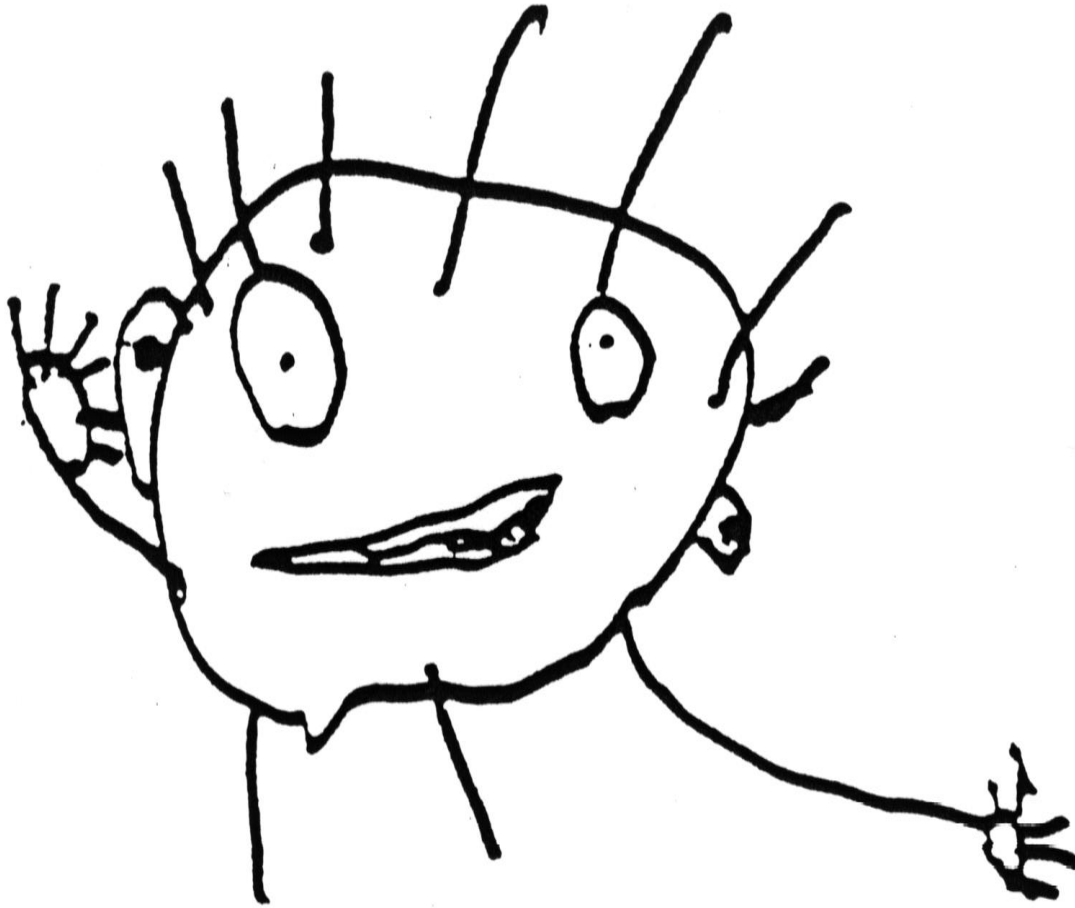




**Bognor Regis**  
Nursery School



**Safeguarding  
and  
Child Protection  
Policy**

# Bognor Regis Nursery School

## Safeguarding and Child Protection Policy

This policy was adopted in:	September 2018
The policy will next be reviewed in:	September 2019

### Contents

1. Introduction
2. Statutory Framework
3. Confidentiality
4. Responsibilities
5. Early Help and Child Protection Procedures
6. Local Authority Designated Officer (LADO)
7. Special Educational Needs and Disabilities
8. Looked After Children and previously looked after children
9. When to be concerned
10. Specific safeguarding issues
11. Dealing with a disclosure
12. Record keeping

### Appendices

1. Keeping Children Safe in Education: September 2018
2. Transition of Confidential Information
3. Proforma for Case Conference/Core Group Report
4. Guidelines for completing Educational Report for Social Care
5. Cause for Concern Sheet
6. Chronology of Events Log
7. Designated Lead's Response
8. Body Maps

<b>Key Contacts:</b>	
<b>Designated Safeguarding Lead (DSL):</b>	Joe Knutson (01243642927/head@brns.org)
<b>Designated Safeguarding Deputy:</b>	Alison Stead (astead@brns.org) Anji Capelin-Blount Sarah Powell (both 01243642930) Shelley Farrell (01243642926/sbm@brns.org)
<b>Lead Governor for Child Protection:</b>	Susannah Conway (Susannah.conway@westsussex.gov.uk)
<b>West Sussex Children's Services - Multi-Agency Safeguarding Hub (MASH):</b>	Tel: 01403 229900 (Out of Hours – 0330 222 6664) MASH@westsussex.gcsx.gov.uk
<b>Local Authority Designated Officer (LADO):</b>	Lindsey Tunbridge-Adams (0330 222 3339/lindsey.tunbridge-adams@westsussex.gov.uk)
<b>Safeguarding in Education Manager</b>	Jez Prior (0330 222 7618/ jez.prior@westsussex.gov.uk)

# Bognor Regis Nursery School

## Safeguarding and Child Protection Policy

### 1 Introduction

1. **Safeguarding** is the action taken to promote the welfare of children and protect them from harm. Safeguarding children and child protection applies to all children up to the age of 18.

**Safeguarding** means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

**Child protection is part of the safeguarding process.** It focuses on protecting individual children identified as suffering from, or likely to suffer, significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

2. Safeguarding children is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.
3. The purpose of this policy is to inform staff, parents, volunteers and governors about the School's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.
4. The Governing Body takes seriously its responsibility to safeguard and promote the welfare of children in its care and works together with other agencies to ensure adequate arrangements to identify, assess, and support children who are, or who may be, suffering harm.
5. We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting children from harm, and that the child's welfare is our paramount concern.
6. All staff members believe that our School should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.
7. Staff members working with children are advised to maintain an attitude of '*it could happen to a child we know*' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

## **Safeguarding Culture at Bognor Regis Nursery School**

### **Child Protection Statement**

This school takes its responsibility to safeguard children extremely seriously and this school will train and empower all staff to recognise and respond effectively to protect a child who may be at risk of significant harm.

### **It could happen here**

We will ensure all staff members in our school maintain an attitude of ‘it could happen here’ and feel able to raise concerns either about a child at risk or a member of staff whose behaviour may present a risk to a child.

### **Our School will:**

- Have safeguarding at the heart of everything we do
- support the child’s development in ways that will foster security, confidence and independence;
- provide an environment in which children feel safe, secure, valued, respected and confident;
- enable each child to develop close, trusting relationships with familiar adults at the school, ensuring that they know a member of staff they can talk to if they are worried about something;
- make sure all of our staff, including volunteers know how to contact child protection agencies should they need to.
- provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the School, contribute to assessments of need and support packages for those children;
- emphasise the need for good levels of communication between all members of staff and between the School and other agencies;
- have and regularly review a structured procedure within the School which will be followed by all members of the community in cases of suspected abuse;
- develop and promote effective working relationships with other agencies, especially the Police and Children’s Social Care;
- ensure that all adults within our School have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education (DfE September 2018).
- have in place, other, up to date policies which support safeguarding. (Please see Page 5 for a list of such policies.)

## 2 Statutory Framework

The School will act in accordance with the following government legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002
- Keeping Children Safe in Education (DfE September 2018): [Keeping children safe in education: for schools and colleges](#)
  - Sexual Violence and sexual harassment between children in schools and colleges 2018: [here](#)
  - Working Together to Safeguard Children 2018: [here](#)
  - Regulated Activity in relation to children: scope [here](#)
  - The Education (Child Information) (England) Regulations 2005
  - Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015
  - Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015)
  - Dealing with Allegations of Abuse against Teachers and Other Staff (2012)
  - Children Missing Education [Statutory guidance 2016](#)
  - Local Safeguarding Children Board Interagency and safeguarding procedures [West Sussex Safeguarding Children Board](#)

The Child Protection and Safeguarding Policy links to the following School policies:

- Whistleblowing Policy
- Staff Code of Conduct
- Complaints procedure
- Behaviour policy

## 3 Confidentiality

1. As a general principle, all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis.
2. The Headteacher or Designated Safeguarding Lead will disclose any child protection related information about a child to other members of staff on a need to know basis only.
3. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
4. All staff must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.
5. The intention to refer a child to Children's Social Care will be shared with parents/carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, advice should be sought from the MASH.

## 4 Responsibilities

### **All staff responsibilities**

**All staff have a crucial role to play in supporting children and identifying concerns early and providing help. To achieve this they will:**

- establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to;
- be aware of the signs of abuse and maintain an attitude of “*it could happen here*” with regards to child protection;
- ensure that children know that there are adults in the School whom they can approach if they are worried about any problems;
- know what to do if a child tells them they are being abused or neglected;
- Know how and where to record their concerns and report these to the Designated Safeguarding Lead as soon as possible;
- know how to refer the matter to Children’s Social Care and/or the Police immediately if a child is in immediate danger;
- support children in line with their Child Protection Plan and notify the Designated Safeguarding Lead of any child on a Child Protection Plan who has an unexplained absence;
- actively plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe;
- be aware of and follow the [Sussex Child Protection & Safeguarding Procedures](#), produced by West Sussex, East Sussex, and Brighton & Hove. This will include the referral process;
- have read and understand Part 1 of Keeping Children Safe in Education September 2018 (*attached as Appendix 1*) and be alert to signs of abuse and know to whom they should report any concerns or suspicions;
- participate in safeguarding training as part of their induction;
- receive safeguarding and child protection updates as required but at least annually, to provide them with relevant skills and knowledge to safeguard children;
- ensure that they know who the Designated and Deputy Safeguarding Leads are and how to contact them;
- be aware of the early help process and understand their role in it. This includes identifying problems and working effectively with other agencies that provide support to children;
- refer to the Headteacher if they have concerns about another member of staff;
- refer to the chair of governors where the concerns are about the Headteacher.

Staff, students and volunteers are not allowed to take their mobile phones into any areas where children are cared for without their parents e.g. Orchard Room or Nursery School.

Personal phones must be kept in lockers/office space during working hours and accessed only during break times in the staff room or other areas where there are no children present. Access to personal phones at other times of the day should be negotiated with line manager and again this must not take place in either nursery environment.

Staff, students and volunteers need to be contacted urgently, individuals should give the School number as the first contact and office staff will share urgent message as soon as possible.

Photographs and videos of children for recording development should be taken with School equipment and be accessible to share with other colleagues and children's parents/carers at all times.

### **Responsibilities of the Governing Body**

The Governing Body takes seriously its responsibility to safeguard and promote the welfare of children in its care and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support children who are, or who may be, suffering harm.

As a school we are fully committed to that and will ensure all of our policies and practices enable our school to take action in a timely manner to safeguard and promote the welfare of the children and young people attending our school.

The nominated Governor for Child Protection in this school is:

**Susannah Conway**

The responsibilities placed on governing bodies include:

- making sure that the safeguarding policies & procedures in the School are effective and comply with the law at all times. This should include a child protection policy (reviewed at least annually and available online); and a staff behaviour policy (sometimes called a code of conduct) which should amongst other things include acceptable use of technologies staff/child relationships and communications including the use of social media;
- putting in place appropriate safeguarding responses to children who “*go missing from education*”, particularly on repeat occasions;
- appointing a Designated Safeguarding Lead who is part of the senior staff team and has this recorded on their job description in line with Annex B of Keeping Children Safe in Education 2018;
- through regular review and audit, ensuring that any safeguarding deficiencies or weaknesses within the School are remedied without delay,
- ensure that child protection records are kept securely and separately from other records and are only accessed by staff who need to.
- ensuring that there are procedures in place to effectively manage allegations against all staff members. In all cases we will follow the guidelines outlined in Part 4 of Keeping Children Safe in Education 2018. All such cases, and in cases of any doubt as to whether the matter

reaches threshold for allegations, advice and guidance must be sought from the local authority designated officer (LADO) BEFORE any internal investigation begins.

- recognising that neither the governing body, nor individual governors, have a role in pursuing or managing the processes associated with individual cases of child protection. Recognising that neither governing bodies nor individual governors have a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff;
- ensuring that we discharge our responsibilities in respect of adhering to the reporting restrictions imposed by the Education Act 2002 where teachers are under investigation.
- we will also ensure parents and carers are aware of their responsibilities not to publish any information during such investigations as highlighted at para 200 Keeping Children Safe in Education 2018 and section 141F of the Education Act 2002
- recognising that neither the governing body, nor individual governors, have a role in pursuing or managing the processes associated with individual cases of child protection
- recognising that neither the governing body, nor individual governors, have a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff
- making sure all staff are familiar with the contents of part 1 of Keeping Children Safe in Education, and that all staff have been trained appropriately and that this is updated in line with guidance;
- ensuring that the School is contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified;
- appointing a designated teacher for looked after children, and recognising and reflecting in school procedures and this policy that children looked after are particularly vulnerable
- for e-learning, making sure that appropriate filters and appropriate monitoring systems are in place, safeguarding against potentially harmful and inappropriate online material;
- giving consideration as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum;
- ensuring that School creates a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (Part Three: Safer Recruitment. Keeping Children Safe in Education, September 2018);

This includes ensuring that we take up references for each shortlisted candidate **before** interview that at least one member of any appointing panel, including shortlisting, will have attended safer recruitment training.

- Ensuring that the School is keeping an up to date Single Central Record (SCR) of all staff and volunteers and the dates of all appropriate safeguarding checks

Disqualification by association criteria does not now apply to those working in schools or colleges and as such we will no longer ask our staff to provide details of those living in the same household cautioned or convicted for certain offences.



- monitoring the adequacy of resources committed to child protection, and the staff and governor training profile;

ensuring the school follow the correct procedure for managing professional differences where there is disagreement between the school and other agencies in respect of action taken to keep a child safe.

governors will ensure they are trained annually in respect of safeguarding. Governors will also consider what other bespoke training, for example Prevent, would enable them to fulfil their governance obligations.

### **Responsibilities of Designated Safeguarding Lead (DSL)**

In this School any individual can contact the designated safeguarding lead if they have concerns about a child.

The Designated Safeguarding Lead in this School is:

**Joe Knutson**

The Deputy Safeguarding Leads in this School/Centre are:

**Alison Stead**

**Anji Capelin-Blount**

**Sarah Powell**

**Shelley Farrell**

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the designated safeguarding lead; this lead responsibility should not be delegated.

The Designated Safeguarding Lead will:

- assist the governing body in fulfilling their responsibilities under section 175 or 157 of the Education Act 2002;
- attend initial training for their role and refresh this every two years. They will keep their knowledge and skills updated at least annually;
- ensure that all staff know who the Designated Safeguarding Lead is, their role and how to make contact;
- ensure that all staff understand their responsibilities in relation to signs of abuse and responsibility to refer any concerns to the Designated Safeguarding Lead. In addition, the Designated Safeguarding Lead should ensure that all staff read and understand Part One of Keeping Children Safe in Education 2018 (attached as *Appendix I*) and have a record of when this was done;
- ensure that new staff participate in safeguarding training as part of their induction, and that all staff receive safeguarding and child protection updates as required but at least annually, to provide them with relevant skills and knowledge to safeguard children.

- be the lead for the school when engaging the managing professional difference protocol when there is disagreement between the school and other agencies in respect of action taken to keep a child safe. (See Protocol managing professional differences)
- liaise with relevant curriculum leads in setting to ensure education for safeguarding is considered within all aspects of the curriculum

**The designated safeguarding lead is expected to:**

- refer cases of suspected abuse to the West Sussex MASH. Where a referral is made that notes are completed that same day;
- support staff who make referrals to local authority Children’s Social Care;
- refer cases to the Channel programme where there is a radicalisation concern as required;
- support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- refer cases where a crime may have been committed to the Police, via the MASH as required.
- Ensure all child protection files are kept separately and securely from other records and accessible only by staff who need to access them for safeguarding purposes
- as required, liaise with the case manager and where required, the local authority designated officer, in all cases involving allegations against members of staff (both current and former members of staff);
- liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

**Training**

As well as training all members of staff as above, the DSL and deputies should undergo training to provide them with the skills required to carry out the role. This training should be updated at least every two years.

- The designated lead and deputies should undertake Prevent awareness training. and ensure the rest of the staff also do this on at least an annual basis as part of the wider continuous safeguarding training process in operation.

**The safeguarding lead:**

- should be afforded time to allow them to understand and keep up with any developments relevant to their role so they:
  - attend the DSL network termly meetings as organised by the Local Authority

- understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to and understands the School/Centre's child protection policy and procedures, especially new and part time staff;
- are alert to the specific needs of children in need, those with special educational needs and young carers;
- are able to keep detailed, accurate, secure written records of concerns and referrals; separately from the main pupil file and use these records to assess the likelihood of risk. The written records should clearly identify details of the concerns and what action was taken. If these are stored electronically, that they are differently password protected from the child's other files, and accessible only by the head teacher/designated leads.
- understand and support the School with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- obtain access to resources and attend any relevant or refresher training courses;
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the School may put in place to protect them;
- ensure that were a child transfers to another School or setting and is on a Child Protection Plan or is Looked After, the information is passed to the new school/setting immediately and the child's Social Worker informed (*use Transition of Confidential Information Proforma, attached as Appendix 2*);
- act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies;
- ensure that either they or the key worker attends Child Protection Conferences, core groups, or other multi-agency planning meetings, contributes to assessments, and provides a report which will normally have been shared with the parents using proforma attached (*Appendix 3 and Appendix 4 guidelines*);
- ensure that any child who is subject to a child protection plan and who is absent without explanation for two days or more is referred to their key worker's Social Care Team. In some cases any absence may be a cause for concern and warrant immediate reporting;
- ensure the School's child protection policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- be responsible for making the senior leadership team aware of trends in behaviour that may affect child welfare.

## 5 Early Help and Child Protection Procedures

**If a child is in immediate danger the police must be called by dialling 999.**

**If any member of staff has concerns about a child**

1. The member of staff will report their concerns to the Designated Safeguarding Lead or in their absence the deputy safeguarding lead
2. The Designated Safeguarding Lead will decide whether the concerns should be referred to Multi-Agency Safeguarding Hub (MASH) and record their conclusions on proforma attached (**Appendix 7**). If there are grounds for actual or suspected significant harm then a referral will be made to the MASH via telephone in the first instance. If the Designated Safeguarding Lead is unsure about whether a referral is required they should contact the MASH for advice.
3. If it is decided to make a referral to the MASH this will be usually be discussed with the parents, unless to do so would place the child at further risk of harm or could impact on a police investigation (the MASH is able to provide advice on this).
4. If it is considered likely that by informing parents / carers of the referral will increase the risk to the child(ren) advice **MUST BE SOUGHT FROM MASH** before **INFORMING** the **PARENT / CARER**.
5. The member of staff will make an accurate and detailed recording (which may be used in any subsequent court proceedings) as soon as possible and on the same day (*using the Cause for Concern sheet attached as **Appendix 5***). The signed and dated recording must be a clear, precise, factual account of the observations. Do not add comments or opinion although observations about a child's demeanour or emotional state may be recorded (*use a Body Map to record visible injuries attached as **Appendix 8***);
6. The MASH will require a follow up of any phone call in writing from the referrer. The Designated Safeguarding Lead will ensure that any written referrals are made using the request for Support form available here <http://www.westsussexscb.org.uk/professionals/contacts-for-referral/> and can also be found on the LSCB website.
7. The school child protection records must reflect who was spoken to at MASH, the time and date of that contact. The school child protection records must also clearly record any advice given and what steps the school have taken.
8. Particular attention will be paid to the attendance and development of any child who the School has concerns, or who has been or is subject of a Child Protection Plan.

## Information sharing

If in doubt whether to share information please take advice from MASH. Further advice on the seven golden rules for sharing information can be in Advice for practitioners providing safeguarding services to children, young people, parents and carers and guidance, which can be accessed [here](#)

### Taking Responsibility

- Staff should not assume a colleague or another professional is making a referral. It is the duty of the designated lead to take action and ensure information is shared in order to keep a child safe.
- In addition, our school will ensure that all staff, including volunteers and governors, know how to contact MASH in the unlikely event that the DSL or deputy are not available. This will also be the case where any member of staff is concerned that the DSL or deputy is not taking concerns seriously.
- In addition we encourage all members of staff, including volunteers and governors to recognise and respond to safeguarding concerns which occur in the community and are nothing to do with school in the appropriate manner to by contacting MASH or the NSPCC.

### Early Help

**Any** child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

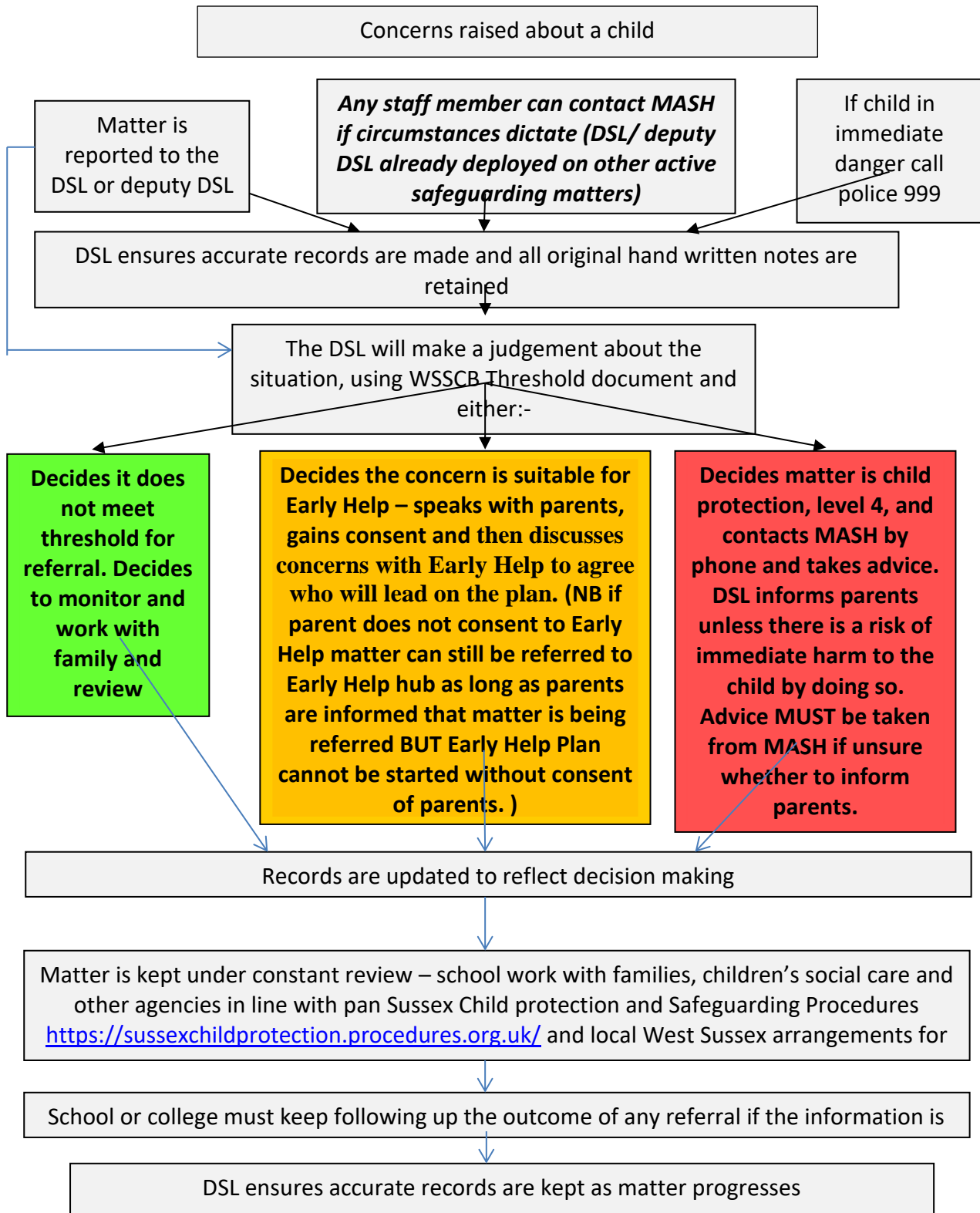
- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;
- is a privately fostered child.

All West Sussex schools and colleges have an allocated early help worker, available via the local Integrated Prevention and Earliest Help (IPEH) hub. A list of which is found [here](#) Our school will work with our early help worker in order to maximise support for those children who may benefit from additional support.

#### **West Sussex Safeguarding Children Board Continuum of Need / Threshold Guidance**

Our school will use the Threshold Guidance found [here](#) to inform our decision making and which referral pathway to take.

Flowchart for child protection procedures for Bognor Regis Nursery School



## 6. Local Authority Designated Officer (LADO)

### LADO and Assistant LADO Contact Details

- Lindsey Tunbridge-Adams 0330 222 3339 [lindsey.tunbridge-adams@westsussex.gov.uk](mailto:lindsey.tunbridge-adams@westsussex.gov.uk)
- Claire Coles 0330 222 3339 [Claire.Coles@westsussex.gov.uk](mailto:Claire.Coles@westsussex.gov.uk)

If a member of staff has concerns about another staff member.

- this applies to any member of staff/volunteer whom the staff member has contact with in their personal, professional or community life.
- an allegation is any information which indicates that a member of staff/volunteer may have:
  - i. behaved in a way that has, or may have harmed a child
  - ii. possibly committed a criminal offence against/related to a child
  - iii. behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children.
- if staff have concerns about another staff member then this should be referred to the headteacher. If the allegation is against the headteacher, then the referral should be made to the chair of governors. If for any reason this causes a delay, then the local authority designated officer (LADO) should be approached directly.
- the person to whom an allegation against another member of staff is first reported, should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

### School Complaints

Complaints by parents about any aspect of school MUST be reviewed to ensure there are no allegations against staff contained within the complaint which require referral to LADO

### Allegations against member of staff, including volunteers and school governors

- making an immediate written record of the allegation using the informant's words including: time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present
- this record should be signed, dated and immediately passed on to the headteacher/ chair of governors



- the recipient of an allegation must not unilaterally determine its validity and failure to report it in accordance with procedures is a potential disciplinary matter. The headteacher or chair will not investigate the allegation themselves, or take written or detailed statements, but will assess and decide whether to refer the concern to the LADO. If there is any doubt as to whether to refer, advice should be taken from the LADO.
- if there are concerns that a child is at risk, the matter must be immediately reported to MASH.
- any records generated in the course of such matters must be retained securely, away from other child protection and personnel records and only be accessed by those who need to for investigation / review purposes.
- guidelines contained within the Pan Sussex Child Protection and Safeguarding Procedures in respect of managing allegations made against people who work or volunteer with children, found [here](#) , must be followed on each occasion. If there is any doubt then advice must be taken from the LADO.

What staff should do if they have concerns about safeguarding practices within the school or college

- all staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college's safeguarding regime and know that such concerns will be taken seriously by the senior leadership team.
- appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.
- where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:
- advice can be taken from LADO

Whistleblowing/ Confidential reporting

We will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the actions or attitudes of colleagues. If necessary the member of staff can speak with the headteacher, the chair of governors or with the LADO.

We will ensure staff should be aware of and know how to access West Sussex Confidential Reporting Policy, [accessed here](#) and that further assistance for staff to raise concerns can be accessed by calling the NSPCC whistleblowing helpline on 0800 028 0285.

## 7. Special Educational Needs and Disabilities

As a School we are aware that children with SEN and disabilities can face additional safeguarding challenges and expect all staff to recognise and challenge where appropriate;

1. Assumptions that can be made that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
2. The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs;
3. The communication barriers for some children with SEN and disabilities

## 8. Looked After Children and children previously looked after

- as the governing body of this school we will ensure that staff have the skills, knowledge and understanding to keep looked after children safe.
- in particular, we will ensure that appropriate staff have the information they need in relation to a child's looked after legal status and contact arrangements with birth parents or those with parental responsibility.
- the designated safeguarding lead will have details of the child's social worker and the name of the virtual school head in the authority that looks after the child.
- we recognise a previously looked after child potentially remains vulnerable and we will ensure that all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, we will ensure our school works together with other agencies and takes prompt action when necessary to safeguard these children, who are a particularly vulnerable group.
- our school will work with the virtual school head to discuss how the school can best support the child and meet the needs of the child's personal education plan and use any additional resources accordingly.
- Our leaving care personal advisor can be found [here](#)

## 9. When to be concerned

### Overview

**All staff and volunteers should be aware of the main categories of abuse:**

#### **Abuse**

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

#### **Physical abuse**

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

#### **Emotional abuse**

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

#### **Sexual abuse**

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

#### **Neglect**

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

## PHYSICAL ABUSE

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

### **Indicators in the child**

#### **Bruising**

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- bruising in or around the mouth
- two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- variation in colour possibly indicating injuries caused at different times
- the outline of an object used e.g. belt marks, hand prints or a hair brush
- linear bruising at any site particularly on the buttocks, back or face
- bruising or tears around or behind, the earlobe/s indicating injury by pulling or twisting
- bruising around the face
- grasp marks to the upper arms, forearms or leg
- petechial haemorrhages (pinpoint blood spots under the skin) commonly associated with slapping, smothering/suffocation, strangling and squeezing

#### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent
- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

#### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

#### **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer but it may be self-harm even in young children.

### **10.2.1 Perplexing cases which may indicate a possibility of fabricated or Induced Illness (FFI)**

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- discrepancies between reported and observed medical conditions, such as the incidence of fits
- attendance at various hospitals, in different geographical areas
- development of feeding / eating disorders, as a result of unpleasant feeding interactions
- the child developing abnormal attitudes to their own health
- non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- speech, language or motor developmental delays
- dislike of close physical contact
- attachment disorders
- low self esteem
- poor quality or no relationships with peers because social interactions are restricted
- poor attendance at school and under-achievement.

These cases are very complex and for a case to be considered as FFI is after careful and detailed review by a consultant paediatrician. Please Pan-Sussex Child Protection Procedures for further information [here](#)

Where any school or college has concerns in this area they must speak with their school nurse in the first instance.

#### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

#### **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

#### **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

**Emotional / behavioural presentation:**

- refusal to discuss injuries
- admission of punishment which appears excessive
- fear of parents being contacted and fear of returning home
- withdrawal from physical contact
- arms and legs kept covered in hot weather
- fear of medical help
- aggression towards others
- frequently absent from school
- an explanation which is inconsistent with an injury
- several different explanations provided for an injury.

**Indicators in the parent:**

- may have injuries themselves that suggest domestic violence
- not seeking medical help/unexplained delay in seeking treatment reluctant to give information or mention previous injuries
- absent without good reason when their child is presented for treatment
- disinterested or undisturbed by accident or injury
- aggressive towards child or others
- unauthorised attempts to administer medication
- tries to draw the child into their own illness
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- may appear unusually concerned about the results of investigations which may indicate physical illness in the child
- wider parenting difficulties may (or may not) be associated with this form of abuse
- parent/carer has convictions for violent crimes.

**Indicators in the family/environment:**

- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

**EMOTIONAL ABUSE**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

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

**Indicators in the child:**

- developmental delay
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- aggressive behaviour towards others
- child scapegoated within the family
- frozen watchfulness, particularly in pre-school children
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' - difficulty relating to others
- over-reaction to mistakes
- fear of new situations
- inappropriate emotional responses to painful situations
- neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- self-harm
- fear of parents being contacted
- extremes of passivity or aggression
- drug/solvent abuse
- chronic running away
- compulsive stealing
- low self-esteem
- air of detachment – ‘don’t care’ attitude
- social isolation – does not join in and has few friends
- depression, withdrawal
- behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- low self-esteem, lack of confidence, fearful, distressed, anxious
- poor peer relationships including withdrawn or isolated behaviour.

**Indicators in the parent:**

- domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse
- abnormal attachment to child e.g. overly anxious or disinterest in the child
- scapegoats one child in the family
- imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection
- wider parenting difficulties may, or may not, be associated with this form of abuse.

**Indicators of in the family/environment:**

- lack of support from family or social network
- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

## NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

### **10.4.1 Using the Neglect Identification and Management Tool (NIMT)**

In order to assist professionals identify and respond to neglect, West Sussex Safeguarding Children Board have adopted the Neglect identification & Management Tool (NIMT). Our school are committed to using this tool to assess concerns and identify support for those children at risk of neglect. Access to the NIMT tool can be found [here](#)

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 neglect of, or unresponsiveness to, a child's basic emotional needs.

If neglect is suspected,

### **Indicators in the child**

Physical presentation:

- failure to thrive or, in older children, short stature
- underweight
- frequent hunger
- dirty, unkempt condition
- inadequately clothed, clothing in a poor state of repair
- red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- swollen limbs with sores that are slow to heal, usually associated with cold injury
- abnormal voracious appetite
- dry, sparse hair
- recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
- unmanaged / untreated health/medical conditions including poor dental health
- frequent accidents or injuries.

Development:

- general delay, especially speech and language delay
- inadequate social skills and poor socialization.

Emotional/behavioural presentation:

- attachment disorders
- absence of normal social responsiveness
- indiscriminate behaviour in relationships with adults
- emotionally needy
- compulsive stealing



- constant tiredness
- frequently absent or late at school
- poor self esteem
- destructive tendencies
- thrives away from home environment
- aggressive and impulsive behaviour
- disturbed peer relationships
- self-harming behaviour.

#### **Indicators in the parent:**

- dirty, unkempt presentation
- inadequately clothed
- inadequate social skills and poor socialisation
- abnormal attachment to the child e.g. anxious
- low self- esteem and lack of confidence
- failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods
- wider parenting difficulties, may or may not be associated with this form of abuse.

#### **Indicators in the family/environment**

- history of neglect in the family
- family marginalised or isolated by the community
- family has history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- lack of opportunities for child to play and learn.

## **SEXUAL ABUSE**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males women can also commit acts of sexual abuse, as can other children.

### **Indicators in the child**

Physical presentation:

- urinary infections, bleeding or soreness in the genital or anal areas
- recurrent pain on passing urine or faeces
- blood on underclothes
- sexually transmitted infections
- vaginal soreness or bleeding
- pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional / behavioural presentation:

- makes a disclosure
- demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- self-harm - eating disorders, self-mutilation and suicide attempts
- poor self-image, self-harm, self-hatred
- reluctant to undress for PE
- running away from home
- poor attention / concentration (world of their own)
- sudden changes in school work habits, become truant
- withdrawal, isolation or excessive worrying
- inappropriate sexualised conduct
- sexually exploited or indiscriminate choice of sexual partners
- wetting or other regressive behaviours e.g. thumb sucking
- draws sexually explicit pictures
- Depression.

### **Indicators in the parents:**

- comments made by the parent/carer about the child
- lack of sexual boundaries
- wider parenting difficulties or vulnerabilities
- grooming behaviour
- parent is a sex offender

### **Indicators in the family/environment:**

- marginalised or isolated by the community
- history of mental health, alcohol or drug misuse or domestic violence
- history of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- past history of childhood abuse, self-harm, or a culture of physical chastisement
- family member is a sex offender.

## 10. Specific safeguarding issues

### **The use of reasonable force in our school**

Keeping Children Safe in Education 2018 recognises that there are circumstances when it is appropriate for staff in schools and colleges to use reasonable force to safeguard children and young people. The term ‘reasonable force’ covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. ‘Reasonable’ in these circumstances means ‘using no more force than is needed’. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm out of the classroom.

A ‘no contact’ policy at a school or college can leave staff unable to fully support and protect their pupils and students.

### **On-Line safety**

Our school recognises the use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. An effective and proactive approach to online safety empowers a school to protect and educate the whole school community in their use of technology and establishes mechanisms to identify, intervene in and escalate any incident where appropriate. It also empowers children and young people to make informed choices and keep themselves safe online.

#### **Filters and monitoring**

As a governing body we will do all we reasonably can to limit children’s exposure to the risks outlined above from the school or college’s IT system. We will ensure our school has the appropriate filters and monitoring systems in place. We will consider our prevent duties when identifying what filters and monitoring to adopt. We will also consider the advice given by the .UK Safer Internet Centre, found [here](#).

Our school will also consider further guidance contained within Keeping Children Safe in Education 2018, page 93, in respect of procurement decisions regarding what system to adopt.

#### **Reviewing online safety**

Our governing body / proprietor understands that technology in this area evolves and changes rapidly and we will therefore keep the matter under regular review, by for example, using a relevant assessment tool found [here](#)

## Private fostering

- Our school recognises that private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation **by a person who is not a parent, person with parental responsibility for them or a relative in their own home**. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer. Such arrangements may come to the attention of school staff through the normal course of their interaction, and promotion of learning activities, with children.
- our school or college will notify the local authority to allow the local authority to check the arrangement is suitable and safe for the child.
- we will ensure our staff are aware of the link to the comprehensive guidance on the circumstances in which private fostering may arise can be found at [here](#).
- we will ensure the Pan-Sussex Child Protection and Safeguarding Procedures regarding private fostering can be found [here](#) and will be followed where private fostering is known or believed to be taking place.

## Family court

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. Our school / college will make this available as it may be useful for some parents and carers. It can be accessed [here](#)

## Child Missing Education

Click here for the [latest statutory guidance](#)

**When school or college are removing a child from roll the following form is to be used [WSCC RFR form](#)**

1. all children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education (not on a school role or in any other suitable provision) in their area.
2. schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education (truant) or whose absence from school is unexplained, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.
3. a child going missing from education (truant) is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

4. unexplained absences where school are not been able to contact parents within a short space of time to establish the reason for the absence should be considered as a potential safeguarding concern.
5. the law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers<sup>1</sup>.
6. **all** schools must inform their local authority<sup>2</sup> of any pupil who is going to be deleted from the admission register where they:
  - have been taken out of school by their parents and are being educated outside the school system e.g. home education
  - have ceased to attend school and no longer live within reasonable distance of the school at which they are registered
  - have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age
  - are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period
  - have been permanently excluded.

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

**All** schools must inform the local authority (Pupil Entitlement: Investigation) of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State)<sup>3</sup>.

Further advice re attendance, absence and missing can be obtained from the Pupil Entitlement Advice Line 03302 228200.

### **Absence from school**

- where children do not turn up for school we will follow our schools attendance policy.
- we will ensure we have more than one parent / carer contact number for each pupil.
- where a student has not attended and we are unable to contact any parent or carer we will consider the matter from a safeguarding perspective.

---

<sup>1</sup> Regulation 4 of the Education (Pupil Registration) (England) Regulations 2006

<sup>2</sup> Regulation 12(3) of the Education (Pupil Registration) (England) Regulations 2006

<sup>3</sup> Regulation 12(1) of the Education (Pupil Registration) (England) Regulations 2006

- in particular we will consider if there are any existing child protection or safeguarding concerns for the child – if there are we will notify the relevant agency of the absence immediately.
- We will also consider if there are any other special circumstances, for example, child or parent disability that may make it difficult for them to make contact with health or other services if they needed to, especially in times of emergency.
- if there any concerns our school or college will consider making a home visit and contacting the MASH.
- if there are significant concerns we will contact the police immediately.

### **Child Sexual Exploitation**

- Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.
- the perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.
- where there are concerns a child may be at risk of CSE, advice **MUST** be taken from MASH and school will normally complete Part A of the CSE ‘screening tool’ Part A which can be [accessed here](#)
- completion of this should not delay you making a referral however it may assist you in being clear about the key areas of concern and the level of risk.
- schools play a vital role in keeping children safe from CSE and often have more information than any other agency. Where schools have concerns they must be persistent in referring those concerns, and escalate using the professional difference protocol if necessary.

### **Domestic Abuse**

Our school / college recognises the definition of domestic abuse to be any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological;
- physical;
- sexual;
- financial; and
- emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Any concerns regarding domestic abuse will be considered by the designated safeguarding lead or deputy and advice and guidance obtained from MASH.

## **Homelessness**

Our school / college recognises that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

- the Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live.
- the following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets found [here](#) The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.
- in most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation available [here](#)

## **Female Genital Mutilation (FGM)**

- All schools and colleges have a legal obligation to report acts of Female Genital Mutilation.
- Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

- Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.
- From 31<sup>st</sup> October 2015, regulated health and social care professionals and teachers in England and Wales must report ‘known’ cases of FGM in under 18’s which they identify in the course of their professional work to the police.
- The Home Office has published procedural information on the duty to help health and social care professionals, teachers and the police understand: the legal requirements placed upon them, a suggested process to follow, and an overview of the action which may be taken if they fail to comply with the duty. It also aims to give the police an understanding of the duty and the next steps upon receiving a report.
- Guidance can be obtained here;

**i. Home Office: Mandatory Reporting of FGM – procedure information**

**ii. FGM Mandatory Reporting Fact Sheet**

**iii. FGM Reporting Flowchart for under 18’s**

## **Preventing Radicalisation**

As part of our **safeguarding** training our school / college will train all staff at least annually in respect of preventing radicalisation.

- protecting children from the risk of radicalisation should be seen as part of our school’s wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.
- radicalisation refers to the process by which a person comes to support any form of violent extremism<sup>4</sup>, including terrorism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.
- as with managing other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

## **Prevent**

- from 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security

---

<sup>4</sup> Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas



Act 2015 (“the CTSA 2015”), in the exercise of their functions, to have “due regard<sup>5</sup> to the need prevent people being drawn into terrorism<sup>6</sup>” must have regard to statutory guidance issued under section 29 of the CTSA 2015 (“the Prevent guidance”). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare). It is anticipated that the duty will come into force for sixth form colleges and FE colleges early in the autumn.

- the statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.
- schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.
- the Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).
- the Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.
- schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. It is also important that schools teach pupils about online safety more generally.
- the Department for Education has issued advice and social media guidance to schools and childcare providers to help them keep children safe from the risk of radicalisation and extremism.
- The prevent duty and Ofsted descriptors also requires educational settings to ensure that preventing radicalisation and violent extremism is embedded within the curriculum. Staff are also expected to feel confident and competent in using appropriate pedagogical approaches to facilitate this learning.

The **prevent duty advice** is for/of:

- school leaders, school staff and governing bodies in all local maintained schools, academies and free schools
- proprietors, governors and staff in all independent schools
- proprietors, managers and staff in childcare settings
- particular interest to safeguarding leads.

---

<sup>5</sup> According to the Prevent duty guidance ‘having due regard’ means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions

<sup>6</sup> “Terrorism” for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

The **social media guidance** is for:

- headteachers
- teachers
- safeguarding leads.

### **Channel Programme – for these at risk of radicalisation**

- School staff should understand when it is appropriate to make a referral to the Channel programme.<sup>7</sup> Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.
- section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels.<sup>8</sup>

In West Sussex, two panels operate, meeting monthly - one specifically for Crawley, and the other for the rest of West Sussex.

- **[Prevent and Channel Duty – A Toolkit for Schools](#)**
- **[Channel General Awareness e-learning package](#)**
- **[Making a Channel Referral in West Sussex](#)**
- **[Prevent Channel Referral Form](#)**

Further advice and guidance regarding the Prevent duty and preventing radicalisation and violent extremism can be accessed on the West Sussex Service for Schools website, accessed [here](#)

### **Peer on Peer Abuse**

- at our school we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students
- we recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy

---

<sup>7</sup> Guidance issued under section 36(7) and section 38(6) of the CTSA 2015 in respect of Channel is available at: <https://www.gov.uk/government/publications/channel-guidance>

<sup>8</sup> Such partners are required to have regard to guidance issued under section 38(6) of the CTSA 2015 when co-operating with the panel and police under section 38 of the CTSA 2015

## Children with family members in prison

Our school / college are aware of the additional challenges faced by children who have a parent / carer sent to prison. We recognise that these children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children and our school / college will work in accordance with that guidance, found [here](#), in supporting children in our school who have a parent or carer in prison.

### 11. Dealing with a disclosure

We are determined that our school will be a safe place where children feel able to talk to a trusted adult if they are concerned.

We are also determined that all staff, including volunteers, will know how to respond appropriately should a child disclose to them.

#### **IF A CHILD DISCLOSES.**

1. accept what the child says
2. stay calm, the pace should be dictated by the child without them being pressed for detail. DO NOT ASK LEADING QUESTIONS such as “did x touch you there?” It is our role to listen - not to investigate
3. If more information is needed to establish if there has been abuse use open questions such as “describe what happened?” “tell me what happened?”
4. use age appropriate words; avoid jargon or terms the child may well not understand.
5. be careful not to burden the child with guilt by asking questions like “Why didn’t you tell me before?” but you could ask ‘Have you spoken to anyone else about this?’
6. acknowledge how hard it was for the child to tell you
7. not criticise the perpetrator, the child might have a relationship with them
8. not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why and, depending on the child’s age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as “I’ll stay with you all the time” or “it will be all right now.”
9. If you are in any doubt as to whether to refer the matter speak and discuss with MASH.

#### **WHEN RECORDING INFORMATION.**

- any records made may well be used
- make detailed notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what was said but not your assumption or interpretation.
- if it is observation of bruising or an injury record the detail, e.g. “right arm above elbow”.
- use skin / body maps if necessary.
- do not take photographs
- note the non-verbal behaviour and the key words in the language used by the child (try not to translate into ‘proper terms’).

- record the date, time and location where the notes were made and if anyone else was present.
- pass the notes as soon as possible to your designated safeguarding lead.

## **REPORTING FORMS**

1. Reporting forms should be readily available to all staff who may require them. Staff should not have to print forms off before being able to complete them.
2. Reporting forms should be located together with the latest copies of Keeping Children Safe in Education, Confidential Reporting Policy and the schools' child protection and safeguarding policy, at various easily accessible points through the school.
3. Annex 2 provides suggested forms and skin / body maps for recording the information.

## **SUPPORT FOR STAFF.**

It is recognised that staff working in a school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. The school will support such staff by providing an opportunity to talk through their anxieties with the designated safeguarding lead and to seek further support as appropriate. WSCC school staff have access to a free, 24/7 and confidential counselling service.

## **12. Record keeping**

### **CHILD PROTECTION FILES**

1. records kept for child protection purposes must be kept securely, separate from other records and accessed only by those who need to do so for safeguarding and / or monitoring purposes.
2. each child should have a separate record.
3. each record must be accurate, legible and entries made as soon as practicable after a concern is raised.
4. where computer systems are used, staff must still have access to paper forms so immediate conversations with a child / body map drawings etc. can be made contemporaneously.
5. any paper records generated at 4 above must be retained within the file, even where they have been scanned to a computer record.
6. where there is more than one sibling, each sibling should have their own record, cross-referenced where necessary to their siblings.
7. each file should have a chronology to enable assessment
8. each file should have an up to date contact number for other key professionals.

### **WHEN A CHILD MOVES SCHOOL**

1. Any child protection files relating to that child must be transferred / retained in accordance with guidelines which can be found [here](#)
2. In line with statutory guidance (KCSiE 2018) where children leave the school or college, the designated safeguarding lead should ensure their child protection file is transferred to

the new school or college as soon as possible, ensuring secure transit, and confirmation of receipt should be obtained. **For schools, this should be transferred separately from the main pupil file.** Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in a college, are aware as required.

3. In addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

## **ALLEGATIONS AGAINST STAFF RECORDS**

1. any records generated in respect of an allegation must be kept securely, accessed only by those who require to do so for legitimate investigation / safeguarding / review purposes.
2. any records must be kept separate from any other personal file relating to that staff member
3. any records must not be kept in any child's child protection file.

This is a vital tool in keeping children safe.

## **Managing professional differences and concerns**

On occasions there may be differences of opinion between professionals in response to a specific safeguarding matter, for example, from the view of the school, children's social care closing a case too early or removing a child from a child protection plan too soon.

## **PROFESSIONAL DIFFERENCES AND CONCERNS PROTOCOL**

In such circumstances the Designated Safeguarding Lead will assess the impact of such a decision on the child(ren) and where concerns remain, the Designated Safeguarding Lead will engage the Managing Professional Difference protocol which can be found on the West Sussex Safeguarding Children Website, accessed [here](#).

**Appendix 1:**

**Keeping Children Safe in Education September 2018**

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

**Appendix 2**



**Bognor Regis**  
Nursery School

TEL: (01243) 642925  
Email: office@brns.org

**Transition of Confidential Information**

<b>Name of school/setting that child is moving to:</b>	
<b>Name of child:</b>	
<b>Date of birth:</b>	
<b>Summary of concern:</b>	
<b>Agencies currently involved with family</b>	<b>Contact details</b>
<b>Additional background paperwork attached: Yes/No</b>	
<b>Information provided by Keyworker:</b>	
<b>Signed: .....</b> <b>Date: .....</b>	



**Education Report for Social Care Case Conference and  
Core Group Meetings**

<b>Name:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Ethnic and Religious Group:</b>
<b>Keyworker:</b>
<b>Attendance:</b>
<b>Punctuality:</b>
<b>Parents/Carers/Significant Adults involved within school</b>
<b>Additional services used by parents/carers:</b>
<b>Child's wellbeing:</b>



**General Development and Achievements**

---

**Any Concerns?**

Print Name..... Sign.....

Designation..... Date.....

## Appendix 4



### **Guidance for completion of Education Report for Social Services**

**School Attendance** – give specific numbers of sessions attended e.g. 35/50

Parents/carers/significant adults involved within school – those people who bring or collect the child – might include grandparents/childminders.

**Additional services used by parents/carers** e.g. Family Support Worker, Speech and Language Therapist.

**Child's Well-being** – physical appearance (clothing, hair, teeth) child's personality/emotional state e.g. happy/depressed. Motivated etc. relationship with significant adults – family members, keyworker, adults in Nursery/Centre. Relationships with other children. Behaviour in a range of situations any changes in behaviour/appearance etc.

**General Development and Achievements** – Whether delayed in any specific area, e.g. social development, specific achievements, favourite activities.

**Any concerns that we might have:**



**Child Protection and Safeguarding**

**Cause for Concern**

Date:		Time of Incident:
Child's Name		Child's date of birth:
Staff member's name		
The concern: factual account of what happened		
Any other people involved as a witness		
Signed		
Date and time of record		



## Chronology of Events

<b>Child's Name:</b>		
<b>DOB:</b>		
<b>Key Worker:</b>		
<b>Other Professionals involved:</b>		
<b>Date and Time of Contact</b>	<b>Details/Event</b>	<b>Initials</b>
<p><b>Notes might include:</b>  <b>Who:-</b> Name of Person and Role; type of contact- did you meet, or telephone who contacted who  <b>What:</b> - Details of conversation, attendance at conferences and meetings  <b>Agreed Actions:-</b> What was agreed with timescale</p>		

<b>Date and Time of Contact</b>	<b>Details/Event</b> <b>Notes might include:</b> <b>Who:-</b> Name of Person and Role; type of contact- did you meet, or telephone who contacted who <b>What:</b> - Details of conversation, attendance at conferences and meetings <b>Agreed Actions:-</b> What was agreed with timescale	<b>Initials</b>



**Consideration by Designated Member of Staff**

<b>Child's Name:</b>		<b>Date of Birth:</b>
<b>Received by:</b>		
<b>Date and Time</b>		
<b>Role:</b>	Designated Member of Staff	
	Other	
<p><b>Consideration / Evaluation</b>                  Notes: Have there been any other concerns? What does this information suggest? What are the implications of doing nothing?</p>		
<b>Decision</b>		
<b>Action</b>	Monitor Further information gathered Online Referral to Multi-Agency Safeguarding Hub (MASH) Early Help recommended by MASH If Referral made by phone - followed up Referral form within 24 hours?	
Signature of designated member of staff and date		

Comments by Referrer Signature and Date:

Outcome of any follow ups:	Date

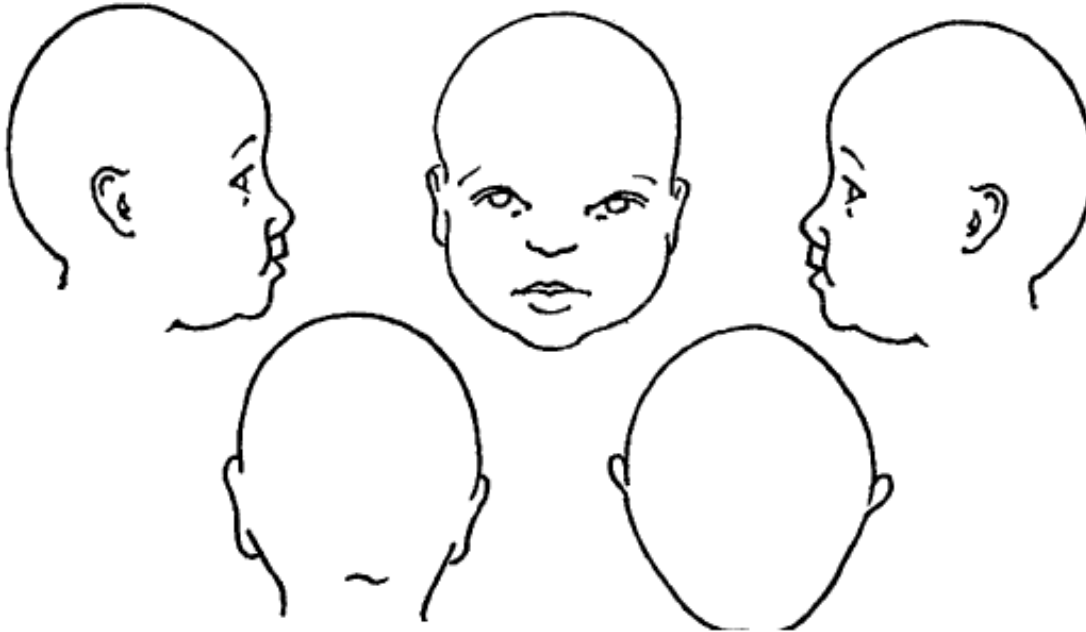
**Appendix 8:**

**BODY MAPS**

**Body Map: Baby / Toddler**



**Bognor Regis**  
Nursery School



**When you notice an injury to a child, try to record the following information in respect of each mark**

- 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 hot?
- Does the child feel pain?

**Child & Young Person Name..... Date of Birth.....**

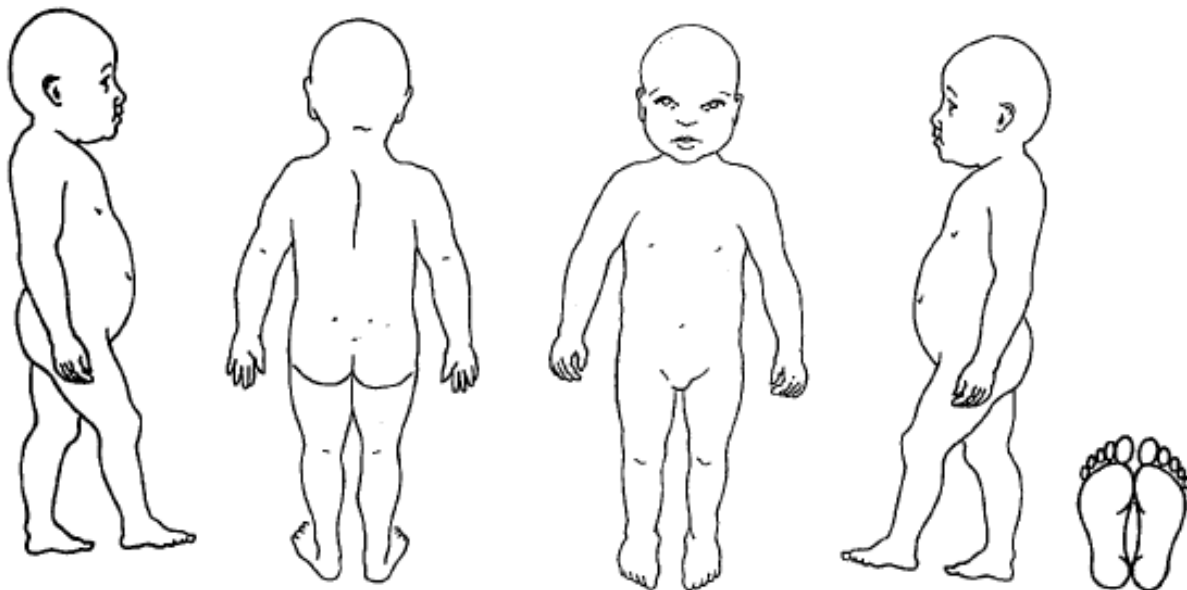
**Date & Time Body Map Completed.....**

**Name of Person Completing Body Map..... (Please Print Name)**

**Signed..... Designation/Base..... Witnessed by..... (Please Print Name)Signature.....**



**Body Map: Baby / Toddler**



**When you notice an injury to a child, try to record the following information in respect of each mark:**

- 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 hot?
- Does the child feel pain?

**Child & Young Person Name..... Date of Birth.....**

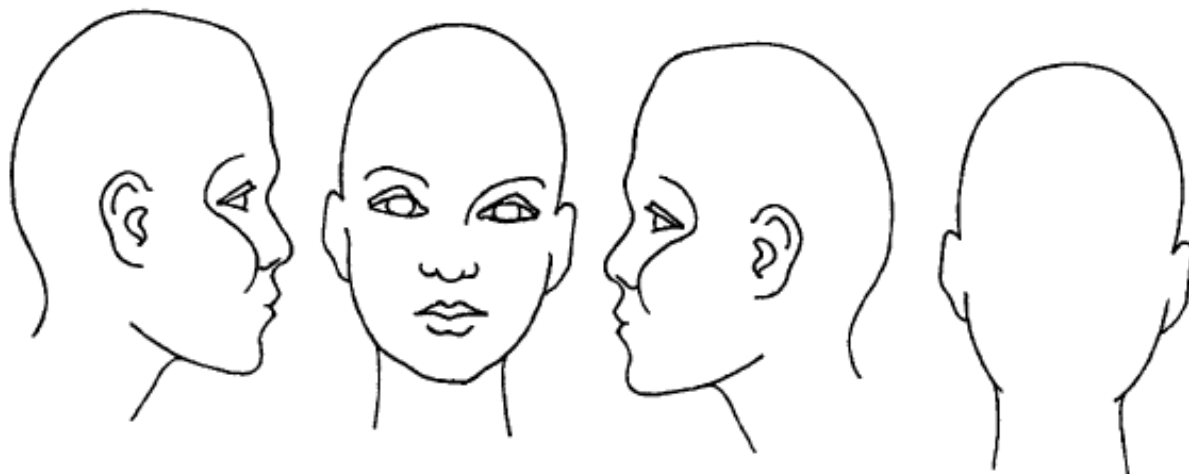
**Date & Time Body Map Completed.....**

**Name of Person Completing Body Map..... (Please Print Name) Signed.....**

**Designation/Base.....**

**Witnessed by..... (Please Print Name) Signature.....**

**Body Map: Child**



**When you notice an injury to a child, try to record the following information in respect of each mark:**

- 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 hot?
- Does the child feel pain?

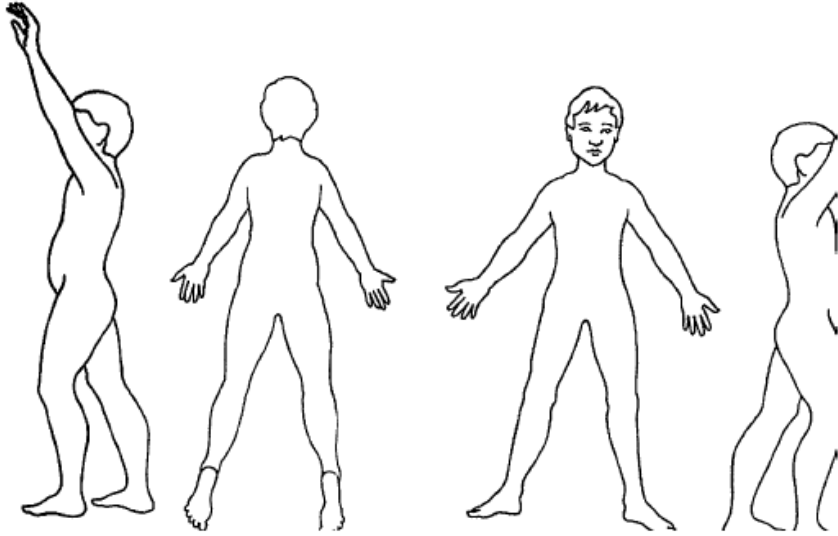
**Child & Young Person Name..... Date of Birth.....**

**Date & Time Body Map Completed.....**

**Name of Person Completing Body Map..... (Please Print Name) Signed.....**

**Designation/Base.....**

**Witnessed by..... (Please Print Name) Signature .....**



**When you notice an injury to a child, try to record the following information in respect of each mark:**

- 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 hot?
- Does the child feel pain?

**Child & Young Person Name..... Date of Birth.....**

**Date & Time Body Map Completed.....**

**Name of Person Completing Body Map..... (Please Print Name)**

**Signed.....Designation / Base.....**

**Witnessed by.....(Please Print Name) Signature**