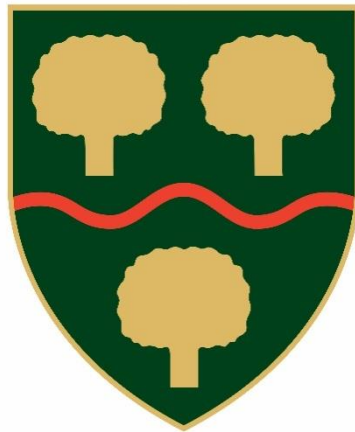


THE ORCHARD SCHOOL



Child Protection Procedures and Safeguarding Policy (To promote the welfare of children)

**Designated Safeguarding Lead (DSL): Mrs N Stokes
Deputy DSL: Mr A Sellars**

All staff are advised to maintain an attitude of '*it could happen here*' where safeguarding is concerned.

The Orchard School is committed to safeguarding and promoting the welfare of our pupils and expects all staff and volunteers to share this commitment.

Revised November 2017. Approved by S. Fox

All staff and regular visitors will, through training and induction, know how to recognise indicators of concern, how to respond to a disclosure from a child and how to record and report this information. We will not make promises to any child and we will not keep secrets. Every child will know what the adult will have to do with any information they have chosen to disclose. They are required to report instances of actual or suspected child abuse or neglect to **the Designated Safeguarding Lead (DSL) who is Mrs Nancy Stokes (Assistant Head Teacher) or Deputy DSL who is Mr Andy Sellars (SENCO).**

This policy is available on our school website <https://www.theorchardschool.co.uk> and on request from the school office. Parents and carers are informed about this policy when their children join our school.

PERSON RESPONSIBLE FOR POLICY:	NANCY STOKES
TO BE REVIEWED:	AUGUST 2018

At The Orchard School the named personnel with designated responsibility for safeguarding are:

Designated Safeguarding Lead	Deputy Designated Safeguarding Lead	Designated Teacher for Looked After Children
Nancy Stokes	Andy Sellars	Andy Sellars (SENDCO)

The named personnel with Designated Responsibility regarding allegations against staff are:

Designated Senior Manager (normally the Head Teacher)	Deputy Designated Senior Manager	Owner (In the event of an allegation against the Head Teacher)
Mrs Sandra Fox sfox@theorchardschool.co.uk 01427 880 395	Mrs Nancy Stokes nstokes@theorchardschool.co.uk 01427 880 395	Mr Phillip Atkinson patkinson@theorchardschool.co.uk 07973 348640

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1. SAFEGUARDING:

1.1 Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- The actions we take to promote the welfare of children and protect them from harm are everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

1.2 Safeguarding and promoting the welfare of children is defined for the purposes of this policy as:

- Protecting children from maltreatment;
 - Preventing impairment of children's health or development;
 - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - Taking action to enable all children to have the best outcomes
- Working Together to Safeguarding Children" DfE 2015 (page 6)

1.3 Child Protection is a part of Safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

1.4 Safeguarding is not just about protecting children from deliberate harm. It also relates to broader aspects of care and education including:

- Pupils' health and safety and well-being, including their mental health
- Meeting the needs of children with special educational needs and/or disabilities
- The use of reasonable force
- Meeting the needs of children with medical conditions
- Providing first aid
- Educational visits
- Intimate care and emotional wellbeing
- Online safety and associated issues
- Appropriate arrangements to ensure school security, taking into account the local context.

1.5 Safeguarding can involve a range of potential issues such as:

- Neglect, physical abuse, sexual abuse and emotional abuse
- Bullying including; online bullying (by text message, social network sites etc.) and prejudice based bullying.
- Racist, disability and homophobic or transphobic abuse
- Gender based violence/ violence against women and girls
- Extremist behavior and/ or radicalization
- Child sexual exploitation and trafficking
- The impact of new technologies, including 'sexting' and accessing pornography
- Teenage relationship abuse
- Substance misuse
- Issues which may be specific to a local area or population, for example gang activity and youth violence.
- Particular issues affecting children including domestic violence, female genital mutilation and honour based violence and forced marriage.

2. RATIONALE:

At The Orchard School we recognise the responsibility we have under Section 157 (academies and Independent Schools) of the Education and Inspections Act 2002, to have arrangements for safeguarding and promoting the welfare of children. This policy demonstrates the school's commitment and compliance with safeguarding legislation. Through their day-to-day contact with pupils and direct work with families our staff have a crucial role to play in noticing indicators of possible abuse or neglect and referring them to Children's Services (in Nottinghamshire or neighbouring authorities dependent upon the child's area of residence). This also involves understanding serious case reviews and how to improve practice to prevent children from falling through the gaps.

3. PURPOSE:

3.1 The purpose of the policy is to ensure that:

- The welfare of the child is paramount.
- All children regardless of age, gender, ability, culture, race, language, religion or sexual identity have equal rights to protection.
- All staff have an equal responsibility to act on suspicion or disclosure that may suggest a child is at risk of harm.
- Pupils and staff involved in Safeguarding issues receive appropriate support.
- Staff will adhere to a Code of Conduct and understand what to do if a child discloses any allegations against teaching staff or any other individual.

3.2 The procedures contained in this policy apply to all staff, volunteers, sessional workers, students, agency staff or anyone working on behalf of The Orchard School. They are consistent with Nottingham Local Safeguarding Children's board (NSCB) multi-agency child protection procedures. www.Nottinghamshire.gov.uk/nscb

4. TERMINOLOGY:

Safeguarding and promoting the welfare of children refers to the process of protecting children from maltreatment, preventing the impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best life chances.

Child Protection refers to the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Staff refers to all those working for or on behalf of the School in either a paid or voluntary capacity.

Child refers to all young people who have not yet reached the age of 18.

Parent refers to birth parents and other adults who are in a parenting role – step-parents, foster parents, carers and adoptive parents.

Setting refers to all establishments, educational or otherwise, who work with and have a responsibility to safeguard children

5. RELATED DOCUMENTS

The below supporting safeguarding documents (S.1-20) are available from the school office or DSL, for parents and carers. All documents will be amended and updated on a regular basis. Important statutory guidance is available from the DSL.

Looked after Children Policy
DSL Duties and Responsibilities – in keeping Children Safe
E-Safety Policy
Female Genital Mutilation statutory guidance and Policy
Extremist Behaviour and Radicalisation Policy
Child Trafficking Policy
Safeguarding Annual Checklist
Safeguarding Induction
Safer Recruitment in Education Policy
Visitors Policy
Whistleblowing Policy
Staff Code of Conduct
Record of Staff Training
Concerns Form
Body maps

The **five** key elements to our policy include:

- 1) Providing a safe environment in which children can learn and develop
- 2) **Raising awareness** of safeguarding children, child protection processes and equipping children with the skills they need to keep them safe
- 3) **Procedures** for identifying and reporting cases, or suspected cases of abuse.
- 4) **Supporting children** who may have been abused.
- 5) **Practising Safer Recruitment** by preventing unsuitable people from working with children by following the DfE guidance in [Keeping Children Safe in Education - November 2016](#) together with the school's individual procedures.

6. RESPONSIBILITIES OF THE SCHOOL

We recognise that because of the day to day contact with children, our staff are well placed to observe the outward signs of abuse. The Orchard School will:

- 6.1 Make sure importance and prioritisation is given to equipping the children with the skills needed to stay safe; including providing opportunities for Personal, Social and Health Education throughout the curriculum. Personal Development Programme (PDP) sessions provide the children with the knowledge and understanding of where they can go for support.
 - Availability of local and online advice
 - Recognising and managing risks including online, sexual exploitation, sexting and running away as well as radicalisation
 - Developing healthy relationships and awareness of domestic violence, bullying and peer on peer abuse.
 - Recognising how pressure from others can affect their behaviour.
- 6.2 Take all reasonable measures to ensure any risk of harm to children's welfare is minimised and ensure the security of the school site. We hope to achieve this by taking all appropriate actions to address concerns about the welfare of a child, working to local policies and procedures in full working partnership with agencies.
- 6.3 Help children develop realistic attitudes to their responsibilities in adult life and make sure they are equipped with the skills needed to keep themselves safe; including understanding and recognition of healthy/unhealthy relationships and support available. It is ensured that children can recognise and manage these risks in different situations, including on the internet and Mobile devices, being able to judge what kind of physical contact is acceptable and unacceptable, recognise when pressure from others, including people they know threatens their personal safety and well-being and supports them in developing effective ways of resisting pressure.
- 6.4 Have adequate signposting to external sources of support and advice is in place for staff, parents and pupils. All adults therefore feel comfortable and supported to draw safeguarding issues to the attention of the Head Teacher and/or the Designated Safeguarding Lead and are able to pose safeguarding questions with "respectful uncertainty" as part of their shared responsibility to safeguard children 'Think the unthinkable' [Keeping Children Safe in Education - September 2016](#). The whistleblowing policy is reviewed annually and sent to all staff members as a reminder of the procedures.
- 6.5 Make sure emerging themes are proactively addressed and fed back to the local authority and NSCB to ensure a coherent approach so that multi-agency awareness and strategies are developed. This includes working with agencies with regard to missing children, anti-social behaviour/gang activity and violence in the community/ knife crime and children at risk of sexual exploitation.
- 6.6 Support and plan for young people in custody and their resettlement back into the school community is undertaken, where necessary, as part of our inclusive approach

- 6.7 Work in accordance with '[Working Together to Safeguard Children 2015](#)' and supporting the Nottinghamshire Local Safeguarding Children Board(LSCB) Continuum of Need (Appendix) to ensure children and young people receive the most appropriate referral and access provision. Actively support multi agency planning for those children and, in doing so, provide information about the 'voice of the child' and the child's lived experience as evidenced by observations or information provided through the multi-agency forum.
- 6.8 Make sure children feel secure and are encouraged to talk and are listened to. They are also made aware that there are adults in the school whom they can approach if worried or in difficulty. Our school's arrangements for consulting with, listening and responding to pupils are that all pupils have a form tutor who they confer with on a regular basis with regards to their academic, social and emotional development and it could be that at one of these meetings a potential issue may arise. Children are encouraged to liaise with members of staff they feel most comfortable with.
- 6.9 Promote pupil health and safety, provide first aid and meet the needs of children with medical conditions.
- 6.10 The Designated Safeguarding Lead (DSL) Nancy Stokes is appointed as a point of contact so members of staff can, and should, discuss concerns about child abuse. The DSL will be the person who liaises with other agencies. Arrangements have been made to ensure that there is a Deputy DSL (Andy Sellars) in the absence of the DSL. Members of staff are therefore afforded child protection advice and support when the DSL is not in school. Child protection will have precedence over any disciplinary, criminal or inspection procedures.
- 6.11 Additional support may be sought from outside educational support agencies in exceptional circumstances. Children will be offered emotional support where required and parents will be consulted where appropriate. We offer an open door policy for parents who wish to discuss issues relating to their child.
- 6.12 Everyone has a duty to safeguard children inside/outside of the school environment including school trips, extended hours, activities and vocational placements. There is therefore a commitment to the continuous development of staff with regard to safeguarding training;
- All staff receive a safeguarding update and sign part one of KCSIE (2016) as part of their induction, to enable them to understand and fulfil their safeguarding responsibilities effectively.
 - The Designated Lead also attends the NSCB Inter-Agency Safeguarding training.
 - The Designated Safeguarding Lead attends briefings for Designated Safeguarding Leads therefore enabling them to remain up to date with Safeguarding practices and be aware of any emerging concerns/themes emerging in Nottinghamshire. The expectation is that the Designated Lead will attend at least 2 briefings per academic year.
- 6.13 Follow Nottinghamshire's policy and statutory guidance on Children Missing in Education (CME) and also notify any allocated Social Worker if:

- a pupil subject to a Child Protection Plan (CPP) is excluded (fixed term or permanent)
- there is an unexplained absence of a pupil on a CPP of more than 2 days or 1 day following a weekend, or as agreed as part of a CPP.

6.14

The school will inform staff that if they have safeguarding concerns:

If the concern is about a student firstly Mrs Stokes (Designated Safeguarding Lead) should be informed. If the person raising the concern is not happy with how the issue has been dealt with by Mrs Stokes, then Mrs Fox (Head Teacher) should be contacted. If the person is still not happy with how the issue has been dealt with this time by Mrs Fox, then Mr Atkinson (co-proprietor of the school) should be contacted. **If the person raising the concern is still not happy about the measures which have been taken after this and they are still concerned about the student then they must contact MASH.**

Contact details:

Mrs Stokes 01427 880395 nstokes@theorchardschool.co.uk

Mrs Fox 01427 880395 sfox@theorchardschool.co.uk

Mr Atkinson 07973 348640 patkinson@theorchardschool.co.uk

Referral Point Bassetlaw District Multi Agency Safeguarding Hub (MASH) Tel: 0300 500 8090 Out of hours: 0300 456 4546

Email: mash.safeguarding@notts.cc.gcsx.gov.uk

If the concern is about a member of staff firstly Mrs Fox (Head Teacher) should be informed. If the person raising the concern is not happy with how the issue has been dealt with by Mrs Fox then Mr Atkinson (co-proprietor of the school) should be informed of the concerns. **If the person raising the concern is not happy with the measures taken by Mr Atkinson and is still concerned about the member of staff the Local Authority Designated Officer, Eva Callaghan must be contacted.**

Contact details:

Mrs Fox 01427 880395 sfox@theorchardschool.co.uk

Mr Atkinson 07973 348640 patkinson@theorchardschool.co.uk

LADO –Eva Callaghan (education), LADO Allegations Officers, tel: 0115 8041272.

7. RESPONSIBILITIES OF THE INDIVIDUAL

The school will ensure that every member of staff and person working on behalf of the School:

- 7.1 Knows the name of the Designated Safeguarding Lead (DSL) and his/her role and responsibility.
- 7.2 Has read part 1 of [Keeping Children Safe in Education - November 2016](#).
- 7.3 Has an individual responsibility to refer Safeguarding (Child Protection) concerns.
- 7.4 Knows what to do if a child tells them he/she is being abused or neglected as covered in the whole school training. (Guidance from DfE practitioners is also available)

- 7.5 Will receive training at the point of induction and at regular intervals as required, but at least annually, so that they know:
- their personal responsibility / code of conduct / teaching standards
 - NSCB child protection procedures and how to access them
 - the need to be vigilant in identifying cases of abuse at the earliest opportunity
 - how to support and respond to a child who discloses significant harm
- 7.6 Knows their duty concerning unsafe practices in regard to children by a colleague.
- 7.7 Ensure that, where there are unmet needs, an Early Help discussion is initiated. Advice may be sought from the Early Help Consultants in the locality.
- 7.8 All staff are responsible under the [Serious Crimes Act 2015](#) to report known instances of female genital mutilation (FGM) to the police via the 101 number

8. EARLY IDENTIFICATION RECOGNISING AND RESPONDING TO SAFEGUARDING NEEDS

- 8.1 The school acknowledges serious case review findings and shares lessons learned with all staff with the aim to ensure no child falls through the gap.
- 8.2 All staff should understand how to pass on any concerns no matter how trivial they seem. They are consistent with Nottinghamshire's Local Safeguarding Children's (NSCB) child protection procedures and take account of the guidance issued by the DfE in Keeping Children Safe in Education 2016.
- 8.3 All staff understand the difference between a 'concern' about a child and 'immediate danger or at risk of harm' and know the procedures to follow for each.
- 8.4 The school knows how to identify and respond to:
- Signs/symptoms of any type of abuse, e.g. Physical, Sexual, Emotional, Neglect – see appendices 2 and 3 and there is also further useful information on the [NSPCC website](#)
 - Drug/substance/alcohol misuse (both pupil and parent)
 - Child sexual exploitation / trafficked children
 - Children Missing from Education
 - Domestic abuse
 - Peer relationship abuse
 - Risky behaviours including concerns around extremism/radicalisation
 - Sexual health needs
 - Obesity/malnutrition
 - Inclusion and diversity including SEND, HIV, LGBT pupils
 - On line grooming
 - Inappropriate behaviour of staff towards children
 - Bullying, including homophobic, racist, gender and disability.
 - Breaches of the Equality Act 2010.
 - Self-Harm

- Female Genital Mutilation – [Multi-agency statutory guidance on FGM – April 2016](#)
- Unaccompanied asylum seeking children

8.5 School staff contribute to assessments along the '*Continuum of Need*' and actively support multi-agency planning for those children. Staff also have an understanding of the *Framework of Assessment of Need* (see fig 1.1) and make decisions based on a child's development needs, parenting capacity and family & environmental factors.

8.6 All members of staff and volunteers will know how to respond to a pupil who discloses abuse, and will be familiar with procedures to be followed. If a child chooses to tell a member of staff about alleged abuse, there are a number of actions that staff will undertake to support the child:

- The key facts will be established in language that the child understands and the child's words will be used in clarifying/expanding what has been said.
- No promises will be made to the child e.g. to keep secrets.
- Staff will stay calm and be available to listen.
- Staff will actively listen with the utmost care to what the child is saying.
- Question normally without pressurising and only using open questions. Leading questions should be avoided as much as possible.
- Staff will not put words in the child's mouth but note the main points carefully.
- A full written record will be kept by the staff and all duly signed, dated including the time the conversation with the child took place, outline what was said, in the child's words, the child's body language, etc.
- It is not appropriate for staff to make children write statements about abuse that may have happened to them.
- Staff will reassure the child and let them know that they were right to inform them and inform the child that this information will now have to be passed on.
- The Senior Designated person will be immediately informed, unless the disclosure has been made to them.

Figure 1.1



9 EARLY HELP

9.1 Early Help is the term used to describe arrangements and services that identify the need for help for children and families as soon as the problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. [Working Together to Safeguard Children \(2015\)](#) identifies the critical features of effective Early Help. These key features are:

- Practice that empowers families and helps them to develop the capacity to resolve their own professional skills and expertise through a "Team around the Child/Family" approach.
- A relationship with a trusted lead professional who can engage with the child and their family, and coordinate the support needed from other agencies
- A holistic approach that addresses the children's needs in the wider family context
- Simple, streamlined referral and assessment process

9.2 TAC/F is a shared assessment and planning framework which is in use by a variety of agencies across the county and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and young people and promote a co-ordinated multi agency response to meet them. TAC/F can be used to support children and young people between 0–19 years, including unborn babies and can also be used with consent up to

the age of 24 where a young person has a learning difficulty or disability. There are four main stages in setting up a TAC/F;

- Early identification of needs
- Assessing strengths and needs in a consistent and methodical framework
- Developing and delivering an integrated service
- Reviewing and refining the support arrangements

9.3 The **designated safeguarding lead** acts as the focal point for all matters concerning child protection and safeguarding children and young people. One of the primary tasks is to act as the contact between school, the family and other agencies. Incidents of possible child abuse obviously need to be handled with sensitivity and confidentiality consistent with the multi-disciplinary approach. If there is any cause for concern whatsoever it is vital that information is passed to the **designated safeguarding lead** immediately. In the event, following statutory investigation, of concerns proving to be unfounded, staff should not reproach themselves for having raised the issue. In cases of this nature it is always better to be safe than sorry.

10. DEFINITION AND RECOGNITION OF ABUSE

10.1 Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. Some forms of abuse (see appendix 2) include but are not limited to;

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

10.2 Children who are being abused often do not say and tend to perceive themselves as deserving of ill treatment. This is particularly so for children who are being emotionally abused. Child abuse occurs to children of both sexes, at all ages and in all cultures, religions, social classes, and to children with and without disabilities. Identification of child abuse may be difficult. It normally requires both social and medical assessment. Different types of child abuse may be present at the same time, e.g. children who are physically abused may also be sexually abused and vice versa.

10.3 When enquiring into one type of abuse avoid making assumptions about a situation and ensure a thorough assessment informs your judgement. Information in relation to an incident should include explanations provided by the parents/carers of any injuries sustained; medical advice or assistance sought by the family and whether there was any delay in this; inconsistencies in information provided; and responses to the child by the parent or carers.

10.4 Any delay in seeking medical assistance – or indeed none being sought at all, could be an indicator of abuse. Beware if an explanation of an accident is vague, lacking detail, is inconsistent with the injury or varies with each telling. Take note of inappropriate responses from parent or carers.

Observe the child's interaction with the parents – particularly wariness, fear or watchfulness
Any history or patterns of unexplained injury/illness require careful scrutiny. The fact that parent/carer appears to be highly attentive and concerned should not divert attention from the assessment of risk. Beware if the child's injury is inconsistent with the child's development and mobility. Beware if there are indications of a previous history of domestic violence. Violence towards adults may also indicate violence towards children and can in itself be emotionally abusive.

10.5 Indicators of physical abuse may include;

- Multiple bruising/scratches, fingertip and different ages of bruising
- Grip/slap marks
- Cuts, burns and bite marks
- Injuries/fractures in children who are not mobile
- Allegedly unnoticed fractures – fractures cause pain
- Unconscious child may have been poisoned/have internal bleeding
- Inappropriate covering with clothing and/or reluctance to undress
- Reluctant to change for PE lessons
- Unexplained absenteeism
- Unexplained injuries
- Injuries on certain areas of the body
- Regular patterning
- Injuries in various stages of healing
- Reflecting shape of article used
- Multiple or spiral fractures
- Flinching when approached or touched
- Wary of adult contact
- Difficult to comfort
- Apprehension when others cry
- Crying/irritability
- Afraid to go home

10.6 Indicators of neglect may include;

- Child's basic needs not being met - food, warmth, hygiene, clothing, safety, shelter, affection, stimulation
- Slow growth and development

- Exclusion from home, abandonment
- Failure to protect from physical/emotional harm or danger
- Failure to ensure adequate supervision
- Failure to access medical care or treatment
- Cold puffy hands and feet
- Constant hunger
- Emaciation
- Compulsive scavenging
- Poor personal hygiene
- Constant tiredness
- Clothing poor, dirty, inappropriate for weather
- Untreated medical problems
- Poor social relationships
- Destructive tendencies

10.7 Indicators of sexual abuse may include;

- Sexual acts/witnessing sexual acts
- Excessive sexual play and masturbation
- Sexual knowledge/language inappropriate to years/development
- Pregnancy – especially concealed
- Significant changes to behaviour/personality
- Self-harm, substance misuse, suicide attempts
- Eating disorders, tiredness, wetting/soiling excreta
- Persistent offending, non-school attendance, running away
- Difficulty interacting with adults

10.8 Indicators of emotional abuse may include;

- Excessively clingy
- Apathy
- Fearful or withdrawn
- Constantly seek to please
- Be over-ready to relate to anyone, even strangers
- Depression
- Regressive behaviour
- Sleep disorders
- Compliant and passive or aggressive and demanding
- Neurotic behaviours e.g. rocking, hair twisting
- Drink, drugs or solvent abuse

10.9 At Orchard School, once children have shared a concern with a member of staff, or a staff member has reason for concern about a child, they will record these concerns onto a Safeguarding record and then share these concerns immediately. The DSL will then advise the member of staff accordingly on next steps and support them in the process to follow. If the DSL deems it necessary (and if the child is not in immediate danger) the parents will be contacted for further discussion or the EHT

will be contacted for further advice and support. The member of staff will receive guidance throughout the whole process from the DSL.

11 REFERRAL PROCEDURE FOR INFORMATION/SUSPICION OF CHILD ABUSE

11.1 Making decisions regarding whether a child requires specialist services from Children's Social Care practitioners should reflect the principles set out in the *Pathway to Provision*. This document was developed to support earlier intervention with families experiencing difficulties with the explicit intention to reduce the numbers of children requiring social care intervention through the provision of the right kind of help at the right time. The responsibilities of all adults within a school towards a child for whom abuse is suspected are:

- To take immediate steps to ensure the child's safety and welfare.
- To ensure as far as possible that the child's care, physical and emotional needs are addressed.
- To prevent further and possibly more serious injury or suffering, which is often an immediate threat.
- To conform with the law and with professional standards of competence and conduct.
- To make sure as far as possible that intervention does no more harm to family structures and relationships, including those with other professional workers, than is necessary to ensure the child's safety and well-being.
- To provide guidance which will, as far as is possible, help all children become better able to protect themselves from possible harm.

11.2 Having decided that a child requires responsive safeguarding, practitioners have a responsibility to make a referral to Children's Social Care, without delay. Internal arrangements apply in relation to who makes the decision to refer and how this is done. The Orchard School DSL and the practitioner involved should discuss the situation. In the case of The Orchard School the DSL and is supported by a deputy safeguarding lead for support, advice and guidance.

11.3 Children's Social Care can also be contacted for support in relation to this decision making, either using anonymised information or passing on identifying details of a case. In most circumstances an agreement will be sought as to the most appropriate way to proceed, although it should be recognised that once in receipt of information relating to an identified child, Children's Social Care have a duty to take any action required to protect the child within their statutory responsibilities.

Normally practitioners or volunteers should seek to discuss any concerns they have with the family in question, and where possible, seek their agreement to making a referral to Children's Social Care. However, such discussion or agreement should not be sought, if to do so would:

- Place a child at increased risk of significant harm
- Interfere with criminal enquiries or
- Raise concerns about the safety of staff members.

11.4 It should be noted that it is legitimate and legal to share information about a child, prior to discussing it with the parents/carers if this is necessary to assist early decision making or undertake immediate protective action. Where a decision has been made to share information without consent, the school should confirm that, at this stage, this is not appropriate and give the reasons why. This

might include allegations of sexual abuse by a parent or suspected fabricated or induced illness. Reasons for decisions not to inform parents prior to contacting Children's Social Care should be recorded on the referral records.

11.5 Parents' lack of agreement to the making of a referral in relation to concerns about the possibility of a child suffering significant harm should not prevent the practitioner contacting Children's Social Care with their concerns at the earliest opportunity. Sharing of information where there is concern about a child's welfare will enable practitioners to consider jointly how to proceed in the best interests of the child.

11.6 If there is significant concern about a child, it may also be necessary to make an enquiry of the Multi Agency Safeguarding Hub (MASH) in order to ascertain if there is any more information that relates to their concern, for example other agencies involved. It should be noted that such checks can only be made by the workers in posts that have been authorised by the senior leadership team at The Orchard School, to make such checks. These checks will usually be carried out by Mrs Stokes the DSL. The MASH maintain a list of such posts. This can be updated at any time with the consent of a representative of The Orchard School on the Safeguarding Children Board (SCB), who will ensure that staff undertaking such checks understand in what circumstances they should be made and how to differentiate between such checks and the need to make a referral to Children's Social Care. Where a referral is required a check with the MASH does not replace the need to make a referral to Local Authority (LA) Children's Social Care without delay.

11.7 Sometimes concerns will arise about a child from Children's Social Care itself, as new information comes to light about a child and family with whom the children's service is already in contact, which indicates that the child may need safeguarding from harm. These procedures also apply in these circumstances.

11.8 Practitioners should make a telephone referral to Children's Social Care when they have safeguarding / child protection concerns that meet the criteria set out in the *Pathway to Provision*. All referrals must be followed up in writing within 24 hours. In the County this referral should be followed up in writing using the Referral Form for Children's Social Care which is available on the Nottinghamshire Safeguarding Children Board (NSCB) website and in the *Pathway to Provision*.

11.9 In all cases school should ensure that as much information as possible is shared as part of the referral to support Children's Social Care in making a decision. This should include:

- the child/young person's full name (and any known aliases)
- date of birth (or expected date of delivery if concerns regard an unborn baby)
- gender
- current address and telephone number
- names, addresses and D.O.B. of those with parental responsibility and any other significant adults or carers
- ethnic origin
- child and parents/carers first language or means of communication
- any disability
- details of siblings and any other family members or significant people
- names and contact details of any other practitioners/ agencies known to be involved with the family

- information on any support or intervention that has already been provided by your agency or others
- a completed CAF and multi-agency action plan if undertaken
- whether consent from parents/ carers or young person has been given to referral and the reasons if it hasn't been given
- information given to the parents/ carers and child/ young person about the referral
- reasons for the concern, identifying the child's needs with reference to the assessment framework domains. Practitioners must be specific about the nature of their concerns.
- clarity about what is expected from Social Care.

11.10 BODY MAP GUIDANCE -Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment. When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury – in appropriate centimetres or inches
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury – if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab? / Any blistering? / Any bleeding?
- Is the injury clean? Or is there grit/fluff? etc.
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel pain?

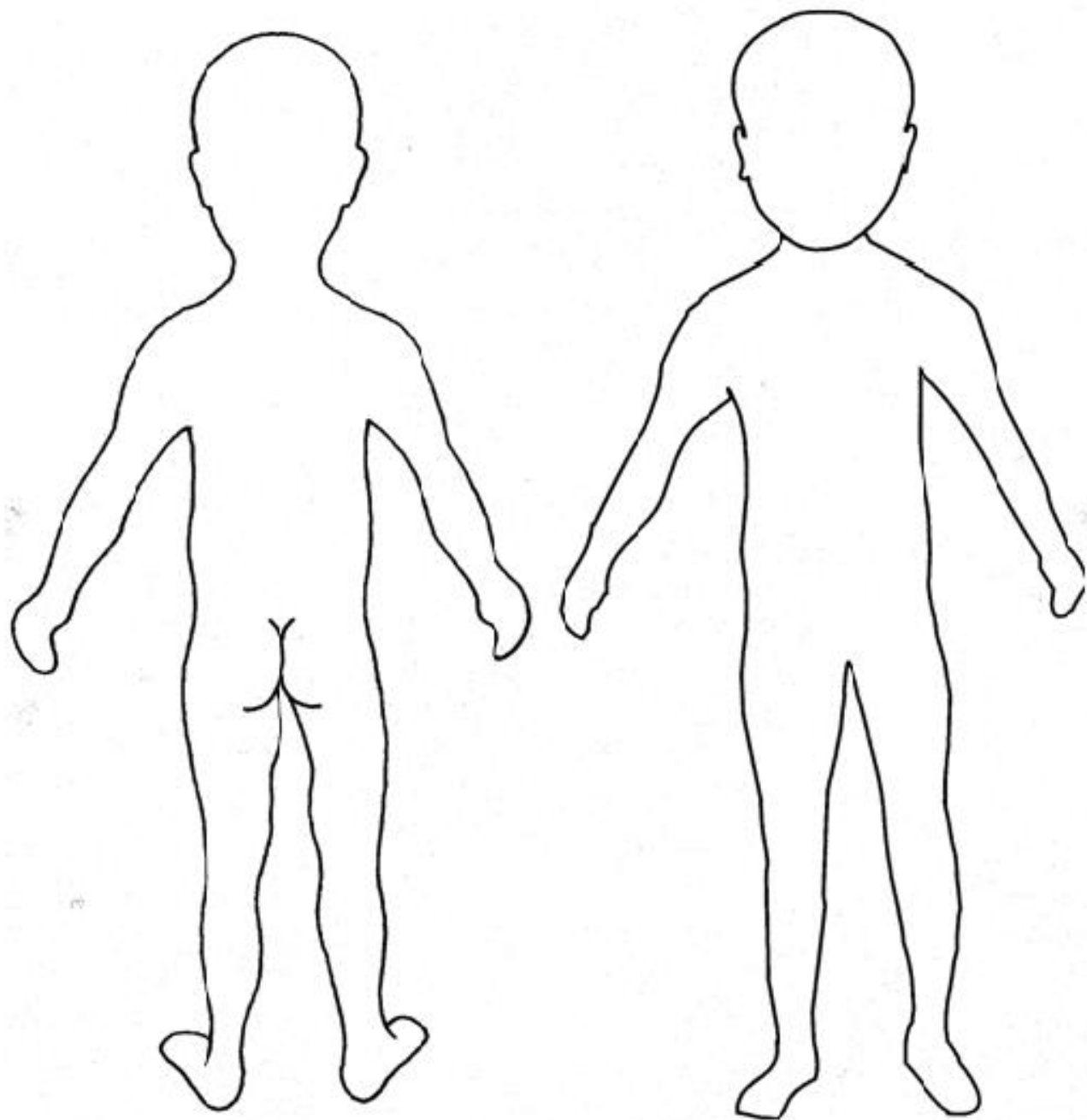
Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required. A copy of the body map should be kept on the child's concern file.

BODY MAP
(This must be completed at the time of observation)

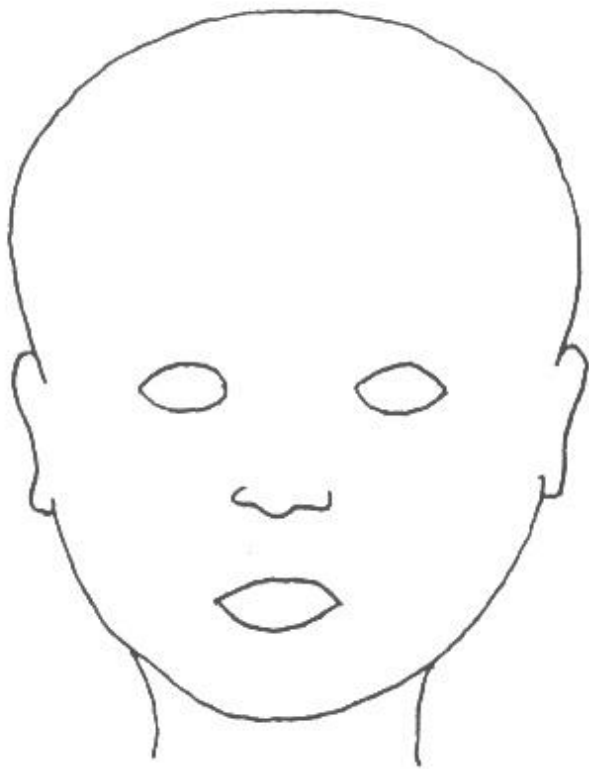
Name of Child: _____ Date of Birth: _____

Name of Worker: _____ Agency: _____

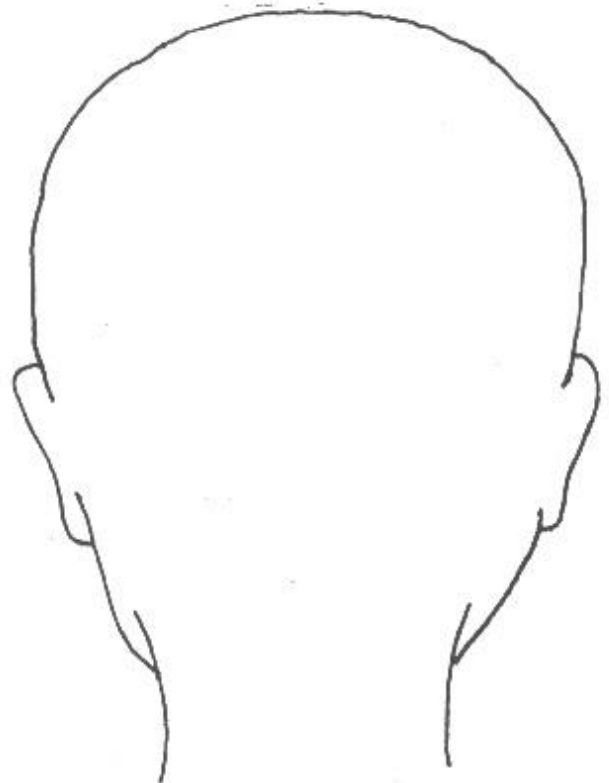
Date and time of observation: _____



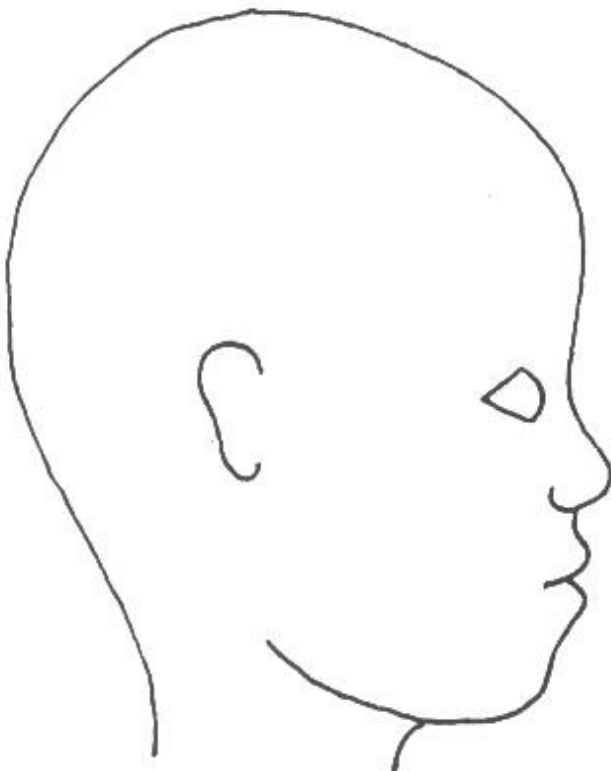
Name of Child: _____ Date of observation: _____



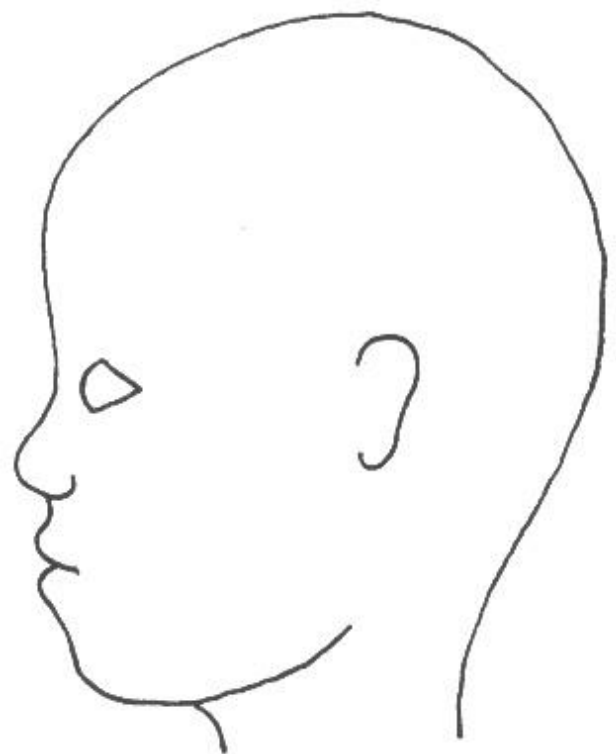
FRONT



BACK



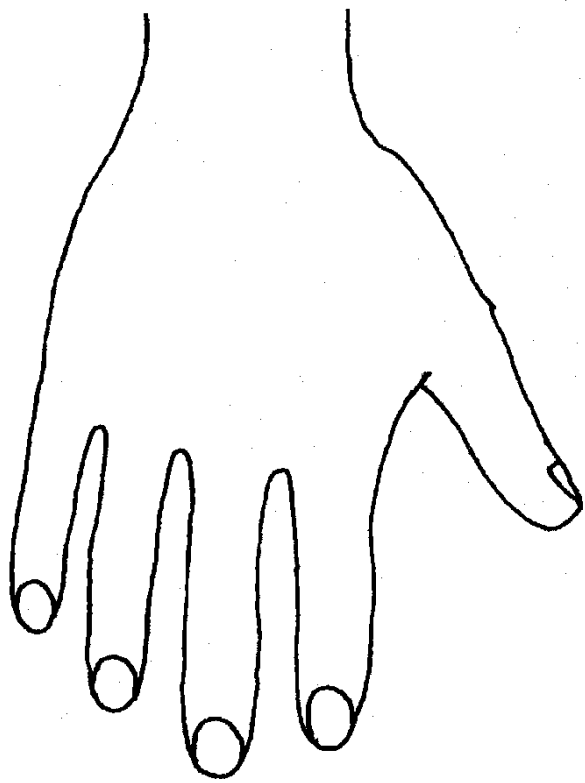
RIGHT



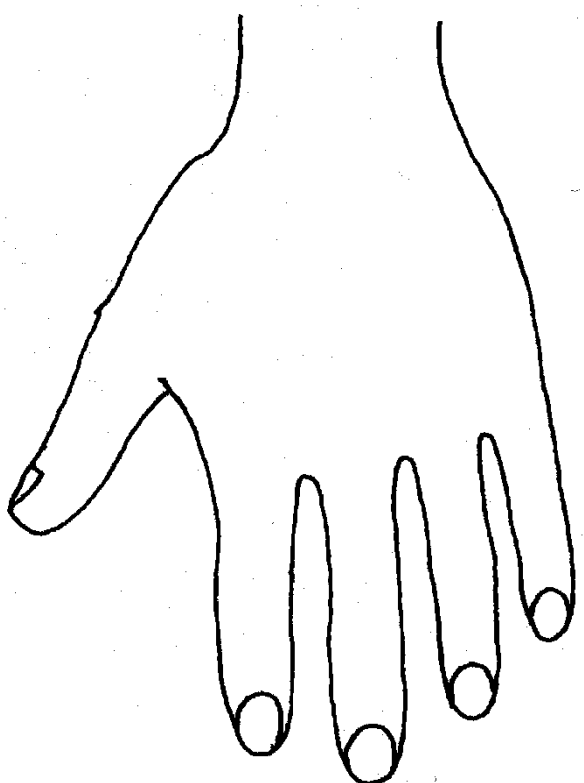
LEFT

Name of pupil: _____

Date and time of observation: _____

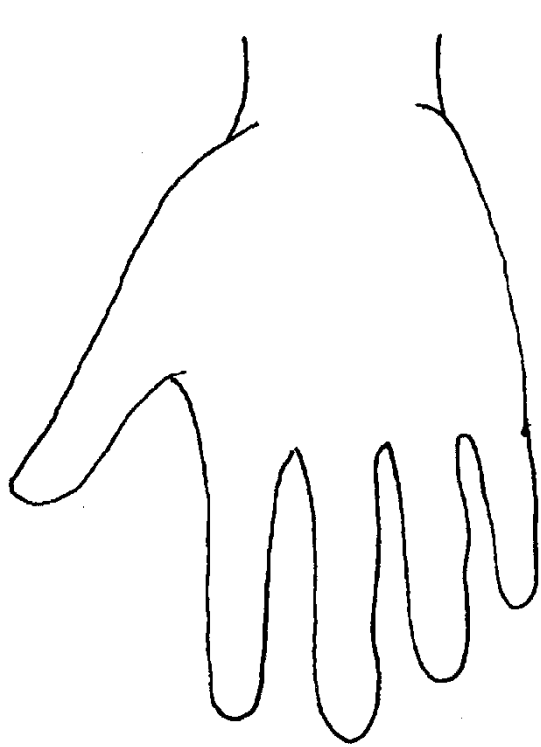


R



L

BACK

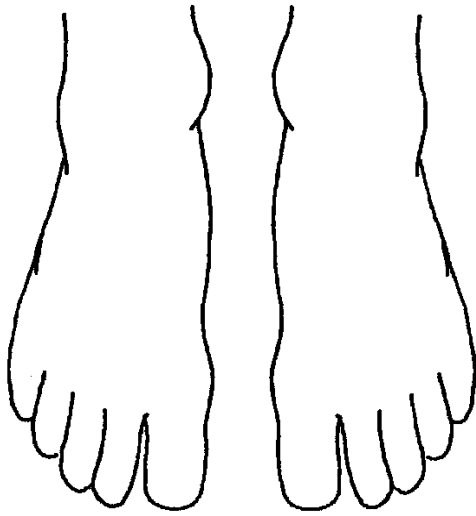


R

PALM

L

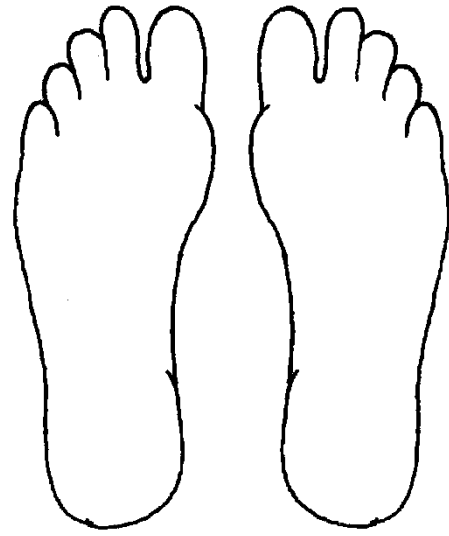
Name of Pupil: _____ Date and time of observation: _____



R

TOP

L



R

BOTTOM

L



R

INNER

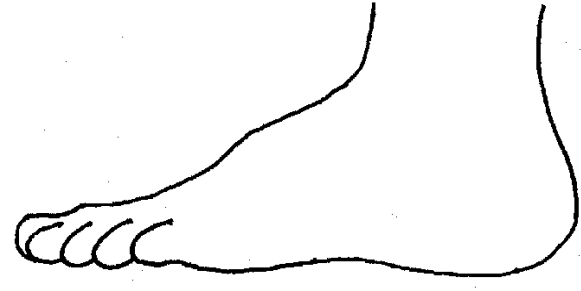


L



R

OUTER



L

Printed Name,
Signature and Job
title of staff:

11.11 The Children's Social Care Team Manager should decide on (with the social worker) the next course of action within one working day, this could include for example:

- discussion with referrer
- consultation with other appropriate agencies
- consideration of any existing records / historical information
- discussion with the Police where a criminal offence may have been committed against a child.

11.12 Children's Social Care should respond in writing to the written referral within two working days of receiving it, confirming the intended course of action. If the referrer has not received a response within this timescale they should contact Children's Social Care again to follow up how the referral information has been progressed.

11.13 Whenever Children's Social Care has a case referred to them which constitutes, or may constitute, a criminal offence against a child they should discuss this with the Police without delay. An exception to this may arise in cases of 'concerns' of harm arising from the sexual activity of young people under the age of 18. Where an allegation concerning sexual abuse has been referred to, or becomes known to Children's Social Care, the decision to refer, or not to the Police and the reasons for that decision must be recorded in the case records.

11.14 Parental permission should be sought before discussing a referral about them with other agencies. This may be best done by the referring agency at the time of making a referral. However, if seeking permission to undertake enquiries with other agencies places a child at risk of significant harm, interferes with criminal enquiries or raises concern about the safety of staff then the appropriate team manager in Children's Social Care should agree to proceed without parental permission being sought. This decision should be justified and recorded by the team manager.

11.15 The decision to take action or not about the referral and the reason for this should be recorded by the appropriate team manager. Referrers should be notified by Children's Social Care of this decision. In the case of public referrals, information should only be given which is consistent with respecting the child's confidentiality. Practitioners should record this decision in their agency records. This initial consideration should address, on the basis of available evidence, whether there are concerns about either the child's health and development or likely harm which justify further assessment, enquiries and / or intervention. It should particularly consider the urgency of any necessary intervention. When responding to a referral from members of the public, identifying details of the referrer should only be disclosed to the subject family with the consent of the Referrer. On receipt of the referral there should be initial consideration as to whether there are concerns about either the child's health and development or actual and / or potential harm which justifies an Initial Assessment. The Initial Assessment would establish whether a child was in need. Further action may also include referral to other agencies, the provision of advice and information or no further action.

11.16 When Children's Social Care decides to take no further action at this early stage, the family must be informed of this decision. If the family is unaware that a referral has been made, arrangements should be made to inform the family that a referral was made to Children's Social Care, but that no action is being taken by Social Care. In these circumstances, the referring agency should consider completing an assessment of the family using the CAF in order to identify support from any other agency or organisation.

11.17 Subsequent Action, Communication and Recording. The Designated Senior Person should ensure that:

- In appropriate circumstances the child is supported until the Social Worker and/or Police Officer arrive at the school. There may be occasions when a Social Worker, sometimes with a Police Officer, will wish to interview a child about the situation. It may be that school is seen by either the child and/or the Social Worker as the most appropriate place for an interview to take place. This will be particularly so in cases where there is an allegation against a member of the family. If this happens the school should give the maximum co-operation to the Social Worker and/or Police Officer. The needs of the child are paramount and it may be appropriate for a member of staff to be present during the interview in a supportive capacity for the child. Under no circumstances should an adult be present, however, against the wishes of the child. The member of staff's role will be to support the child and must not be to interview the child.
- Consider any other children from the household who are in the school to assist in establishing whether a medical examination of the other children is required.
- The Head Teacher should be advised of the circumstances and of the action taken.
- Inform the Head Teacher of any schools/colleges attended by siblings to inform them of your concerns and action taken.
- A written record should be kept of all actions taken.
- A special confidential file on the child should be opened which will contain a careful written record of the reasons for concerns and action taken. This file will proceed with the child throughout their school life. The presence of such a file should be noted on the child's School File – preferably with a red 'C'.

11.18 Allegations of Abuse Outside Nottinghamshire - If the alleged abuse occurred outside Nottinghamshire, e.g. the child's home is in a neighbouring county, the Designated Senior Person will report the allegation to the MASH of that area.

11.19 (LADO) Child Protection procedures must be followed whenever any member of staff or volunteer becomes aware of a concern, or an allegation of abuse is made, about an adult including volunteers who works with children. The first priority is whether any immediate action needs taking to ensure a child or other children are safe. All allegations of alleged or suspected abuse against an adult who works with children must be reported to the Nottinghamshire's Local Authority Designated Officers (LADO). Further guidance is in part 4 of the statutory document; Keeping Children Safe in Education – November 2016. Reporting to the LADO applies even where the nature of the alleged assault would not normally meet the threshold if applied to children in their own families. For example, a report of a child being smacked by a parent, with no injury caused, would be unlikely to require any response by Police or Social Care. However, a similar report of a child being smacked by a teacher should be responded to because of:

- the vulnerability of children away from home;
- the higher standards of conduct demanded by law and regulation of those caring for other people's children;
- the position of trust enjoyed by such people.

11.20 Contact should be made with the LADO when it is alleged, or there are concerns that, a person who works with children has:

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

11.21 This process should be followed for members of staff/volunteers who are currently working in any school or college regardless of whether the school or college is where the alleged abuse took place – i.e. the allegation may relate to the individual's personal life or be historic. Employers have a duty of care to their employees. They should ensure they provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. Decisions about suspension are made on a case by case basis and will depend on the nature and seriousness of the allegation. It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer in a school or college is dealt with in a timely manner, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

- LADO –Eva Callaghan (education), LADO Allegations Officers, tel: 0115 8041272.
- Ofsted tel: 0300 123 1231
- Referral Point Bassetlaw District Multi Agency Safeguarding Hub (MASH) Tel: 0300 500 8090
Out of hours: 0300 456 4546 Email: mash.safeguarding@notts.cc.gcsx.gov.uk
- Children missing in education referrals to, Children Missing Officer – Glen Scruby
missing.CME@nottscgcsx.gov.uk Tel: 0115 804 1 045

12. THE CHILD PROTECTION REGISTER/FILE (CONCERN FILES)

12.1 Any concerns about a child should be recorded in writing within 24 hours. Records should be signed, dated and where possible witnessed. Child Protection concerns should be recorded in a separate secure file. Parents do not have access to this file. Records can build a pattern or picture of concern which may lead to a referral being made. Recorded information may be used in criminal proceedings resulting from current and historic allegations of abuse.

12.2 Children's Social Care hold a list of all children who are subject to a Child Protection Plan. The principle purpose of the list is to make agencies and practitioners aware of those children who are judged to be at continuing risk of significant harm and subject to an active Child Protection Plan. Consequently, it is important that agencies and practitioners who have concerns about a child are able to make enquiries to establish whether a child is the subject of a Child Protection Plan.

12.3 Nottingham City and Nottinghamshire's respective Children's Social Care services have information in respect of all children resident in the respective local authorities who are considered to be at risk of significant harm and for whom there is a protection plan. This includes children who are temporarily resident, children living with their families, in the care of the local authority, in hospital or in other residential settings.

12.4 In addition, Children's Social Care hold information on:

- Enquiries made to the Safeguarding Children Information Management Team from any agency in respect of a child.
- Children subject to section 47 enquiries (an enquiry where the child is suffering or likely to suffer significant harm).
- All children subject to Initial Child Protection Conferences, including those not subject to a Child Protection Plan and their siblings.
- Children who have previously been on the Child Protection Register or subject to a child protection plan.
- Significant adults relating to any of the above.
- Individuals who have been assessed as posing a risk of significant harm to children either identified within the local authority area or who have moved into the local authority area.
- Children and families who have been reported missing by other local authorities.

12.5 Children's Social Care will retain records of children who have been subject to a Child Protection Conference up to the 23rd birthday of the youngest entrant including where a child has died. In all other cases the records will be kept for three years after the last enquiry to the Safeguarding Children Information Management Team.

12.6 The data relating to children will be held on the Social Care IT systems. It will be kept up to date and its contents remain confidential other than to legitimate enquirers. The data should be accessible at all times to such enquirers. The details of enquirers are always verified before information is provided.

12.7 Nottinghamshire Safeguarding Children Boards have a specific team whose primary purpose is to ensure that information held about children with a Child Protection Plan is accurate and up to date. These teams were previously referred to as the Child Protection Register team but are now called the Safeguarding Children Information Management Team.

13. Multi-Agency Safeguarding Hub (MASH)

13.1 The Multi-Agency Safeguarding Hub Team facilitates good communication and Co-ordination between agencies and individual practitioners. The team is accessible by telephone or letter to the respective agencies and practitioners who are constituent members of the Safeguarding Children Boards.

13.2 Agencies wishing to check whether a child is, or has been, the subject of a Child Protection Plan or had a child protection registration should make this enquiry during office. In addition, the Team provides management information for member agencies of the Safeguarding Children Boards and the Department for Education on the level of activity for specific aspects of safeguarding work in the authorities.

13.3 Out of hours' access to information about children known to Children's Social Care, including checks as to whether a child is subject to a Child Protection Plan, is via the respective Emergency Duty Teams (EDT) of Nottingham City and Nottinghamshire.

13.4 When an agency other than Children's Social Care contacts the MASH or EDT to make an enquiry, the procedure is that:

- the details of the enquirers are always requested
- all calls are dealt with on a call back basis to verify the identity of the caller
- a series of questions will be asked in order to establish whether there is sufficient concern to warrant a register enquiry being made
- the fact that an agency has contacted the MASH with an enquiry about children about whom there are concerns or who have Child Protection Plan, will be logged as an enquiry on the Integrated Children's Systems.

13.5 An enquiry to the MASH Team does not, in its-self initiate an Initial Assessment or constitute a referral to Children's Social Care. Additionally, some agencies require information from the MASH as part of their 'routine' agency checks. Due to their nature, those routine agency checks are carried out during office hours and are dealt with by the administrative staff who will:

- take details to verify the identity of the caller
- answer the call on a 'ring back' basis
- establish whether there is any current concern
- provide requested information for the purpose of the routine agency check.

13.6 Such checks are not logged on the Integrated Children's System unless current concerns are expressed by the caller. The Integrated Children's System (ICS) is the term used to refer to Children's Social Care electronic recording system. If the child is already on the respective ICS systems and is subject to a Child Protection Plan and/or an open case to Children's Social Care the caller will be given the name and contact number of the social worker. If an enquiry is made but the child's name is not known to the ICS this should be recorded together with the advice given to the enquirer. In the event of there being a second enquiry about a child not previously known to the ICS systems the facts of the earlier enquiry should be notified to the later enquirer, but the staff should also refer the child to the relevant Children's Social Care team for assessment as a child who may be in need.

13.7 If an enquiry is made about a child at the same address as a child subject to a Child Protection Plan this should be passed on to the child's social worker. A further key aspect of the role of the MASH is to support the process for managing the movement of children who are the subject of a protection plan between authorities.

14 SUPPORTING VULNERABLE PUPILS AT RISK

14.1 Special consideration should be given to safeguarding and protecting children that may have additional vulnerabilities, for example children that are looked after or those with special educational needs (SEN) and disabilities. Additional barriers can exist to the recognition of abuse and neglect which can include:

- assumptions that indicators of possible abuse such as behavior, mood and injury relate to the child's disability without further exploration;
- vulnerable children can disproportionately be impacted by things like bullying – without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers

14.2 The school will endeavour to support vulnerable pupils through:

- Its ethos which promotes a positive, supportive and secure environment; giving pupils a sense of being valued.
- Its behaviour policy aimed at supporting vulnerable pupils in school. All staff will agree a consistent approach which focuses on the behaviour of the offence committed by the child; working to support children in developing positive behaviour.
- Liaison with other appropriate agencies which support the pupil.
- Developing supportive relationships.
- Recognition that children living in difficult home environments are vulnerable and are in need of support and protection.
- Monitoring pupil welfare, keeping accurate records and notifying appropriate agencies when necessary.
- Allowing designated staff opportunity to attend face to face Safeguarding in Schools briefings/ NSCB multi-agency training. (For example Prevent, Child Sexual Exploitation guidance, domestic violence, drugs / alcohol substance misuse etc.)
- Ensuring information is transferred safely and securely when a pupil with a Safeguarding Record transfers to another school. Also notifying Key workers or social workers where a child leaves the school (as appropriate)
- Following Nottinghamshire's procedures for Child Sexual Exploitation as necessary.

14.3 PEER ABUSE

There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. This is a matter of professional judgement. If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a young person's behaviour as abusive if:

- There is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- The perpetrator has made numerous attempt to inflict harm and discomfort on a particular child
- The perpetrator has repeatedly tried to harm one or more other children; or
- There are concerns about the intention of the alleged perpetrator.

If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

14.4 Children, particularly but not exclusively those living away from home, are also vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. Whenever a child may have harmed another, all agencies must be aware of their responsibilities to both children and multi-agency management of both cases must reflect this. Agencies should also be alert to the possibility that a child or young person who has harmed another may well also be a victim. However, the interests of the identified victim must always be paramount consideration and professionals should also be alert to the fact that there is likely to be a risk to children other than the current victim.

14.5 At The Orchard School, if you are unsure about whether an incident with a peer - in or out of school - should be considered to be abusive, then you should speak directly to the DSL. The Early Help Team in Nottinghamshire can then offer help and support in next steps of reporting and managing a case of peer abuse.

14.6 EXTREMISM AND RADICALISATION

For further information and guidance on the prevention of extremism and radicalisation, please refer to the following policies and supporting documents:

- Extremist Behaviour and Radicalisation Policy (Preventing Radicalisation)
- SEND Policy
- Equal Opportunities Policy
- Visitors Policy
- Safer Recruitment in Education Policy
- E-Safety Policy and supporting documentation

Policies will be available from the General Office and there will be a *Policy Folder* in the Staff Room.

14.7 The Orchard School seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right /

Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements. The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation.

The Orchard School adheres to the Prevent Duty Guidance for England and Wales July 2015 and is clear that this form of exploitation and radicalisation should be viewed as a safeguarding concern.

14.8 Risk assessment – The Orchard School assess the risk of their children being drawn into terrorism, as well as their support for extremist ideas and terrorist ideology. The Orchard School have robust safeguarding policies to identify children at risk, appropriate intervention and the most appropriate referral option. The policy also covers the suitability of visiting speakers. Police in all regions are expected to produce a Counter-Terrorism Local Profile (CTLPs) which is to assess the risk of individuals being drawn into terrorism and is the risk assessment to which we refer.

14.9 The key aim of the PREVENT strategy in Nottinghamshire is to help local authorities, police, community safety partnerships and other partners and partnerships to develop and implement effective actions, which will make their communities safer. This will reduce the risk from terrorism and violent extremism, so that the people of Nottinghamshire can go about their business freely and with confidence. Experience has shown that the best results are achieved by:

- Partnership working and community engagement
- Understanding the challenge and its context
- Developing an effective action plan
- Managing risk
- Tracking progress and evaluating success
- Sharing learning

14.10 The Orchard School ensures that all staff are equipped to identify children at risk of being drawn into terrorism, as well as challenge extremist ideas. They should know how to refer children and young people for further help. All staff have undertaken PREVENT e-learning. As part of the duty to protect young people from the messages of extremism, the school will refer any young person they are concerned about to the local Prevent team. Where the school has serious concerns about the vulnerability of a young person in relation to extremist behaviour, then the school should make a call to the Police on 999. Settings in Nottinghamshire are expected to ensure that children are safe from online terrorist and extremist material, typically via appropriate levels of filtering. The Orchard School operates with such levels and asks children to sign an 'appropriate use of ICT' agreement. Using school equipment to send terrorist publications to others is a criminal offence.

14.11 These are some further areas to consider in implementing the prevent agenda:

- The Orchard School aspires to promote the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance for those with different faiths and beliefs.
- Curriculum including a balanced Religious Education, Personal Social and Health Education etc.

14.12 FEMALE GENITAL MUTILATION (FGM)

(For further guidance and information, please refer to the FGM policy)

Female Genital Mutilation (FGM) is child abuse and illegal. As of 31st October 2015, all regulated professionals including qualified teachers or persons who are employed or engaged to carry out teaching work in schools are required to report cases of FGM to the Police. This is a personal duty and cannot be transferred to anyone else. The new mandatory reporting duty related to a disclosure that FGM has already happened and this should be reported to the Police on 101. Where a girl discloses information that identifies her as at risk of FGM, professionals should follow the normal safeguarding procedures.

14.13 FABRICATED AND INDUCED ILLNESS- There is no nationally agreed definition of Fabricated or Induced Illness (FII) however guidance available describes FII as behaviours by a parent or carer that may result in harm to a child or young person which may include one or more of the following:

- Deliberately including symptoms or signs including past medical history;
- Interfering with treatments;
- Exaggerating or falsifying symptoms;
- Falsifying results of investigations, observations, medical letter and documents;
- Obtaining specialist treatment or equipment that are not required;
- Alleging unfounded psychological illness.

14.14 In addition to these cases there are others where a child maybe presents for medical attention with unusual or perplexing symptoms which are not attributable to, or adequately explained by any confirmed genuine illness, and yet may not involve any deliberate fabrications or deception. These may be called 'perplexing presentations' or 'Medically Unexplained Symptoms'. FII can occur when a child or young person also has a confirmed diagnosis of illness or disability and the two may coexist but the health seeking behaviour or presentation is outside that expected for the condition or disability. The most important consideration is the impact on the child's health, well-being or development rather than the intent of the parent or care giver i.e. is the child suffering or at risk of suffering significant harm as a result of their parent or carers behaviour.

14.15 FII Indicators may include any or all of the following;

- Observations or experience of the child or young person in settings where the parent or carer are not present do not support the parent or carers reports e.g. in school, nursery, respite;
- Reported symptoms and signs found on examination are not explained by any medical condition from which child may be suffering;
- A carer reporting symptoms and observed signs that are not explained by any known medical condition;
- Physical examination and results of investigations do not explain the symptoms or signs reported by the carer;
- The child has an inexplicably poor response to prescribed medication or other treatment, or intolerance of treatment;
- Acute symptoms and signs are exclusively observed by/in the presence of one carer;
- On resolution of the child's presenting problems, the carer reports new symptoms or reports symptoms in different children in sequence;

- The child's daily life and activities are limited beyond what is expected due to any disorder from which the child is known to suffer, for example partial or no school attendance and the use of seemingly unnecessary special aids;
- Older children may appear to support their parents/carers in their presentation, even to the point of being complicit with active deceit.
- The carer seeks multiple opinions inappropriately.

14.16 Concerns may be raised by anyone in contact with the child and/or parents/carers who may notice discrepancies between reported and observed medical conditions. Due to the complexity of these cases it can be extremely challenging for professionals to decide when a case has reached the threshold for a referral to be made. In some cases, professionals are likely to develop concerns over a period of time as indicators of FII start to gradually emerge. Parents who harm their children this way may appear plausible, convincing and have developed a friendly relationship with practitioners before suspicions arise. They may also demonstrate a seemingly advanced and sophisticated medical knowledge which can make them difficult to challenge.

14.17 ABUSE AND INFORMATION TECHNOLOGY

'Internet Abuse' relates to five main areas of abuse of children:

- Indecent images of children (although these are not confined to the Internet)
- A child or young person being groomed online for the purpose of sexual abuse / exploitation
- Exposure to pornographic or other offensive material on the Internet
- Young people taking / sending indecent images of themselves (sexting)
- To use of the internet, and in particular social media, to engage children to extremist ideologies.

14.18 Internet abuse may also include cyber-bullying. This is when a child is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child using the Internet or mobile phones. It is essentially behaviour between children, although it is possible for one victim to be bullied by many perpetrators. There is some evidence that people found in possession of indecent photographs/pseudo photographs or films/videos of children may now in the future be involved directly in child abuse themselves. In particular, the individual's access to children should be established to consider the possibility that they are actively involved in the abuse of children including those within the family, within employment contexts or in other settings such as voluntary work with children or other positions of trust.

14.19 Any indecent, obscene image involving a child has, by its very nature, involved a person, who in creating that image has been party to abusing that child. Social networking sites are often used by perpetrators as an easy way to access children and young people for sexual abuse. In addition, radical and extremist groups may use social networking to attract children and young people into rigid and narrow ideologies that are intolerant of diversity: this is similar to the grooming process and exploits the same vulnerabilities. The groups concerned include those linked to extreme Islamic, or Far Right/Neo Nazi ideologies, Irish Republicanism and Loyalist paramilitary groups, extremist Animal Rights groups and others who justify political, religious, sexist or racist violence.

14.20 Often these issues come to light through accidental discovery of images on a computer or other device and can seem to emerge 'out of the blue' from an otherwise trusted non-suspicious individual. This in itself can make accepting the fact of the abuse difficult for those who know and may have trusted that individual. The initial indicators of abuse are likely to be changes in behaviour and mood of the victim. Clearly such changes can also be attributed to many innocent events in a child's life and cannot be regarded as diagnostic. However, changes to a child's circle of friends or a noticeable change in attitude towards the use of computer or phone could have their origin in abusive behaviour. Similarly, a change in their friends or not wanting to be alone with a particular person may be a sign that something is upsetting them. Children often show us rather than tell us that something is upsetting them. There may be many reasons for changes in their behaviour, but if we notice a combination of worrying signs it may be time to call for help or advice.

14.21 SEXUAL EXPLOITATION

(For further information and guidance, please refer to other related policies)

Involves children and young people receiving something – for example, accommodation, drugs, gifts or affection – as a result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the Internet.

14.22 PHYSICAL CONTACT AND PHYSICAL ABUSE – BOUNDARIES

There are occasions when a parent, carer, member of staff such as a teacher, nurse or social worker or other agent, have appropriate physical contact with a child. The existence of these procedures is not intended to deter physical contact which is appropriate and not abusive. Inevitably the procedures raise awareness of what is acceptable, and what is damaging to the child's wellbeing, and possibly that of others. In a school, there may be:

- incidents of physical restraint or a struggle between an adult and a child;
- fights or fracas between children/young people.

14.23 The context and background information to these incidents requires initial consideration by the Head Teacher and the DSL. Any necessary physical intervention by a member of staff with a pupil must be logged with the DSL. Particular attention should be paid to the origins of the incident, ages of children involved, the resolution of the incident and implications for the prevention and management of any future incidents. A judgement must be made as to whether:

- The child(ren) has suffered or there is reason to suspect future significant harm to a child(ren)
- The incident is part of a sequence/pattern of behaviour perceived to be oppressive, abusive or unreasonably aggressive towards a child(ren).
- There are suggestions of sexual abuse.

14.24 LOOKED AFTER CHILDREN (LAC)

(For further information and guidance, please refer to the 'Looked After Children Policy')

All children with a looked after designated status will be monitored by both the designated person within school and the local authority virtual school. Other local authorities are mandated to make Nottinghamshire local authority aware if any LAC moves into the area. The designated person will be responsible for liaising with and returning information relating to these children. Currently Nottinghamshire does not have the capacity to monitor children who have been adopted from care. However, within the Orchard School as adopted children may have been subject to a care order at some point in their life they are monitored closely in the manner of a LAC.

14.25 The LAC attending the Orchard School may be living in another local authority, if this is the case the designated individual within school is responsible for liaising with the appropriate virtual schools to ensure continuous care.

15 INFORMATION ABOUT COMPLAINTS, REPRESENTATIONS AND INTER-AGENCY DISAGREEMENTS

15.1 At any stage if, on upholding the complaint, a recommendation is made to reconvene the conference which is the subject of the complaint, this should be held as quickly as possible and be chaired by a different chair person. The Principal Manager Independent Reviewing Service should attend this conference. If the complainant is not satisfied with the outcome of the reconvened conference s/he may raise a further complaint but only if there are concerns about the running of that conference that would fall within the scope of these procedures.

15.2 Outcomes of Complaints (NSCB/NCSCB) Across both authorities, any decisions made in relation to the management of the case stand until they are changed by a reconvened Child Protection Conference. It is particularly important that the implementation of the protection plan is not disrupted whilst the complaint is resolved. In exceptional circumstances it may be appropriate to consider suspending elements of the Child Protection Plan whilst the complaint is being resolved. The decision about this must be made by the chair of the conference where the Child Protection Plan was drawn up in conjunction with the relevant Service Manager (County)/Head of Service (City).

15.3 On receipt of a complaint the conference chair's line manager may decide that the complaint has already been investigated via the procedures outlined above (or another complaints procedure) and not to re investigate on the basis that it is essentially the same complaint. The reasons for such a decision must be recorded in writing and the complainant informed. The complainant can appeal against this decision, in writing, to the Independent Chair of the SCB. The complainant will not be invited to attend a meeting but will receive written notification of the chair's decision.

15.4 Monitoring and Reporting Arrangements (NSCB/NCSCB) The NSCB Manager (County) and the Principal Manager Independent Reviewing (City) will keep a record of all complaints received that relate to case conferences and their outcome, including those notifications of complaints received and resolved at Stage 1. On an annual basis these will be a report to an appropriate subgroup of the NCSCB / NSCB regarding complaints received during the year and action taken. All comments, compliments and complaints relating to any NCSCB processes, including the allegations management process will be managed through the Nottingham City Council "Have Your Say" process, the details of which can be found at www.nottinghamcity.gov.uk

15.5 (ESCALATION PROCEDURE) Problem resolution is an integral part of interagency working to safeguard children. It is often a sign of developing thinking within a dynamic process and can indicate a lack of clarity in current procedures or approach. Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion. Effective working together depends on an open approach and honest relationships between agencies and a commitment to genuine partnership working. As part of this there needs to be a system in place to enable disagreements to be resolved to the satisfaction of practitioners and organisations involved. The aim should be to resolve difficulties at practitioner/field practitioner level between organisations, where this is possible, but where not the disagreement should be escalated until a resolution is achieved. Disagreements should not be left unresolved. Disagreements could arise in a number of areas, but are most likely to arise around thresholds, roles and responsibilities, the need for action and communication. It is important:

- to avoid professional disputes that put children at risk or obscure the focus on the child to resolve difficulties (within and) between organisations quickly and openly
- to identify problem areas in working together where there is a lack of clarity in existing procedures and to promote resolution via necessary amendments.

15.6 Throughout any dispute between individuals or organisations practitioners must remain child focused. The safety of individual child(ren) remain the paramount considerations. Initial attempts should be taken to resolve the problem. This should normally be between the people who disagree. It should be recognised however that differences in status and/or experience may affect the confidence of some practitioners to pursue this unsupported. Practitioners should consult with their line manager or practitioner lead as appropriate. If unresolved the problem should be referred to the practitioner's own line manager or practitioner advisor, who will discuss with their opposite number in the other agency. At this stage it may be useful for the line managers to agree a meeting between themselves and the concerned practitioners to assist with the exploration of the problem. If the problem remains unresolved the line managers will refer to their line managers for consideration. This process will continue until a resolution can be found.

15.7 In the rare circumstances where the problem cannot be resolved through line management arrangements, the matter will be referred to the Chair of the Safeguarding Children Board (SCB) who will offer mediation. Ideally, their agency representative on the relevant SCB will contact the Independent Chair and inform the Board Manager of this action. Where felt appropriate, a mediation meeting will be set up involving as a minimum the SCB Chair, the respective organisations Board representatives and the SCB manager. A clear record should be kept at all stages, by all parties. In particular, this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued. When the issue is resolved, any general issues should be identified and referred to the agency's representative on the SCB for consideration by the appropriate (Local Safeguarding Children Board) LSCB panel or group to inform future learning. It may also be helpful for individuals to debrief following some disputes in order to promote continuing good working relationships.

15.8 The timescale within which the processes set out above should take place will be dependent on the nature of the disagreement and what this may mean for the safety of the child. In some circumstances immediate action will be merited and progress through agency line management routes will need to take place **within 1 working day** and, in circumstances where there continues to be disagreement, the issue will be brought to the attention of the Independent Chair the following

working day. In less urgent cases the whole process should be completed within no more than **four weeks**.

16 INITIAL CHILD PROTECTION CONFERENCE (ICPC)

16.1 Criteria for an Initial Child Protection Conference. An Initial Child Protection Conference will always be convened:

- where it is judged that a child may continue to suffer or be at risk of significant harm
- following the death of a child where the circumstances of the death are suspicious
- when a child subject to a Child Protection Plan from another local authority moves into Nottinghamshire and the threshold criteria for an Initial Child Protection Conference are met
- where children who are the subject of Care Orders are returning home to the household from which they were removed
- for concerns about them suffering significant harm and where assessment indicates the need for a Protection Plan. This placement should always be made under the 'Care Planning, Placement and Case Review Regulations 2010'.
- where a child is born or moves into a household where other children are subject to a Child Protection Plan.
- where Section 47 enquiries indicate that an unborn child is likely to suffer significant harm. This Initial Child Protection Conference should be convened prior to the child's birth. Careful consideration should be given to the timing of this Conference. This Conference has the same status as other Initial Child Protection Conferences including a decision about whether the child should be the subject of a Child Protection Plan at birth. The involvement of the community or hospital midwife is vital in those cases in those exceptional circumstances where it is determined that a child has suffered abuse, but it is unclear whether the child is likely to be at continuing risk of significant harm.

16.2 The Initial Child Protection Conference brings together family members, the child where appropriate and those practitioners most involved with the child and family, following section 47 enquiries. Its purpose is to:

- bring together and analyse in an inter-agency setting the information which has been obtained about the child's health, development and functioning and the parents' or carers' capacity to ensure the child's safety and promote the child's health and development within the context of their wider family and environment, taking into account the child's present situation and information about his or her family history through the use of a chronology, and present and past family functioning.
- make judgments about the likelihood of a child suffering significant harm in future
- decide whether the child should be made subject to a Child Protection Plan and
- decide what future action is needed to safeguard the child and promote his or her welfare, how that action will be taken forward and with what intended outcomes.

16.3 The Initial Child Protection Conference should take place within 15 days of the Strategy Discussion which decided that S47 enquiries should be followed or the last Strategy Discussion if more than one has been held (if the decision had not already been made).

16.4 Core Assessment -The timescale for completion of the Core Assessment is 35 working days from the completion of the Initial Assessment. A Core Assessment is deemed to have commenced at the point that an Initial Assessment ended or a Strategy Discussion decided to initiate Section 47 enquiries. A Core Assessment is deemed complete once the assessment has been discussed with the child and family (or caregivers) and the Team Manager has viewed and authorised the assessment. Where a child is not made the subject of a Child Protection Plan but meets the criteria for a Core Assessment as a 'child in need' then, provided that the parents wish an assessment to take place, this too should take place within the same timescale.

16.5 For those children who are the subject of a Protection Plan, the Core Assessment/Further Assessment should be carried out in accordance with the recommendations of the Initial Child Protection Conference, as developed by the Core Group. It should be consistent with guidance in the Framework for the Assessment of Children in Need and their Families. It should build on information obtained in the course of Initial Assessment and the fuller Section 47 enquiries. As with all Core Assessments this should be a multi-agency process. The child's ethnicity and any needs arising from this must inform the assessment. The analysis of the child's needs should provide evidence on which to base judgments and plans on how best to safeguard a child, promote his or her welfare and support parents in promoting their children's welfare. In respect of those children subject to a Child Protection Plan, this analysis of the child's needs should underpin the plan.

16.6 The Review Child Protection Conference

The first Review Child Protection Conference must be held within three months of the Initial Child Protection Conference, and further reviews must be held at intervals of not more than six months for as long as the child remains subject to a Child Protection Plan. This is to ensure that momentum is maintained in the process of safeguarding the child. These timescales are maximum timescales. In the event of a significant change of circumstances such that the Child Protection Plan or category of the plan needs to be more urgently reviewed or altered a Review Conference should be arranged without delay. All members of the Core Group as well as any other practitioners involved with the child and family should attend the Review Conference and provide a written report including the work undertaken since the Initial Child Protection Conference and an analysis of current need. This report should be shared with child and family, as appropriate, by the report author prior to the review. If attendance is not possible a written report must be submitted to the Chair with a copy to the Social Worker at least 24 hours before the Review is to be held. The procedure for Initial Child Protection Conferences applies equally to Review Child Protection Conferences.

16.7 Purpose of the Review Conference - The Review Conference is to:

- review whether the child is continuing to suffer, or is likely to suffer, significant harm and their health and developmental progress against planned outcomes set out in the Child Protection Plan ensure that the child continues to be adequately safeguarded
- consider whether the Child Protection Plan should continue in place or should be changed
- consider whether a Child Protection Plan is still required.

The Review requires as much preparation, commitment and management as the Initial Child Protection Conference. The Core Assessment/ Further Assessment will form the basis of the information presented to the Conference. Every Review should consider explicitly whether the child continues to be at risk of significant harm, and hence continues to need safeguarding through adherence to a formal Protection Plan. If not, then the child's name will no longer need to be the subject of a Child Protection Plan. Any agency can request that a Review Child Protection Conference is brought forward where it is felt that a child is not adequately safeguarded. Any such request should normally be agreed if the following criteria are met:

- if a child who is the subject of a Child Protection Plan suffers a further incident of harm or concern increases to the point where the protection plan/criteria both need to change
- if there is a significant change of circumstances, e.g. change of address which requires establishment of a new Core Group and a new Child Protection Plan.

16.8 In addition, it is a requirement to convene a Review Child Protection Conference when a child subject to a Child Protection Plan has been missing for over seven days. Where there remain differences of view about the need for an early Review Conference every effort should be made to resolve this through discussion and negotiation involving a senior manager of the agencies concerned as appropriate.

16.9 Ending a Protection Plan - The same Safeguarding Children Board (SCB) decision making procedure should be used to reach a judgment on ending a Child Protection Plan as is used for making a child the subject of a Child Protection Plan. A child will no longer need a Child Protection Plan if:

- it is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a child protection plan (e.g. the risk of harm has been reduced by action taken through the Child Protection Plan; the child and family's circumstances have changed; or re-assessment of the child and family indicates that a Child Protection Plan is not necessary). Under these circumstances, only a Review Child Protection Conference can decide that a Child Protection Plan is no longer necessary
- the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a Child Protection Conference within 15 working days of being notified of the move, only after which event a Child Protection Plan may be brought to an end in the original local authority
- the child has reached 18 years of age (to end the Child Protection Plan a Review Conference should be held around the time of the child's birthday)
- the child has died or has permanently left the UK (Working Together to Safeguard Children p.180)

- the child is looked after (local agreement)

16.10 When a child is no longer subject to a Child Protection Plan, notification of this should be sent by Children's Social Care to all those agency representatives who were invited to attend the Initial Child Protection Conference. The child's current GP should always be informed. The Safeguarding Children Information Management Team must also be notified. Consideration should also be given by the Chair at the Review Conference as to who else should be notified, e.g. the Police who may have been involved in investigations. A child who is no longer the subject of a Child Protection Plan may still require further support and services. The ending of a Child Protection Plan should never lead to the automatic withdrawal of help. The Conference should consider whether the child should be identified as a child in need. If so, recommendations should be made for the *Child in Need Service Plan* and arrangements agreed for the first review of the Child in Need Plan. In the County this process is described in more detail in the Step Down process set out in the *Pathway to Provision*.

17 SAFER RECRUITMENT AND PROFESSIONAL BOUNDARIES (*For further information and guidance, please refer to Safer Recruitment in Education Policy*)

17.1 The school pays full regard to DfE guidance *Keeping Children Safe in Education* – September 2016 and with reference to the 'Position of Trust' offence (Sexual Offences Act 2003). We ensure that all appropriate measures are applied in relation to everyone who works in the school who is likely to be perceived by the children as a safe and trustworthy adult. We do this by:

- Operating safer recruitment practices including appropriate Disclosure and Barring Service (DBS) and reference checks, verifying identity, academic and vocational qualifications, obtaining professional references, checking previous employment history (including any additional checks thought appropriate for staff who have lived or worked outside the UK) and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and checking the existence of any teacher prohibition orders (checked via the 'Teacher Services' system) and the right to work in England checks in accordance with DBS and Department for Education procedures.
- In February 2015 the DfE issued additional guidance about disqualification by association 'Disqualification Under the Childcare Act 2006' which applies to those staff employed and/or provide childcare in either the early years (birth until end of reception age) or later years (children under the age of 8). Schools will need to ask these staff to complete a disqualification declaration. Upon return the Head Teacher, DSL should contact LADO where a positive declaration has been made.
- Ensuring that staff and volunteers adhere to a published code of conduct and other professional standards at all times, including after school activities. Staff are aware of social media/ on-line conduct.
- Ensuring any disciplinary proceedings against staff related to Child Protection matters are concluded in full in accordance with Government guidance *Keeping Children Safe in Education* – September 2016 and LSCB, LADO and school procedures and guidance.
- Ensuring that all staff and other adults on site are aware of the need for maintaining appropriate and professional boundaries in their relationship with pupils and parents, following the Code of Conduct.
- Establishing adequate risk assessments are in place including for extended school, volunteer and holiday activities.

- Supporting staff confidence to report misconduct.
- At least one member of every recruitment panel has completed *Safer Recruitment training within the last 5 years*. E-learning is also available.

18 OTHER RELATED POLICIES

The school takes safeguarding seriously and understands this policy is over- arching. The school also maintains other linked policies in line with the legislative requirements; together these make up the suite of policies to safeguard and promote the welfare of children in this school.

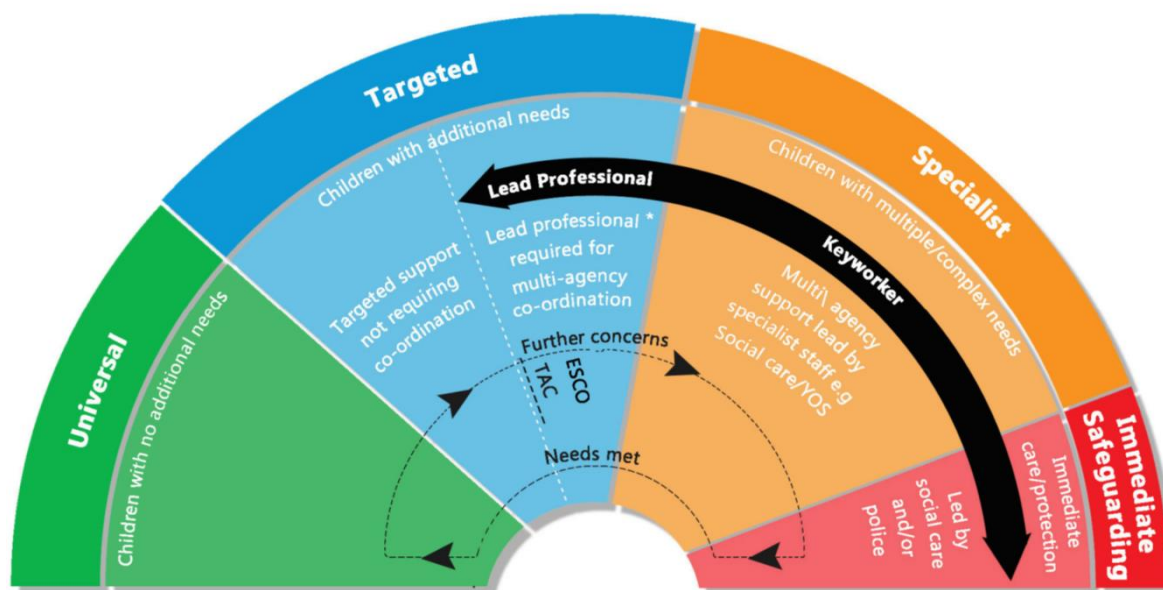
- **Attendance policy**
- **Data Protection Policy/ Confidentiality Policy**
- **Staff Code of Conduct**
- **Extremist Behaviour and Radicalisation Policy**
- **E-Safety guidance& policy**
- **Anti-Bullying policy**
- **Complaints procedure**
- **Intimate Care policy**
- **Physical Restraint Policy**
- **Information Technology Departmental Handbook**
- **Child Sexual Exploitation Policy**
- **Keeping Children Safe in Education November 2016**
- **Working Together to Safeguard Children March 2015**
- **SEND policy**
- **Children Missing Education policy**
- **Safer Recruitment Policy**
- **Looked After Children Policy**
- **Equal Opportunities Policy**
- **Female Genital Mutilation (FGM) Policy**
- **Forced marriage Policy**
- **Homophobic Bullying Policy**

Appendices

Staying Safe

Advice on any aspect of Child Protection can be sought from the Child Protection Team;

Designated Safeguarding Lead	Nancy Stokes 01427 880395 nstokes@theorchardschool.co.uk
Deputy Safeguarding Lead	Andy Sellars 01427 880395 asellars@theorchardschool.co.uk
Our local contact numbers are:	
Safeguarding of children concerns <i>(Children living in Nottinghamshire)</i>	MASH 0300 5008090
Allegations against /concerns about adult(s) working with children	Eva Callaghan (education) LADO Allegations Officers Tel: 0115 8041272.
Police(Emergency) Police(Non-Emergency)	999 101 Nottinghamshire Police Public Protection Unit, Central Referral Unit



<p>UNIVERSAL</p> <p>Children and young people whose needs are being adequately met by their family, friends and community and who are accessing universal services. (e.g. health visiting, GP, schools)</p> <ul style="list-style-type: none"> • RESPONSE: - Continue meeting child or young person's needs as a universal service in a safe environment. Universal services will remain at all levels of need. 	<p>TARGETED</p> <p>Children and young people who would benefit from additional help with moderate difficulties in order to make the best of their life chances.</p> <ul style="list-style-type: none"> • RESPONSE: - A practitioner who identifies unmet needs for a child or young person should consider how these needs can best be met, usually by some additional help from within their own agency. The Early Help Assessment (EHA) can help to identify and plan to meet needs and involve others where necessary.
<p>COMPLEX</p> <p>Children and young people who have a range of additional needs affecting different areas of their life.</p> <ul style="list-style-type: none"> • RESPONSE: Request support from other agencies such as family support, commissioned services Youth Crime Prevention Team and Education Welfare. Agencies work together to provide a network of support to the child or young person and their family. • Identify a lead professional to co-ordinate support and be primary link with the family. • Hold a multi-agency meeting and use the Early Help Assessment (EHA) with child and family to assess their needs. Develop and implement an Action Plan and review progress. 	<p>SPECIALIST</p> <p>Children and young people who need immediate protection or who require integrated support from a statutory service such as CAMHS, Children's Social Care, or Youth Offending Service.</p> <ul style="list-style-type: none"> • Children's Social Care lead multi-agency planning and support through a Child-in-Need Plan, Child Protection Procedures, or accommodation by Children's Social Care. • Youth Offending Team lead multi-agency interventions for Court-Ordered Supervision of Young Offenders in the community and in custody.

DEFINITIONS OF ABUSE

“WORKING TOGETHER TO SAFEGUARD CHILDREN” 2015

Neglect

The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.

It may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

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

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on their emotional development. It may involve:

- conveying to them that they are worthless, unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving them opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.
- developmentally inappropriate expectations being imposed; interactions that are beyond the child’s developmental capability
- overprotection and limitation of exploration and learning
- preventing the child participating in normal social interaction.
- seeing / hearing the ill-treatment of another.
- serious bullying causing them frequently to feel frightened or in danger
- exploitation or corruption of them.

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

Sexual Abuse

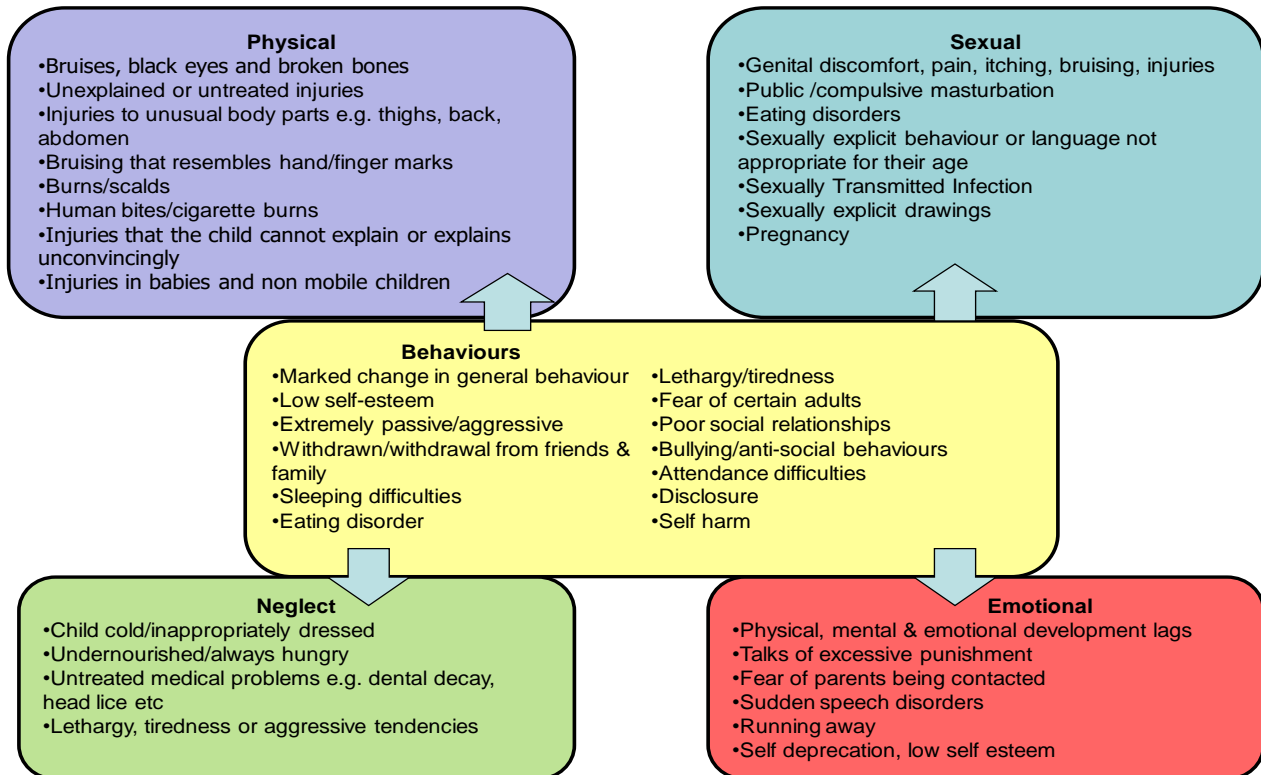
- forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
- physical contact: including assault by penetration e.g. rape or oral sex; or non-penetrative acts e.g. masturbation, kissing, rubbing & touching outside of clothing
- Non-contact activities: e.g. involving children in looking at/ in the production of sexual images/ activities, encouraging children to behave in sexually inappropriate ways, grooming a child in preparation for abuse.

Physical Abuse

A form of abuse which may involve:

- Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child.
- Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately induces illness in a child.
- Injuries in babies and non-mobile children

Symptoms of Abuse



Receiving Disclosures:

Receive

- Listen, try not to look shocked or be judgmental
- Believe what they say 'take it seriously'.
- Accept what the young person says.
- Don't make them feel bad by saying "you should have told me earlier"
- Don't 'interrogate' them – let them tell you, try not to interrupt
- Note the date and time, what was done, who did it, and where it took place
- Use the young person's own words
- Don't criticise the perpetrator
- Don't take photographs of any injuries
- Don't ask leading questions – use 'open' questions to clarify only (T.E.D)



Tell me what you mean by that?/ Can you Tell me how that happened?

Explain that to me

Describe that....



Reassure

- Stay calm, tell the young person they've done the right thing in telling you
- Reassure them they are not to blame
- Empathise – don't tell them how they should be feeling
- Don't promise confidentiality, explain who needs to know
- Explain what you'll do next
- Be honest about what you can do

Report and Record

- Make a brief, accurate, timely and factual record
- Discuss with the Designated Safeguarding Lead (DSL) or their Deputy, without delay
- The Designated Safeguarding Lead will assess the situation and decide on the next steps

Things to include:

- Time and full date of disclosure/incident and the time and full date the record was made
- An accurate record of what was said or seen
- Whether it is 1st or 2nd hand information
- Whether the child was seen/spoken to
- Whether information is fact/ professional judgement
- Full names and roles/status of anyone identified in the report
- Avoid acronyms/jargon/abbreviations
- Sign the record with a legible signature.
- Record actions agreed with/by the Designated Lead



Records should be reviewed regularly and any new concerns should be added and responded to immediately.

Nottinghamshire Safeguarding Children Board (NSCB) & Nottinghamshire County Council agree that best practice would be for all staff to undertake **annual** safeguarding training.

*The statutory guidance, 'Keeping Children Safe in Education – September 2016', states 'All staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include: the child protection policy; the staff behaviour policy (sometimes called a code of conduct); and the role of the designated safeguarding lead. Copies of policies and a copy of part one of Keeping Children Safe in Education should be provided to staff at induction. **All** staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually to provide them with relevant skills and knowledge to safeguard children effectively.'*

Whole school safeguarding training is carried out every three years.

The Designated Safeguarding Lead and Deputy Designated Safeguarding Lead have training every two years.

The DSL will have additional training at least once per academic year.

Annual in-house refresher courses are carried out for all staff.

Staff meetings are held based on emerging issues and themes.

The DSL with the help of the General Office will keep accurate records of staff safeguarding updates on a spreadsheet and remember to keep a central copy of any evidence of training, e.g. certificates.

Name	DOB:	Class:	Ethnicity:
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Home Address:			Telephone:
			Email:
Status of file and dates:			
OPEN			
CLOSED			
TRANSFER			
Any other child protection records held in school relating to this child closely connected to him/her?			
YES/NO WHO?			
Member of household			
Name	Age/DOB	Relationship to child	Contact number
Significant Others (relatives, carers, friends, child minders, etc			
Name	Relationships to child	Address	Tel No
Other Agency Involvement			
Name of officer/ person	Role and Agency	Status of Child ie EHAF/ CPP/ LAC. CiN	Tel no & Date

This is an example of the school's individual safeguarding case form