Children leave Allanson Street Primary School well equipped with the knowledge, skills and values needed to become happy, confident, productive citizens ready and willing to make a positive contribution to the world.

| Basic needs fulfilled | Relationships | Outstanding teaching and learning | Authentic, high quality curriculum | Development of core values | Family and community engagement | Aspirations |

# Safeguarding and Children Protection Policy

Issue Date: November 2020

Review Date: November 2022

1. **INTRODUCTION**

**Developing a Whole School Policy on Safeguarding Children**

This document concerns the duties that Allanson Street Primary School has to safeguard and promote the welfare of children. It is informed by The Education Act (2002), which was implemented on 1 June 2004.

Section 175 is underpinned by the DfES Guidance "Safeguarding Children in Education" issued on 6 September 2004 for immediate effect.

Detailed information regarding safeguarding is available on the website
https://sthelenssafeguarding.org.uk/scp/scp/workforce/useful-documents

"Everyone in the Education Service shares an objective to help keep children and young people safe by contributing to:

- Providing a safe environment for children and young people to learn in education settings; and
- Identifying children and young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and at school"

**Taken from "Safeguarding Children In Education"**

This policy should also be read in conjunction with St Helens Local Authority Descriptions of Need document/procedure, and The St Helens Escalation Policy. 'What to do if you are worried a Child is Being Abused' 2006 (revised 2015). The guidance reflects, 'Keeping Children Safe in Education' In addition to the St Helens Local Authority, 'Working with adults and children/young people vulnerable to extremism' and 'Child Exploitation'.

All appropriate policies can be found here:
https://sthelenssafeguarding.org.uk/scp/scp/workforce/useful-documents

This policy draws upon good practice within the Local Safeguarding Children Board - LSCB which are commensurate with the guidance document "Working Together to Safeguard Children 2018" updated version. This guidance document states that all education settings must have in place systems designed to:

- Prevent unsuitable people working with, or coming into contact with, children and young people within the setting;
- Promote safe practice and challenge poor or unsafe practice;
- Identify instances in which there are grounds for concern about a child / young person's welfare and take appropriate action to keep children / young people safe. Including the discovery of female genital mutilation (FGM).
- Contribute to effective partnership working between all those involved with providing services for children.

Our policy applies to everyone in school and is explained to them during induction and re- visited regularly. (Whole Staff Training Update Summer Term 2020). This applies to all staff and volunteers working in the school and governors. Teaching Assistants, Mid-day Assistants, Office staff, as well as teachers can be the first point of disclosure for a child. Concerned parents, carers or members of the community may also contact school governors, the Head Teacher or Designated Safeguarding Lead if they are concerned about a child.

Please note that if you are ever concerned about the welfare of a child or family you must contact Social Care on 01744 676600 or the out of hours number on 0845 050 0148

**Types and definitions of abuse**
Abuse can take many different forms. Allanson Street staff receive training to understand the different forms of abuse and their signs and symptoms.
Definitions and examples of the different forms of abuse can be found in **Appendix 1.**

The four main categories of abuse are:
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect.

In relation to 'Keeping Children Safe in Education 2020', Allanson Street also recognise additional forms of abuse which children may be at risk of.

These include:
- Female Genital Mutilation or FGM
- Radicalisation and Extremism.
- Forced Marriage
- Child Sexual Exploitation / County Lines or CSE
- Private Fostering
- Child Missing in Education
- Peer on Peer abuse
- Sexting
- Up skirting
- Children at risk from, or involved with serious violent crime

**Taken from "Safeguarding Children In Education"**

- Significant harm can be defined as the ill treatment or impairment of health and development of a child or young person.
- Development includes physical, intellectual, emotional, social or behavioural development.
- Health includes physical wellbeing (including female genital mutilation) and mental health.

- Ill-treatment includes sexual abuse and other forms of ill treatment that are not physical. This is viewed from the perspective of normal behaviour for a child / young person of similar age and understanding.

## 2. THE PURPOSE OF A SAFEGUARDING POLICY

**2.1** Our whole school safeguarding policy is one that provides clear direction to staff and others about expected codes of behaviour in dealing with safeguarding issues. This policy also makes explicit the school's commitment to the development of good practice and sound internal school procedures. This ensures that safeguarding concerns and referrals may be handled sensitively, professionally and in ways which support the needs of the child.

**2.2** "The aim of this policy is to safeguard and promote our pupil's welfare, safety, health and guidance by fostering an honest, open, caring and supportive climate. The pupil's welfare is of paramount importance."

**2.3** There are three main elements to our Safeguarding Policy'.

(a) Prevention

Caring relationships with children, parents, carers and families will begin to be built on from EYFS and are built on mutual trust and respect. EYFS staff carry out home visits to develop partnerships with parents and get to know the child on his / her known territory. (EYFS policy.) Staff throughout the school meet and converse with parents on a regular basis to discuss concerns and parents are welcome at all other times to make an appointment if they need to speak to a member of staff. Attendance is vital. School works closely with the Education Welfare Officer and operates a first day contact system in the case of unexplained absence from school. The Education Welfare Officer or Head Teacher and Pastoral Manager visit the homes of children if there is a concern. (See the School Attendance Policy for all procedures used.)

(b) Protection

At Allanson Street Primary School, we ensure that children know that there are adults in the school who they can approach if they are worried or are in difficulty. There are identified key workers across school. Staff are trained at a basic level in safeguarding and are made aware of the need to be observant and to monitor the children in their care i.e. to notice changes in appearance and behaviour, patterns of absence etc. Staff are aware of the need to respond appropriately and sensitively to safeguarding concerns. The safeguarding flowchart and continuum of need is displayed in the staff room and Head Teacher's office and on the school notice board. All staff have access to a copy of the guidance material, Working Together to Safeguard Children 2018.

(c) Support

Children have the opportunity throughout the day to talk to adults in school – teacher, pastoral staff, midday supervisors, and classroom assistants. There are Worry Monsters in each EYFS, KS1 and Lower junior classrooms and a corridor monster for Upper juniors – these are emptied daily by class teachers and pastoral staff – any issues are dealt with as soon as possible.

Informal support is offered to parents / carers through meet and greet daily and public messages and direct messaging on Class Dojo. Once the Covid19 restrictions allow, coffee mornings, parent's courses and information evening will also be reinstated.

More formal support is offered by our Pastoral team. This can be initiated by parents or school/ social services staff. Information relating to community services is displayed on the parents' board and safeguarding updates are displayed in a child friendly manner on the children's safeguarding board which is located outside of DSLs office on the Upper Junior corridor. Children have accessed training in supporting their peers through such schemes as activity leaders and peer mentoring.

Adults who have been involved in any part of a safeguarding issue will be offered support and, if appropriate, support from outside agencies will be sought.

## 3.    SCHOOL COMMITMENT

'We recognise that high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult help all children and especially those at risk of or suffering from abuse.'

Our school will therefore:

(a)    Establish and maintain an ethos where children feel secure and are encouraged to talk.

(b)    Ensure that children know that there are adults in the school who they can approach if they are worried or are in difficulty.

(c)    Include in the curriculum, activities and opportunities for PSHEE / Citizenship which equip children with the skills they need to stay safe from abuse, different forms of harassment and bullying and which will help children develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills. The school will provide opportunities for pupils to develop their voice and will listen to their concerns for example through organized circle time, PSHE/ RSE lessons, through planned assembly time, school council meetings and peer listening activities.

(d)    Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from other agencies.

## 3.  FRAMEWORK

'Schools do not operate in isolation. The welfare of children is a corporate responsibility of the entire local authority, working in partnership with other public agencies, the voluntary sector and service users and carers. All local authority services have an impact on the lives of children and families, and local authorities have a particular responsibility towards children and families most at risk of social exclusion.' (*Working Together to Safeguard Children, 2018).*

Safeguarding is the responsibility of all adults especially those working with children. The development of appropriate procedures and the monitoring of good practice are the responsibilities of the Local Safeguarding Children Board.

The LSCB is made up of representatives from a number of agencies including health, children social care, probation and the police.  The LSCB website contains:

- Definitions of abuse and indicators
- Procedures for Safeguarding and multi agency working including relevant contacts
- Advice on good practice and policy making
- Pro- formas for referral and record keeping.

## 5.    ROLES AND RESPONSIBILITIES

All adults working with, or on behalf of children have a responsibility to safeguard and promote the welfare of children. There are, however, key people within schools and the LA who have specific responsibilities under Safeguarding procedures.

The Head Teacher and the Designated Safeguarding Lead, are the Designated Safeguarding Leads (DSL). Their roles and responsibilities are :

1.    To be fully conversant with the Local Authority and School Safeguarding Procedure
2.    To provide all staff with advice in regard to safeguarding
3.    To ensure that appropriate action is taken in school and that the correct procedures are followed in all cases of suspected / actual abuse
4.    To maintain a record of pupils in school who are on child protection plans and keep this updated as notification is received. To liaise with the Education Welfare Officer, school nurse, other professionals as appropriate to ensure that these children are monitored.
5.    To maintain records within the school about those children whose safety and welfare are causing concern.
       To attend / participate in child protection conferences, core group meetings, family action meetings as appropriate or to ensure that another member of staff (who has a good knowledge of the circumstances) attends.  In the rare occasion of no such person being able to attend, then to provide a report to conference from school and contact Heather Addison, Safeguarding Children in Education Coordinator, to attend on our behalf.
6.     To inform the Social Worker or Safeguarding Children unit when a child on the CPR leaves the school and to inform the new school of the child's status on the register, transferring files, CPOMS incidents and having a telephone conversation wherever possible. Details of the information sharing need to be kept by us on the child's CPOMS record.
7.    To organise and monitor training / information as appropriate for all staff.
8.    To be trained personally at a single and multi agency level and to undertake refresher training as necessary.
9.    To attend LA cluster meetings/trainings on a termly basis.
10.   To hold safeguarding induction sessions for new staff and volunteers working across school. PowerPoint saved on the school server for reference.
11.   To refresh volunteers and all staff on initiatives and developments as the need arises.
12.   To ensure that the curriculum offers opportunities for raising pupils' awareness and for developing strategies for their protection.
13.   To ensure that staff are aware of how to avoid placing themselves at risk when dealing with pupils.

**Looked After Children**

The Safeguarding Lead also has the responsibility for Looked After Children (LAC) and fulfils this role in line with both this safeguarding policy and the legal requirements of LAC status. The ePEP system is used to assess and record attainment and intervention of our LAC children on a termly basis and reported to the Local Authority Virtual School.

**The role of the Senior Leadership Team**

It is recognised that, as safeguarding is a shared responsibility at multi agency level, so it is within school.  The DSL's will share decisions with the Senior Leadership Team. If the DSL's are not available then a member of the SLT should be consulted about any concern.  In the unlikely event of the SLT being unavailable or if a course of action is unclear then the MASH Team/ Children's Services Front Door Team should be contacted on 01744 676600  safeguardingunit@sthelens.gov.uk

**The Role of the Governing Body**

The Governing Body are aware of their role in overseeing the school's arrangement for safeguarding. They are aware of the expectations for them to remedy any deficiencies in safeguarding systems without delay. They will review all safeguarding structures annually.

The Governing Body must ensure that school has policies and procedures in place that take account of any statutory guidance issued by the secretary of state including any LA guidance and LSCB procedures.

The Governing Body must organise their strategic and monitoring functions for the school. They must ensure they have the knowledge and information to perform the functions and understand their responsibilities.

The Governing Body will nominate a named Governor to support the safeguarding systems at Allanson Street Primary School.

**The Role of the named Governor**

The named Governor will:

- Support the school in promoting Every Child Matters
- Support the school in safeguarding children
- Support the staff in ensuring child safety
- Foster links between the Governing Body and the school
- Support the Governing Body in carrying out its statutory duties

The above will be met through:

- Discussions with staff and governors about how the school delivers the Every Child Matters agenda through curricular and extra curricular activities, school policies and procedures. Such developments are included in the termly head teacher's report.

- Attending safeguarding training led by the school and external agencies (training in safeguarding is held every two years by the school)

- Liaising with the named member of staff in school on a regular and providing feedback from such meetings for all Governors.

- Receiving, and feeding back on, monitoring reports from the Designated Safeguarding Lead, detailing the number and type of incidents recorded in school

- Ensuring the Safeguarding Policy is reviewed and monitored annually

- Ensuring that staff and Governors receive relevant training

- Ensuring sufficient time and resources are allocated to allow the DSLs to fulfil their responsibilities

- Reporting back to the relevant committee or the Governing Body as and when appropriate

- Awareness of the importance of confidentiality

Governors will not investigate concerns and allegations, ask for information about individual children or cases, act independently or create unnecessary work for staff.

## 6. **PROCEDURES**
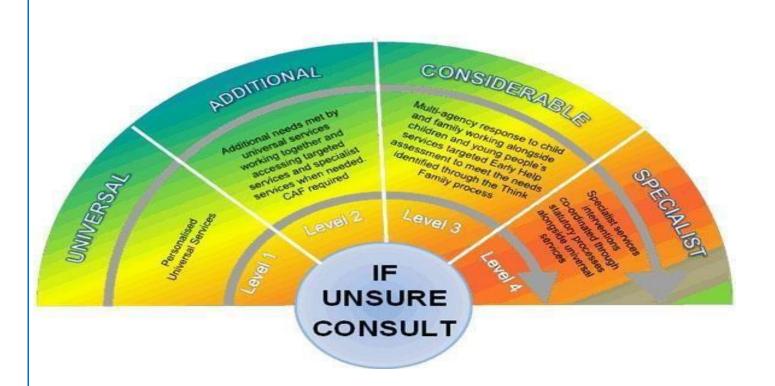
Early Help

Allanson Street recognises that early intervention can have a positive impact for our families and can prevent children from significant harm. Therefore, Allanson Street promotes an Early Help Offer which is a graduated structure aimed at providing support at the appropriate and earliest level. This is in accordance with St. Helens Borough Council's Family Support Model.

> *All school and college staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage*
> *Keeping Children Safe in Education September 2019 Pg. 5*

| Level of Need | Intervention | Agencies who may be involved |
|---|---|---|
| Level 1<br>Children and young people who are achieving each of the 5 outcomes. | Whole school initiatives<br>Informal contact with children, parents and carers to resolve low level issues. | The child and their family<br>School staff |
| Level 2<br>Children and young people who may need extra support in order to achieve the 5 outcomes. | School Support Meetings<br>Informal meetings with parents and carers to resolve low level issues. These may require a referral to an additional agency and will be reviewed. | The child and their family<br><br>School staff<br><br>Possible involvement of an external agency. |
| Level 3<br>Children and young people who have complex needs and who may require co-ordinated support in order to achieve the 5 outcomes. | Common Assessment Form (CAF) A document completed by the family with support from the lead professional. The CAF document brings together all agencies involved with a family to ensure that everyone is working together and information is shared. The CAF would then be taken to a Service Allocation Meeting (SAM) to ensure that the appropriate support is being given. Parents and Carers or the child where appropriate, must consent to this document.<br><br>Family Support Meetings<br>A Family Support Plan is put into place for families with complex needs. This may be required as earlier forms of intervention have not been effective. Family Support Plans, similarly to a CAF, look to bring agencies and families together in order to put in place the best package of support. Parents and Carers or the child where appropriate, must consent to this document. | The child and their family<br><br>School staff<br><br>Multiple external agencies including Health, Family Support Workers, CAMHS, housing, GP, dentist.<br>This also extends to more targeted services such as counselling services, NSPCC or agencies associated with a particular condition.<br>In some cases Social Care will be invited to Family Support Meetings. |
| Level 4<br>Children and young people who will not achieve the five outcomes without intensive support. | Child in Need<br>These are meetings for families who require intensive support in order for the child to achieve their 5 outcomes. These meetings are led by Social Care and all agencies involved will be invited along with parents and carers. These meetings are statutory and therefore do not require parental consent.<br><br>Child Protection<br>These are meetings for families whose children are at risk of significant harm. These meetings are led by an intendant chair and all agencies involved will be invited along with social care, parents and carers. These meetings will be reviewed every 6 weeks during core group meetings and every 6 months for review child protection conferences. These meetings are statutory and therefore do not require parental consent. | The child (where appropriate) and their family<br><br>School staff<br><br>Multiple external agencies including Health, Family Support Workers, CAMHS, housing, GP, dentist.<br>This also extends to more targeted services such as counselling services, NSPCC or agencies associated with a particular condition.<br>Social Care would always attend Child in Need and Child Protection conferences. |

**Safeguarding Concern**

If it is believed that a child is suffering from, or is at risk of, significant harm, we will follow the procedures set out in the LSCB procedure. The safeguarding procedure is illustrated in a flow chart- **see appendix 3**. These, and the continuum of children's needs, are also displayed in the staff room, the Head Teacher's office and the notice board.

School recognises that it is good practice to inform parents of its decision to refer to social services as the referral is made, as relationships of mutual trust are part of the school ethos.

However, parents may not be contacted if:

i        Informing the parents may put the child at risk of serious harm, or,

ii       Informing the parents may jeopardise any CYPS/ Police enquiry or attempt to protect the child.

The reason for the decision will be clearly recorded.

**7.       INFORMATION SHARING**

Our school recognises that information sharing is key to the government's goal of delivering better, more efficient services that are coordinated around the needs of the individual. We are aware that it is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection.

There are seven golden rules for information sharing observed at Allanson Street Primary School*:*

1.       It should be remembered the Data Protection act is not a barrier to sharing information but provide a framework to ensure that personal information about living persons is shared

appropriately.

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

3.  We will seek advice if we are in any doubt, without disclosing the identity of the person where possible.

4.  We will seek consent before sharing information where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. We will share information without consent if, in our judgement, a lack of consent can be overridden in the public interest. We will base our judgements on the facts of the case and will record our rationale for such decisions clearly.

5.  We will base our information sharing decisions on considerations of the safety and well being of the person and others who may be affected by their actions.

6.  We will ensure that the information that is shared is necessary for the purpose for which it is being shared, and only shared with those people who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely.

7.  We will keep records of all our decisions and the reasons for it, whether it is to share information or not. If we decide to share information, a record of what was shared, with whom and for what purpose will also be recorded.

See **Appendix 2** Key questions for information sharing.

## 8.  **TRAINING AND SUPPORT**

**8.1**  Our school will ensure that the Head Teacher, the Senior Designated Person and the governing body attend training relevant to their role.

This will include training in procedures to follow, signs to note and appropriate record keeping.

Allanson Street Primary School recognises that it is extremely important that all staff, whether paid or unpaid, have access to appropriate training in order that they are able to react appropriately if an incident should occur.

Ongoing training will be available at least every two years for all staff, but every three years for designated staff. The demands and difficulties associated with working in this very sensitive area is not ignored, and staff receive training and appropriate support to help them to safeguard and promote the welfare of the children and young people with whom they work.

All staff are trained to recognise and respond to situations where a child may be considered to be at risk.  The Head Teacher and Safeguarding Lead are the nominated staff who are on the Senior Leadership Team and who are responsible for the implementation of appropriate procedures. They are part of the network co-ordinated by CYPS Child Protection Services.  These staff members have

appropriate time and resources made available to them to enable them to fulfil their duties in this very sensitive area.

Staff will be informed of any changes to current safeguarding issues through staff meetings. Any new governors to the school will automatically be asked to complete training in safeguarding as part of their induction to the role.

The Local Safeguarding Childrens Board provides an Annual Training Programme and Calendar. https://sthelenssafeguarding.org.uk/scp/scp/workforce/useful-documents

**8.2**   Allanson Street Primary School recognises the need to keep parents informed of Safeguarding Policies and Procedures. The school Safeguarding Policy is shared with all parents and is available on the school website.

**9.**   **PROFESSIONAL CONFIDENTIALITY**

**9.1**   Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of safeguarding. The only purpose of breaching confidentiality is to benefit the child. If this needs to happen to safeguard a child they will always be told that their information is being shared.

Confidentiality is respected through:

1.   The storage of child protection records in a lockable filing cabinet and on CPOMS

2.   Ensuring information exchanged between professionals in school/ other agencies is kept between those directly involved with the child / family

3.   Ensuring that if a child transfers school, confidential records will be passed on. In the event of the new school not being known, child protection case conference records will be returned to the Children's Safeguarding Unit in St Helens

It must be remembered however that the child's welfare is paramount and takes precedence over all other considerations.  If a child is deemed to be at risk of significant harm, then referrals to CYPS must be made.  In the case of disclosure of abuse, staff are advised never to promise a child that they will keep it a secret as this may well inhibit action being taken which would be in the child's best interest.

Professionals can only work together to safeguard children if there is an exchange of relevant information between them.  This has been recognised in principle by the courts.  Any disclosure of personal information to others, must always however, have regard to both common and statute law.

Normally, personal information should only be disclosed to third parties with the consent of the subject of that information (Data Protection Act 1998, European Convention on Human Rights, article 8).  Wherever possible, consent should be obtained before sharing personal information with third parties.  In some circumstances, obtaining consent may not be possible or in the best interest of the child.  The safety and welfare of that child necessitates that the information necessary to safeguard a child or children.  Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt.

10. **RECORDS AND MONITORING**

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concerns held about a child or children within our school, the status of such records and when these records should be passed over to other agencies.

All staff complete safety welfare concerns via CPOMS.

Front Door/ MASH Team referral forms are stored on the server. **Appendix 5**

The safeguarding records cabinet is locked and only the Designated Teacher and Headteacher are aware of the location of the key.

Children about whom there are concerns are recorded via CPOMS and a register of Early Help, Child Protection and LAC are updated as and when changes occur.

Any staff working with or alongside a child may share concerns via CPOMS with the DSP or any other relevant staff member in school.

When there is a sufficient concern, evidenced by records kept on CPOMS , a referral may be made.

If a child transfers or leaves school, the school should seek to engage with an identified member of staff, with whom concerns may be shared. Child Protection information must be sent to new school whilst the child is still under 18. Where a child is removed from roll to be educated at home, the file should be copied to the Local Education Authority.

A notification form should be forwarded to the Safeguarding Children Unit.

11. **SINGLE CENTRAL RECORD**

Holding a single central record is a statutory requirement. This record includes all staff, supply staff and regular visiting staff such as peripatetic teachers.

The record is in tabular form and includes

Names and addresses and dates of birth

Evidence of an identity check

Evidence that all teachers have been checked against list 99

Evidence that all staff employed since March 2002, who have regular contact with children, have an enhanced DBS check

Evidence that staff appointed since May 2006 have an enhanced DBS check

Evidence of a prohibition from teaching check

Evidence that supply teachers who work at the school regularly have been checked against list 99 and have a recent enhanced DBS check

Evidence that Governors have DBS checks

The dates checks were carried out

Evidence that all teachers have qualified teacher status

Evidence of a check to establish the person's right to work in the United Kingdom.

Evidence of further checks on people who have lived or worked outside the UK this would include recording checks for those European Economic Area (EEA) teacher sanctions and restrictions described in paragraph

Evidence of professional qualifications, where required

Volunteers in school are recruited in line with the Volunteer Policy.

**12      ATTENDANCE AT CHILD PROTECTION MEETINGS**

Case conferences are important meetings when professionals meet to share information formally. Professionals engaged with the family are invited as are the family. The chair of conference extends an invitation to conference to the school.  The DSL would attend this meeting and would provide a written report detailing their:

- Involvement with the child and family
- Knowledge of the child's development needs
- Assessment of the capability of the parents to meet the needs of their child within their family and environmental context.

All reports should distinguish between fact, observation, allegation and opinion. When information is provided from another source it should be made clear.

Where meetings are being held to make decisions about more than one child in a family there should be a report prepared on each child.

A standardised report has to be submitted to the safeguarding unit and also has to be shared with the family 3 days prior to conference - **See appendix 4**

**13.      SUPPORTING PUPILS AT RISK**

Our school recognises that children who are abused or who witness violence may find it difficult to develop a sense of self worth and to view the world in a positive way. This school may be the only stable, secure and predictable element in the lives of children at risk.  While at school, their behaviour may still be challenging and defiant and there may even be moves to consider fixed term or permanent exclusion.

It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

The school will endeavour to support pupils through.

- Behaviour Management Policy
- Anti-Bullying and Anti Harassment
- Care and Control Policy
- Special Education Needs
- Health and Safety
- Sex and Relationships Education
- Referral to Pastoral Manager or Pupil Mentor
- Referral to other agencies. (i.e., CAMHS, BIT, Young Carers)

## Vulnerability

NSPCC 'We have the right to be safe: Protecting disabled children from abuse'- Report saved on the school server.

We recognise that, statistically, children with behavioural difficulties and disabilities can be most vulnerable to abuse.

Disabled children are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children (Sullivan, Vernon and Scanlan 1987; Cross et al. 1993; Sullivan and Knutson 2000; Kvam 2004; Spencer et al. 2005); Jones et al.2012.

The following are things to be mindful of:

- Children with disability might lack a good understanding of social relationships, personal boundaries, protective behaviours, sexual awareness, and what abuse is.
- Children with a physical disability might be more vulnerable to neglect or to rough and intrusive personal care. They may also be physically unable to resist or avoid abuse.
- If communication is difficult, children with disability find it hard to let someone know that abuse is occurring.
- Children with behavioural issues are more likely to be dealt with in a forceful or restrictive way, and indicators of abuse might be wrongly attributed to the behavioural issue.
- Children with disability might be more dependent on others to have their needs met and care may be provided by someone other than a parent or primary carer.
- Greater structure and protection of children with disability can teach them to be more compliant with adult demands.
- Children might accept abusive treatment if they have low understanding, self-esteem or a low perception of their abilities.
- Children with disability and their families can at times be more socially isolated.

School staff who work, in any capacity, with children with profound and multiple disabilities, sensory impairment and/or emotional and behaviour problems will need to be particularly sensitive to signs of abuse.  It must also be stressed that in a home environment where there is domestic violence, drug or alcohol abuse, mental health issues, children may also be vulnerable and in need of support or protection.

The Safeguarding Policy should be read in conjunction with other related policies in school as well as reference documents –

| Policy | Location on server |
|---|---|
| Accident and Illness | Policies/Children and Families/Safeguarding |
| Medical Needs | Policies/Children and Families/Safeguarding |
| Missing Child | Policies/Children and Families/Safeguarding |
| Uncollected Child | Policies/Children and Families/Safeguarding |
| Prevent | Policies/Children and Families/Prevent Duty |
| Attendance | Policies/Children and Families/Behavior and Attendance |
| Anti-bullying | Policies/Children and Families/Behaviour and Attendance |
| Behaviour | Policies/Children and Families/Behaviour and Attendance |
| Care & Control | Policies/Children and Families/Behaviour and Attendance |
| Exclusions | Policies/Children and Families/Behaviour and Attendance |
| Code of Conduct | Policies/Human Resources |
| Bullying and Harassment | Policies/Human Resources |
| Confidential Reporting (Whistleblowing) | Policies/Human Resources |
| Recruitment, Selection & Appointment | Policies/Human Resources |
| Volunteer | Policies/Human Resources |
| Acceptable User | Policies/School Management and Premises/E safety |
| CCTV | Policies/School Management and Premises/Health & Safety |
| Data Protection | Policies/School Management and Premises/Data Protection |
| Drug | Policies/School Management and Premises/Health & Safety |
| E Safety | Policies/School Management and Premises/E Safety |
| First Aid | Policies/School Management and Premises/Health & Safety |
| Acceptable Usage of Data | Policies/School Management and Premises/Data Protection |
| Health & Safety | Policies/School Management and Premises/Health & Safety |
| PSHE | Policies/Curriculum |
| SRE | Policies/Curriculum |
| | |

| Reference Document | Location on Server |
|---|---|
| Allegations Against Staff (LSCB) | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Keeping Children Safe in Education (DFE) 2020 | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Safer Working Practices (School) | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| What to do if you are worried a child is being abused (HM Government)) | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Working Together to Safeguard Children | Policies/Children and Families/Safeguarding/Reference |

| (DFE) 2018 | Documents/Safeguarding |
|---|---|
| Disqualification Under the Childcare Act (DFE) | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Information Sharing (HM Government) | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| FGM Flowchart (DFE) | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| FGM Commissioning Services (DFE) | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Supporting Pupils at School with Medical Conditions (DFE) | Policies/Children and Families/Safeguarding/Reference Documents/Accident and Illness |
| Use of Salbutamol Inhalers (Department for Health) | Policies/Children and Families/Safeguarding/Reference Documents/Accident and Illness |
| Guidance on First Aid for Schools (DFE) | Policies/Children and Families/Safeguarding/Reference Documents/Accident and Illness |
| Prevent Duty Schools (DFE) | Policies/Children and Families/Prevent Duty/Reference Documents |
| School Attendance (DFE) | Policies/Children and Families/Behaviour and Attendance/Reference Documents |
| Use of Reasonable Force (DFE) | Policies/Children and Families/Behaviour and Attendance/Reference Documents |
| NSPCC Model safeguarding policy | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| NSPCC Briefing/Updates – Keeping Children Safe in Education 2018 | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| NSPCC Managing Harmful Sexual Behaviour | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Guidance Coronavirus (COVID-19): safeguarding in schools, colleges and other providers | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Guidance for full opening: schools Updated 1 October 2020 | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| NSPCC We have the right to be safe': Protecting disabled children from abuse | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |
| Safeguarding training for induction of Staff | Policies/Children and Families/Safeguarding/Reference Documents/Safeguarding |

It is also important that Safeguarding is referenced across the curriculum to ensure risk assessment and safeguarding is embedded throughout all teaching and activities.

All of the above policies and reference documents are available to view on Teacher Share. Staff are notified of any reviews and subsequent changes to policy. All policies are available to view by parents.

Students on placement in school are required to read and sign to confirm that they too understand such procedures.

Volunteers, extra curricular club leaders are required to sign a school partnership agreement, which refers to Safeguarding procedures.

14. **PROCEDURES TO FOLLOW IF A MEMBER OF STAFF IS CONCERNED ABOUT THE WELFARE OR SAFETY OF A CHILD**

This is in the form of simple flow chart or step-by-step instruction and is written for anyone who works in the school who may have contact with children. (**See appendix 3**.)

It is displayed in the staff room, general office and Head Teachers room.

This details who the concern should be reported to, who should be contacted if this person is not available.

15. **PROCEDURES TO FOLLOW WHEN THE DESIGNATED SAFEGUARDING PERSON IS NOTIFIED OF THE CONCERN ABOUT THE WELFARE OR SAFETY OF A CHILD**

This flowchart outlines the procedures to be followed by the DSL when Safeguarding concerns are brought to their attention. *This is displayed in, the Head teacher's office and staff room.*

16. **PROCEDURES TO FOLLOW IF AN ALLEGATION IS MADE AGAINST A MEMBER OF STAFF**

Such allegations should be reported to the DSL or in her absence the Deputy DSL – Head Teacher, who will follow recommendations by the LSCB –Procedure for Managing Allegations Against Staff. If the allegation is against the Head Teacher or DSL then the member of staff should inform the DSL or Head Teacher.

Each member of staff has a copy of the Procedure for Managing Allegations Against People Who Work With Children and Young People and some suggestions to help professionals understand the types of allegations that may be dealt with under these procedures (See Local Safeguarding Childrens Board website).

16.1 **Role of the LADO**

The LADO works within Children's Safeguarding Unit and should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child

- possibly committed a criminal offence against children, or related to a child

- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

The LADO role applies to paid, unpaid, volunteer, casual, agency and self-employed workers. They capture concerns, allegations or offences emanating from outside of work. The LADO is involved from the initial phase of the allegation through to the conclusion of the case.

They will provide advice, guidance and help to determine whether the allegation sits within the scope of the procedures.

The LADO helps co-ordinate information sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible.

17.   **PROCEDURE TO FOLLOW IF THERE IS A CONCERN THAT PROFESSIONALS ARE NOT WORKING WELL TOGETHER**

**(See the Local Safeguarding Childrens Board website, for the complete Escalation      Procedure Document -)**   https://sthelenssafeguarding.org.uk/scp/scp/workforce/useful-documents

If there is a concern that agencies are not working well together and as a result the child is not making good enough progress and is at risk, then the following procedures should be followed.

In most cases the lead professional should be the first contact-if that is not resolved then contact their manager

In cases involving social care, initial discussion should be with the social worker and followed in writing with a copy being sent to the respective team manager and the LSCB Business Manager.  If this does not resolve the problem then the team manager should be contacted by telephone and in writing.

If the issue remains unresolved the operational manager should be contacted. If the issue remains a concern the services manager should be contacted. Once a case has been escalated the respective social worker and/or manager should provide a written reply within seven working days to the professional who has initiated the procedure. A copy of all correspondence and outcomes should be sent to the Safeguarding Service Manager.

18.   **MONITORING AND EVALUATION OF SAFEGUARDING AT ALLANSON STREET PRIMARY SCHOOL**

All vulnerable children are identified on a matrix of vulnerability which numerically indexes according to needs. Those requiring specific academic support/intervention are identified on an intervention map. Both the intervention map and matrix of vulnerability are reviewed termly and the impact of interventions/support monitored. Impact of safeguarding procedures, curriculum and pastoral support is measured through the use of surveys, which are completed, by children, stakeholders and parents on an annual basis. Strengths and areas for future action are identified. Results are shared with staff, children, parents and governors.

The school site is fitted with a number of CCTV cameras. The purpose of the surveillance camera system at Allanson Street Primary School and the Thompson Centre is to ensure the safety of pupils, staff, parents and other service users and for the prevention of crime. If any safeguarding concerns arise, the recorded images may be accessed by the named system users in line with the agreed CCTV policy.

This Safeguarding Policy and associated procedures takes account of the General Data Protection Requirements (GDPR).  All personal data is handled in line with the policy for Acceptable Usage of Data by Staff and Volunteers.

**Whole-School Policy on Safeguarding Children**

    **A.   Named staff/personnel with designated responsibility for Safeguarding**

      **Acting Headteacher and Deputy DSL:  Mrs Lynsey Dingsdale**

      **DSL and Acting Deputy Headteacher -: Mrs Claire Range**

      **Nominated Governor: Mrs Janet Yates**

**B.     Review dates for this Policy**

| Review Date | Changes made | By whom |
|---|---|---|
| **May 2013** | **Full adoption of the St Helens model policy recommended to Governors.** | **P Farnell – Head Teacher Deputy DSL** |
| **March 2015** | | **Achievement and Standards Committee** |
| **March 2016** | | **Achievement and Standards Committee** |
| **June 2017** | **Full review of Safeguarding Children policy by DSL and Lead Safeguarding Governor Including:**<br>• **Legislation updated**<br>• **Policies checked and list of related policies updated**<br>• **School paperwork included in the appendix**<br><br>**Policy updated to reflect new Working Together Sep 2015 as well as changes to training expectations** | **Claire Range DSL and Lead Safeguarding Governor Janet Yates**<br>**(to go to Achievement and Standards committee 27.6.17 for approval)** |
| **June 2018** | | **DSL Claire Range and Deputy DSL Patricia Farnell Achievement and Standards Committee** |

| June 2019 | Policy updated to reflect new recording system – CPOMS.

Updates also to terminology of first response team – Now known as The Front Door Team at St Helens Social Care | DSL Claire Range and Deputy DSL Patricia Farnell

Business Manager Jayne Hurst– Single Central Record Review
Achievement and Standards Committee |
|---|---|---|
| October 2020 | Policy updated to include COVID-19 addendum

Guidance for full opening: schools
Updated 1 October 2020

Keeping Children Safe in Education (DFE) 2020

NSPCC We have the right to be safe'
Protecting disabled children from abuse

Categories of abuse outlined and a detailed appendix attached

Early Help Agenda | DSL – Claire Range |
| | | |

**Appendix 1**

**Categories and Definitions of Abuse**

**Physical Abuse**
Physical abuse is deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts.
Types of physical abuse include:

- Hitting or smacking
- Shaking
- Throwing
- Poisoning
- Burning and scalding
- Drowning
- Suffocating
- Fabricating or Inducing Symptoms of illness in a child
- Any other way of causing physical harm.

**Emotional Abuse**
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on their emotional development. This may involve:

- Conveying they are worthless, unloved, inadequate or only valued insofar as they meet the needs of another person.
- Not giving a child opportunity to express their views, 'making fun' of what they say or how they communicate.
- Inappropriate expectations for their age or development – including overprotection.
- Seeing or hearing the ill treatment of other such as domestic violence or abuse.
- Serious bullying and causing the child to feel frightened or in danger.
- Exploitation or corruption of children.
- All types of ill-treatment of a child. Even if a child is subject to another abuse from another category, they will still experience a level of emotional abuse.

**Neglect**
Neglect is the persistent failure to meet a child's basic physical, developmental and/or psychological needs, likely to result in the serious impairment of a child's health or development. This can also occur during pregnancy as a result of parental substance misuse. This includes when a parent or carer fails to provide:

- Adequate food clothing or shelter (including exclusion from home and abandonment).

- Protection from physical and emotional harm and danger.

- Ensure adequate supervision.

- Access to appropriate medical care or treatment.

- Meeting the child's basic emotional needs.

**Sexual Abuse**

Sexual abuse is 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. This includes:

- Physical contact including penetrative and non-penetrative acts.
- Involving children looking at or in the production of sexual images.
- Watching sexual activities
- Encouraging children to behave in sexually inappropriate ways
- Grooming a child in preparation for abuse.

**Female Genital Mutilation or FGM**

Female Genital Mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It occurs mainly in Africa and to a lesser extent, in the Middle East and Asia; however, children living in the United Kingdom are still at risk of this form of abuse. Although it is believed by many to be a religious issue, it is in fact a cultural practice. There are no health benefits to Female Genital Mutilation. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eitrea, Yemen, Indonesia and Afghanistan. In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first-generation immigrants, refugees and asylum seekers.

**Key Points:**
- It is NOT a religious practice.
- Occurs mostly to girls aged 5-8 years old; but up to around 15.
- It has been a criminal offence in the United Kingdom since1985.
- Offence since 2003 to take girls abroad o Criminal penalties include up to 14 years in prison.

Reasons for this cultural practice include:
- Cultural identity – an initiation into womanhood.
- Gender identity – moving from a girl to a woman – enhancing femininity
- Sexual control – reduce the woman's desire for sex

- Hygiene/cleanliness – unmutilated women are regarded as unclean.

**Risk Factors include:**
- Low level integration into UK society
- Mother or sister who has undergone FGM
- Girls who are withdrawn from PSHE
- A visiting female elder from the country of origin
- o Being taken on a long holiday to the family's country of origin
- Talk about a 'special' event or procedure to 'become a woman' High Risk Time

This procedure often takes place in the summer, as the recovery period for FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school or where the family request an 'authorised absence' for just before or just after the summer school holidays.

Although it is difficult to identify girls before FGM takes place, where girls from these high-risk groups return from  long periods of absence with symptoms of FGM, advice should be sought from the police or social services. It is a mandatory reporting duty under section5B of the Female Genital Mutilation Act 2003(as inserted section 74 of the Serious Crime Act 2015) there is a statutory duty upon school staff to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM has been carried out on a girl under 18.

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

Longer term problems include:
- Difficulties urinating or incontinence
- Frequent or chronic vaginal, pelvic or urinary infections
- Menstrual problems
- Kidney damage and possible failure
- Cysts and abscesses to pain when having sex

- Infertility
- Complications during pregnancy and childbirth
- Emotional and mental health problems

**Forced Marriage**

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

A forced marriage is when one or both parties do not consent to the marriage, and people are forced into marriage against their will. Forced marriage is an abuse of human rights. Both physical and emotional abuse may be used to coerce people into the marriage.

In law both parties to a marriage must validly consent to the marriage, the minimum age a person is able to consent to a marriage is 16. A Force Marriage Protection Order can be obtained from a Family Court in order to protect victim, both adults and children from a potential forced marriage or people who are already in a forced marriage.

Potential warning signs or indicators that a child is at risk of Forced Marriage

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

Allanson Street acknowledges that persistent absence from school or requests for leave of absence can be an indicator of a potential safeguarding risk. The issues surrounding Forced Marriage link directly to the school attendance policy; any absences from school will be followed up in accordance with this policy. This is to ensure that we make every effort to know a child's whereabouts and make sure they are safe to the best of our ability.

What to do if you have a concern regarding Forced Marriage?

Forced Marriage is an offence and if this is happening to a child under the age of 18 it is considered to be child abuse. If you suspect that a child or young person is being forced to marry then you must share your

concerns with the Designated Senior Lead (DSL) who will make appropriate contact with Children's Social Care or the Police.

The Forced Marriage unit can be contacted for advice and help in making the referral. Telephone **020 70080151**

**Radicalisation and Extremism**

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

Extremism is defined by the Government in the Prevent Strategy (2010)as:

Vocal or active opposition to fundamental British Values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- • Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;

- • Seek to provoke others to terrorist acts;

- • Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or • Foster hatred which might lead to inter-community violence in the UK

**Indicators of vulnerability include:**

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

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

Allanson Street work reflects the government **PREVENT** strategy (July 2015) in their approach to radicalisation and extremism. Staff are required to read elements of the prevent strategy relating to school and education. Any concerns regarding radicalisation or extremism in children and young people should be passed onto the school's single point of contact or SPOC.
The SPOC will then refer on to the local PREVENT officer, Children's Social Care and/or the

Police. The PREVENT single point of contact (SPOC) in school is the Designated Senior Lead and

Deputy Lead **Claire Range and Lynsey Dingsdale**

The PREVENT officer for St. Helens is **John Danher. Tel 0151 777 8383.**

**Child Sexual Exploitation**

Child Sexual Exploitation is sexual exploitation of children and young people under 18. It involves 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 activates. 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.

Warning Signs and Symptoms of Child Sexual Exploitation

- Can be difficult to identify and can be mistaken for 'normal' teenage behaviour
- Be involved in abusive relationships
- Hang out with groups of older people, anti-social groups or with other vulnerable peers
- Associates with other young people involved in sexual exploitation
- Get involved in gangs, gang fights, gang memberships
- 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
- Go missing from home, care or education
- Have expensive items such as mobile phones that they can't or won't explain.
- Be very secretive about what they are doing online
- Have access to drugs or alcohol.

How do we manage suspected cases of Child Sexual Exploitation?
Allanson Street will respond to suspected cases of Child Sexual Exploitation in relation to St. Helens safeguarding procedures.

St. Helens Safeguarding Children's Board has its own subgroup dedicated to CSE known as Multi Agency Child Sexual Exploitation group(MACSE)

If a child or young person is at risk or suspected of being sexually exploited, concerns should be passed on to the Designated Senior Lead **Mrs C Range or Mrs L Dingsdale** immediately. The child or young person will then be referred onto the Police and contact may also be made with Children's Social Care.

Referral forms can be found on St. Helens Safeguarding Children's Board website within the Merseyside Multi Agency Protocol Child Sexual Exploitation or a copy can be requested from the Designated Senior Lead within School.

**Private Fostering**
Private Fostering is where a child under the age of 16 (or 18 if they have a disability) goes to live with someone who is not a close relative for 28 days or more. It is a private agreement between a parent and another adult.

A close relative includes a parent, step-parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage). Private foster carers may be from the extended family such as a cousin or great aunt, a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family.

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

Education and other professionals have a duty to notify the Local Authority and Children's social care when they believe there is a private fostering arrangement and they are not satisfied that the Local Authority has been or will be notified by the parent or carer.
Private Foster carers also have a responsibility to notify the Local Authority.

If a member of staff or any individual believes that a child is being privately fostered, they should contact Children's Social Care or inform the Designate Senior Lead who will make the referral.

**Whistleblowing**
**If you're a professional with concerns over how child protection issues are being handled in our school or another organisation, you can talk to us anonymously too:**


The NSPCC Whistleblowing Advice Line
I'm worried malpractice at work is affecting children.

The Whistleblowing Advice Line offers free advice and support to professionals with concerns about how child protection issues are being handled in their own or another organisation.


**Peer on Peer Abuse More information.**

In cases where peer on peer abuse is identified we will follow our child protection procedures, recognising that both the victim and perpetrator will require support.

We recognise that peer on peer abuse can manifest itself in many ways such as:

- Child Sexual Exploitation
- Sexting or youth produced digital imagery
- Bullying
- Radicalisation
- Abuse in intimate relationships
- Children who display sexually harmful behaviour
- Gang association and serious violence
- Technology can be used by for bullying and other abusive behaviour
- Child on child sexual violence and sexual harassment.
- Up skirting

There are a number of factors that make children more vulnerable to peer on peer abuse: experience of abuse within their family; living with domestic violence young people in care; children who go missing; children with additional needs (SEN and/or disabilities).

Research tells is us girls are more frequently identified as being abused by their peers, girls are more likely to experience unwanted sexual touching in schools. Boys are less likely to report intimate relationship abuse. Boys report high levels of victimisation in areas where they are affected by gangs. There is an increasing evidence base emerging on the sexual exploitation of boys (both by adults and peers). We recognise that both boys and girls experience peer on peer abuse but they do so in gendered ways.

**Sexting**

The school recognises that 'sexting' is a growing concern amongst professionals and parents as it can expose children to risks, particularly if the imagery is shared further. It can lead to embarrassment, bullying and increased vulnerability to sexual exploitation. Producing and sharing images of under-18's is also illegal.

There is no clear definition of what is 'sexting' and indeed many professionals, young people and parents have different interpretations ranging from sending flirty messages to sending nude or semi-nude photographs via mobiles or over the internet.

This guidance is based on the UKCCIS Sexting in Schools and Colleges guidance 2018. The full guidance is located at UKCCIS 2018 Guidance. This guidance covers:

• A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18

• A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult

• A person under the age of 18 is in possession of sexual imagery created by another person under the

age of 18 It does not cover:

• The sharing of sexual imagery of people under 18 by adults as this constitutes child sexual abuse and schools should always inform the police and CSC.

• Young people under the age of 18 sharing adult pornography or exchanging sexual texts which don't contain
imagery.

The term youth produced sexual imagery has been adopted to provide some clarity and to distinguish it from imagery where there are adults involved in some manner.

The purpose of this guidance is to make expectations clear to pupils and their parents and carers as well as to be clear to staff about the school's policy and procedure in responding to incidents.

This policy forms part of our school's safeguarding arrangements and our response to concerns about 'sexting' will be guided by the principle of proportionality and our primary concern at all times is the welfare and protection of the children and young people involved.

The school recognises that it is an offence under the Sexual Offences Act 2003 to possess, distribute, show and make indecent images of children (a child being under 18 year) but it does not define what is indecent.

However, the police accept that the law which criminalised indecent images of children was created before the technological advances of today and it originally sought to protect children from adults. It was not intended to criminalise children. Despite this, children who share sexual imagery of themselves or peers are breaking the law and therefore we will seek to manage this type of case appropriately.

All professionals including the National Police Chiefs Council agree that incidents involving youth produced imagery should primarily be treated as a safeguarding issue. It is agreed that we should not unnecessarily criminalise children as the consequence of this can be significant in terms of their life chances in adulthood. Where children do share images, it is often as a result of natural curiosity and exploring relationships and in the context of the digital world we live in. The school is therefore empowered to deal with the majority of these incidents without involving the police.

**Up skirting**
The school recognises that up skirting is a growing concern amongst professionals and parents and it can expose children to risks. Definition of Up skirting: Up skirting is typically when a photograph is taken under a persons clothing without them knowing, for sexual gratification or to cause the victim humiliation, distress or harm.

Victims will be re-assured and taken seriously and supported and kept safe. The referral process will take place as set out in paragraph 36 in Part one of the KCSE. If staff are in any doubt they would speak to the DSL or Deputy DSL

The school may become aware of the issue in a variety of ways i.e. from the child direct, a friend of parent or a member of staff. We recognise that the child is likely to be very embarrassed and worried about what might happen. We also recognise the pressure that is on a child can be under to take part in sharing such imagery but we will reassure them they are not on their own and will help and support them. We will also help them to understand what has happened and the context for the concerns. We will also discuss issues of consent and trust within healthy relationships. All incidents will be followed in line with our safeguarding and child protection policy. Where an incident comes to our attention:

- The incident will be reported to the Designated Safeguarding Lead (DSL) as soon as possible.
- An initial meeting with the appropriate school staff will be held to:
- Establish if there is immediate risk & what further information is needed, whether or not the imagery has been shared
- Consider facts about the children involved which could influence a risk assessment.
- A meeting with the young person will be held (if appropriate)
- Parents will generally be informed at an early stage

An immediate referral to children's social care and/or the police should be made if at the initial stage:

- The incident involves an adult
- The child has been coerced, blackmailed or groomed or if there are concerns about capacity to consent
- If the sexual acts are unusual for the developmental age or violent
- Children under 13 years are involved
- The child is at immediate risk e.g. suicidal or self-harming

Where the above do not apply then the school will generally deal with this matter without involving the police or children's social care although this will be subject to review.

This decision is made where we are confident that we have sufficient information to assess and manage any risks within our pastoral support and disciplinary framework. The decision will be made by the DSL and others as appropriate and will be recording.

**Serious Violent Crime / County Lines**
Staff have been made aware of indicators which may signal that children are at risk from or involved with serious violent crime. This may be:
- Increased absence from school
- A change in friendships or relationships with older individuals or groups
- A significant decline in performance

- Signs of self-harm

- Significant change in wellbeing

- Signs of assault, or unexplained injures

- Unexplained gifts or new possessions could also indicate that individuals are involved with criminal networks or gangs.

Further advice for schools is provided in the **Home Office's Preventing Youth Violence and Gang Involvement March 2015 Criminal Exploitation of Children and Vulnerable Adult's County Lines Guidance Sept 2018.**
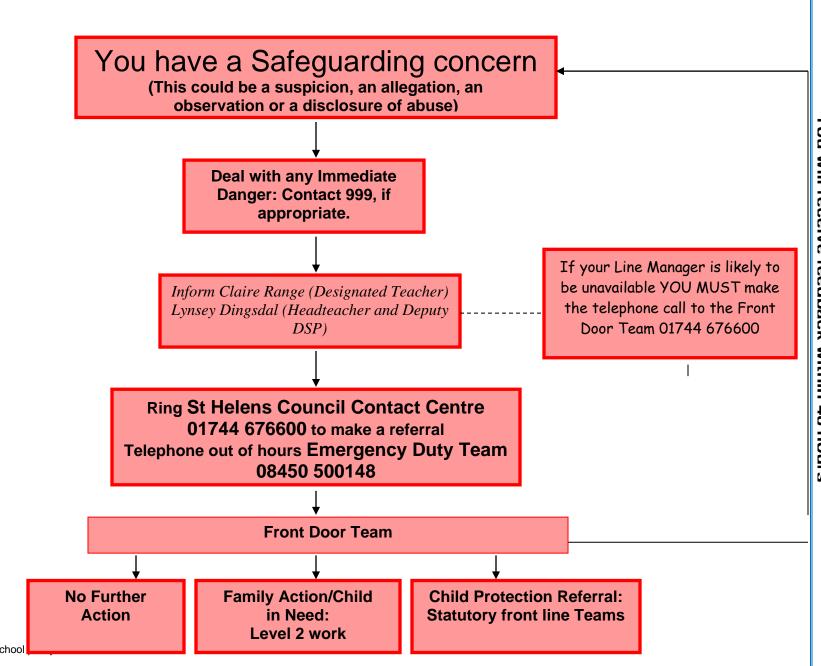
**Key Questions for Information Sharing**

If you are asked, or wish, to share information, you must use your professional judgment to decide whether to share or not and what information it is appropriate to share, unless there is a statutory duty or a Court Order to share.

To inform your decision these seven key questions should aid you in ensuring appropriate information sharing takes place.

1.      Is there a clear and legitimate purpose for you or your agency to share the information?

2.      Does the information enable a living person to be identified?

3.      Is the information confidential?

4.      If the information is confidential, do you have consent to share?

5.      If consent is refused, or there are good reasons not to seek consent to share confidential information, is there a sufficient public interest to share the information?

6.      If the decision is to share, are you sharing information appropriately and securely?

7.      Have you properly recorded your information sharing decision?

**Appendix 3**

**St Helens Multi-Agency LSCB Process for reporting concerns about Children (Under 18)**

You have a Safeguarding concern
**(This could be a suspicion, an allegation, an observation or a disclosure of abuse)**

**Deal with any Immediate Danger: Contact 999, if appropriate.**

*Inform Claire Range (Designated Teacher) Lynsey Dingsdal (Headteacher and Deputy DSP)*

If your Line Manager is likely to be unavailable YOU MUST make the telephone call to the Front Door Team 01744 676600

Ring **St Helens Council Contact Centre 01744 676600** to make a referral
Telephone out of hours **Emergency Duty Team 08450 500148**

**Front Door Team**

**No Further Action**

**Family Action/Child in Need: Level 2 work**

**Child Protection Referral: Statutory front line Teams**

You will receive feedback within 48 hours

**Appendix 4**

## Multi-agency child protection conference report

**Agency & name of professional completing report**:

**Name & DOB of child/young person**:

| |
|---|
| What is your overall agency involvement with the child/young person or parents/carers?<br>*What has been the level of involvement with the family by your agency? This is to include any specific agency risk assessment.* |
| |
| Chronology of significant events.<br>*This is to specifically relate to information which will inform conference. For review conference, updated chronology from the last conference.* |
| |
| What is/was the (initial) reason for the CP conference?<br>*Provide a short overview of the (initial) reason for the conference/plan being requested/implemented. Please note that even if your agency was not involved in the earlier stages of the plan you will need to be able to identify the reasons for the initial plan.* |
| |
| What were the previous actions agreed for your agency to complete at the last FAM/core group/child protection conference?<br>*Detail the action your agency was required to complete with the outcome and if outstanding detail why.* |
| |
| What is the impact on the child as a consequence of the risks?<br>What has your agency done/attempted to do to reduce the risk or actual drift and what impact did/does it have?<br>*Impact may be school attendance and poor levels of attainment, a risk of poisoning as a result of drug use, emotional distress and what it looked like for the child. This requires you to evidence significant harm.*<br>*What impact did you achieve to reduce risk of significant harm? This maybe increased school attendance and progress academically or socially, it maybe that appointments were kept to address a medical condition that if untreated would result in significant lifelong impact home conditions better and therefore sickness reduced.* |
| |
| What are the family strengths/positives?<br>*Strengths could include good school attendance, attending appointments, agency engagement.* |
| |

| |
|---|
| |

| Has your agency attended and contributed to all FAM/core group meetings? |
|---|
| *Have they submitted reports that highlight their level of contact with the family, what they will contribute to the plan, they supported the core group administratively or chaired.* |
| |

| How frequently has your agency had contact with the Child / Parent / Carer? |
|---|
| *Was this in line with what your agency agreed in FAM/core group? Did you complete additional visits due to none engagement with other services.* |
| |

| What do the family and professionals need to do for the risk to reduce and for the CP plan to be removed? |
|---|
| *In respect of the risk you need to be clear about what you think needs to happen to reduce the risk, and what role you have in making this happen. What must the family achieve for removal of the plan so what does this look like in respect of outcomes and impact.* |
| |

| Do you believe that the threshold for a child protection plan is (still) met, please specify the significant harm (still) occurring or the rationale for removing the plan? |
|---|
| |

| View of the child/young person & parents. |
|---|
| *This is to specifically relate to your agency involvement.* |
| |

*One report is to be completed per child.*

*Report is to be shared with parents/carers by the agency completing the report 3 days prior to conference.*

*Date shared with parents/carer: ……………………….*

**Signed:** ………………………………………………. (Keyworker)

………………………………………………. (Line Manager)

**Date:** ……………………………………………………

## St Helens Children and Young Peoples Service Request Form

This form should be used to make a referral to St Helens People Services.

If you have any questions regarding completing the form or would like to discuss your concerns with a member of staff, please contact the **Contact Centre team on 01744 676600**. The Contact Centre Team is available between 9am and 4:30pm (Mon to Thurs) and 9am to 4pm (Fri). *If you send your service request form outside of these hours it may not be read/ actioned by a member of the team until the next working day.*

Out of normal hours (including evening, weekends and bank holidays), please contact the **Emergency Duty Team on 0345 050 0148**.

*Where you believe there is an immediate risk of significant harm please contact the police on 999.*

<span style="color:red">**All sections of this service request form MUST be completed**</span>. *If all sections are not completed the form will be returned to the referrer with the request for additional information to be provided. Note; the contact will not be generated until this information has been provided. If the form is not returned within 24 hours, the contact will be closed.*

**In relation to the St Helens Levels of Need Framework:**
**What is your concern/ reason for referral?**
☐ Early Help & Support (Level 2 of St Helens Continuum of Need Framework)
☐ Safeguarding (Level 3 of St Helens Levels of Need Framework)
☐ **Immediate Child Protection concerns (level 4 of St Helens Levels of Need Framework)** <span style="color:red">**–must be rung through to the Contact Cares Team on 01744 676600 without delay and followed up in writing <u>within 24 hours</u> of making the call.**</span>

If a disclosure is made, where possible details of the date, time, person involved are to be gained. Does the child/young person have a mark or bruise? Are they scared to go home?

**For all levels of need you must ensure parent/carers have been informed of the referral unless there is evidence that to inform them would put the child or other children at greater risk of harm.**

| CONSENT & CONFIDENTIALITY | | |
|---|---|---|
| <span style="color:red">**If your referral relates to Early Help & Support (level 2) or Safeguarding (level 3) then you <u>MUST</u> inform a parent/carer for the child that you are making this referral. If you have not discussed the referral with the parent/carer, St Helens People services will be unable to progress your referral or make any contact with the family.**</span> | | |
| Have you discussed your concerns with the parent/carer and subsequently advised them that you are making this referral? | YES | NO |
| Has the parent/carer given consent to the referral been made? | YES | NO |
| Has the parent/carer agreed that key agencies can be contacted by St Helens people services e.g school, health and police? This may include school been asked to complete "my views" with the child/children? | YES | NO |
| **If the answer to any of the above is NO, Please provide an overview of the parents/carers views.** | | |
| | | |

| EARLY SUPPORT & EARLY HELP ASSESSMENT TOOL (EHAT) |
|---|
| <span style="color:red">Any concerns which are not of an immediate Child Protection nature should be discussed or escalated within your own agency or setting before you consider a referral to people services (e.g. discussion with the Designated Safeguarding Lead or your Line Manager).</span> |
| <span style="color:red">It is essential that professionals work in partnership with families. For this reason if your referral is not in respect of immediate safeguarding concerns you should, **prior to making this referral**, consider initiating an EHAT plan or implementing Family Action Meetings with the family .This early help & multi agency support may assist the family in addressing issues as soon as they arise and ensure that support needs do not escalate to social care level prematurely.</span> |
| <span style="color:red">*If you have not considered an EHAT it is likely your referral will not progress past the screening stage.*</span><br><span style="color:red">*It is also likely that the outcome of your referral will be for you to complete an EHAT.*</span> |

| Has an EHAT plan been completed or considered prior to this referral been made? | YES | NO |
|---|---|---|
| If yes, Name and role of lead professional | | |
| If yes, address and contact details of lead professional | | |
| If yes, have you discussed your concerns with the lead professional? **PLEASE DISCUSS YOUR CONCERNS WITH THE LEAD PROFESSIONAL BEFORE MAKING THIS REFERRAL UNLESS YOUR CONCERNS ARE UNDER LEVEL 4 ON THE CONTIUUM OF NEED** | YES | NO |
| If yes, please provide details of <u>dates</u> and <u>outcomes</u> of EHAT plans/ Family Action Meetings *Attach of copy of the last plan/assessment with this referral form* | | |
| If no, why? | | |

## REFERRER DETAILS (complete in full)

| Date of referral | | Time of Referral | |
|---|---|---|---|
| Name of Referrer | | Role/ Profession | |
| Agency/ Organisation | | Office phone number | |
| Office Address | | Mobile phone number | |
| Email address | | | |

## CHILD/ YOUNG PERSON DETAILS

| Family name | | First name | |
|---|---|---|---|
| DOB/ Expected date of delivery (EDD) for unborn | | Gender | Male ☐ <br> Female ☐ <br> Unborn ☐ |
| Address | | | |
| Current Address (if different to usual home address) | | | |
| | Please ensure that you provide up to date contact numbers as this will ensure full screening can be completed. | | |
| Home telephone number | | | |
| Mobile phone number for parent | | | |
| Mobile phone number for young person | | | |

| Disabilities (Y/N) If Yes please state | |
|---|---|
| Is there an Education Health care Plan (EHC Plan) in Place? | |

## FAMILY DETAILS
### HOUSEHOLD MEMBERS

| Name<br><br>*Start with primary care giver* | DoB/Age | Gender | Relationship to child/young person | SCHOOL OR NURSERY | GP | Parental Responsibility (Y/N) |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**SIGNIFICANT OTHERS – NOT OF THE HOUSEHOLD** *(for example parent or half sibling not living as part of the household)*

| Name<br><br>*Start with parent if not living with child* | DOB/Age | Gender | Address | Relationship to child / young person | Does this person hold parental responsibility?<br>Y/N | Is this person a known risk to children?<br>Y/N |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**REASON(S) FOR CONTACT OR  REFERRAL**

**What are you worried about?**
**What is the IMPACT (or potential impact) on the child/ren/young person(s)?**
**Is there any support EVIDENCE?**
*(Refer to the development of child/young person – health, behaviour, family relationships, signs of neglect)*

*If the child is less than 5 years old have you made a referral to the Children's Centre?*

**What's working well? (Existing strengths and safety)**
**Are parents engaging with professionals and what difference has this made?**

**What needs to happen? (Future safety planning)**
**What do you want CYPS to do with this information?**

**The Child/ren / Young Person(s) Voice**
**What did the child/young person say? What are your observations of the child/young person? What is the child's/young person's view on what needs to happen?**
*Attach my views document alongside this referral if completed*

**Outline your agency's role / service provided to the child and/ or family and your knowledge of the child/ young person's needs and parenting capacity to meet these.**

**What action have you / your agency taken to date to address the concerns?**
**Is there any additional support/signposting that you could offer which would reduce or manage the concerns?**
**Have you considered completing an Early Help Assessment Tool (EHAT) or convening a Family Action Meeting (FAM)?**

***(If you or your agency have already completed a EHAT please attach it with this referral form)***
**Could you initiate an EHAT plan to address the issues now?**

| AGENCY | NAME | TEL: | AGENCY | NAME | TEL: |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## ETHNICITY

The children's social care method of determining a child/young person's ethnicity involves first asking the child/young person about their ethnic identity. If they are not yet old enough to respond, ask their primary carer.

Ethnicity is now specified using the codes within the Common Basic Dataset (CBDS). The ethnicity of unborn children should be coded under "Information not yet obtained", even if it is thought to be known.

*This item should not be left blank.*

| White British | ☐ | White and Black Caribbean | ☐ | Pakistani | ☐ | Any other Black background | ☐ |
|---|---|---|---|---|---|---|---|
| White Irish | ☐ | White and Black African | ☐ | Bangladeshi | ☐ | Chinese | ☐ |
| Traveller of Irish Heritage | ☐ | White and Asian | ☐ | Any other Asian background | ☐ | Any other ethnic group | ☐ |
| Any other White background | ☐ | Any other Mixed background | ☐ | Caribbean | ☐ | Refused | ☐ |
| Gypsy/Roma | ☐ | Indian | ☐ | African | ☐ | Information not yet obtained | ☐ |

## RELIGION

| Christian | ☐ | Jehovah Witness | ☐ | Taoist | ☐ |
|---|---|---|---|---|---|
| Atheist | ☐ | Muslim | ☐ | Not Known | ☐ |
| Hindu | ☐ | Sikh | ☐ | Other Religion | ☐ |
| Buddhist | ☐ | Mormon | ☐ | Refused to say | ☐ |
| Jewish | ☐ | Jainism | ☐ | No Religion | ☐ |

If 'Other Religion' category chosen, please give details:

| **First Language** Child/ren |  | **Interpreter Required?** | YES ☐ NO ☐ |
|---|---|---|---|
| **First Language** Parent/Carer |  | **Interpreter Required?** | YES ☐ NO ☐ |

**Please email the completed Service Request form to the Contact Centre:**

03.06.2020
Addendum
https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers


05.10.20
Addendum

https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912592/Keeping_children_safe_in_education_Sep_2020.pdf