement Procedures (Dispute Resolution)**

At no time must professional dissent detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout.

**In the event that a referring professional does not agree with the proposed response to the referral, the referrer should discuss their concerns directly with the duty Assistant Team Manager or Team Manager in the first instance to seek resolution. Professional disagreements should be dealt with in line with LSCB procedures**

[http://solihullscb.proceduresonline.com/chapters/p\\_resolve\\_diff.htm](http://solihullscb.proceduresonline.com/chapters/p_resolve_diff.htm)

### Transfer of Child Protection records (pupils leaving and pupils arriving at school)

When a child who has a child protection plan leaves the education provision at the end of statutory schooling or transfers to another education provision, the Designated Safeguarding Lead must:

- Inform the child's social worker immediately so that school records and contact details can be updated on the children's social work data base and the social worker can be advised that you will be liaising with the receiving school to share relevant information.
- Liaise with the child's new education provision immediately and arrange the transfer of child protection records to the new school.

When a child who has a child protection file in education provision leaves an education provision and transfers to a new education provision, the Designated Safeguarding Lead of the current education provision should review the child protection file and should pass the following to the Designated Safeguarding Lead of the new education provision:

- Any current concerns that are being monitored
- Any child protection referrals or records of advice sought from MASH (current and historical)
- Any child protection conference minutes (current and historical)
- Any information relating to the time the child was subject to a child protection plan, child in need plan or looked after plan (current or historical)
- Any early help provided, and engagement of Engage Service

A child protection file transfer record can be found in the guidance document.

The following information should be dealt with in line with the education provision's file retention policy.

- Any historical information, such as monitoring notes, that is older than the current academic year and did not result in either a discussion with MASH for advice or a child protection referral.
- When a pupil is educated off site by another education provider or is dual registered (for example on a managed move, attending a pupil referral unit or an alternative provision); the Designated Safeguarding Lead should assess what information needs to be shared the Designated safeguarding lead at the other education provision. This decision should be based on the amount of time the child spends at the other provision and the nature of the provision. This should include a discussion with the child's social worker. Where appropriate the Designated Safeguarding Lead at the alternative provision will receive a copy of the pupil's child protection file as detailed above.
- When a child ceases to be of statutory education provision age or leaves college their records should be retained by the said establishment until the child's 25<sup>th</sup> birthday.

The reverse process should be in place when receiving a child, ensuring the school or college is in receipt of all required information. A guidance sheet to support conversations is available in the guidance document.

### Solihull MBC Contacts

- MASH: 0121 788 4333
- Out of hours: 0121 605 6060

- Children’s Social Work Child Protection and Review Unit: 0121 788 4310
- Local Authority Duty Officer (LADO) – 0121 788 4310
- SMBC Adult Social Work one stop referral – 0121 704 8007
- Early Help team – 0121 709 7000

#### **Birmingham Contacts**

- Birmingham Multi-Agency Safeguarding Hub (MASH) - 0121 303 1888

#### **Coventry Contacts**

- Coventry Multi-Agency Safeguarding Hub (MASH) - 024 7678 8555

#### **Warwickshire Contacts**

- Children’s Social Care during office hours: 01926 410410
- Emergency Duty Service 01926 886922 outside office hours only

<https://www.warwickshire.gov.uk/wscb>

#### **Worcestershire Contacts**

- Access Centre 01905 822666 from Monday to Thursday 8.30am to 5.00pm (until 4:30 pm on Friday)
- Emergency Duty Team (EDT) on 01905 768020 outside office hours

#### **Evaluating and Monitoring Process**

Our Child Protection Policy and Procedures will be monitored and evaluated by:

- Governing body visits to the school
- Senior Leadership Team ‘drop ins’ and discussions with children and staff
- Line management and task management of staff
- Audits of case files and record keeping
- Discussions with staff involved in child protection work
- Pupil surveys, questionnaires and evidence of the pupil voice in child protection work
- Scrutiny of the Solihull Multi-Agency Thresholds criteria and any data-sets
- Scrutiny of range of risk assessments and information (including child protection files, early help records, pupil concern logs, attendance, bullying logs, behaviour records, to ensure a co-ordinated approach)
- Scrutiny of governing body minutes
- Review of parental concerns and parent questionnaires
- Review of the use of any early help facility in school to support pupils, for example nurture room or other intervention.

**Success Criteria:**

- Staff, when questioned, feel confident that they know what to do, or who to contact, when they have concerns about children or their families.
- Scrutiny of child protection records confirms that safeguarding procedures set out in this policy are being consistently followed. This includes completion of appropriate records with clear evidence of actions being followed through in a timely and effective manner in order to safeguard pupils and provide support where necessary; and that school attendance at any multi-agency meeting is attended, report provided where necessary and any actions for the school are followed up.
- Staff, when questioned, believe that safeguarding procedures set out in the policy are being consistently followed throughout the education provision.
- Content of the policy remains up to date with reference to Solihull Local Safeguarding Children Board's procedures and all other legislation.