

Child Protection and Safeguarding Policy

Amended September 2017

Signed.....
Headteacher – master copy only

Signed.....
Chair of Governing Body – master copy only

Date.....

Review Date: September 2018

☐.....

Please tear off this slip, sign and return to Sue Tattersall once you have read

- Grove's 'Child Protection Policy' (via email – one printed per faculty/area and available in reception) – September 2017
- 'Guidance for Safer Working Practices' – 2015 (via email)
- 'Keeping Children Safe in Education' – September 2016 (via email)

Signed _____

Print name _____

Position _____

Date _____

2017

Child Protection and Safeguarding Policy



GROVE
SCHOOL & COLLEGE
A mind set to succeed

GROVE SCHOOL

Author: Amy Chevin (DSL)

Child Protection Policy and Safeguarding for Grove School and College (Updated September 2017)

This policy reflects current legislation, accepted best practice and complies with the government guidance: Working Together to Safeguard Children (WT) March 2015 and Keeping Children Safe in Education (KCSIE) September 2016

Important contact details

<i>The Designated Safeguarding Lead (DSL)</i>	Miss Amy Chevin
<i>Deputy Designated Safeguarding Lead (DDSLs)</i>	Miss Rachel Lee (Mon-Wed) Miss Lucy Harris (Mon-Fri) Mrs Sonia Taylor
<i>Looked After Designated Teacher</i>	Mrs Jan Jones
<i>Safeguarding and child protection link governor</i>	Mrs Dorothy Hanney
<i>Looked after children (LAC) link governor</i>	Mrs Dorothy Hanney

If concerned about a child or behaviour of an adult phone Shropshire Council Dedicated Safeguarding Line

First Point of Contact (FPOC) (Compass and Initial Contact Team)	0345 678 9021
Designated Officer in the Local Authority – LADO lado@shropshire.gov.uk	0345 678 9021
Shropshire Out of hours Emergency Duty Team	0345 678 9040
Public Protection Unit (West Mercia Police)	0300 333 3000
Police Emergency	999
Police Non-emergency	101
Childline:	0800 1111

<http://www.safeguardingshropshireschildren.org.uk/scb/>

1. Introduction

At Grove, the governors and staff fully recognise the contribution the school makes to safeguarding children. We recognise that the safety and protection of all students is of paramount importance and that all staff, including volunteers, have a full and active part to play in protecting students from harm. At Grove we believe that it is always unacceptable for a child or young person to experience abuse of any kind and recognise that safeguarding the welfare of **all** children and young people is everyone's responsibility. We follow Shropshire Safeguarding Children Board (SSCB) procedures and acknowledge that the welfare of the child is paramount.

We believe that Grove should provide a caring, positive, safe and stimulating environment which promotes all students' social, physical, emotional and moral development.

Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children in line with Working Together 2015 and Keeping Children Safe In Education (KCSIE) 2016

- **The Children Act 1989 and 2004** - Safeguarding and promoting the welfare of children is defined as; protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Section 3 (5) of the Children Act 1989 states that the law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard his/her welfare.

- **Counter-terrorism and Security Act 2015** – preventing people being drawn into terrorism and promotion of British values to ensure children are kept safe from radicalisation
- **Female Genital Mutilation Act 2003 – Serious Crime Act 2015** - mandatory reporting of FGM from 31st October 2015

2. The aim of this policy is to:

- Ensure that the students' development is supported in ways that will foster security, confidence and independence.
- Raise the awareness of teachers, non-teaching staff and volunteers of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- Confirm the structured procedures to be followed by all members of Grove's community in cases of suspected harm or abuse.
- Emphasise the need for good levels of communication between all members of staff and those with designated responsibility for child protection, health and safety and other safeguarding responsibilities.
- Emphasise the appropriate safeguarding and child protection policies, procedures and arrangements of those service providers who use Grove's premises through any approved activities.

2.1 This policy will have consideration for, and be in compliance with, the following legislation, statutory guidance and key information:

- 'Keeping Children Safe in Education' statutory guidance for schools and colleges, Department for Education (DfE) 2016
- 'Working Together to Safeguard Children' 2015
- 'Inspection framework: safeguarding in maintained schools and academies' Ofsted September 2015
- 'Guidance for safer working practice for those working with children and young people in education settings' Safer Recruitment Consortium 2015
- The "Prevent" Duty July 2015
- Shropshire Safeguarding Children Board (SSCB) online procedures
- Shropshire Safeguarding Children Board (SSCB) Threshold Guidance Document

3. Responsibilities

3.1 Grove's governing body will ensure that:

- a. A trained link governor is appointed for safeguarding and child protection and looked after children (LAC) who will attend training/updates every three years.
- b. A member of the governing body is nominated to liaise with the local authority and/or partner agencies on issues of child protection and in the event of allegations of abuse made against the head teacher, the principal of a college or proprietor or member of governing body of an independent school.
- c. The school has a safeguarding and child protection policy and staff behaviour policy which should include amongst other things staff/student relationships and communications including the use of social media.
- d. Grove creates a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (Part three: Safer Recruitment. Keeping Children Safe in Education 2016). Also, to ensure that procedures for dealing with allegations against staff and volunteers in accordance with Shropshire Safeguarding Children Board (SSCB) are followed.
- e. At least one member of an appointed panel will have attended safer recruitment training.
- f. A member of staff of the school or college's leadership team is appointed to the role of DSL.
- g. The school keeps a single central record that as a minimum evidences the following:
 - All staff have been employed in compliance with safer recruitment requirements (Part three KCSIE 2016)
 - Date of employment
 - Identity confirmed with date
 - Qualifications checked with date
 - Prohibition from teaching check with date (for teaching staff)
 - Barred list check with date
 - Enhanced Disclosure and Barring Service (DBS) check with date
 - Eligibility to work in the UK with date
 - Checks confirmed by and date
- h. The adequacy of resources committed to child protection, and the staff and governor training profile is regularly monitored.
- i. It is recognised that neither it, nor individual governors, have a role in dealing with individual cases or have a right to know details of cases (except when exercising their disciplinary functions in respect of allegations against staff)
- j. The child protection policy is available to parents on request and that this policy and practice complements other policies e.g. anti-bullying (including cyber-bullying, peer on peer abuse, health and safety, drug) to ensure safeguarding.

4. Professional development

4.1 The governors will ensure that:

- a. All staff and volunteers who work with students aged up to 18 years have appropriate child protection training that equips them to recognise and respond to student welfare concerns.
- b. Staff are provided with mandatory induction, to include familiarisation with the safeguarding and child protection policy, staff behaviour policy, the DSL in the school, their responsibilities and the procedures to be followed.
- c. All staff read **at least** part one of KCSIE 2016.
- d. They monitor when and how often child protection and safeguarding training (including multi-agency training) that has been undertaken by staff and governors within the last three years to ensure their knowledge and skills are current.

4.2 All of the above needs to be reported to governors in the form of:

- A report of the school's training needs assessment presented to the governors in Personnel Committee meetings so that they can ensure that training is appropriately provided for all staff.
- A training register kept to indicate when staff and governors have been trained including safer recruitment and this will in turn inform the *annual* report to governors.

4.3 The head teacher will ensure that:

- a. The policies and procedures adopted by the Governing Body are followed by all staff.
- b. The policy is updated annually, and be available publicly via the school or college website or by other means.
- c. DSLs review the six monthly updates of the SSCB procedures.
- d. Sufficient resources and time are allocated to enable the DSL, deputy DSL's and other staff to discharge their responsibilities including taking part in strategy discussions and other multi-agency meetings, to contribute to the assessment and support of children and young people, and be appropriately trained.
- e. A list of all staff and volunteers, and their safeguarding training dates is maintained.
- f. All staff and volunteers feel able to raise their concerns about poor and unsafe practice in regard of students, and that such concerns are addressed in a timely manner in accordance with agreed policies.
- g. She undergoes child protection training which is updated regularly, in line with advice from the LSCB.

5. Managing allegations of abuse made against staff (this includes apprentices), students or volunteers

Allegations which might indicate that a person would pose a risk of harm to children if they continue to work in regular or close contact with children in their present position will be taken seriously. We have a duty to inform the LADO of any serious allegations made against a person which suggests he or she has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child, or;
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

- 5.1 Where an **allegation is made against a member of staff, the Headteacher should be the point of referral** however, where an **allegation is made against the Headteacher this should be referred to the chair of governors as appropriate as well as the LADO** (Local Authority Designated Officer for Safeguarding) – see [Appendix 5].

- 5.2 The LADO may ask for additional information, such as previous history, whether the child or their family have made similar allegations previously and the individual's current contact with children. There may be situations when the LADO will want to involve the police immediately, for example if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- 5.3 The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation or concern; in which case this decision and a justification for it will be recorded by both the Registered Person/Headteacher and the LADO, and agreement reached on what information should be put in writing to the individuals concerned and by whom. The Registered Person/Headteacher will then consider with the LADO what action should follow both in respect of the individual and those who made the initial allegation.
- 5.4 We also have a duty of care towards our staff. We provide support for anyone facing an allegation and provide employees with a named contact if they are suspended. It is essential that any allegations of abuse made against members of staff or volunteers are dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.
- 5.5 If further action is required we will follow the advice of the LADO and co-operate with any investigations. We will follow instructions about what can be disclosed to the accused and whether he/she should be suspended whilst further investigations take place. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process. Clear advice will be given to workers on the process of investigation by other agencies. We will follow advice about how to inform families about the allegation.

6. The role of the Safeguarding Governor for Child Protection shall include:

Monitoring of procedures relating to liaison with the LADO, Children's Social Care and the Police in relation to any allegations of child abuse made against the Head teacher, including attendance at relevant meetings. They will:

- a. Have their roles explicitly defined in their job description.
- b. Be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively.
- c. Ensure DSL and deputies undergo updated child protection training every two years.
- d. Liaise in accordance with the SSCB procedures when referring a student where there are concerns about possible abuse or harm.
- e. Contact the LADO where there are concerns about a member of staff being involved in allegations of abuse or harm.
- f. Be able to access the contents of the SSCB procedures and Personnel procedures (*on Shropshire Learning Gateway*) updated and make these accessible to all staff.
- g. Ensure all staff, including supply teachers, visiting professionals working with students in the school and volunteers are informed of the names and contact details of the DSL and deputies and the school's procedures for safeguarding children.
- h. Support staff who attend strategy meetings and/or case conferences.
- i. Support staff and volunteers who may find safeguarding issues upsetting or stressful by enabling them to talk through their anxieties and to seek further support from the school leadership group or others as appropriate.
- j. Ensure involvement of other lead professionals e.g. where there are concerns about any student including those who are LAC.

6.1 They will also ensure that:

- a. Written records of concerns are kept, even if there is no immediate need for referral; and monitored using the Early Help Assessment Framework (EHAF).
- b. All child protection records are marked as such and kept securely locked, and if these are stored electronically, that they are differently password protected from the students' other files, and accessible only by the Headteacher/DSL/Deputy DSLs.
- c. Student records are kept separately, and marked as appropriate to indicate other confidential records are being held elsewhere.
- d. All absence letters are dated and clearly signed by the Attendance Officer, and that if there are concerns about attendance and a student's wellbeing and safety, the Education Welfare Officer is contacted.
- e. If a student has a Child Protection Plan, and is absent without explanation for two days, their key worker in Safeguarding is contacted.
- f. Phone calls in relation to absences are similarly logged and dated.
- g. Records are monitored for patterns of absence and appropriate action is taken.
- h. Where there are existing concerns about a student, and they transfer to another school in this authority, the information held e.g. an EHAF is forwarded under confidential cover and separate from the student's main file to the DSL for child protection in the receiving school.
- i. Where a student has a **child protection plan** and transfers to another school or college; or to the Social/Children's Services within a new authority or if the student is transferring to a school in another authority which has not yet been identified.
 - The DSL of the new school/college is informed immediately.
 - Their child protection file is transferred as soon as possible. This should be transferred separately from the main student file, ensuring secure transit and confirmation of receipt should be obtained.

7. Prevention in the Curriculum

Grove recognises the importance of developing students' awareness of behaviour that is unacceptable towards them and others, and how they can help keep themselves and others safe. The PSHE programme, evident in the Discovery Days' programme, *in each key stage* provides personal development opportunities for students to learn about keeping safe and who to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle, students are taught to, for example:

- Safely explore their own and others' attitudes.
- Recognise and manage risks in different situations and how to behave responsibly.
- Judge what kind of physical contact is acceptable and unacceptable.
- Recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure; including knowing when and where to get help.
- Use assertiveness techniques to resist unhelpful pressure.
- The importance of Internet safety

8. All staff, teaching and non-teaching, volunteers and others working in school must:

- a. Be aware that to safeguard children, they have a duty to share information with the DSL and through the DSL, with other agencies.
- b. Always speak to the DSL. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to children's social care.
- c. Be alert to signs and symptoms of harm and abuse (highlighted in Part 1, KCSIE).

- d. Know how to respond to their duty when they have concerns or when a student discloses information to them.
- e. Know what and how to record concerns.
- f. All staff members should undergo child protection training which is updated regularly, in line with advice from the SSCB – minimum of every three years for whole staff.
- g. Maintain an attitude of ‘it could happen here’.

8.1 Immediate response when a student discloses:

It is vital that our actions do not abuse the student further or prejudice further enquiries, for example:

- a. Listen to the student, if you are shocked by what is being said, try not to show it.
- b. It is OK to observe bruises but not to ask a student to remove their clothing to observe them.
- c. If a disclosure is made:
 - Accept what the student says.
 - Stay calm, the pace should be dictated by the student without them being pressed for detail by asking leading questions such as “what did s/he do next?” It is our role to listen - not to investigate.
 - Use open questions such as “is there anything else you want to tell me?” or “yes?” or “and?”
 - Be careful not to burden the student with guilt by asking questions like “why didn’t you tell me before?”
 - Acknowledge how hard it was for the student to tell you.
 - Do not criticise the perpetrator, the student might have a relationship with them.
 - **Do not promise confidentiality.** Reassure the student that they have done the right thing, explain whom you will have to tell (the DSL) and why; and, depending on the student’s age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as “I’ll stay with you all the time” or “It will be all right now”.

8.2 Recording information

- a. Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern, facts and not assumption or interpretation (where possible use the Safeguarding Concern form, available in the staff room).
- b. If it is observation of bruising or an injury try to record detail, e.g. “right arm above elbow”. Alternatively use a ‘body map’ (available from the Inclusions team) to indicate which area of the body has injuries/bruises. Do not take photographs.
- c. Note the non-verbal behaviour and the key words in the language used by the student (try not to translate into ‘proper terms’).
- d. It is important to keep these original notes and pass them on to the DSL who may ask you to write a Safeguarding Concern referral.

8.3 Supporting students

- a. The staff and governors recognise that a child or young person who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth. We recognise that in these circumstances students might feel helpless and humiliated, and that they might feel self-blame.
- b. We recognise that this school might provide the only stability in the lives of students who have been abused or who are at risk of harm.
- c. We accept that research shows that the behaviour of a student in these circumstances might range from that which is perceived to be normal to aggressive or withdrawn.
- d. The school will support all students by:
 - Discussing child protection cases with due regard in order to safeguard the student and his or her family.
 - Supporting individuals who are or thought to be in need or at risk in line with SSCB procedures.
 - Encouraging self-esteem and self-assertiveness.
 - Challenging and not condoning aggression, bullying or discriminatory behaviour.

- Promoting a caring, safe and positive environment.
- Gaining access to an interpreter if required to ensure the voice of the child is heard.

8.4 Confidentiality

- A student's views will be considered by the DSL in deciding whether to inform the student's family, particularly where the student is sufficiently mature to make informed judgements about the issues, and about giving consent for information sharing.
- The personal information about all students' families is regarded by those who work in this school as confidential. All staff and volunteers need to be aware of the confidential nature of personal information and will aim to maintain this confidentiality.
- Staff understand that they need know only enough to prepare them to act with sensitivity to a student and to refer concerns appropriately. The DSL and head teacher will disclose information about a student to other members of staff on a need to know basis only. It is inappropriate to provide all staff with detailed information about the student, the incident, the family and the consequent actions.

8.5 Staff must be aware that:

- They cannot promise a [student] complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the [student] or other [students] safe.
- Where there are concerns about a [student's] welfare, relevant agencies need to be involved at an early stage. If a member of staff or a volunteer has concerns about a [student's] welfare, or if a [student] discloses that s/he is suffering abuse or reveals information that gives grounds for concern, the member of staff should speak to their DSL with a view to passing **on the information**.

9. Partnership with families

- Parents and carers play an important role in protecting their children from harm.
- In most cases, the school will discuss concerns about a student with the family and, where appropriate, seek consent to making contact with Compass regarding concerns for the welfare or protection of children.
- The school aims to help parents understand that the school, like all others, has a duty to safeguard and promote the welfare of all students. The school may need to share information and work in partnership with other agencies when there are concerns about a student's welfare.
- The student's views will be considered in deciding whether to inform the family, particularly where the student is sufficiently mature to make informed judgements about the issues, and about consenting to that.
- “Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs”. WT 2015*

A copy of this policy is made available to all parents online via the school's website as well as details of the complaints procedure. In general any concerns will be discussed with parents and we will offer support. All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice, including improvements in decision making and joint working. Conversations should continue in order to inform the on-going planning and reviewing.

Practitioners working with families at a Universal, Early Help or Targeted level [Appendix 7] will need to get the consent of the family before any information is held or shared with other agencies. If the practitioner

does not gain the family's consent and in future has ongoing concerns, they should consider contacting Compass for advice and guidance.

With the exception of child protection matters, referrals to Compass cannot be accepted without parents having been consulted first.

Consent is not required for child protection referrals where it is suspected that a child may be suffering or be at risk of suffering significant harm; however, the referring practitioner, would need to inform parents or carers that you are making a referral, unless to do so may:

- Place the child at increased risk of Significant Harm; or
- Place any other person at risk of injury; or
- Obstruct or interfere with any potential Police investigation; or
- Lead to unjustified delay in making enquiries about allegations of significant harm.

The child's interest must be the overriding consideration in making such decisions. Decisions should be recorded.

If consent is withheld by the parent:

- If it is felt that the child's needs can be met through Early Help, then discussion with the family should take place about the completion of an Early Help Assessment and provision of services through an Early Help Plan. Early help consultations are available from the Early Help Advisors for support in managing these situations.
- For another agency familiar with the child and family to make the approach about information sharing to the family.
- No assessment should take place. The rationale for this decision will be recorded on the concerns form.
- The combination of the concerns and the refusal to consent to enquiries being made may result in the concerns being defined as child protection concerns. In this case, information sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the case papers.

If a child has actually been injured or is in imminent danger of being injured then we will contact the emergency services, medical or police, immediately on 999.

When making a level 4 referral to Compass we will ensure we have a record of all details required detailed on a [Shropshire Multi-Agency Referral Form](#)

10. Specific safeguarding issues:

To ensure that our students are protected from harm, we need to understand what types of behaviour constitute abuse and neglect [*Appendix 1*]. Staff are made aware of specific safeguarding issues (listed below) through child protection training, updates throughout the year and in staff briefing and by reading up to date guidance such as Keeping Children Safe in Education July 2016 or accessing SSCB procedures at <http://www.safeguardingshropshireschildren.org.uk> .

Schools are to ensure that the DSL is continually updated in all areas below. They must be familiar with the referral pathways and specific toolkits and guidance available on the SSCB website.

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the TES, MindEd and the NSPCC websites. School and college staff can access government guidance as required on the issues listed below via GOV.UK and other government websites.

- Bullying including cyberbullying
- Children missing education
- Child missing from home or care
- Child sexual exploitation (CSE)
- Domestic and honour-based 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
- Initiation/hazing
- Mental health
- Missing children and adults strategy
- Peer on peer abuse
- Prejudiced behaviour
- Private fostering
- Preventing radicalisation
- Relationship abuse
- Sexting
- Trafficking

a. Female Genital Mutilation (FGM)

If we become aware of any cases where girls are at risk of FGM or have actually been harmed, we will contact the Police immediately and follow up with a referral to Compass to ensure that we are meeting our reporting duties. Please refer to

<https://www.gov.uk/government/publications/female-genital-mutilation-leaflet>

We may not seek parental consent if this may put the girl at increased risk.

b. Domestic abuse and honour based violence

Children living in households where there is domestic abuse which could be coercion or violence, including honour-based violence, could be at significant risk of harm. We will seek support for victims and their children through Compass.

Depending on the level of risk, I/we may or may not consult parents before contacting Compass.

c. Peer on Peer Abuse

Staff should recognise that children are capable of abusing their peers. Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. Victims of peer abuse should be supported as they would be if they were the victim of any other form of abuse, in accordance with this policy.

Peer on peer abuse occurs when a young person is exploited, bullied and/or harmed by their peers who are the same age or similar age. Peer-on-peer abuse can relate to various forms of abuse (not just sexual abuse and exploitation), some forms of peer on peer abuse are listed below.

d. Sexting

Sexting is when someone sends or receives a sexually explicit text, image or video. This includes sending 'nude pics', 'rude pics' or 'nude selfies'. Pressuring someone into sending a nude picture can happen in any relationship and to anyone, whatever their age, gender or sexual preference. However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people are not even aware that they could be breaking the law as stated as these are offences under the Sexual Offences Act 2003.

e. Initiation/Hazing

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

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

f. Prejudiced Behaviour

The term prejudice-related bullying refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society – in particular, prejudices to do with disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life (for example in relation to issues of care, parental occupation, poverty and social class) and sexual identity (homosexual, bisexual, transsexual).

g. Teenage relationship abuse

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour, in a heterosexual or same gender relationship, in order to gain power and maintain control over the partner.

It is vital that staff at Grove understand that the child who is perpetrating the abuse may also be at risk of harm. Staff should make every effort to ensure that the perpetrator is also treated as a victim and undertake assessments to conclude this. Sensitive work must be undertaken with the child who is perpetrating, by helping them to understand the nature of their behaviour and the effect it has on others may prevent abuse as a whole.

Staff must be able to use their professional judgement in identifying when what may be perceived as "normal developmental childhood behaviour" becomes abusive, dangerous and harmful to others.

Designated leads may need to consult with the SSCB Threshold document to help with their decision making.

10.1 Safeguarding children with special educational needs and disabilities

It is recognised that children with special educational needs or disabilities (SEND) can present additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include: assumptions that indicators of possible abuse such as behaviour, mood and injury, relate to the child's impairment without further exploration; children with SEND can be disproportionately impacted by issues such as bullying, without necessarily showing outward signs; communication barriers.

It is important, therefore, to be particularly sensitive to these issues when considering any aspect of the welfare and safety of such children, and to seek professional advice where necessary.

10.2 Protecting children from radicalisation “Prevent Duty”

- a. Grove promotes tolerance and harmony between different cultural traditions; we teach a broad and balanced curriculum which promotes the spiritual, moral and cultural development of students and prepares them for the opportunities, responsibilities and experiences of life. The school promotes community cohesion and safeguards against biased or unbalanced teaching and the promotion of partisan political views and ensure that when political or controversial issues are brought to students’ attention, they are offered a balanced presentation of opposing views.
- b. Government guidance on radicalisation is followed; a link to the “Prevent” government strategy is available on Shropshire Learning Gateway. The government set out its definition of British values in the 2015 Prevent Strategy – this promotes the values of:
 - democracy
 - the rule of law
 - individual liberty
 - mutual respect
 - tolerance of those of different faiths and beliefs
- c. If a member of staff has a concern about a particular student/s they should follow Grove’s normal safeguarding procedures, including discussing with Grove’s designated safeguarding lead, Amy Chevin. The designated lead should then contact the West Mercia Prevent Team:

DS Phillip Colley
01386 591835

DC Jamma Greenow
01386 591825

DC Gary Shepheard
01386 591816

PC Manjit Sidhu
01386 591815

The Prevent Team email is: prevent@warwickshireandwestmercia.pnn.police.uk

A separate policy ‘**Preventing Extremism and Radicalisation Policy**’ is available from Grove.

10.3 Children Missing Education

Grove has in place appropriate safeguarding responses to ensure effective recording of children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or Child Sexual Exploitation (CSE), risk of being victims of harm, exploitation or radicalisation, and to help prevent the risks of their going missing in future. Detailed risk assessments are to be completed as appropriate i.e SSCB Child Sexual Exploitation Guidance for practitioners.

It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, female genital mutilation and forced marriage.

10.4 Safeguarding children who are Looked After

KCSiE 2016 has been amended to reflect the importance of the designated teacher working with the virtual school head on how funding can best support the progress of a Looked After Child.

The designated safeguarding lead and designated LAC teacher holds details of the child's social worker and the name of the virtual head. The designated safeguarding lead works closely with the designated LAC teacher. The designated teacher will ensure that the educational achievement of children who are looked after is promoted and this person must have appropriate training.

The appointment of a designated teacher is a statutory requirement for governing bodies of maintained schools and proprietors of academies. KCSiE is clear that in other schools and colleges an appropriately trained teacher should take the lead therefore it would be good practice on other schools to have a designated teacher for Looked After Children.

Please refer to the 'Policy for Looked After Children' for further information, procedures and guidance.

10.4 Other policies that need to be taken into account are:

- *Behaviour, Student Support, Restorative Practice and Anti-bullying*
- *Attendance*
- *Special Educational Needs and Disability*
- *Prevent Policy*
- *Health and Safety*
- *Safe Recruitment*
- *Physical intervention*
- *E-safety*
- *Medical Needs*
- *Staff conduct policy (Code of Conduct)*
- *Whistle Blowing*

Safeguarding information for all staff

Types of abuse and neglect

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

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

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

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

Warning signs and vulnerabilities checklist identified during Phase 1 of the Inquiry

Extracted from 'If Only Someone had Listened' – Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups

The following are typical **vulnerabilities in children prior to abuse**.

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss.
- Gang-association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only).
- Attending school with children and young people who are already sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carer.

The following signs and behaviour are generally seen in children who are **already being sexually exploited**.

- Missing from home or care.
- Physical injuries.
- Drug or alcohol misuse.
- Involvement in offending.
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Absent from school.
- Change in physical appearance.
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm.
- Thoughts of or attempts at suicide.

Evidence highlighted in the interim report showed that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. Professionals should immediately start an investigation to determine the risk, along with preventative and protective action as required.

However, it is important to note that children and young people without pre-existing vulnerabilities can still be sexually exploited. Therefore, any child or young person showing risk indicators in the second list, but none of the vulnerabilities in the first, should also be considered as a potential victim, with appropriate assessment and action put in place as required.

The following organisations and agencies need to take account of the above list and work together to identify children and young people showing the warning signs of, or who are vulnerable to, child sexual exploitation, and act accordingly.

- Accident and Emergency departments
- CAMHS services

- Children's Social Care (including family support/early intervention teams, child protection/duty and assessment teams, looked-after children teams, leaving care teams)
- Drop-in clinics and community based health services
- Drugs and alcohol misuse services
- Educational institutions (including schools, student referral units, academies, private schools, special schools, and extra-curricular provision)
- Fire Service
- Gangs and serious youth violence projects
- GP surgeries
- GUM and family planning clinics
- Housing (including foyers, hostels, refuges, bed and breakfast, and housing associations)
- Midwifery and health visitors
- Police (including neighbourhood policing, missing, safer schools officers, gangs and youth violence, organised crime, trafficking, child abuse investigation teams, sexual offences teams)
- Residential children's homes
- Sexual Assault Referral Centres
- Violence against women agencies (including rape crisis and refuge provision)
- Youth Justice agencies (including youth offending services, secure training centres and youth offending institutions)
- Youth service and specialist agencies working with children and young people (including mentoring services, those working with disabled children, LGBT children, BME children)

In order to identify children who show the above risk indicators, professionals could begin by bringing together data that is already collected, adopting a similar approach to that which has been used by the Inquiry to produce the CSEGG dataset. Data is not routinely collected on all of the risk indicators identified, but to assist with the risk assessment process we are publishing the list of indicators that the Inquiry used for the CSEGG dataset, and the data sources from which they were accessed.

Figure 17: CSEGG indicators, dataset and source

	Indicator	Dataset	Source
1.	Missing from home or care	Children reported missing Or Children reported to be 'absconding' or 'breaching'	Police YOT data via ASSET
2.	Victim of a sexual offence	Children reported as victims of rape	Police
3.	Engagement in offending	Young people known to youth offending services	YOT data via ASSET
4.	Lacking friends from the same age group	Children lacking age appropriate friends	YOT data via ASSET
5.	Repeat sexually-transmitted infections, pregnancy and terminations Or Poor mental health	Children putting their health at risk	YOT data via ASSET
6.	Recruiting others into exploitative situations	Children displaying sexually inappropriate behaviour	YOT data via ASSET
7.	Living in a chaotic or dysfunctional household (including parental substance misuse, domestic violence, parental mental health issues, parental criminality) Or History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical & emotional abuse and neglect) Or Children in care	Children referred to as 'children in need' Or Children 'looked after' under Both S31 and S20 Orders	Local Authority Local Authority
8.	Absent from school	Children persistently absent from school	Local Authority
9.	Excluded from education	Children permanently excluded from school	Local Authority
10.	Self-harm Or Thoughts of, or attempts at, suicide	Children who are self-harming or showing suicidal intent	PCT/CAMHS
11.	Drug & alcohol misuse	Children misusing drugs and/or alcohol	PCT/drug & alcohol team



Appendix B

The role of the Designated Safeguarding Lead

In carrying out any of the role set out below, the role of the Designated Safeguarding Lead should be guided by two important principles. First, following the Children Act 1989, the principle that the welfare of the child should be paramount. Second, the principle that confidentiality should be respected as far as possible (without compromising the first principle).

It is **essential** that designated safeguarding leads are familiar with the content of the following key documents:

- the Department for Education's (DfE's) statutory guidance for schools and colleges, 'Keeping Children Safe in Education' 2016
- 'Working Together to Safeguard Children' 2015
- Ofsted Common Inspection framework: safeguarding in maintained schools and academies' September 2015
- The Prevent duty July 2015
- Early Years Foundation Stage Statutory Framework 2014 (EYFS)
- Shropshire Safeguarding Children Board (SSCB) Threshold Guidance Document

The Designated Safeguarding Lead must:

- Be a senior member of staff, from the school or college **leadership team**
- Take **lead responsibility** and is accountable for safeguarding and child protection, (lead responsibility must never be delegated)
- Be fully conversant with the Shropshire Safeguarding Children Board (SSCB) child protection (CP) procedures and to co-ordinate action on child abuse within school, ensuring that all staff are aware of their responsibilities in relation to CP
- Provide supervision and guidance to deputy designated safeguarding leads
- Ensure that all deputy designated safeguarding leads are trained to the same standard as themselves
- Should liaise with designated staff for Looked After Children (LAC) and 14-19 placements
- Refer individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSCB guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP
- Undertake "Prevent" awareness training and lead on this within the school/college and must assume responsibility for organising training on all aspects of CP within school, and to act as a school-based resource on CP issues for staff

In greater detail, this involves the following:

- Ensuring that all staff, both teaching and non-teaching, know about, and have access to the SSCB procedures for CP and that all cases of suspected abuse are reported in the correct way
- Supporting staff who make referrals to LA children's social care
- Referring cases to the Channel programme where there is a radicalisation concern as required
- Supporting staff who make referrals to the Channel programme
- Referring cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service (DBS) as required and ensuring that the Designated Officer in the Local Authority (LADO) is informed
- Referring cases where a crime may have been committed to the Police as required
- Ensuring that all staff have regular child protection updates (at least annually)
- Ensuring that all teaching and non-teaching staff attend Shropshire Safeguarding Children Board endorsed child protection awareness training every three years
- Ensuring all Deputy Designated Safeguarding Leads regularly update their child protection training (at least annually) and attend Shropshire Safeguarding Children Board endorsed child protection update training every two years
- Ensuring the school/college is compliant with the 'Prevent' duty requirements so that:
 - All staff are trained in awareness of "Prevent".
 - All teachers are trained in "Prevent" curriculum requirements including British Values
 - The school can demonstrate the impact on the students of promoting British Values

- The Deputy Designated Safeguarding Leads are clear about their lead role in respect of “Prevent” and the process of a “Prevent” referral
- The job description of the Deputy Designated Safeguarding leads also includes the “Prevent” duty
- The e-safety policy and the child protection policy clearly state the “Prevent” duty

Working with others. The Designated Safeguarding lead must:

- Liaise with the head teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- As required, liaise with the “case manager” and the LADO if relevant i.e. if there are safeguarding or child protection concerns relating to a staff member
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff
- Lead on or participate in Early Help Multi-Agency interventions

Training – The Designated Safeguarding Lead must:

- Ensure that they and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role
- Ensure that they and any deputies, in addition to the formal training set out above, should refresh their knowledge and skills (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:
 - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
 - Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
 - Ensure each member of staff has access to and understands the school’s or college’s child protection policy and procedures, especially new and part time staff
 - Are alerted to the specific needs of children in need, those with special educational needs and young carers
 - Are able to keep detailed, accurate, secure written records of concerns and referrals
 - Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised and inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015)

Child protection files – The designated safeguarding lead must:

- Ensure that all child protection files are stored securely and accessed only by authorised individuals compliant with the Data Protection Act 1998
- Where children leave the school or college, ensure their child protection file is transferred to the new school or college as soon as possible and is transferred separately and securely from the main student file, and ensure that confirmation of receipt is obtained

Availability

During term time the designated safeguarding lead should ensure that they (or a deputy) are always available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns.



Appendix C

The role of the Designated Safeguarding Lead 'Deputy'

In carrying out any of the role set out below, your role of '**Deputy**' Designated Safeguarding Lead should be guided by two important principles. First, following the Children Act 1989, the principle that the welfare of the child should be paramount. Second, the principle that confidentiality should be respected as far as possible (without compromising the first principle).

It is **essential** that '**Deputy**' designated safeguarding leads are familiar with the content of the following key documents:

- the Department for Education's (DfE's) statutory guidance for schools and colleges, 'Keeping Children Safe in Education' 2016
- 'Working Together to Safeguard Children' 2015
- Ofsted Common Inspection framework: safeguarding in maintained schools and academies' September 2015
- The Prevent duty July 2015
- Shropshire Safeguarding Children Board (SSCB) Threshold Guidance Document
- Early Years Foundation Stage Statutory Framework 2014 (EYFS)

As '**Deputy**' Designated Safeguarding Lead you:

- Should be an experienced member of staff, from the school or college
- Must take **responsibility** for safeguarding and child protection
- Should be fully conversant with the SSCB child protection (CP) procedures and take action on child abuse within school
- Provide support and guidance to all members of staff
- Should liaise with designated staff for Looked After Children (LAC) and 14-19 placements
- Are responsible for referring individual cases of suspected abuse to relevant Local Authority (LA) Children Services area (following SSCB guidelines) and to liaise with them and other agencies on individual cases and on general issues relating to CP
- Should undertake "Prevent" awareness training and support with this within the school/college
- Will have responsibility to act as a school-based resource on CP issues for staff

In greater detail, this involves the following:

- Supporting staff, both teaching and non-teaching, to have access to the SSCB procedures for CP and that all cases of suspected abuse are reported in the correct way
- Supporting staff who make referrals to local authority children's social care
- Referring cases to the "Channel" programme where there is a radicalisation concern as required
- Supporting staff who make referrals to the "Channel" programme
- Supporting the school/college to be compliant with the 'Prevent' duty requirements so that:
 - all staff are trained in awareness of "Prevent"
 - You are clear about your supporting role in respect of "Prevent" and the process of a "Prevent" referral

Working with others – as **DEPUTY** Designated Safeguarding Lead, you will:

- Liaise with the senior Designated Safeguarding Lead, head teacher or principal to inform him or her of issues especially on-going enquiries under section 47 of the Children Act 1989 and police investigations
- As required, liaise with the "case manager" and the Designated Officer in the Local Authority (LADO) for child protection concerns
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff

Training

- As **DEPUTY** designated safeguarding lead you should ensure that you undergo training to provide yourself with the knowledge and skills required to carry out your role
- As **DEPUTY** designated safeguarding lead you should ensure that in addition to the formal training set out above, your knowledge and skills continue to be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow you to understand and keep up with any developments relevant to your role so you:
 - Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
 - Have a working knowledge of how Local Authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
 - Are alert to the specific needs of children in need, those with special educational needs and young carers
 - Are able to keep detailed, accurate, secure written records of concerns and referrals
 - Are aware of the guidance that is available in respect of Female Genital Mutilation (FGM) and should be vigilant to the risk of it being practised
 - Inform the Police if they suspect a child has suffered FGM (this is a legal requirement for all Teachers; Serious Crime Act 2015)

Availability

During term time you should ensure that you are available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns.

The Local Authority Designated Officer (LADO)

Duty to refer

In addition to informing Ofsted, the Designated Lead for Safeguarding or senior manager has a duty to refer any concerns to the LADO where it is alleged that a person who works* with children has:

- Behaved in a way that has harmed a child, or may have harmed a child - whether the alleged abuse occurred on or off the premises where the childcare takes place;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children such as excessive one-to-one attention beyond the requirements of their usual role; or
- Displayed inappropriate behaviour such as inappropriate sexual comments, inappropriate sharing of images, or displays violent or aggressive behaviour.

Responsibility would also include reporting applications to work or volunteer with children and young people from adults who are barred from doing so as this poses a potential risk of significant harm to children and young people.

The LADO should be informed of ALL allegations that come to a Senior Manager's attention within 1 working day of the manager becoming aware of the allegation.

In cases where the nature of the allegation has not required immediate referral to the Compass or the Police, the Senior Manager and the LADO will make a decision jointly as to whether such a referral is necessary and who will make it. The LADO should also be informed of any allegations that are made directly to the police or Compass.

It is important that even apparently less serious allegations are seen to be followed up objectively by someone independent of the organisation concerned. This is why the LADO should be informed of ALL allegations that come to the employers' attention.

The role of the Local Authority Designated Officer

The LADO will advise the employer of any action that may be necessary, whether an investigation will take place, and if so what form the investigation will take.

It is their role to provide on-going advice and liaison and to monitor the progress of cases. This may include:

- Advising the employer on next steps, such as the need to inform the child's parents; advice on dismissal or suspension of the member of staff accused; the decision as to whether or not the case will be investigated and by whom.
- Regularly monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a fair and thorough process.
- Liaising with the employer to provide advice and support when required/requested.
- Oversight and management of individual cases.

If an allegation is substantiated and the employer dismisses the person or ceases to use that person's services, the employer should consult with the LADO about whether a referral to the Disclosure and Barring Service is required.

Referral to the LADO should form part of your disciplinary and whistleblowing procedures.

The role of the setting's Designated Lead for Safeguarding

The Designated Lead for Safeguarding or the senior manager making the referral will be expected to play a key role in the investigative process and follow the advice given by the LADO. This may involve:

- Gathering any additional information which may have a bearing on the allegation, for instance: previous concerns, care and control incidents and so on;
- Providing the subject of the allegation with information and advising them to inform their union or professional body;
- Attending Strategy Meetings where required;
- Liaising with the LADO;
- Ensuring that risk assessments are undertaken where and when required;

- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome;
- Should the allegation be unfounded, giving consideration to a referral either to Compass or the police if the allegation is deemed to be deliberately malicious or invented.

Record keeping

It is important that employers keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved. This record should be placed on the person's confidential personnel file with a copy given to the individual.

The record should be kept at least until the person reaches retirement or for ten years if that would be longer.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference.

Details of allegations that are found to be malicious should be removed from personnel records.

Further information

SSCB Inter Agency Child Protection Procedures - chapter 4.1 Managing Allegations Against Adults Working with Children & Young People: http://westmerciaconsortium.proceduresonline.com/chapters/p_all_against_adults.html

*The term 'works with children' refers to any individual employed to work with children or acting in a voluntary capacity.

Recording and reporting of injuries

Serious accidents, injuries and deaths - what you must notify to Ofsted:

- the death of a child while on the premises, or later, as the result of something that happened while the child was in your care
- death or serious accident or serious injury to any other person on your premises (Childcare Register only)
- serious injuries (please see the section below for the definition of serious injuries)
- where a child in your care is taken to hospital (to an Accident and Emergency Department for more than 24 hours), either directly from your provision, or later, as the result of something that happened while the child was in your care
- any significant event which is likely to affect the suitability to care for children.

Serious injuries are defined as:

- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers
- acute confused state
- persistent, severe chest pain or breathing difficulties
- amputation
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine
- loss of sight (temporary or permanent)
- chemical or hot metal burn to the eye or any penetrating injury to the eye
- injury resulting from an electric shock or electrical burn leading to
- unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours
- any other injury leading to hypothermia, heat-induced illness or
- unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

You are not required to inform Ofsted of minor injuries, but you must keep a record of these incidents. You are also not required to inform Ofsted of general appointments to hospital or routine treatment by a doctor, such as the child's general practitioner, that is not linked to, or is a consequence of, a serious accident or injury.

Minor injuries are defined as:

- sprains, strains and bruising
- minor cuts and grazes
- wound infections
- minor burns and scalds
- minor head injuries
- insect and animal bites
- minor eye injuries
- minor injuries to the back, shoulder and chest

Decision making – ‘Accessing *the right service at the right time*’

We take a holistic approach to safeguarding all children in our care and recognise that different families need a different level of support at different times. To enable us to recognise at which level a family might require support, we use the Shropshire Safeguarding Children Board’s *Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire* – the [Shropshire Threshold Document](#) is available online.

This guidance identifies four levels to ensure all children receive the support and intervention they need to achieve a positive life experience. Of central importance in understanding where a child’s needs might lie on this continuum, is the cooperation and engagement of parents and carers and we aim to develop good, professional relationships to ensure that we have a shared understanding of each child’s needs.

It should be noted that if parents demonstrate a lack of co-operation or appreciation about the concerns we identify this may, in itself, raise the level of the need and required level of action.

Level 1 – Universal

Children with no additional needs and where there are no concerns. Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.

We anticipate that by working closely with parents and sign-posting families to other universal services within our community that we can meet the needs of children and families at this level.

At this level parents will always be consulted before any action is taken.

Level 2 – Children in need of Early Help

These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met a lead professional will coordinate a whole family assessment and plan around the child.

Sometimes in discussion with parents and carers and through our observations and records we may think a child and their family could benefit from additional support from outside agencies to ensure he/she reaches his/her full potential. This process is known as Early Help. We have knowledge of the different agencies which may be able to offer support and we will work with parents and carers to decide which support would be most appropriate for their family. We will work with parents to complete any Early Help referral forms required to access this support. If we are unsure of where to access support we will contact Compass for advice.

Further information about Early Help can be found at: <http://www.shropshire.gov.uk/early-help/>

At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.

Level 3 –children with complex needs

This level applies to those children identified as requiring targeted support. It is likely that for these children their needs and care are compromised. Only a small fraction of children will fall within this band. These children will be those who are vulnerable or experiencing the greatest level of adversity.

Children with additional needs: These children are potentially at risk of developing acute/ complex needs if they do not receive early targeted intervention.

Sometimes in discussion with parents and carers and through our observations and records we realise that a child and their family have a number of needs which are preventing a child from reaching his/her full potential. In this case we will discuss the situation with parents and carers and try to identify each area of concern so that a range of other agencies can come together to offer support to the family.

With parental consent we will complete an Early Help assessment and contact Compass to help us identify and co-ordinate a range of other agencies. This multi-agency response will require a lead professional who may be a member of our staff.

At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.

Level 4 – children with acute specialist needs/ child protection

These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may become subject to a child protection plan and need to be accommodated (taken into care) by Children's Social Care either on a voluntary basis or by way of Court Order. Section 17- 1989 Children Act states a child shall be taken to be in need if: (a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) He is disabled.

Sometimes in discussion with parents and carers and through our observations and records we realise that a child is at risk of significant harm (see below) and we must take emergency action to ensure that a child is kept safe. If the Designated Lead is unsure whether or not the concern meets this threshold he/she may discuss the case with an Early Help Social Worker.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's development.

It may be:

- *the child is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;*
- *the child or young person is likely to put others at risk or harm, distress or loss and a response needs to take account of the individual's interests and wellbeing of others;*
- *the child's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances;*
- *the situation requires assessment of, and intervention in unpredictable emotional, psychological, intra-family or social factors and responses;*
- *the circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required*

(Taken from: Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire 2017) [Shropshire Threshold Document](#)