



**Broadwaters Inclusive Learning Community  
Safeguarding and Child Protection Policy**

Policy Originators	Dawn Ferdinand and Maureen Duncan
Governor Responsible	Marilyn Francis
Status	Statutory
Last reviewed	September 2019
Ratified on	To be ratified September 2019
Review period	Annual
Signed	

This policy is reviewed annually by the designated safeguarding leads and ratified by the governing body. All staff read and agree to the policy during their induction. At this time and when updates occur they also read and sign Keeping children safe in education (2018) Part 1.

Families are encouraged to be familiar with this policy via the school website. Copies of this policy and its associated documents are available from the school office.

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## 1. KEY CONTACTS

<b>The Willow Primary School and Broadwaters Children Centre</b>	
Designated Child Protection Lead	Dawn Ferdinand
Deputy Designated Child Protection Lead	School –Sarah Harris, Edyta Ballantyne and Natasha Beckles, CC – Cherri Fox and
Nominated Child Protection Governor	Marilyn Francis
Head Teacher	Dawn Ferdinand
Safer recruitment trained staff	Dawn Ferdinand, Natasha Beckles, Sarah Harris, Edyta Ballantyne, Marilyn Francis (Gov)
<b>The Brook Special Primary School</b>	
Designated Child Protection Lead	Maureen Duncan
Deputy Designated Child Protection Leads	Sukina Campos, Ed Putman, Felicia Rock
School Nurse Designated Lead for Health	Locum
Nominated Child Protection Governor	Marilyn Francis
Head Teacher	Maureen Duncan
Safer recruitment trained staff	Maureen Duncan, Sukina Campos, Edward Putman, Felicia Rock
<b>Haringey Local Authority CONTACTS</b>	
Multi Agency Safeguarding Hub	Mon to Fri 8:45am to 4:45pm: 020 8489 4470 Out of hours: 020 8489 0000 <a href="mailto:mashreferral@haringey.gcsx.gov.uk">mashreferral@haringey.gcsx.gov.uk</a>
Local Authority Designated Officer	Sarah Roberts 020 8489 2968 / 1186

	<a href="mailto:lado@haringey.gov.uk">lado@haringey.gov.uk</a>
Haringey Local Safeguarding Children Board River Park House, London N22 8HQ	020 8489 1470 / 3145 <a href="mailto:lscb@haringey.gov.uk">lscb@haringey.gov.uk</a>
NSPCC Helpline	080 8800 5000 <a href="https://forms.nspcc.org.uk/content/nspcc---report-abuse-form">https://forms.nspcc.org.uk/content/nspcc---report-abuse-form</a>

## 2. INTRODUCTION

BILC school fully recognises that safeguarding is dependent on a child centred and coordinated approach. As such, there is a clear and secure framework in place to safeguard and promote the welfare of children.

All stakeholders, including staff, volunteers and persons who regularly work with children in this school will read this policy which is based on the following guidance and legislation:

- Keeping children safe in education: statutory guidance for schools and colleges (Sept 2019) <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- Working Together to Safeguard Children (Jul 2018)
- Voyeurism (Offences) Act 2019'
- Teaching online safety in school (DfE, June 2019).
- Statutory framework of the Early Years Foundation Stage (Apr 2017)
- A Competency framework for Governance (Jan 2017)
- London Child Protection Procedures, 5<sup>th</sup> Edn.(2017) [www.londoncp.co.uk](http://www.londoncp.co.uk)
- Disqualification under the Childcare Act 2006 (Jul 2018)
- Data Protection Act 2018
- Information Sharing for safeguarding practitioners (Jul 2018)
- What to do if you're worried a child is being abused (2015)
- Children Act 1989
- Children Act 2004
- Education Act 2002
- Children and Families Act 2014

This policy sets out how the school's governing body discharges its statutory responsibilities relating to safeguarding and promoting the welfare of children who are pupils at this school. Our policy applies to all staff; paid and unpaid, working in the school including governors.

## 3. PRINCIPLES AND AIMS

As one of the main agencies in daily contact with children, **BILC** recognises that staff are well placed to observe the outward signs of abuse. As such there is a duty to ensure that all staff are signposted as points of communication as teaching assistants, mid-day supervisors, admin staff or teachers can be the first point of disclosure for a child. Concerned parents/carers may also contact the school and its governors.

The school will therefore:

- establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to
- ensure children and parents know that there are adults in the school whom they can approach if they are worried
- ensure the curriculum ,including personal, social & health education (PSHE), embeds opportunities for children to develop the skills to recognise and stay safe from abuse

We will follow the procedures set out by Haringey Local Safeguarding Children's Board and take account of guidance issued by the DfE to:

- ensure we have a **named governor** responsible for safeguarding & child protection who is well trained to confidently challenge the strategies for improving the safety of pupils.
- ensure we have a named **designated safeguarding lead** and **deputies** who have received appropriate training and support for this role.
- ensure we have a named and trained practitioner to take lead responsibility for safeguarding in an *Early Years / Sixth form* setting
- ensure the names and roles of the designated safeguarding lead, deputies and Governor are **known** and they are recognisable across the school.
- ensure all staff receive annual basic Safeguarding training and are regularly reminded of the expected processes if a disclosure is made to them

The key elements of this policy are

1. Proactively creating a safe environment
2. Managing Adults to maintain a safe environment
3. Protecting Vulnerable Students
4. Clear procedures for the protection of children

The key behaviours to make this policy effective are

1. Nurturing Professional Curiosity – the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.
2. Facilitating inter-agency working – ensuring the smooth flow of information across agencies when requested in accordance with Working together to Safeguard Children 2018 guidance.
3. Establishing contextual safeguarding -

### 3.1 Proactively creating a Safe environment

We recognise that high self-esteem, confidence and good lines of communication with a trusted adult help to protect children. We aim to equip our children with the recognition, language and skills needed to keep themselves safe.

BILC will therefore:

- maintain a site environment where children feel safe
- utilise curriculum activities to include opportunities which equip children with the skills they need to stay safe from , build self esteem, the skills to think independently and make sensible decisions based on their own judgements
- ensure children know that there are adults in BILC whom they can approach if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate
- ensure children know that there are adults in trusted positions external to the school, e.g. police or doctor, whom they can approach if they are worried or in difficulty and their concerns will be taken seriously and acted upon as appropriate

- equip children with the knowledge and skills they need to recognise and avoid risky behaviour in the real and virtual world
- Help pupils to know what how to stay safe on line and recognise unsafe behaviours.
- Monitor the attendance and welfare of students and work with other agencies when issues are presented
- Engage with Early Help as an effective support tool to avoid the escalation of risky behaviours within families.
- Ensure Safer Recruitment guidance is adhered to in all appointments for regular activity in schools

Parents understand the responsibility placed on the school and staff for safeguarding and child protection. They are able to access policies and obligations via the school's website.

### 3.2 Managing Adults to maintain a safe environment

We recognise that safeguarding children is everyone's business. BILC will ensure all staff, trainees, volunteers and external providers in regular activity

- have up to date Disclosure and Barring Service checks
- have regular training in safeguarding
- have read statutory documents with regard to safeguarding
- are familiar with the categories, possible signs and the risk factors of abuse.
- understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the Designated safeguarding lead
- The Designated Safeguarding Lead and deputies will be proactive in ensuring a safe environment for all children.
- The Designated Safeguarding Governor and Headteacher will check the Single Central Record to ensure it is accurate.

In addition the school will ensure that we practice safer recruitment in checking the suitability of staff and volunteers to work with children. We follow the recommendations for Disqualification under the Childcare Act 2006 (2018) within recruitment.

### 3.3 Protecting vulnerable students

We recognise that children who have been abused or have witnessed violence towards others may find it difficult to develop a sense of self-worth. They may feel helpless, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk.

We recognise that as a result some vulnerable children may develop abusive behaviours and that these children may need to be referred on for appropriate support and intervention.

Additional measures of care are in place for children on, and sometimes formerly on, the Child Protection register including:

- notifying social care if there is an unexplained absence of a pupil who is on the child protection register
- ensure the school behaviour policy which is aimed at supporting vulnerable pupils in the school – i.e. the school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse they have been subject to

- liaison with other agencies that support the pupil such as social care, the Child and Adult Mental Health Service (CAHMS), the Attendance and Welfare Service and the Educational Psychology Service

We also recognise that children with **Special Educational Needs and Disabilities** may find the understanding and communication of abuse difficult. Because of the inability of many of the children to alert others to their problems, they are dependent upon those working with them being able to recognise and interpret danger signals. BILC will ensure keypersons for these children are

- well equipped to be vigilant to changes in behaviour
- establish communication systems for reporting changes
- reduce the impact of social isolation
- target parents towards support for their own needs in coping with their child's SEND
- taught personal safety skills such as who to tell, good / bad touches and good / bad secrets as part of the PSHE and SRE curriculum The content of lessons will be shared with parents/carers so that these skills can be supported at home.

There is a high risk posed to **Children Missing From Education**. Children missing education (CME) are at significant risk of underachieving, being victims of abuse, and becoming NEET (not in education, employment or training) later on in life.

- We monitor pupils' attendance through a twice daily register. The school's welfare/ admin staff make first day absence calls to families where a child is absent and the school have not been informed.
- The school will ensure it holds at least 3 emergency contacts for each child and will regularly update contact information to ensure it is accurate.
- under section 175 of the Education Act 2002 in respect of their pupils, and as part of this our welfare /admin/lead for pastoral care will investigate any unexplained absences.
- Each half term/term, we inform Haringey education welfare service of the details of pupils who are regularly absent from school (attendance has fallen below 90%).
- We inform the education welfare service immediately of any pupil who has been absent for 10 consecutive days, and despite the efforts of school staff, the family have not been located. This may include a home visit by school staff to verify the pupil's whereabouts. The local authority's education welfare service will then conduct further checks.
- We will not remove a child from the admission register until another school has requested the unique pupil number for that child or we have liaised and referred the case to the education welfare service who has agreed to the removal from the school role.
- If there are concerns about the attendance of a child who is subject to a child protection plan or who is looked after by the local authority, the school will also inform the child's social worker.
- If a parent reports that their child has gone missing from home, we ensure this has been reported to the police. If a child absconds from school during the course of the day, the parent will be informed, and if necessary or if the pupil cannot be located, the police will also be informed.



- As required, we arrange full-time education for any pupil on a fixed term exclusion, from the sixth school day of the exclusion.

### 3.4 Clear recordkeeping procedures for the protection of children

We recognise that systematic, clear record keeping and reporting in a timely manner is essential for safeguarding. The school will develop and implement clear procedures for identifying, monitoring and reporting cases, or suspected cases, of abuse

- ensure all records are kept securely, separate from the main pupil file, and in secured locations online or on paper.
- keep factual written records of concerns about children, even where there is no need to refer the matter immediately
- develop effective links with relevant agencies and cooperate as required with their enquiries regarding child protection matters
- provide factual information when attending core groups and conferences as and when required
- develop and then follow procedures where an allegation is made against a member of staff or volunteer
- ensure safe recruitment practices are always followed
- ensure that DBS processes are applied consistently and that secure records are kept that are consistent with the provision of the Data Protection Act 2018

## 4. SAFEGUARDING AND CHILD PROTECTION PROCEDURES

- 4.1 Where we have concerns about the welfare of a child we will follow the procedures set out by the Haringey Local Safeguarding Children Board (LSCB). A copy of these procedures can be found on the LSCB website:  
<http://www.haringeylscb.org/>

### 4.2 All staff receive basic child protection training at the point of their induction to include

- Keeping Children Safe in Education (2018) Part 1
- The Child protection policy
- The Behaviour policy
- The staff Code of Conduct
- The Whistleblowing Policy
- The safeguarding response to children who go missing in education
- The role of the designated safeguarding lead and deputies

Staff will be provided with subject updates regularly, at least annually, so that they are confident about:

- the school's legislative responsibility
- their personal responsibility
- the school's policies and procedures
- the need to be alert to the signs and indicators of possible abuse
- the need to show professional curiosity in patterns of behaviour
- the need to record concerns
- how to support and respond to a child who tells of abuse
- how the school will fulfil its duty of care to staff who have been accused in a child protection issue

- use of the whistle blowing policy if required to report poor practice
- using the content of Keeping Children Safe in Education (2019) Part 1

We will ensure that all staff, paid and unpaid, and governors recognise their duty and feel able to raise concerns about poor or unsafe practice in regard to children. Such concerns must be addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies.

### 4.3 Interagency partnerships

BILC will:

- Establish strong relationships with external agencies regarding the protection of children including, Multi Agency Safeguarding Hub (MASH), Police, Schools Nursing, SEND team, CAMHS and Early Help
- Where Early help is appropriate the designated safeguarding lead will lead on liaising with agencies. This may require staff assistance in supporting agency work or, in some cases, acting as the lead professional.
- Ensure that Early Help assessment is evidence based, clear about what action and services are to be provided in order to prevent needs escalating to statutory assessment.
- Ensure where referrals have been made, there has been feedback obtained from the Local Authority Social Care on decisions taken.
- work to develop effective links with external services to proactively promote the safety and welfare of all pupils
- co-operate as required, in line with Working Together to Safeguard Children (2018), with key agencies in their enquiries regarding child protection matters including attendance and providing written reports at child protection conferences and core groups.
- notify the relevant social worker immediately if a pupil who is subject to a Child Protection Plan;
  - is to be excluded (whether fixed term or permanently)
  - has an unexplained absence
  - has any change in circumstances
- undertake appropriate discussion with parents/carers prior to involvement of another agency unless the circumstances preclude this action. If the school believes that notifying parents could increase the risk to the child or exacerbate the situation, advice will be sought from children's social care.

### 4.4 Clear recordkeeping procedures for the protection of children

We recognise that systematic, clear record keeping and reporting in a timely manner is essential for safeguarding. The school implements clear procedures for identifying, monitoring and reporting cases, or suspected cases, of abuse. All records and information is stored professionally and securely.

- ensure all records, online or on paper, are kept separate from the main pupil file and in secured locations.
- ensure that electronic records are kept secure with levels of accessibility is managed
- keep factual written records of concerns about children (noting the date, event and action taken), even where there is no need to refer the matter immediately

- develop effective links with relevant agencies and cooperate as required with their enquiries regarding child protection matters
- provide factual information when attending core groups and conferences as and when required
- ensure all relevant child protection records are sent to the receiving school or establishment when a pupil moves schools in accordance with the education child protection record keeping guidance.
- ensure that safe recruitment and DBS processes are applied consistently and that secure records are kept that are consistent with the provision of the Data Protection Act 2018

#### **4.5 Confidentiality and information sharing**

Child protection information will be stored and handled in line with the Data Protection Act 2018 and General Data Protection Regulation (GDPR). The Data Protection Act does not prevent school staff from sharing information with relevant agencies, where that information may help to protect a child. BILC will share, as early as possible, information with regard to the risks and concerns about the safety and welfare of a child. When a decision to share information is made the record will show who has been given the information and why.

Child protection records are normally exempt from the disclosure provisions of the data protection act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a pupil or parents to see child protection records, they will refer the request to the designated safeguarding leads or head teacher.

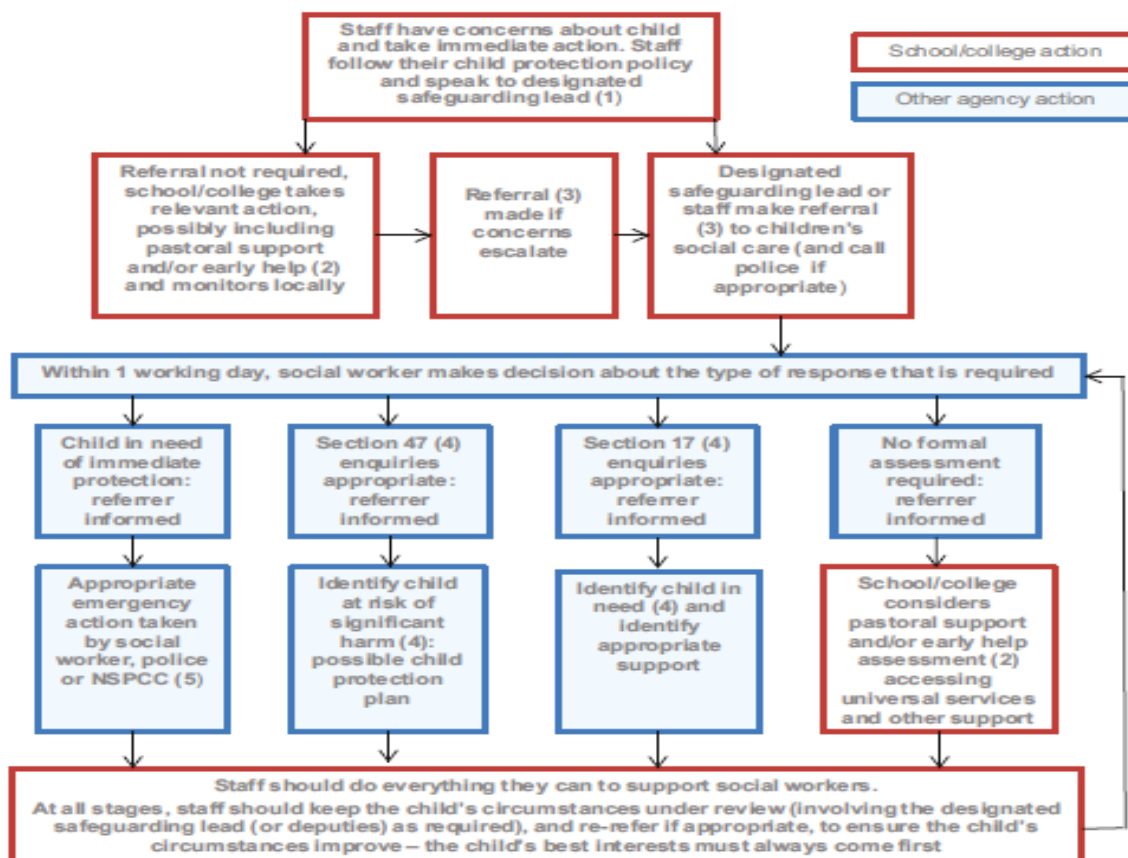
The school will:

- ensure confidentiality protocols are adhered to and information is shared appropriately..
- ensure that the head teacher or designated safeguarding leads will only disclose any information about a pupil to other members of staff on a 'need to know' basis, including domestic violence notifications.
- make all staff aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- ensure staff are clear with children that they cannot promise to keep secrets.
- ensure that statutory guidance on recording allegations against adults are followed – (see managing allegations against staff and volunteers policy)

#### **4.6 Expected Inter-agency process where there are concerns about a child**

*Source: Keeping Children Safe in Education 2019 pg16*

## Actions where there are concerns about a child



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

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

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

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

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

### 4.7 What to do if a child discloses something to you (For guidance on managing allegations against staff and volunteers see separate policy and KCSIE 2019)

When a child makes a disclosure (tells you something of concern), always follow the four Rs – Receive, Reassure, React and Record.

### Receive

- Listen to the child/young person. Take what the child/young person says to you seriously - if they are not believed or meet with shock, children and young people may retract what they have said.
- Accept what the child/young person says. Be careful not to burden the child/young person with guilt by asking, "Why didn't you tell me before?"

### Reassure

- Stay calm. Reassure the child/young person that they have done the right thing in talking to you. Be honest with the child/young person. Do not make any promises that you are unable to keep, like "I'll stay with you", or "Everything will be all right now".
- Do not promise confidentiality.
- Try to alleviate any feelings of guilt that the child/young person displays, e.g. "You are not alone - you are not the only one this sort of thing has happened to".
- Acknowledge how hard it must have been for the child/young person to tell you what has happened.
- Give the child time and a safe place. Stay with them and be aware that they may fear reprisals for having told somebody. They may feel confusing emotions. Telling is an act of courage as well as an act of desperation.

### React

- Avoid asking leading questions, for example "Did s/he .....?"
- Be careful about what you ask the child; you may taint any evidence being put before a court. Use open questions, such as, "Is there anything else you would like to tell me?" or "When did it happen?"
- Do not criticise the perpetrator. The child/young person may love him/her and reconciliation may be possible.
- Do not ask the child to repeat what has been said to another member of staff.
- Explain what you have to do next and to whom you have to talk to.
- Inform the designated safeguarding lead.
- Identify the support network available to yourself, as certain disclosures can be emotive. This may include staff counselling services.

### Record

- As soon as is reasonably practicable record what has happened electronically or on paper.
- Record; place, date, time and details of the child/young person involved. Record any noticeable nonverbal behaviour of the child/young person. If the child/young person uses their own words to describe sexual organs/acts, record the words spoken. Do not translate them into proper words.
- Use the 'skin map' on the reverse of the 'Note of concern'/myconcern tab' to indicate positioning, size and location of any injuries you have identified/observed.
- Be objective in your recording. Include statements made and what you have seen, rather than assumptions or interpretations. Rely on FACT.
- Hand the record to the designated safeguarding lead/post on Myconcern. Do not destroy these notes; they will be retained in a safe place. The court in any legal process may require them

### Note:

1. Records should be filled in completely and should be as accurate and factual as possible to be about exactly what was seen, heard, said or noticed and when. Opinions, assumptions and

interpretations **should not** be recorded, as they are clearly separate from the facts. If you do not feel confident to do this yourself, please ask for help.

2. Remember confidentiality, and do not discuss your concern with others unnecessarily.
3. Do not discuss your concerns with parents or carers unless this has been specifically agreed and authorised by the Designated Senior Person or Headteacher.

## 5 Areas of concern for the Designated Safeguarding Lead

The designated Safeguarding lead has a responsibility to consider all incidents in terms of contextual safeguarding. This simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

**The key areas of work for the Designated Safeguarding Lead is around**

- **Abuse: Physical, Emotional, Neglect, Sexual**
- **Peer on peer abuse**
- **Sexual violence and sexual harassment**
- **Sexting**
- **Online safety 2019**
- **Child criminal exploitation incl. 'county lines'**
- **FGM**
- **Forced Marriage and 'Honour Based Violence'**
- **Modern Day Slavery or Human Trafficking**
- **Preventing radicalisation**
- **Prevent and Extremism**
- **Working with the Designated Teacher for Looked After Children**
- **Working with Personal Advisers for care leavers**
- **Working as Lead professional on some Early Help Cases**

### 5.1 Domestic Abuse

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

- psychological
- physical
- sexual
- financial
- emotional

Where there is domestic abuse in a family, the children/young people will always experience trauma sometimes in the longer term. The designated safeguarding lead will take appropriate action to ensure children and young people are kept safe, will engage with services to ensure appropriate help for emotional trauma experienced and will seek advice where necessary.

### 5.2 Children of Substance Misusing Parents/Carers

Misuse of drugs and/or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence.

When BILC receives information or evidence about drug and alcohol abuse by a child's parents/carers they will follow MASH referral procedures.

This is particularly important if the following factors are present:

- use of the family resources to finance the parent's dependency, characterised by inadequate food, heat and clothing for the children.
- children exposed to unsuitable caregivers or visitors, e.g. customers or dealers.
- the effects of alcohol leading to an inappropriate display of sexual and/or aggressive behaviour.
- chaotic drug and alcohol use leading to emotional unavailability, irrational behaviour and reduced parental vigilance.
- disturbed moods as a result of withdrawal symptoms or dependency.
- unsafe storage of drugs and/or alcohol or injecting equipment.
- drugs and/or alcohol having an adverse impact on the growth and development of the unborn child.

### 5.3 Child Sexual Exploitation (CSE)

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

DFE 2017

Sexual exploitation can take many different forms from the seemingly 'consensual' relationship to serious organised crime involving gangs and groups. It is important to recognise that some young people who are being sexually exploited do not show any external signs of this abuse and may not recognise it as abuse

[Further guidance is held in document : Child Sexual Exploitation \(Feb 2017\) Voyeurism \(Offences\) Act 2019](#)

### 6.4 Sexual abuse including peer on peer abuse

Any suspicion of sexual abuse or actual disclosure by a child, including children under the age of 13, that he or she has been sexually abused must be referred immediately to the MASH team, who will contact the appropriate investigative agencies.

Parents/carers should not normally be informed at this stage as this may jeopardise the investigation and the safety of the child. Where there is an allegation of, or concern about, sexual abuse a strategy meeting will be held in order to decide on the most appropriate way to proceed. The referrer will normally be invited to the strategy meeting. (refer to Part 5 of the new KCIE 19)

[Further guidance is held in document: Sexual violence and harassment between children in schools and colleges \(May 2018\)](#)

## Teaching online safety in school 2019

In curriculum areas, pupils will be taught what positive, healthy and respectful online relationships look like.

Safety at the school will include the following underpinning knowledge and behaviours:

- How to evaluate what they see online
- How to recognise techniques used for persuasion
- Online behaviour
- How to identify online risks
- How and when to seek support

### 5.5 Child Criminal Exploitation incl County Lines

Child Criminal Exploitation refers to the use of children to conduct illicit activities normally for urban gangs, to allow them to operate in coastal or suburban areas.

[Further guidance is held in document: Criminal exploitation of children and vulnerable adults \(Jul 2017\)](#)

### 5.6 Female Genital Mutilation (FGM)

Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. FGM is carried out on children between the ages of 0–15, depending on the community in which they live. It is extremely harmful and has short and long term effects on physical and psychological health.

FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries, including the UK. The **FGM mandatory reporting duty is a legal duty** provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they believe FGM has been carried out.

BILC staff will be made aware of the signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk or is imminent will be dealt with under the child protection procedures in this policy.

[Further guidance is held in document: Multi Agency Statutory guidance on Female Genital Mutilation \(Apr 2016\)](#)

Professionals also need to be vigilant to the emotional and psychological needs of children who may/are suffering the adverse consequence of the practice (e.g. withdrawal, depression etc).

The Designated Safeguarding lead will make appropriate and timely referrals to social care via the MASH if FGM is suspected to be a possibility and to the police if it is believed to have taken place. In these cases, parents will not be informed before seeking advice. The case will still be referred to social care even if it is against the pupil's wishes.

### 5.7 Forced Marriage/Honour Based Violence



A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

**“Honour-based” violence** – is a term that embraces a variety of crimes of violence (mainly but not exclusively against women) including assault, imprisonment and even murder where the person is being punished by their family and their community – children and young people are being punished for supposedly undermining what the family or community believe to be correct behaviour.

All cases of disclosures or concerns relating to forced marriage/honour based Violence will be reported directly to the DSL and the Police where it is deemed necessary. Information and advice will be sought from single point of access and referrals made to early help or social care where appropriate (**Annex 1**).

Further guidance is held in document: [Forced marriage \(May 2018\)](https://www.gov.uk/guidance/forced-marriage)  
[www.gov.uk/guidance/forced-marriage](https://www.gov.uk/guidance/forced-marriage)

## 5.8 Modern day Slavery and human trafficking

The Modern Slavery Human Trafficking Unit (MSHTU) is a multi-agency organisation led by the the National Crime Agency. Designated Safeguarding Leads will work through the advice of MASH as well as through the National Referral Mechanism

Further guidance is held on website : <http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>

## 5.9 Preventing Radicalisation

Safeguarding from radicalisation and extremism is no different from safeguarding from other forms of harm. All staff will clearly understand the pathways for vulnerable individuals and be aware of how to recognise vulnerability and mitigate the risks. The school mitigates risk by embedding British values of tolerance and respect.

The schools works in partnership with Haringey Prevent Tem to ensure the education of students , staff and families regarding radicalisation whether by illegal organisations such as “Muslims Against Crusades” or other non proscribed extremist groups such as the English Defence League.

### **What will school do?**

If staff have concerns about a child or group of children being violent, or being drawn into violent extremism, or being vulnerable to this, they should respond as they would to all vulnerable children and follow the procedures below:

- Talk to the family and other professionals working with the young person about the concerns and get their views.
- Ensure there is a risk assessment for any child who is identified as at risk.
- Seek consent to complete an early help referral and get a holistic perspective on the situation. Determine if there are additional needs and if so how these could be met.

- Contact other relevant agencies and engage them in a Team Around the Child (TAC) approach to supporting the young person and their family.
- Liaise with the LA Prevent lead.

*If you suspect someone is actually engaged in terrorist activity, contact the police or the anti-terrorist hotline immediately on 0800 789 321.*

[Further guidance is held in document: Prevent duty for schools and childcare providers \(Jun 2015\)](#)

## 6.10 Channel

Channel is a joint initiative between the police and Haringey Council which offers support and guidance to local people who may be at risk of becoming involved in extremism, Channel is voluntary and once an assessment has been made can provide a support package tailored to the individual's needs. If you are concerned that someone you are working with is at risk of getting involved in extremism, contact the Channel Co-ordinator. To discuss any potential referral, please email: [saferrcommunities@haringey.gov.uk](mailto:saferrcommunities@haringey.gov.uk)

[Further guidance is held in document: Channel guidance \(Apr 2015\)](#)

## 5.11 Private Fostering

A private fostering arrangement is essentially an arrangement between families / households, without the involvement of a local authority, for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative (close relatives are parents, step-parents, siblings, siblings of a parent and grandparents) for **28 days or more**. The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break.

Privately fostered children are a diverse, and sometimes vulnerable, group. Groups of privately fostered children include:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Asylum seeking and refugee children;
- Teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives;
- Children of prisoners placed with distant relatives;
- Language students living with host families;
- Trafficked children

Private foster carers and those with parental responsibility are required to notify a LA children's social care of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

### **Looked After or previously looked after Children**

Where a child is Looked After or previously looked after there will be sound work across the school to ensure their safeguarding. The Designated Safeguarding Lead working in tandem with the Designated Teacher for Looked After Children, the Virtual School Head and other agencies have a joint duty to ensure positive educational outcomes for children.

## 6. Safeguarding Update 2019-20

The updated guidance includes a new section (Part 5) on

### **Child on child sexual violence and sexual harassment.**

This section covers in detail:

The schools should respond to incidents of sexual violence and sexual harassment,

The school has a responsibility to ensure effective training and policies to train staff to recognise sexual abuse.

The school has in place risk assessments following reports of incidents of sexual violence or sexual harassment or peer on peer abuse or harassment.

The school has a list of outside agencies they can consult to support victims and alleged perpetrators of sexual violence or harassment.

The school ensure that all staff act immediately if they have a concern about a child.

Staff are trained to recognise the signs of:

- Children being used to carry drugs or money from urban to rural areas
- Homelessness
- Domestic abuse
- Child sexual exploitation

The school ensures the attendance team follow the CMIE guidance to ensure that no pupils are off rolled until a new school is confirmed, this ensures overseas destinations.

## 7. Safeguarding Priorities for the Borough of Haringey 2019-20

During this period LSCB and partners will continue partnership work to progress the 3 priorities identified within the LSCB Strategy 2016-21. In addition to the priorities the partnership will also focus on:

- Developing further the partnership response to neglect following the Joint Targeted Area Inspection on neglect that took place in November 2017.
- Agreeing and implementing new safeguarding partnership arrangements in response to Social Work Act 2017 and Working Together to Safeguard Children 2018.

### Priority 1 : Overhaul the ways in which agencies tackle chronic neglect

**Rationale:** *Roughly 1 in 10 children experience neglect – the most common form of child abuse in UK. It is the second most common factor identified in assessments.*

Key areas of focus for 2019-20 to support this priority are the development and implementation of :

- A partnership response - Early Help
- A partnership approach to MASH
- A partnership response – understanding thresholds and decision-making
- Understanding the child’s lived experience in Haringey
- Supporting and developing the workforce

To ensure the partnership response to neglect is effective a partnership and single agency action plans were drawn up – in response to the Neglect JTAI findings - to address identified areas for improvement

Priority 2 : Improve outcomes for children with vulnerabilities and those subject to particular risks

**Rationale:** it is recognised that there are vulnerabilities and risks to children and young people that require attention for which the Board has accountability.

Key areas of focus for 2018-19 to support this priority are: -

- Vulnerable children and young people's strategy is agreed and implemented.
- Partnership assurance sessions will be held with partners regarding the effectiveness of safeguarding arrangements for children and young people experiencing FGM, radicalisation in respect of Prevent and Channel guidance, interventions for children after domestic abuse, preventing and managing sexually harmful behaviours, serious youth violence and harmful practices. These will provide assurance regarding safeguarding arrangements and identify appropriate actions to address areas for improvement.
- LSCB is assured through the section 11 audit process that the partnership workforce is knowledgeable, confident and competent in identifying and supporting children with a range of vulnerabilities.

Priority 3: Develop high quality partnership working at all levels between our agencies including the strengthening of cross-borough partnership work.

**Rationale:** *An effective safeguarding system is dependent on professionals across the partnership effectively working together to put children at the system's centre and by every individual and agency playing their full part. Working Together to Safeguard Children 2018 emphasises that effective safeguarding systems are where i) children's needs are paramount; ii) professionals working with children and families are alert to their needs and any risks of harm; iii) information sharing is timely and appropriate; and iv) all professionals contribute to actions needed to safeguard children regularly reviewing outcomes against specific actions and plans. In November 2017 the JTAI on neglect identified some strengths to Haringey's safeguarding arrangements and several areas of improvement regarding the partnership's effectiveness.*

*The lives and experiences of our communities are not determined by borough boundaries in the same configuration as services. Children and families' cross borough boundaries for education, health and social reasons. Cross borough working can be useful to address certain safeguarding issues such as gangs, CSE and serious case reviews.*

Key areas of focus for 2019-20 to support this priority are: -

- To evaluate impact and effectiveness of completed actions under this priority since 2016.
- For the strengths and learning from current partnership arrangements to inform the new Strategic Safeguarding Partnership arrangements as defined in Social Work Act 2017 and Working Together to Safeguard Child 2018.
- To work closely with other strategic boards – including Health & Well Being Board, Adult Safeguarding Board and Community Safety Partnership – to identify common agenda's and areas of work to avoid duplication and conflict in partnership working to ensure a consistent partnership approach.
- To strengthen cross borough working : -
  - within discussions and planning for new strategic partnership arrangements.
  - By exploring opportunities for cross borough working in relation to LSCB business and related services.

## **8. MANAGING AND PREVENTING ALLEGATIONS AGAINST STAFF**

### **Part 5 of the KCSIE**

- 8.1** Any allegation of abuse made against a member of staff will be reported straight away to the head teacher. In cases where the head teacher is the subject of an allegation, it will be reported to the chair of governors. The school will have a risk assessment for the victim and the alleged perpetrator.

The school will consult with the Local Authority Designated Officer (LADO) in the event of an allegation being made against any member of staff and adhere to the relevant procedures as set out in the school's managing allegations against staff and volunteers policy, Keeping Children Safe in Education and the LSCB's guidance, available on Haringey LSCB website.

The school will ensure that any disciplinary proceedings against staff relating to child protection matters are concluded in full, even when the member of staff is no longer employed at the school and that notification of any concerns is made to the relevant authorities and professional bodies and included in references where applicable.

Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly, and consistently and to be kept informed of its progress. Suspension is not mandatory, nor is it automatic but, in some cases, staff may be suspended- refer to managing allegations against staff and volunteers policy for guidance.

Consideration must be given to the needs of the child and recognition that a child may make an allegation against an innocent party because they are too afraid to name the real perpetrator. It is rare for a child to make an entirely false or malicious allegation, although misunderstandings and misinterpretations of events do happen.

- 8.2** The school will ensure that all staff; paid and unpaid, are trained in good practice so that they can reduce the risk of allegations being made against them. Staff are aware of the need for maintaining appropriate and professional boundaries in their relationships with pupils and parents/carers as advised within the school's code of conduct. As part of the Induction process, all staff will receive guidance about how to create appropriate professional boundaries (in both the real and virtual world) with all children, especially those with a disability or who are vulnerable. All staff will be made aware that behaviour that contradicts the code of conduct, which takes place outside of school, may still lead to disciplinary procedures.

The school will ensure that staff and volunteers are aware that sexual relationships with pupils aged under 18 are unlawful and could result in legal proceedings taken against them under the Sexual Offences Act 2003 (Abuse of Trust).

The school will ensure that communication between pupils and adults, by whatever method, are transparent and take place within clear and explicit professional boundaries and are open to scrutiny (see social media policy).

### **8.3 Agreed procedures for staff to reduce risk of allegations**

#### **Working 1:1**

This must always take place in a room where staff can be seen and / or heard from outside the room with the door open or appropriate window provision for viewing.

### **Use of personal mobile phones during school hours**

Personal mobile phones should not be used in class. During breaks and lunchtimes, when not on duty, members of staff are free to use their personal mobile devices in designated areas. If members of staff use their equipment in this way they are still expected to follow professional standards and abide by the school's social media policy. Personal phones **must not** be used to take photographs of school activities. Staff should always use school-owned cameras or tablets if taking photographs of children.

### **Changing Pupils who have wet or soiled themselves (not SEN pupils or EYFS)**

If a child has wet or soiled themselves due to illness, the parent should be called to collect the child. If this will result in a delay, then the child will be changed by school staff. The procedure for changing a child who has wet themselves should be followed:

- member of staff collects clean clothing and wet wipes if required.
- child undresses themselves as appropriate in one of the toilet cubicles.
- member of staff waits outside the toilet cubicle.
- if the child needs assistance, the member of staff will call another member of staff in their phase to assist.
- both members of staff must be within sight of each other and the dignity of child maintained at all times.

### **Changing Pupils who have wet or soiled themselves (SEN pupils and EYFS)**

When changing children who require intimate care, it is ideal, although not always practical, that there are two members of staff who are involved in this. Again, please follow the guidance outlined above. All changing of pupils must only be carried out by teachers, teaching assistants, midday supervisors or office support staff directly employed by the school. Volunteers, work-experience students, teacher training students, sports coaches and consultants must never change any pupil.

### **Physical Restraint of Pupils**

A proportion of allegations against teachers and school support staff relate to incidents involving the physical restraint of pupils. In BILC:

- there will be staff trained in the use of physical restraint;
- all staff will be trained in the use of positive behaviour supports and techniques to defuse crisis and conflict situations;
- training will be recurrent, with annual updates at a minimum, and will be appropriate to the type of school setting and to the age and developmental level of pupils;
- training will include information about the effects of medications pupils may be receiving and how restraint procedures might affect the physical wellbeing of the pupil during restraint procedures;
- training will include multiple methods for monitoring a pupil's well-being during a restraint;

## **9. SAFER RECRUITMENT**

Keeping Children safe in Education (2018) outlines safer recruitment processes in education settings. Safer recruitment at this school means that all applicants will:

- complete an application form
- provide two referees, including at least one who can comment on the applicants suitability to work with children
- provide evidence of identity and qualifications
- complete a barred list check and DBS check before taking up a post
- be interviewed, with at least one question referring to Child protection knowledge

The school staffing regulations require governing bodies of maintained schools to ensure that at least one person on any appointment panel has undertaken safer recruitment training as advised by their LSCB.

There are 3 types of DBS checks

**Standard:** this provides information about convictions, cautions, reprimands and warnings held on the Police National Computer (PNC), regardless or not of whether they are spent under the Rehabilitation of Offenders Act 1974. The law allows for certain old and minor matters to be filtered out;

- **Enhanced:** this provides the same information as a standard check, plus any approved information held by the police which a chief officer reasonably believes to be relevant and considers ought to be disclosed; and
- **Enhanced with barred list check:** where people are working or seeking to work in regulated activity with children, this allows an additional check to be made as to whether the person appears on the children's barred list

### 9.1 Single, Central record

It has been a requirement since 2007 that all schools must maintain a Single Central Record of recruitment and vetting checks. This was set out in the original publication 'Safeguarding Children and Safer Recruitment in Education (2007)' and updated in the DfE's September 2016 statutory guidance. The details of all staff and regular visitors or volunteers must be kept on the school's single central record to ensure that checks have been carried out.

The statutory guidance states: "Generally, the information to be recorded ..... is whether or not the following checks have been carried out or certificates obtained, and the date on which the checks were completed:

- Full name and address checks
- a barred list check
- an enhanced DBS check
- a prohibition from teaching check
- Photo ID
- further checks on people living or working outside the UK
- a check of professional qualifications
- a check to establish the person's right to work in the UK/visa details
- Self declaration of disqualification by association/ disqualification from early years or childcare provision self declaration form
- MAKE SURE THERE ARE NO GAPS

This single central record is checked termly by the Headteacher and governor responsible for safeguarding to ensure there are no gaps in the record.

### 9.2 Visitors and guest speakers to school

Any outside speakers or visiting organisations will be cleared with the head teacher before booking. Staff will ensure that the speaker/organisation is complementing the programmes of study and teaching taking place in the school. Prior to the visit the content of the session will be discussed and it will be made clear to the visitor that behaviour management is the responsibility of the school staff who will remain present at all times.

### 9.3 Extended Schools by external providers

During before and after school activities, the school's arrangements for child protection as written in this policy shall apply.

Where services or activities are provided separately by another body, either on or off school site, the governing body will seek assurance that the body concerned has appropriate policies and procedures in place for safeguarding children and child protection and there are arrangements to liaise with the school on these matters where appropriate.

## **10.ASSOCIATED POLICIES**

The following policies provide guidance on matters which may relate to safeguarding and should be read in conjunction with this policy;

- Staff Discipline, Conduct and Grievance
- Managing Allegations Against Other Children,( including Sexting)
- Managing Allegations Against Staff and Volunteers
- Sex and Relationships Education
- Whistle Blowing
- Social Media
- GDPR
- SEND
- Intimate Care
- Positive Handling
- Behaviour
- Anti Bullying
- E.safety
- Curriculum Statement.



## Annex 1: Categories of Abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in an institutional or community setting, by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

There are four recognised types of abuse and it is important that all staff and volunteers know what they are and how to recognise them. These are;

### Physical abuse

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

Signs of physical abuse:

- unexplained injuries or burns, particularly if they are recurrent
- improbable excuses given to explain injuries
- refusal to discuss injuries
- untreated injuries
- admission of punishment which appears excessive
- bald patches
- withdrawal from physical contact
- arms and legs kept covered in hot weather
- fear of returning home
- fear of medical help
- self-destructive tendencies
- aggression towards others
- running away

### Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Signs of sexual abuse:

- sudden changes in behaviour or school performance
- displays of affection in a sexual way inappropriate to age
- tendency to cling or need reassurance
- tendency to cry easily
- regression to younger behaviour such as thumb sucking, acting like a baby
- complaints of genital itching or pain
- distrust of a familiar adult or anxiety about being left with a relative, babysitter or lodger
- unexplained gifts of money
- depression and withdrawal
- apparent secrecy
- wetting day or night
- sleep disturbance or nightmares
- chronic illness, especially throat infection or venereal disease
- anorexia or bulimia

- unexplained pregnancy
- fear of undressing eg. for sport
- phobias or panic attacks

Not all sexually abused children will show clear signs of disturbance. Some will be model pupils displaying none of the characteristic signs of sexual abuse.

### Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child causing severe and persistent adverse effects on the child's emotional development, often by making them feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children to feel frightened, or in the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may also occur alone.

Signs of emotional abuse:

- physical, mental and emotional development lags
- admission of punishment which appears excessive
- over reaction to mistakes
- continual self-deprecation
- sudden speech disorders
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (eg. rocking, hair twisting, thumb sucking)
- self mutilation
- fear of parents being contacted
- extremes of passivity or aggression
- drug/solvent abuse
- running away
- compulsive stealing or scavenging
- social isolation
- desperate attention-seeking behaviour
- depression, withdrawal
- air of detachment ('don't care' attitude)

### Neglect

Neglect is the persistent failure to meet a child's basic and/or psychological needs, likely to result in serious impairment to 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
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

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

Signs of neglect:

- constant hunger
- poor personal hygiene
- constant tiredness
- poor state of clothing
- emaciation
- frequent lateness or poor attendance
- untreated medical problems
- destructive tendencies
- low self-esteem
- neurotic behaviour
- poor or no social relationships
- running away
- compulsive stealing or scavenging

Poverty and neglect are totally different – they are not equivalent states.

## Annex 2 : Signs of Safety Principles:

- √ respect and honour families and children as people to do business with
- √ co-operate with the person not the abuse
- √ recognise that cooperation is possible even in the most difficult situations
- √ recognise that all families have some signs of safety that is working well
- √ maintain a clear and relentless focus on safety
- √ learn what the family & child want – what realistic goals can the family set & achieve?
- √ always search for detail through questions – be curious and balanced in your views and don't ignore new evidence
- √ focus on small change for families that is incremental – what can they do and what do they need to do it?
- √ don't confuse information gathering with judgements
- √ offer families some choices
- √ treat every interaction as an occasion for change
- √ accept that children and their families are the best judges of whether what we are doing is working and seek feedback

## Signs of Safety Assessment and Planning Form

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p><b>Past Harm to Children:</b> Action/Behaviour – who, what, where, when; Severity; Incidence &amp; Impact.</p> <p><b>Danger Statements:</b> Future Danger for Children. Worries for the future if nothing changes.</p> <p><b>Complicating Factors:</b> Factors which make the situation more difficult to resolve.</p>	<p><b>Existing Strengths:</b> Best attributes of parenting</p> <p><b>Existing Safety/Protection:</b> The strengths demonstrated as protection over time.</p> <p>Must directly relate to danger.</p>	<p><b>Safety Goals:</b> Future Safety/ Protection What must the caregivers be doing in their care of the child that addresses the future danger?</p> <p><b>Family Goals:</b> What does the family want generally and in relation to safety?</p> <p><b>Next Steps:</b> What are the next steps to be taken to move towards achieving the goal?</p>
<p><b>Safety Scale:</b> On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation? <i>(If different judgements place different people's number on the continuum).</i></p> <p style="font-size: 2em; font-weight: bold;">0      ←————→      10</p>		



*(If different judgements place different people's number on the continuum).*

**0**



**10**



## Annex 3 Needs of Children & Young People

This table sets out the possible indicators/features for to be aware of to identify Child's level of need and the potential services they may need to help meet their needs.

*This is not a definitive list but does show core areas that will help identify when to make a referral or undertake an assessment.*

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<b><i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i></b>				
<b>Behaviour</b>	<ul style="list-style-type: none"> <li>▪ Child engages in age appropriate behaviours and self-control.</li> <li>▪ Child demonstrates appropriate response in feelings and actions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child displays a lack of self-control unusual in children of their age.</li> <li>▪ Child has some difficulties with family /adult and peer relationships.</li> <li>▪ Child displays some inappropriate responses / behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child becoming involved in negative disruptive / challenging behaviours/ activities.</li> <li>▪ Child regularly displays lack of self-control unusual for child of their age.</li> <li>▪ Child displays abuse / neglect towards vulnerable adults or animals</li> <li>▪ Child has poor family / adult and peer relationships.</li> <li>▪ Child finds it difficult to cope with anger and frustration.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child displays little or no self-control which seriously impacts on relationships with those around them putting child / others at risk</li> <li>▪ Child's challenging behaviour results in serious risk to child and / or others.</li> <li>▪ Parents / carers not good role model &amp; condones child's challenging behaviour.</li> <li>▪ Child cannot maintain relationships</li> </ul>
<b>Child Sexual Exploitation (CSE)</b>	<ul style="list-style-type: none"> <li>▪ No concerns of CSE</li> <li>▪ Child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child has a negative sense of self and abilities and suffers with low self-esteem making them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child's negative sense of self/low self-esteem contributes to their involvement with peers and/or adults thought to be treating them badly and/or encouraging their involvement in self-harm and/or criminal behaviour.</li> <li>▪ Child regularly goes missing and family do not know where Child is.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child's vulnerability results from their negative sense of self/low esteem, that is exploited by others causing them harm.</li> <li>▪ Child frequently goes missing and fails to account for their locations or discloses situations indicating risk of CSE</li> <li>▪ MASE assesses high risk of CSE.</li> <li>▪ Child trafficked to UK for sexual exploitation.</li> </ul>
<b>Development</b>	<ul style="list-style-type: none"> <li>▪ Child is developing and growing well</li> <li>▪ Child is healthy and does not have a physical or mental health condition or disability</li> </ul>	<ul style="list-style-type: none"> <li>▪ Some concerns on the growth and development of Child.</li> <li>▪ Child has a mild physical or mental health condition or disability which</li> </ul>	<ul style="list-style-type: none"> <li>▪ Significant concerns that child's developmental milestones not met.</li> <li>▪ Child has physical/mental health condition, chronic and recurrent health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Developmental milestones significantly delayed or impaired.</li> <li>▪ Child has complex physical/mental health condition or disability, which has adverse</li> </ul>

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<b><i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i></b>				
	<ul style="list-style-type: none"> <li>▪ Child possesses age appropriate ability to understand and organise information and solve problems</li> <li>▪ Child makes adequate academic progress.</li> <li>▪ Young person is in education, employment or training</li> </ul>	<p>affects their everyday functioning but can be managed in mainstream schools</p> <ul style="list-style-type: none"> <li>▪ Child under-achieving or is making limited academic progress.</li> </ul>	<p>problem or disability significantly affecting their everyday functioning and access to education</p> <ul style="list-style-type: none"> <li>▪ Child not making academic progress despite learning support strategies in place over a period of time.</li> <li>▪ Young person refuses to engage in educational or employment and are increasingly socially isolated.</li> <li>▪ Young person not in education, employment or training (NEET) and is not likely to reach their potential.</li> </ul>	<p>impact on their physical, emotional or mental health and access to education.</p> <ul style="list-style-type: none"> <li>▪ One or more children’s needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day-to-day lives of Child/children and their siblings and/or parents.</li> </ul>
<b>Disability</b>	<p><b>Child</b></p> <ul style="list-style-type: none"> <li>▪ Child has no disability.</li> <li>▪ Child with disabilities is accessing universal services without support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child with disabilities who is accessing services may need additional support and/or advice.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child has permanent &amp; substantial disabilities who require targeted services and whose needs not be met by services without someone to support them.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Severe disability is identified ante-nataly</li> <li>▪ Child’s complex physical/mental health condition, or disability, has adverse impact on their physical, emotional or mental health and access to education.</li> </ul>
	<p><b>Parent/Carer/Extended Family</b></p> <ul style="list-style-type: none"> <li>▪ Family members do not have disabilities/serious health conditions.</li> <li>▪ Physical health/learning disabilities of the parent/carer does not affect the care of Child.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physical needs of the parent/carer impacts upon the care of Child.</li> <li>▪ Parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting Child at risk.</li> <li>▪ Family members have disabilities /serious health conditions that require additional support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physical needs of the parent/ carer significantly affect their care of child.</li> <li>▪ Parents/carers learning disabilities are affecting the care of their child.</li> <li>▪ Siblings or other members of Family have a disability/serious health condition impact on Child.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parent/carers physical/mental health needs significantly affect care of child placing them at risk of significant harm.</li> <li>▪ Parents/carers learning disabilities severely affecting care of child placing them at risk of significant harm.</li> <li>▪ Siblings/other members of Family have disabilities/health concerns that are seriously affecting child and putting them at risk of significant harm.</li> </ul>



Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<b><i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i></b>				
<b>Honour Based Violence</b>	<ul style="list-style-type: none"> <li>▪ No concerns Child may be subject to honour-based violence.</li> </ul>	<ul style="list-style-type: none"> <li>▪ There is concern that Child may be subject to honour-based violence.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Allegation of honour based violence or intended honour based violence is raised</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evidence that Child may be subject to honour based violence.</li> </ul>
<b>Domestic Abuse</b>	<ul style="list-style-type: none"> <li>▪ Expectant mother/ parent/carer is in a healthy relationship.</li> <li>▪ There are no incidents of violence in Family or history of violence between by family members or new partners.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Historic incidents of physical and/or emotional violence in Family.</li> <li>▪ Harmful impact of incidents is moderated by other protective factors within Family who are able to look after Child when there are arguments /disputes in Family home.</li> <li>▪ Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of abuse are apparent.</li> <li>▪ Perpetrator shows insight and accepts support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Expectant mother/parent/carer is victim of previous domestic abuse and is a victim of increasing or more serious incidents of domestic abuse.</li> <li>▪ One or more adult family members is physically and emotionally abusive to another adult family member/s</li> <li>▪ Perpetrator/s show limited or no commitment to changing their behaviour and little understanding of the impact their violence has on Child.</li> <li>▪ Perpetrator is emotionally harming Child/ren who witness or are otherwise aware of the violence.</li> <li>▪ Child has/or continues to witness adult in household physical or emotional abuse to another household member.</li> <li>▪ Child shows signs of the impact of Domestic Abuse, i.e. aggression or passive behaviour.</li> <li>▪ Confirmation previous domestic abuse perpetrator residing at property.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Expectant mother/parent/carer is current victim of domestic abuse, which is increasing in severity, frequency or duration.</li> <li>▪ One or more adult members of family is perpetrator of persistent and/or serious physical and emotional violence, which may also be increasing in severity, frequency or duration.</li> <li>▪ Perpetrator/s show no commitment to changing their behaviour and no understanding of the impact their violence has on Child.</li> <li>▪ Perpetrator is emotionally harming Child/ren who witness or are otherwise aware of the violence.</li> <li>▪ Children may also be at risk of physical violence if, for example, they seek to protect the adult victim.</li> <li>▪ Child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour</li> </ul>
<b>Emotional Well Being / Abuse</b>	<ul style="list-style-type: none"> <li>▪ Child is provided with an emotionally warm and stable family environment.</li> <li>▪ Child engages in age appropriate activities and displays age appropriate behaviours.</li> <li>▪ Child has a positive sense of self and abilities.</li> <li>▪ Able to demonstrate empathy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child's experiences parenting that shows a lack of emotional warmth or it is inconsistent.</li> <li>▪ Child beginning to develop a negative sense of self and abilities.</li> <li>▪ Child at risk of becoming involved in negative behaviour/ activities – i.e. challenging behaviour, substance misuse.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child experiences a volatile and unstable family environment and this is having a negative effect on Child.</li> <li>▪ Child has negative sense of self and abilities to the extent it is affecting their daily outcomes.</li> <li>▪ Child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child suffered long- term neglect of the emotional needs.</li> <li>▪ Child at high risk of, or already involved in sexual or other exploitation either as a perpetrator or victim</li> <li>▪ Child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.</li> <li>▪ Child frequently exhibits negative behaviour or activities that place self or others at</li> </ul>

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<b><i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i></b>				
		<ul style="list-style-type: none"> <li>▪ Child has some difficulties with family/peer relationships</li> <li>▪ Child displays inappropriate responses and actions</li> <li>▪ Child does not always understand impact of own actions on others</li> </ul>	ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults.	<p>imminent risk including chronic non-school attendance.</p> <ul style="list-style-type: none"> <li>▪ Child is withdrawn /unwilling to engage.</li> </ul>
<b>Female Genital Mutilation (FGM)</b>	<ul style="list-style-type: none"> <li>▪ No concerns that Child may be subject to FGM</li> </ul>	<ul style="list-style-type: none"> <li>▪ Concern that Family may have a history of practising FGM</li> <li>▪ Female child is born to a woman who has undergone FGM</li> <li>▪ Female child has an older sibling or cousin who has undergone FGM</li> <li>▪ Female child’s father comes from a community known to practise FGM</li> <li>▪ Family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children</li> <li>▪ Female child from practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent.</li> <li>▪ Increased emotional/psychological needs, i.e. Withdrawal or depression, or significant change in behaviour.</li> <li>▪ Female child is missing from education for a period.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family believe FGM is integral to cultural or religious identity.</li> <li>▪ Female child talks about a long holiday to her country of origin or another country where the practice is prevalent.</li> <li>▪ Female child or parent state that they or a relative will go out of the country for a prolonged period.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Female child or sibling confides that they will be having a ‘special procedure’ or attending a special occasion to ‘become a woman’.</li> <li>▪ A parent or family member expresses concern that FGM may be carried out on Female child.</li> <li>▪ Female child requests help because she is aware or suspects that she is at immediate risk of FGM.</li> <li>▪ A mother/family member discloses that Female child has had FGM.</li> </ul>
<b>Forced Marriage</b>	<ul style="list-style-type: none"> <li>▪ Concern that child may be subject to Forced Marriage.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Concern that child may be subject to forced marriage.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Allegation of forced marriage or intended forced marriage is raised</li> </ul>	<ul style="list-style-type: none"> <li>▪ There is evidence that Child may be subject to forced marriage.</li> </ul>

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<b>Health (Physical)</b>	<ul style="list-style-type: none"> <li>▪ Good physical health</li> <li>▪ Adequate diet, hygiene, exercise.</li> <li>▪ Regular dental &amp; optical care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health problems maintained in mainstream school.</li> <li>▪ Child/parent do not attend health / medical appointments.</li> <li>▪ Defaulting on immunisations check and/or dental care.</li> <li>▪ Child is overweight.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Chronic / recurring health problems.</li> <li>▪ Child has health condition/disability requiring regular treatment that child / parent refuses and affects child's health.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Serious physical &amp; emotional health problems.</li> <li>▪ Parents/Carers fail to access health services causing Child harm</li> <li>▪ Medical referral for non-organic failure to thrive in child under 5 years</li> <li>▪ Early teenage pregnancy</li> </ul>
<b>Health (Mental Health)</b>	<p><b>Child</b></p> <ul style="list-style-type: none"> <li>▪ Good state of mental health</li> <li>▪ Child has not suffered a significant loss, e.g. close family member or friend</li> </ul>	<ul style="list-style-type: none"> <li>▪ Persistent minor mental health problems – perhaps resulting in less than 90% school attendance</li> <li>▪ Child has suffered a bereavement or trauma recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well.</li> </ul>	<ul style="list-style-type: none"> <li>▪ There is no evidence that Child has accessed mental health and advice services and suffers recurrent mental health problems as a result.</li> <li>▪ Child has suffered bereavement or trauma recently or in the past and does not appear to be coping.</li> <li>▪ Child appears depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refuses medical care endangering life and suffers chronic mental health problems as a result.</li> <li>▪ Emerging acute mental health problems including threat of suicide, psychotic episode or severe depression.</li> <li>▪ Child has suffered bereavement or trauma and is self-harming and/or disclosing suicidal thoughts.</li> <li>▪ Child appears to suffer with an eating disorder.</li> </ul>
	<p><b>Parent/Carer/Extended Family</b></p> <ul style="list-style-type: none"> <li>▪ No concerns about parents/carers mental health.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mother with young baby and postnatal depression.</li> <li>▪ Parent / carer experiencing bouts of anxiety and depression and have sought support around this (e.g. GP).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parental / carer with learning disability, mental ill health.</li> <li>▪ Parent / carers experiencing chronic episodes of mental ill health (psychotic (including perinatal)/ bi-polar / suicide) and engaged with long-term community mental health support to address.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child subject of parental delusions implying risk.</li> <li>▪ Parent / carer has mental ill health but no insight into this and is not engaged in support offered or the condition causes significant harm.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Family accommodation is appropriate, stable, clean, warm, and tidy and there are no hazards that could affect the safety or wellbeing of Child.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family's accommodation is stable but home itself is not kept clean, tidy, and not always free of hazards.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family's home is consistently poor and constitutes health and safety hazards including hoarding</li> <li>▪ Accommodation is not appropriate for a child or parent/carers with a disability</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family's home is consistently dirty and constitutes health and safety hazards including hoarding. Family has no stable home, and is moving from place to place or 'sofa surfing'.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Neighbourhood is a safe and positive environment.</li> <li>▪ Family is legally entitled to live in the country and has full rights to employment and public funds.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family home would benefit from improvements to support the needs of Child or parent/carer with a disability.</li> <li>▪ Family home is overcrowded and does not meet the needs of Family</li> <li>▪ Child affected by low level challenging behaviour in the locality.</li> <li>▪ Neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and child is intimidated/feels threatened in area.</li> <li>▪ The parent/carer's is in low level rent arrears/accessing debt support services for housing arrears</li> <li>▪ Family's legal entitlement to stay in the country restricts access to public funds and/or the right to work placing Family under stress.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Neighbourhood or locality is having a negative impact on child – i.e. child is victim of challenging behaviour or crime, (including sexual or other forms of harassment) and is at risk of being further victimized</li> <li>▪ Family's legal status puts them at risk of involuntary removal from country</li> <li>▪ Family have limited financial resources/no recourse to public funds.</li> <li>▪ Family at risk of eviction for rent arrears</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accommodation is overcrowded or does not meet the needs of Family.</li> <li>▪ Accommodation is not appropriate for a child or parent /carer with a disability.</li> <li>▪ Multiple complex needs e.g. substance misuse, domestic abuse, mental health and finance history of numerous house moves, unstable accommodation.</li> <li>▪ Risk of homelessness and eviction.</li> <li>▪ Neighbourhood is having a profoundly negative effect on Child who has been a repeated victim of anti- social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation.</li> <li>▪ Family members detained and at risk of deportation</li> <li>▪ Child is unaccompanied asylum- seeker.</li> <li>▪ Evidence child exposed to, or involved in, criminal activity to generate income for family.</li> </ul>
<b>Gangs</b>	<ul style="list-style-type: none"> <li>▪ Child's activities are legal.</li> <li>▪ There is no history of criminal offences within Family.</li> <li>▪ Family members are not involved in gangs / organised crime</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child has from time to time been involved in challenging behaviour.</li> <li>▪ There is a history of criminal activity within Family.</li> <li>▪ There is suspicion, or some evidence that Family are involved in gangs / organised crime.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child is involved in challenging behaviour and may be at risk of gang involvement.</li> <li>▪ Criminal record relating to serious or violent crime is held by a family member, which may affect children.</li> <li>▪ There is a known family involvement in gang/organised crime activity.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child is currently involved in persistent or serious criminal activity</li> <li>▪ A family member that is affecting children holds criminal record relating to serious or violent crime.</li> <li>▪ There is a known involvement in gang / organised crime activity affecting significantly on child and family.</li> <li>▪ Child is currently involved in persistent or serious criminal activity.</li> </ul>
<b>Child Mental Ill Health</b>	<ul style="list-style-type: none"> <li>▪ No concerns about child's mental health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Some concerns about mental health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child self-harms causing minor injury and parents appropriately respond.</li> <li>▪ Child's mental ill health and associated behaviour is causing parents / carers great concern.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Serious mental health issues.</li> <li>▪ Child repeatedly self-harms / harm is life threatening and /or parent responds inappropriately.</li> </ul>

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<b>Parental Mental Ill Health</b>	<ul style="list-style-type: none"> <li>▪ No concerns about parental / carers mental health.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mother with young baby and post-natal depression.</li> <li>▪ Parent / carer experiencing bouts of anxiety and depression and have sought support around this (e.g. GP).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child's mental ill health affects ability to engage in everyday activity.</li> <li>▪ Parental / carer with learning disability, mental ill health.</li> <li>▪ Parent / carers experiencing chronic episodes of mental ill health (psychotic / bi-polar / suicide) and engaged with long-term community mental health support to address.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parent / carer does not feel able to manage child's mental ill health.</li> <li>▪ Child subject of parental delusions implying risk.</li> <li>▪ Parent / carer has mental ill health but no insight into this and is not engaged in support offered.</li> </ul>
<b>Missing</b>	<ul style="list-style-type: none"> <li>▪ Child does not run away or is absent from home/care/school.</li> <li>▪ Their parents or carers always know Child's whereabouts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child has run away from school, home/care on occasions or not returned at normal time.</li> <li>▪ There is concern about what happened to Child whilst they were away.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regularly missing from home /care /education</li> <li>▪ Child missing but whereabouts known and there is a concern about what happened to child whilst missing</li> <li>▪ Child is suspected of engaging in risk taking behaviour whilst missing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child persistently missing from home / care/education</li> <li>▪ Child is engaging in risky behaviours whilst they are away</li> <li>▪ Concern child might be being sexually exploited or being drawn into criminal behaviour.</li> </ul>
<b><i>Remember children experiencing neglect may present with other areas of concern that may distract from neglect as underlying issue</i></b>				
<b>Neglect</b>	<ul style="list-style-type: none"> <li>▪ Child is appropriately dressed.</li> <li>▪ Child's nutritional and health needs are met.</li> <li>▪ Child has injuries consistent with normal play and activities</li> <li>▪ Child is provided with emotionally warm and stable family environment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child shows physical symptoms that may indicate neglect i.e. poor hygiene, tooth decay</li> <li>▪ Child, or their siblings, consistently come to nursery / school in dirty clothing or they are unkempt/soiled</li> <li>▪ Child has less common injuries consistent with parent/carer's account.</li> <li>▪ Parents seek out or accept advice on how to avoid accidental injury.</li> <li>▪ Parent occasionally appears to prioritise own needs before child's.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child, or siblings, consistently come to school in dirty clothing that is inappropriate for weather and/or they are unkempt/soiled.</li> <li>▪ Parent/carers are reluctant or unable, to address concerns and put own needs before child.</li> <li>▪ Child has injuries i.e. bruising, scalds, burns and scratches, which are accounted for but more frequently than expected.</li> <li>▪ Child experiences a volatile / unstable family environment which has negative effect on child</li> <li>▪ Child displays behaviour consistent with neglect i.e. non-adherence to boundaries, challenging behaviour, crime, use of drugs, passive, vulnerable, bullied.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child shows severe physical signs of neglect i.e. thin / swollen tummy, poor skin tone, rashes, sores, prominent bones , poor hygiene or tooth decay which are attributable to care provided</li> <li>▪ Child consistently wears dirty or inappropriate clothing and are suffering significant harm as result i.e. unable to fully participate at school, are being bullied, are physically unwell</li> <li>▪ Child has injuries, i.e. bruising, scalds, burns and scratches, which are not accounted for. Child makes disclosure and implicates parents or extended family members.</li> <li>▪ Child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual</li> </ul>

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				<ul style="list-style-type: none"> <li>or other forms of exploitation either as a perpetrator or victim</li> <li>▪ Parent/carer does not consider child's needs.</li> </ul>
<b>Offending</b>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child at risk of re-offending</li> <li>▪ Child involved in serious youth violence.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Youth Offending Service involved</li> </ul>
<b>Parenting</b>	<ul style="list-style-type: none"> <li>▪ Parents provide for all child's physical needs.</li> <li>▪ Child protected from danger / significant harm in / out of home.</li> <li>▪ Child shown warmth, praise &amp; encouragement.</li> <li>▪ Parent provides appropriate guidance &amp; boundaries.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Affected by low income / unemployment.</li> <li>▪ Poor parental engagement with services.</li> <li>▪ Parent requires advice on parenting.</li> <li>▪ Concerns re diet, hygiene, clothing.</li> <li>▪ Emerging concerns.</li> <li>▪ Parent/carer offers inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child's care impacted by extreme poverty / debt.</li> <li>▪ Privately fostered by distant relative.</li> <li>▪ Abuse allegation with no injury in non-mobile child.</li> <li>▪ No consistent good enough parenting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parents unable to care for child without support.</li> <li>▪ Unable to provide safe and adequate parenting</li> <li>▪ Highly critical / apathetic towards child.</li> </ul>
<b>Physical Abuse</b>				<ul style="list-style-type: none"> <li>▪ Inconsistent explanation, or hospital admission, re: non-accidental injury.</li> <li>▪ Child suspected as being subjected to significant harm due to fabricated / induced illness</li> </ul>
<b>Radicalisation</b>	<ul style="list-style-type: none"> <li>▪ Child and family have no links to proscribed terrorist groups</li> <li>▪ Open &amp; accepting of difference,</li> <li>▪ Accesses social media in age appropriate manner</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities that are, or have been in the recent past, attended by members of proscribed organisations.</li> <li>▪ Expresses intolerant prejudiced views linked to extreme violent ideology</li> <li>▪ Child at risk of accessing extremist websites</li> <li>▪ Child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family members, family friends or friends of Child have strong links with proscribed organisations.</li> <li>▪ Aggressive &amp; intimidating towards their peers not sharing / or sharing their political or religious views.</li> <li>▪ Open to extremist grooming, through internet /links with extremist groups.</li> <li>▪ Child has connections to known extremist individuals / groups</li> <li>▪ Child expresses intolerant views towards peers and this leads to them being socially isolated.</li> <li>▪ Child is engaged in negative and harmful behaviours associated with internet and social media use, (such as viewing extremist websites).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child or other close family members or friends are members of proscribed organisations.</li> <li>▪ Confirmed/strong suspicions child linked to/involved with individuals or groups known to have extreme views and to have links to violent extremism.</li> <li>▪ Child expresses strongly held beliefs that people should be killed because they have a different view.</li> <li>▪ Child is initiating verbal and sometimes physical conflict with people who do not share their religious or political views.</li> <li>▪ Significant concerns that child is being groomed for involvement in extremist activities.</li> </ul>

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		<ul style="list-style-type: none"> <li>▪ Child is expressing sympathy for inappropriate ideologies.</li> <li>▪ Child has expressed racist, sexist, homophobic or other prejudiced views and violent extremism.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves.</li> <li>▪ A child is being sent violent extremist imagery by family members / family friends or is being helped to access it.</li> <li>▪ Child and/or their parents/carers express strong support for extremist views.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child conceals internet/social media activities and either refuses to discuss their views or make clear their support for extremist views.</li> <li>▪ Child circulating violent extremist images and promoting the actions of violent extremists and/or saying they will carry out violence in support of extremist views.</li> <li>▪ Parents/carers either do not challenge this activity or appear to endorse it.</li> <li>▪ Child/family members making plans to travel to a conflict with evidence to suggest they are doing so to support or participate in extremist activities.</li> </ul>
<b>Relationships (Social Context)</b>	<ul style="list-style-type: none"> <li>▪ Child maintains good relationships and positive interaction with family and a range of peers.</li> <li>▪ Child demonstrates accepted behaviour and tolerance towards their peers and others.</li> <li>▪ Child is confident in social situations</li> <li>▪ Child engages in age appropriate use of internet, gaming and social media.</li> <li>▪ Family is integrated in the community</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parents / carers' relationship difficulties may affect child.</li> <li>▪ Parents under stress, which affects their parenting capacity.</li> <li>▪ Child has few friendships and limited social interaction with their peers</li> <li>▪ Child is a victim of discrimination or bullying.</li> <li>▪ Family is experiencing social exclusion and/ or there is an absence of supportive community networks.</li> <li>▪ Child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child is becoming isolated</li> <li>▪ Child unable to sustain friendships and moves between different social groups in school</li> <li>▪ Child declines to participate in social activities.</li> <li>▪ Child has experienced persistent or severe bullying which has affected his/her daily outcomes.</li> <li>▪ Family is chronically socially excluded and isolated to the extent that it has an adverse impact on Child.</li> <li>▪ Family have a limited support network.</li> <li>▪ Child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images or is obsessively involved in gaming, which interferes with social functioning.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child is completely isolated</li> <li>▪ Child has poor social skills (little or no communication skills may be related to an expressive language disorder)</li> <li>▪ Positive interaction with others is severely limited.</li> <li>▪ Child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which impacts on their wellbeing or safety.</li> <li>▪ Child experienced such persistent or severe bullying that his/her wellbeing is at risk.</li> <li>▪ Family is excluded and child is seriously affected but family actively resists all attempts to achieve inclusion and isolates child from sources of support.</li> <li>▪ Family experiencing chronic social exclusion.</li> </ul>

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<b><i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i></b>				
				<ul style="list-style-type: none"> <li>▪ No support network.</li> <li>▪ Child showing signs of being secretive, deceptive and is actively concealing internet/social media activities or showing signs of addiction (gaming, pornography).</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>▪ Achieving key stages</li> <li>▪ Good attendance at school, college or training</li> </ul>	<ul style="list-style-type: none"> <li>▪ Occasional truanting or non-school attendance (less than 90%)</li> <li>▪ Poor punctuality/links between home and school. Child not supported to reach educational potential.</li> <li>▪ Developmental delay</li> <li>▪ Few/no qualifications or NEET (not in education, employment or training)</li> <li>▪ Fewer than 3 exclusions</li> <li>▪ Mild learning/behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities.</li> <li>▪ Child's achievement is impacted by poor attendance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Chronic/poor nursery or school attendance / punctuality</li> <li>▪ Poor home and nursery/school link. No parental support for education.</li> <li>▪ More than 3 fixed term exclusions / at risk of permanent exclusion, persistent truanting or no education provision.</li> <li>▪ Statement of Special Education Needs or ongoing difficulty with learning and development.</li> <li>▪ No access to books, toys or education materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Chronic non-school attendance, truanting</li> <li>▪ No parental support for education</li> <li>▪ Permanently excluded, frequent exclusions or no education provision</li> <li>▪ Severe/complex learning difficulties require residential educational provision</li> <li>▪ Child maybe permanently excluded/not in education putting them at high risk of CCSE.</li> <li>▪ Child's achievement is seriously impacted by lack of education</li> </ul>
<b>Self-Harm</b>	<ul style="list-style-type: none"> <li>▪ Child or young person has shown no indication to experiment with self-harm.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child or young person has experimented with self-harm and has no intention to self-harm again.</li> <li>▪ Child is accessing social media sites related to self-harm</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child or young person is continuing to self-harm and there are underlying issues causing distress.</li> <li>▪ Child is influenced through accessing self-harm social media sites</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child or young person needs immediate protection to avoid serious harm (e.g. self-harm is increasing, persistent suicidal thoughts, plans or means to suicide, suspected abuse or neglect).</li> <li>▪ Child appears to suffer with an eating disorder.</li> </ul>
<b>Sexual Abuse</b>	<ul style="list-style-type: none"> <li>▪ No evidence of sexual abuse.</li> <li>▪ Sexual activity appropriate for age.</li> </ul>	<ul style="list-style-type: none"> <li>▪ History of sexual abuse within family or network but parents respond appropriately to protect child.</li> <li>▪ Concerns relating to inappropriate sexual behaviour in the wider family.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.</li> <li>▪ Unsafe sexual activity (including engaging in age inappropriate relationships, no contraception).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Concerns around possible inappropriate sexual behaviour from the parent/carer.</li> <li>▪ Parent/ carer/family member/ visitor to the home sexually abuses Child.</li> <li>▪ Risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions.</li> </ul>



Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<b><i>This list is only a quick reference guide. Remember there maybe multiple concerns.</i></b>				
				<ul style="list-style-type: none"> <li>▪ Family home used for drug taking and/or dealing, prostitution, illegal activities.</li> <li>▪ Child is being sexually abused/exploited.</li> <li>▪ Offender who has risk to children status is in contact with Family.</li> </ul>
<b>Sexual Health</b>	<ul style="list-style-type: none"> <li>▪ Sexual activity is appropriate for age</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sexual activity aged 13-15 where there are also concerns of Fraser competence, grooming, power imbalances, possible Child Sexual Exploitation (CSE).</li> <li>▪ Child under 16 is accessing sexual health and contraceptive services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unsafe sexual activity</li> <li>▪ Sharing of sexual images</li> <li>▪ Not accessing sexual health / contraceptive services</li> <li>▪ History of Sexual Transmitted Diseases (STDs)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sexual activity under the age of 13 (involving genital contact)</li> <li>▪ Risk taking sexual activity</li> <li>▪ Early teenage pregnancy</li> <li>▪ Sexual partner known to the Police/ in position of trust/family member</li> </ul>
<b>Substance Misuse</b>	<ul style="list-style-type: none"> <li>▪ Child has no history of substance misuse or dependency.</li> <li>▪ There is no evidence of parents, siblings or other household members misusing drugs or alcohol.</li> <li>▪ Parental drug and alcohol use does not affect parenting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child is known to be using drugs and/or alcohol.</li> <li>▪ Drug and/or alcohol use is affecting parenting but adequate provision is made to ensure Child's safety. Child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases</li> <li>▪ The substance/alcohol misuse of siblings or other household members occasionally affects Child.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Drug/alcohol use has escalated.</li> <li>▪ The frequency of the known child's substance misuse is affecting their mental health, physical health and social wellbeing.</li> <li>▪ Drug paraphernalia in their home, Child feeling unable to invite friends to the home, Child worrying about their parent/carer.</li> <li>▪ Siblings' or other household members' drug or alcohol misuse is increasingly affecting Child.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child's substance misuse dependency puts them at such risk that intensive specialist resources are required.</li> <li>▪ Parental drug and/or alcohol use is at a problematic level that they cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings; drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving child in procuring illegal substances, and dangers of overdose.</li> <li>▪ Substance misuse of siblings or other household members is significantly adversely affecting child.</li> </ul>
<b>Trafficking</b>	<ul style="list-style-type: none"> <li>▪ Child/family are legally entitled to live in the country indefinitely and have full rights to education and public funds.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child/family's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing Child and family under stress.</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child/family's legal status puts them at risk of involuntary removal from the country (for example, asylum seeking families or illegal migrant/worker who may have been trafficked)</li> <li>▪ The immigration status means they have limited financial resources/no recourse to public funds, which increases the</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family members are detained and at risk of deportation or Child is an unaccompanied asylum-seeker.</li> <li>▪ Evidence that child has been exposed to, or involved, in criminal activity because of being trafficked into the country or to support themselves or generate income for family (e.g. illegal employment, CSE).</li> </ul>

Concern	Level 1-Universal Child with no additional needs	Level 2-Targeted Child at low risk to vulnerable. Low-level additional needs not met in short term.	Level 3-Specialist Child has complex needs requiring long team specialist support	Level 4-Statutory Child has acute needs requiring intensive specialist / statutory involvement
<i><b>This list is only a quick reference guide. Remember there maybe multiple concerns.</b></i>				
Young Carer	<ul style="list-style-type: none"> <li>▪ Child does not have any caring responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child occasionally has caring responsibilities for members of their family and this impacts on their opportunities</li> <li>▪ Family are accessing support through either Brent Carers or other organisation</li> </ul>	<ul style="list-style-type: none"> <li>▪ vulnerability of Children to criminal activity (e.g. illegal employment, CSE).</li> <li>▪ Child's outcomes are adversely impacted on by their caring responsibilities.</li> <li>▪ Family refuse to access support services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child's outcomes are being adversely impacted on by their unsupported caring responsibilities which have been on-going for a lengthy period and are unlikely to end in the foreseeable future</li> </ul>

**You can contact Haringey MASH (Multi-Agency Safeguarding Hub)**

**020 8937 4300**

**(8.45am to 5.00pm Monday to Thursday 8.45am to 4.45pm Fridays)**

**Outside of normal office, hours contact Emergency Duty Team Tel: 020 8489 0000**

**Email: [mashreferral@haringey.gcsx.gov.uk](mailto:mashreferral@haringey.gcsx.gov.uk)**

## Annex 4 – Note of concerns

All concerns should be logged on Myconcern as far as possible. All staff who have a school email address will be given a Myconcern log in. However, if for any reason a concern cannot be logged via Myconcern, staff, visitors, volunteers should use the form below and passed to a DSL.



### CONCERN FORM – Broadwaters

To be filled out for EVERY concern and passed to the Headteacher/Centre Leader (DSL)

<b>Child's name</b>								
<b>Child's room</b>								
<b>Date and time of incident</b>								
<b>Concerns</b> (continue on back if necessary) Please include: <b>Presentation of child</b> (including: physical, emotional, behaviour, marks, etc) <b>Full details</b> – do not interpret information – use the same language that was used by child) <b>Keep Questions Open</b> (Tell me what happened, where did it happen, who was there, has it happened before, are you afraid to go home)								
<b>Name of staff writing concern</b>								
<b>Signed and dated</b>					<b>Date</b>			
<b>Action taken by the Designated Teacher (DCPO) And Reason</b>	<b>Parent contacted</b>		<b>Parent consent given to share info</b>		<b>Referral or First response contacted</b>		<b>No referral</b>	
	<b>Threshold guidance level</b>		<b>1/ 2/ 3/ 4</b>		<b>Further action to be taken</b>		<b>Yes/no</b>	
	<b>Reasons/Comments:</b>							
<b>Action/ Outcome:</b>								
<b>Signed CPO and dated</b>								

Skin map – used by non-medical staff to assist you in reporting your concerns.  
Please highlight:

Front view

Back view

Left	Right

Action: To be completed by the designated person for child protection

**THIS IS A DOUBLE-SIDED SHEET**

Any discussion to be recorded separately on a note of discussion sheet.

## Annex 5 - Private Fostering

### What is Private Fostering?

A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more.

### Who is Private Foster Carer?

A child may be privately fostered if s/he does not live with:

- Parent or legal guardian
- Grandparent
- Brother or sister

### Some Common Examples of Private Fostering:

- A teenager who isn't getting on with their parents so goes to live with a friend's family.
- Parents who pay someone to care for their children while they are away working or studying.
- Children who are sent from abroad to live with other families in the UK.
- Children who are placed with a family friend or relative as a result of parental separation, divorce, arguments at home or a parent being hospitalised.

**If you think that a child may be privately fostered or is about to enter into a private fostering arrangement, then you must follow this process:**

Make your Safeguarding Lead and Head Teacher aware of the situation

- A referral then needs to be made to the MASH Team

**What to do on ICS:** ICS has a process specific to Private Fostering. Using this process is the correct way to log information on Privately Fostered children and helps information to be collated from ICS.

MASH team will refer onto appropriate agency who will then gather information to determine whether child is privately fostered

If the child is privately fostered then the case will be allocated to a Social Worker who will assess, visit and support the child, parents and private foster carer.

## Annex 6 - School Use of Social Media Policy

### 1. Introduction

Social media and social networking sites play an important role in the lives of many people. We recognise that sites bring risks, but equally there are many benefits to be reaped. This gives clarity to the way in which social media/mobile phones are to be used by pupils, governors, visitors, parent helpers and school staff at BILC. It will also provide guidance for parents.

This policy should be read in conjunction with the following policies

- Online safety policy and acceptable use agreements
- Safeguarding and child protection policy
- Anti bullying policy
- Behaviour policy

There are four key areas:

- The use of social networking sites by pupils within school
- Use of social networking by staff in a personal capacity
- Comments posted by parents/carers
- Dealing with incidents of online bullying

### 2. The use of social networking sites by pupils within school

The school's acceptable use agreements outline the rules for using IT in school and these rules therefore apply to use of social networking sites. Such sites should not be used/accessed in school unless under the direction of a teacher and for a purpose clearly apparent from the learning objective of the relevant learning experience. If social media sites are used then staff should carry out a risk assessment to determine which tools are appropriate. Social Media sites to be used in school include blogging sites and Twitter. Parents will give permission for children to access these sites in school as well as permission for images of their child / child's work to be included on the site. (See e-safety agreement form: parents – online safety policy)

In terms of private use of social networking sites by a child it is generally understood that children under the age of 13 are not permitted to be registered, including Facebook and Instagram to name two. Where it comes to the attention of staff that children under 13 have such accounts we will contact parents to inform them.

### 3. Use of social networking by staff in a personal capacity

It is possible that a high proportion of staff will have their own social networking site accounts. It is important for them to protect their professional reputation by ensuring that they use their personal accounts in an appropriate manner.

Guidelines are issued to staff:

- Staff must **never** add pupils as 'friends' into their personal accounts (including past pupils under the age of 16).
  - Staff are **strongly advised** not to add parents as 'friends' into their personal accounts.
  - Staff **must not** post comments about the school, pupils, parents or colleagues including members of the governing body.
  - Staff must not use social networking sites within lesson times (for personal use).
-

- Staff should only use social networking in a way that does not conflict with the current national teacher's standards.
- Staff should review and adjust their privacy settings to give them the appropriate level of privacy and confidentiality.
- Staff should read and comply with 'Guidance for Safer Working Practice for Adults who Work with Children and Young People' (Safer Recruitment Consortium).
- Inappropriate use by staff should be referred to the Headteacher in the first instance and may lead to disciplinary action.

#### **4. Comments posted by parents/carers**

Parents and carers will be made aware of their responsibilities regarding their use of social networking. Methods of school communication include; the prospectus, the website, newsletters, letters and verbal discussion. School policies and documents provide further information regarding appropriate channels of communication and means of resolving differences of opinion. Effective communication following principles of mutual respect is the best means of ensuring the best learning experiences for the child.

Parents must not post pictures of pupils, other than their own children, on social networking sites where these photographs have been taken at a school event.

Parents should make complaints through official school channels rather than posting them on social networking sites.

Parents should not post malicious or fictitious comments on social networking sites about any member of the school community.

#### **5. Dealing with incidents of online bullying/inappropriate use of social networking sites**

The school's anti-bullying policy sets out the processes and sanctions regarding any type of bullying by a child on the school roll.

In the case of inappropriate use of social networking by parents, the governing body will contact the parent asking them to remove such comments and seek redress through the appropriate channels such as the complaints policy and will send a letter.

The governing body understands that, 'there are circumstances in which police involvement is appropriate. These include where postings have a racist element or where violence is threatened or encouraged.' Furthermore, 'Laws of defamation and privacy still apply to the web and it is unlawful for statements to be written...which:

- expose (*an individual*) to hatred, ridicule or contempt
- cause (*an individual*) to be shunned or avoided
- lower (*an individual's*) standing in the estimation of right-thinking members of society or
- disparage (*an individual in their*) business, trade, office or profession.' (National Association of Headteachers)

#### **4. Further Guidance and advice**

Cyber bullying: Advice for headteachers and school staff (DFE)

[https://www.google.co.uk/search?hl=en&q=social+media+policy+guidance+schools&meta=&gws\\_rd=ssl](https://www.google.co.uk/search?hl=en&q=social+media+policy+guidance+schools&meta=&gws_rd=ssl)

NASUWT Advice

[http://www.nasuwat.org.uk/InformationandAdvice/Professionalissues/SocialNetworking/NASUWT\\_007513](http://www.nasuwat.org.uk/InformationandAdvice/Professionalissues/SocialNetworking/NASUWT_007513)

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## **Annex 7 - Policy for Managing Allegations Against Other Children**

### **1. Introduction**

At BILC we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

This policy should be read in conjunction with the following;

- Safeguarding and child protection policy
- Behaviour policy
- Keeping Children safe in education 2016

### **2. Safeguarding allegations**

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

The allegation:

- is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- is of a serious nature, possibly including a criminal offence
- raises risk factors for other pupils in the school
- indicates that other pupils may have been affected by this student
- indicates that young people outside the school may be affected by this student
- 

#### **Examples of safeguarding issues against a student could include:**

##### Physical Abuse

- violence, particularly pre-planned
- forcing others to use drugs or alcohol

##### Emotional Abuse

- blackmail or extortion
- threats and intimidation

##### Sexual Abuse

- indecent exposure, indecent touching or serious sexual assaults
- forcing others to watch pornography or take part in sexting

##### Sexual Exploitation

- Encouraging other children to engage in inappropriate sexual behaviour ( For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
  - encouraging other children to attend inappropriate gatherings
  - Photographing or videoing other children performing indecent acts
  - photographing or videoing other children performing indecent acts
-



In areas where gangs are prevalent, older students may attempt to recruit younger pupils using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people under threat of violence.

### **3. Minimising the risk of safeguarding concerns towards pupils from other children**

On occasion, some students will present a safeguarding risk to other children. The school should be informed that the young person raises safeguarding concerns, for example, they are coming back into school following a period in custody or they have experienced serious abuse themselves.

These students will need an individual risk management plan to ensure that other pupils are kept safe and they themselves are not laid open to malicious allegations. There is a need to balance the tension between privacy and safeguarding.

#### **4. What to do if an allegation is made**

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL should contact children's services – single point of access to discuss the case. It is possible that social services are already aware of safeguarding concerns around this young person. The DSL will follow through the outcomes of the discussion and make a social services referral where appropriate.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.
- If the allegation indicates a potential criminal offence has taken place, the police should be contacted at the earliest opportunity and parents informed (of both the child being complained about and the alleged victim).
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

#### **Sexting**

All incidents involving youth produced sexual imagery should be responded to in line with the school's safeguarding and child protection policy.

When an incident involving youth produced sexual imagery comes to the school or college's attention:

- The incident should be referred to the DSL as soon as possible
- The DSL should hold an initial review meeting with appropriate school staff
- There should be subsequent interviews with the young people involved (if appropriate)
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm

At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

For further information refer to the guidance 'Sexting in Schools'

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/551575/6.2439\\_KG\\_NCA\\_Sexting\\_in\\_Schools\\_WEB\\_1\\_.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.2439_KG_NCA_Sexting_in_Schools_WEB_1_.PDF)

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## **Annex 8 - 'Guidelines for Good Practice in Intimate Care'**

### **GUIDELINES FOR GOOD PRACTICE IN INTIMATE CARE**

All pupils have the right to be safe and treated with dignity and respect, as set out in the Charter of Children's Rights. Their welfare and dignity are of paramount importance.

Intimate Care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing.

These guidelines are designed to safeguard both pupils and staff, and apply to every member of staff involved with intimate care of pupils.

The guidelines aim to support good practice in intimate care and state that;

1 **Every pupil is treated with dignity and respect and privacy is ensured. Every pupil is encouraged to have a positive self-image**

For some pupils intimate care can be carried out by one staff member alone with one pupil, for others, especially those who are not mobile, it may require two staff members working closely together. Having people working alone does increase the opportunity for possible abuse, but this is balanced by the loss of privacy and lack of trust implied if two people have to be present if it is not necessary for the student.

There will also always be other staff members around in the changing/toilet area which can act as a deterrent to possible abusers. Staff should be sensitive to the pupil's need for privacy, dignity and gentle handling.

Please never talk across a pupil and never talk about them, especially in a derogatory fashion.

Privacy is an important issue. Please make sure that you never walk through an occupied toilet or changing area without making absolutely certain that an interruption is acceptable.

2 **The pupil is involved as far as possible in their intimate care.**

Close contact and handling should be kept to the minimum necessary to complete the task. Try to avoid doing things for a pupil that he or she can do alone, and if a pupil is able to help, ensure that they are given the chance to do so. Support the pupil in doing all they can for themselves and always explain to them what you are doing.

3 **Reactions of the pupil are responded to.**

Check your practice by asking the pupil, particularly a pupil you have not previously cared for, e.g 'are you ready?', 'I am going to wash you now etc. etc.'. Forewarn and prepare the pupil and behave

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consistently – this is not necessarily a time for choices but do respect the pupils’ choice of carer for carrying out intimate tasks.

4 **Intimate care is as consistent as possible.**

Teachers are responsible for ensuring that their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches are not markedly different between different staff eg is caring for menstruation consistent across different staff?

Wherever possible a child will not be cared for solely by the same adult on a regular basis but by a whole class group. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

5 **If you are not sure how to do something, ask.**

If you need to be shown more than once ask again. Certain intimate care or treatment procedures must only be given by the school nurse or staff who have been formally trained and assessed as competent. These are included in the Administration of Medicines Policy.

Please remember that pupils should be supervised at all times in the toilet or changing areas and pupils should never be alone whilst on a plinth. If a pupil is on a programme eg toilet training or working towards independence the supervision should be appropriate to the programme and, under these circumstances, it may be valid to leave a pupil for the amount of time requested in the programme.

6 **Any safeguarding concerns are reported.**

If, during the intimate care of the pupil you accidentally hurt them, or the pupil seems unusually sore in the genital area, or appears to be sexually aroused by your actions, or has a very emotional reaction without apparent cause, report any such incident as soon as possible in line with Child Protection Procedures. We believe that the way in which pupils are physically cared for will give them an understanding of appropriate physical contact which may alert them to inappropriate contacts and help them to respond appropriately as far as they are able.

7 **Volunteers/students/relief staff**

See Child Protection and Safeguarding procedures and Student/Volunteer Guidelines. Staff in these categories should be allowed to familiarize themselves with the students before taking part in any personal care – even changing shoes and socks for PE. No students should be allowed to complete intimate care programmes but can take part in personal care such as dressing/undressing for swimming/PE under the supervision of the class staff.

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## Annex 9 - GUIDELINES FOR WORKING WITH PUPILS OF THE OPPOSITE SEX

These guidelines are based on the following principles:

- a. That there is positive value in both male and female staff being involved with pupils.
- b. That, ideally, every pupil would be offered a same sex carer for all of their intimate care. This, sadly, is often not possible and by necessity female staff must carry out much of the care. However, if it is obvious that a young man is embarrassed being changed by a female member of staff, we should try our utmost to provide a male member of staff if at all possible.
- c. That the individual pupil's safety, dignity, privacy and their right to exercise choice of carer are of paramount importance but need to fit within the Guidelines for Intimate Care. (see section 4)
- d. That intimate and personal care of boys and girls up to the age of 7 years 11months can be undertaken by all special nursery nurses.
- e. That intimate and personal care for boys is undertaken by male staff where at all possible at Key Stage 2
- f. For any relief staff see Child Protection and Safeguarding procedures and Volunteer Guidelines
- g. That parent/carer preferences are taken into account in the intimate care of their children eg the request for a same sex care. These issues will be discussed carefully with the parents and carers when this arises.

These guidelines must be implemented sensitively and with respect for the feelings of all involved.

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