Rudston Primary School and Bright Stars Nursery

Safeguarding Policy

Date: September 2018

This policy and all school policies are produced in accordance to guidance set out in our school legislation and guidance policy.

Approved By Governors: September 2018
Review Autumn Term 2019

Our Mission Statement:

To develop a love of learning,
enabling all children
to reach their full potential.

* Respect * Resilience *
* Responsibility * Enjoyment *
* Challenge *

Safeguarding Statement:

"Rudston Primary school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment."

Agreed by Staff:	October 2018
Approved by Governors	October 2018
Review Date	October 2019

Rudston Primary School Statement of Purpose
At Rudston Primary School we work together to nurture a positive atmosphere of collaboration, openness, security and confidence. Children will be skilfully supported and guided to become independent and motivated learners who respect all and the environment in which they live and achieve their true potential.

Liverpool Schools' Safeguarding Charter
All settings providing education to Liverpool children will:

- **Work in partnership with other agencies to safeguard and promote the welfare of all children in keeping with the LSCB's 'Levels of Need Framework' to secure improved outcomes for young people**

- **Ensure that safer recruitment practices and safeguarding policies and procedures set out a culture of vigilance and challenge**

- **Provide induction and regular training that enable all adults to recognise signs of abuse and neglect; act in the interests of the child and maintain an attitude 'it could happen here'.**

- **Work collaboratively with other agencies to promote early help for young people and families before their needs escalate to a point where intervention would be needed via a statutory assessment.**

- **Challenge ourselves and others to ensure actions are completed in a timely way and press for reconsideration if the situation does not improve.**

- **Quality assure all safeguarding practices including maintaining support and oversight of the Designated Safeguarding Lead and Safeguarding Team, their actions and decisions and record keeping.**

- **Ensure all adults working with young people follow an agreed code of conduct that promotes safe working practices and makes responsibilities and expectations clear, including the understanding that anyone can make a referral.**

- **Complete any actions arising from the Local Authority's 175 Safeguarding Audit in order to ensure policies and procedures follow LSCB, Local Authority and statutory guidance.**

- **Implement any learning arising from serious case reviews, for example the need to listen and respond to the views of children, especially when assessing their needs.**

- **Provide students with a curriculum which promotes their safeguarding and enables them to maintain healthy relationships.**

Safeguarding

"Education staff have a crucial role to play in helping identify welfare concerns and indications of possible abuse or neglect at an early stage." Keeping Children safe in Education 2018

"Schools have a duty to ensure that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of the children who are its pupils." Education Act 2002 Section 175

"Children become the victims or beneficiaries of adult actions" Hugh Cunningham 2006

Safeguarding and Promoting Welfare

"Safeguarding" is an umbrella term encompassing the whole wellbeing of a child and recognises the importance of the preventative agenda. Child Protection is an important component of "safeguarding"

Safeguarding –Definition

All adults working in education have a duty to safeguard and promote the welfare of children which is defined in the Children Act as:-

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- Undertaking that role so as to have optimum life chances and to enter adulthood successfully.

Rudston Primary School recognises that every member of its staff has a key role in prevention of harm, early identification, intervention and support for pupils at risk of significant harm and will endeavour to provide an environment where children are valued and know that their concerns will be taken seriously. Where young people are safe and feel safe. As a school, we aim to provide a welcoming and inclusive environment where everyone feels happy, safe and secure. We promote an atmosphere of truth and honesty in which everyone feels valued and shows respect for each other and their surroundings. As a team we are committed to high expectations and continuous improvement. We adopt a child centred approach to high quality teaching and learning, inspiring everyone to achieve their full potential.

Leadership and Management

This school acknowledges that anxiety undermines good practice and has identified clear lines of accountability to ensure that staff dealing with child welfare concerns are supported and have access to appropriate training and advice. In this school any individual can contact the following if they have concerns about a young person;-

Designated Safeguarding Officer -The headteacher (Miss Wendy Walters) is the first port of call in Safeguarding issues with Mrs Allison Mulvaney being the **Deputy Designated Safeguarding Officer** and in Bright Stars Miss Lisa Horton is the Lead with Mrs Emma-Jane Langton being the deputy.

The Safeguarding Governor is Georgia Dufton

Training

"Staff across frontline services need appropriate support and training to ensure that as far as possible they put themselves in the place of the child or young person and consider first and foremost how that situation must fell for them. " Lord Laming 2009

All frontline staff in Education should be aware of the signs and symptoms of abuse and know how to respond appropriately to these concerns. Every one has a duty to make a brief, accurate record of the concerns and to discuss these without delay with the safeguarding lead. All staff have a duty to recognise that safeguarding includes child protection and Health and Safety .
It is recognised that all staff need to attend safeguarding training accredited by the local Safeguarding Child Board every 3 years.

It is also acknowledged that the safeguarding leads need updating every 2 years as a minimum but would train each year through the local authority training and must attend additional multi-agency training in order to ensure the school works well with partner agencies to safeguard children.

Each member of staff and volunteers will be asked to review and agree to the Code of Conduct and to read updated policies annually as agreed by the full governing body.
Staff and volunteers will be referred to the guidance and advice as defined by the DfE and Liverpool Local Authority as set out further in the policy document.

Listening to and responding to children

"Every child should be listened to, no matter how difficult they are to talk to" Laming Report 2009
This school acknowledges that empowering young people to talk to adults that they trust and ensuring that these individuals respond appropriately is the most effective way of keeping children safe from abuse. This school has developed strategies to ensure that its pupils have a range of adults with whom to share their concerns e.g. Circle Time, Peer Mentors and approachable staff members.

Safer Recruitment and Retention

- This school operates vetting and safe recruitment practices.
- Miss Wendy Walters (headteacher), Mrs Allison Mulvaney,, Mrs Helen McLinden, Mr Long, Mr Robinson, Mrs Georgia Dufton (Safeguarding Governor) and Mr Chris Ball (Chair of Governors) are accredited in Safer Recruitment and at least one member of any recruitment panel will have passed the required assessment. All staff will be given Safeguarding and Code of Conduct information as part of their induction through the school's staff handbook.
- Procedures are in place to support all staff who have concerns about the conduct of any adults working in school, either in a professional role or in a voluntary capacity. This is achieved through our Whistleblowing and Complaints procedure.

Allegations against professional carers

In the event of an allegation about the behaviour of a teacher or other professional carers this school will contact the personnel department/safeguarding unit and follow Local Authority procedures. Please see the Allegations Against Adults Policy.

Safeguarding will be taught through our curriculum, which includes being delivered through an appropriate and planned PSHE and E Safety programme .

At Rudston Primary School we are committed to creating a safe environment for all pupils.
A duty is placed upon all adults within our school to safeguard and promote the welfare of the children. (Section 175 of the Education Act 2002).

Associated Policies :

- **Child Protection Policy**
- **Health & Safety**
- **First Aid**
- **Behaviour Policy**
- **Whistleblowing Policy**
- **Allegations Against Adults Policy**
- **Curriculum Policy**
- **SEND Policy**
- **Code of Conduct Documents**
- **Safer Recruitment Policy**
- **E-Safety Policy**
- **Schools Safeguarding Handbook V2 2014**
- **Complaints Policy**
- **Anti-Bullying Policy**
- **Child Protection Photos and Videos Policy**
- **Administration of Medication Policy**

- **Radicalisation and Extremism Policy**
- **PREVENT Policy and Revised Documentation**
- **E Safety and AUP**

Guidance for staff and volunteers
Definitions of abuse and neglect as defined by the DfE:

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

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

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

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

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

Groups of children who are vulnerable to abuse and neglect

It is important to recognise that some children may be more vulnerable to abuse including:

- children with special educational needs
- children with disabilities
- children in care (looked after children)
- children living in chaotic homes including where there is domestic violence, substance misuse or mental health concerns
- young carers
- asylum seekers
- those vulnerable to prejudice and discrimination, isolation, social exclusion
- those at risk of female genital mutilation (FGM), forced marriage and other forms of honour based violence
- children living away from home or moving home frequently
- children vulnerable to being bullied or to bullying others including LGBTQ children and families

Indicators of abuse and neglect

The following are possible signs of abuse or neglect and should be reported to the Designated Safeguarding Lead. It is important to consider all physical and behavioural changes in children. A child may:

- ask you if you will keep a secret before offering to tell you something
- talk about a friend who has a problem
- have unexplained or untreated injuries
- be severely bruised or injured
- talk of being in pain or discomfort
- be unwilling to change in front of other children for P.E.
- be unwilling to discuss injuries, marks or bruises
- always covering arms and legs even in hot weather
- be fearful of medical help or parents being contacted
- be left in unsafe situations or be involved in risk taking behaviour
- be afraid of parents or carers and unwilling to go home
- be fearful of particular adults
- flinch when approached
- continually run away
- have sudden behavioural changes including becoming aggressive, irritable, lethargic or withdrawn
- have low self esteem, self-harm or feel suicidal
- display extreme anger or sadness or depression, display aggression or attention seeking behaviour
- have sudden changes in weight (loss or gain) or eating disorders
- scavenge or scrounge food
- be constantly hungry or tired
- have poor social relationships or be socially isolated
- display sudden speech disorders
- have punctuality or attendance issues including unexplained attendances
- be frequently unclean, inappropriately or inadequately dressed
- experience being constantly ‘put down’, insulted, sworn at or humiliated
- display sexualised behaviour seemingly inappropriate for their age including sexualised behaviour towards others
- present artwork, play or write displaying sexual themes
- take on a parental role within the home
- have unexplained amounts of money
- take about terrifying dreams
- soil or wet themselves or regress to other childhood behaviours including thumb sucking
- begin or revisit rocking behaviour
- have urinary infections
- have soreness or bleeding in genital or anal areas or in the throat
- misuse drugs or alcohol

'Record in writing all concerns, discussion about the child, decisions made and the reason for those decisions."
Taken from 'What to do if you're worried a child is being abused 2006'

Record keeping procedure

- Any member of staff who has concerns about the welfare of a child must share this information, without delay with the Safeguarding Lead
- Staff must make a brief accurate record of these concerns using the agreed proforma, recording any allegations that the child makes in the child's own words if possible.
- The pro forma 'Record of Site injuries' must be used if a child has any physical injuries(See attached)
- These records must be stored securely in the 'Confidential Notes File' and the information shared with staff only on a "need to know basis".
- The child protection record must be transferred to the Safeguarding Designated Lead of the admitting school should the child change schools.
- The safeguarding policies, relevant contact details and flow diagrams and proformas to help make decisions are displayed in the staff room and on the school intranet (Teacher shared drive).

Confidentiality

We recognise that all matters relating to child protection are confidential and information about a pupil will be disclosed to other members of staff on a need to know basis only
All staff are aware that they have a professional responsibility to share information with other agencies in order to safeguard children
All staff are aware that they cannot make a promise to a child to keep secrets

Referral

The designated safeguarding lead should assess all information available to the school about a child and refer to Social Care Team if appropriate and confirm this referral in writing by completing Safeguarding Children in Education Referral Form (within 48 hours).

This form can be found on Liverpool's Website, LSCB website and also in the Record Keeping and Referral Document.

Support for Vulnerable pupils

This school believes that it has an important role in militating against the harm that children can experience because of exposure to forms of abuse by including activities such as the Social Emotional Aspects of Learning (SEAL), or programmes which enable pupils to build their confidence and self worth with in the school curriculum.
We are committed to working with other agencies to support our most vulnerable students. We recognise we can contribute to this by contributing to the EHAT process, attending Child Protection Conferences, Core Groups and Child Care meetings.
This school will undertake to regularly review the emotional wellbeing of its pupils.

E-Safety

We acknowledge that new technologies while enhancing learning opportunities can provide ways of exposing young people to potentially harmful experiences. This school has an Acceptable User Policy and all staff take such abuse seriously. Procedures are outlined in the E-safety Policy.

Domestic Abuse

"The effect of domestic violence on children is such that it must be considered as abuse"
Safeguarding Children and Safer Recruitment in Education 2007

Statistics confirm the strong link between domestic abuse and Child Abuse

Our Staff must take any incidents of domestic abuse seriously and take a proactive role in ensuring the safety of those impacted including contributing to the MARAC process and referring pupils for additional support. The lead or deputy designated lead will take referral's through Operation Encompass and respond / action accordingly.

Anti Bullying

'The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent it affects their health and development or, at the extreme, causes them significant harm (including self harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti bullying strategies." Working Together to Safeguard Children 2018

This policy must be read in conjunction with our Anti-Bullying Policy, Behaviour Policy, Whistleblowing Policy , Complaints Procedure and Acceptable use of ICT Policy, E Safety Policy, AAA Policy Equality Policy and Statement.

Specific guidance in relation to forced marriage, female genital mutilation, child sexual exploitation, children with disabilities and neglect

Forced Marriage (FM) and Honour Based Violence (HBV) guidance

Cases of forced marriage and honour based violence can involve complex and sensitive issues. It is important to remember the 'Once Chance Rule' which reminds us to believe them and act immediately to protect them as we may only get one opportunity. Schools will find the following information will support them to understand their responsibilities. Schools should always contact Careline if they believe a child is at risk of harm or in significant need. They should contact police to provide immediate protection to the child.

The Law:

Forcing someone to marry against their will is now a criminal offence. The maximum penalty for the new offence of forced marriage is seven years imprisonment. Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under new powers defined in legislation. The new criminal offences will work alongside existing civil legislation (Forced Marriage Protection Orders - FMPOs) allowing victims to pursue a civil or criminal option.

Definitions:

An Arranged Marriage: Whilst both the spouses' families take a lead role to arrange the marriage the choice to accept the arrangements remains with the individuals themselves.

A Forced Marriage: Duress is often involved to force someone in to marriage against their wishes. This can include someone with learning difficulties who is unable to consent. Duress can include physical, financial, sexual or emotional pressure.

Honour Based Violence: 'Honour' based violence is a crime which is committed to protect or defend the perceived honour of the family and/or community.

Both Forced Marriage and Honour Based Violence is a fundamental abuse of someone's human rights.

What are the justification behind Forced Marriage and so called honour killings/violence?

- As a response to a perceived "dishonour"
- Controlling unwanted behaviour and sexuality
- Preventing unsuitable relationship outside, for example ethnic, culture, religious or caste group
- Strengthen family links
- Ensuring land, property and wealth remain within the family
- Cultural/religious belief
- Issues related to immigration
- Peer and family pressure

Communities: Anyone can be at risk of forced marriage and honour based violence, but some communities are more at risk than others including Pakistan, Bangladesh, India, Afica, Turkey, Afghanistan, Iran and Iraq.

If you become aware of cases of forced marriage and honour based violence consider the following advice. Do the following:

- See them immediately in a secure and private place where the conversation cannot be overheard.
- See them on their own – even if they attend with others
- Consider the need for immediate protection and placement away from family
- Refer them to Careline (follow the Liverpool forced marriage protocol on www.liverpoolscb.org)
- Remember if a child is at risk you cannot keep a secret but must refer them to Careline and Police

Rudston is advised it will never: mediate with the family, fail to report, under estimate the risk, use a family member as an interpreter or send the child way

Useful Contacts:

National Support

- Forced Marriage Unit 0207008 015,fmu@fco.gov.uk
- Child Helpline: 0800 1111 www.childline.org.uk
- Karma Nirvana Helpline: 0800 5999 247
- NSPCC:080 8800 5000
- Iranian/Kurdish Women's Right Organisation 0207 9206460

Local Contacts:

- Merseyside Forced Marriage & HBV Protocol: www.liverpoolscb.org
- Savera Liverpool (DAS for BAMER Communities): 07716 266 484
- http://www.saveraliverpool.co.uk/
- Amadudu (BME Refugee): 0151 734 0083
- South Liverpool DVS; 0151 494 2222
- LDAS 0151 263-7474
- Irish Community Care: 0151 237 3987
- ABC DVP: 0151 482 2484
- WHISC: 0151 707 1826
- Liverpool Domestic Abuse service: 0151 263 7474

Useful Words

You may overhear some of the following words which may raise your concerns. Equally knowledge of these words may build trust with the victim.

Izzat – mainly used in South Asian families meaning Honour

Namus – used very often in Middle Eastern Context – interested as honour as it directly relates to women's virtue and overall sexual integrity

Ird (Bedouin) – code of honour for women, linked to sexual integrity "protected by men" and linked to Sharaf

Sharaf – general honour code which includes responsibility for protecting Ird

Sharam – used mainly in South Asian communities meaning 'shame'

Diss – used mainly in Western urban context taken from the meaning 'disrespect'

Female Genital Mutilation:

The World Health Organisation (WHO) defines 'Female Genital Mutilation', also referred to as 'Female Genital Cutting' and 'Female Circumcision' as: all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non medical reasons.

According to the WHO, between 100 and 140 million girls and women worldwide have undergone some sort of FGM and each year a further 2 million girls are at risk.

The International Centre for Reproductive Health estimates that in the UK 279,500 women have undergone FGM, and approximately 22,000 girls under the age of 18 are at risk each year.

FGM is practised in more than 28 countries across Africa, Asia and the Middle East Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Liberia, Mali, Mauritania, Sierra Leone, Somalia and Sudan. UK communities most at risk include Kenyan, Somali, Sudanese, Sierra Leoni, Egyptian, Nigerian and Eritrean as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani.

National Legislation

In England, Wales and Northern Ireland all forms of FGM are illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 will be liable to a fine or imprisonment of up to 14 years, or both.

FGM is considered to be a form of child abuse as it is illegal and is performed on a child whom is unable to resist or give informed consent.

HM Government (2011) Female genital mutilation: multi-agency practice guidelines indicate:

Signs, symptoms or indicators of a young person at risk of FGM

- A child talking about a special ceremony
- A family arranging a long holiday abroad
- Knowledge that an older sibling has undergone FGM
- A child belonging to one of the high risk communities listed above
- A young person talking of getting ready for marriage, becoming a women or being cut

- A young person becoming withdrawn and anxious
- A young person being concerned about a forthcoming holiday

Signs, symptoms or indicators of children who may have been subject to FGM

- Prolonged absence from school
- Changes in behaviour following a holiday e.g. becoming more secretive
- Becoming more withdrawn or subdued or isolating themselves from others
- Looking uncomfortable or finding it difficult to sit still
- Complaining about pain in their groin
- Menstrual problems or bladder/urinary tract infections
- Talking about having to keep a secret
- Avoiding physical activity

Professionals should be aware of the ONE CHANCE RULE whereby a young person may say something that suggests they are at risk.

What schools should do:

Contact Careline and the police without delay

- Listen to the child alone

What schools should NEVER do:

- Delay sharing information
- Attempt to mediate with the family or the community
- Inform the parents they have made a referral without the consent of
- police and Children's Services

Remember: The parents may believe they are doing the right thing by their child and informing them may put the child at risk because they may act to silence her or bring forward their plans to take her abroad or undertake FGM. We must remember that FGM is gender based violence and not a cultural practice or celebration of a girl's development.

NSPCC FGM Helpline:0800 028 3550 Email: fgmhelp@nspcc.org.uk

The Same services listed at the end of the Forced Marriage, can be contacted for support and advice for FGM.

Child Sexual Exploitation

Schools should follow the Pan-Merseyside protocol and pathway available on the LSCB website: http://www.liverpoolscb.org/

Child Sexual Exploitation is largely a 'hidden problem'. The law defines anyone below the age of 18 as children. A definition of sexual exploitation:

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.' National Working Group

Barnardos provides the following key guidance:

Who is most at risk?

Young people who are socially, emotionally and economically vulnerable are at particular risk of sexual exploitation.

The following are typical vulnerabilities in children prior to abuse:

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

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

- Associating with significantly older men
- Getting into cars of an unknown male, including being picked up at school or care home
- Having keys to unknown premises or having hotel keys/key cards
- Unusual association with taxi drivers/firms
- Missing from home or care, absence from school.
- Regularly returning home late or going missing overnight or for several days
- Knowledge of different towns or cities
- Being defensive about where they have been and what they have been doing
- Physical injuries and having marks or scars on the body which they try to conceal
- Drug or alcohol misuse.
- Involvement in criminal offending behaviour
- Becoming disruptive at home or school
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Change in physical appearance including looking tired or ill and sleeping during the day
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Disclosure of a sexual assault which is later withdrawn
- Estranged from their family and being hostile and aggressive with parents/carers
- Receipt of gifts from unknown sources. (e.g. money, mobile phones, clothes, jewellery)
- Having multiple mobile phones and/or sim cards
- Overt sexualised dress, Sexting
- Changes in physical appearance (more/less make up, poor self image)
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm or thoughts of or attempts at suicide
- Displaying sexually inappropriate or harmful behaviours

Adults and young people should be aware of the grooming process which involves:
Targeting Stage:

- Observing and identifying a vulnerable young person and befriending them and gaining their trust.

Friendship Forming Stage:

- Making the young person feel special

- Spending time alone with them
- Giving gifts, compliments, food, shelter
- Listening and remembering
- Keeping secrets and being a listening 'ear'
- Offering support and protection
- Pretending 'to understand them'
- Testing out physical contact e.g. accidental touching

Loving Relationship Stage
- Establishing a sexual relationship
- Becoming their boyfriend/girlfriend
- Lowering their inhibitions e.g. by showing them pornography
- Engaging in forbidden activities e.g. night clubs, alcohol and drugs
- Being inconsistent by building up hope and then punishing them

Abusive Relationship Stage
- Becomes 'an unloving' sexual relationship
- Withdrawal of love and friendship
- Isolating them from family and friends
- Manipulating the young person by suggesting that the young person 'owes them'
- Threatening behaviour
- Physical and sexual assaults
- Giving them drugs and alcohol
- Making them have sex with other people
- Reinforcing dependency by stating to the young person they are 'damaged goods'
- Developing feelings of guilt, shame and fear within the young person

The DFE offer the following reasons why disabled children are more vulnerable to abuse:
- Many disabled children are at an increased likelihood of being socially isolated, with fewer outside contacts than non disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day-to-day physical care needs.

Examples:
- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding, leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting
- misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will.

Neglect

'Child neglect in 2011 - An annual review by Action for Children in partnership with the University of Stirling':
Neglect is extremely damaging to children in the short and long term. The experience of neglect affects physical, cognitive and emotional development; friendships, behaviour and opportunities. For many people, the most obvious form of neglect is poor physical care. It is certainly very damaging for children's health and development to be inadequately fed and clothed. But neglect can also take many other forms, not all of them accompanied by the obvious physical signs of being severely under- or over-weight, dirty and scruffy. .

Some sign, symptoms and indicators of neglect:

- being left alone in the house or in the streets for long periods of time
- lack of parental support for school attendance
- being ignored when distressed, or even when excited or happy
- lack of proper healthcare when required
- having no opportunity to have fun with their parents or with other children
- speech and language delay
- missed/failed development checks
- learning difficulties or poor educational progress
- poor attendance, including nursery
- general development delay
- young children picked up late from nursery/school
- poorly supervised both within and outside the home, enabling the child to engage in risk taking behaviour
- caring for young siblings
- frequent accidents or minor injuries/bruising
- poor dental care
- recurrent infections, nappy rash, head lice, skin conditions
- not registered with a GP or Children's Centre
- delay in seeking medical help, missing medical appointments, inadequate immunisations
- not agreeing to assessments or referrals for the child's behaviour or mental health
- failure to follow up a child's hearing or sight problems
- weight loss or gain, gross obesity
- lack of height gain
- excessively hungry, hoarding or stealing food, feeding problems
- inadequate unbalanced diet
- inappropriately dressed for the weather, inappropriate clothes for age, gender or size
- the child or their clothes are unclean or smell
- lack of parental stimulation
- poor parental attachment to the child
- parent ignores child's emotional needs and fails to provide appropriate stimulation
- lack of age appropriate boundaries set for the child
- child has behavioural difficulties, under stimulation, cries excessively, seeks attention or is withdrawn
- poor concentration or finds it difficult to settle in
- destructive or aggressive
- child socially isolated from peers, absence of friends

Making Children Aware

As part of developing a healthy lifestyle children are taught:-

- to recognise and manage risks in different situations and then decide how to behave appropriately
- to judge what kind of physical contact is acceptable and unacceptable
- to recognise when pressure from others (including people they know) threatens their personal safety and develop effective ways of resisting pressure, including knowing where and when to get help
- to use assertiveness techniques to resist unhelpful pressure

Children should feel valued, respected and able to discuss any concerns they have. The school displays children's helpline numbers explaining who children go to in order if they are worried or need to seek assurance. A culture of openness and honesty is promoted within the school.

The school uses Local Authority projects and materials to assist in the delivery of an effective Keep Safe Curriculum.

Guidance for Designated Safeguarding Leads

2.1 Flow chart for making referrals to Children's Services

1. Concern: Allegation received, Disclosure from a child, Suspicion based on injury or behaviour or a build up of concerns. **Act, do not delay!** Does the child need emergency hospital treatment or immediate police protection? Ring 999 or 0151 709 6010 (Merseyside Police)

2. Respond: Share your concerns and written notes with the Designated Safeguarding Lead who will lead the next steps in this flowchart. The DSL should use the 'Responding to Needs Guidance and Levels of Need Framework' to inform their decision to refer. If in doubt ring CARELINE and consult. **Remember anyone can make a referral.**
Record: Differentiate between fact, opinion, interpretation, observation and/or allegation. Record any witnesses. Use the child's own words. Put the date, time and your name and signature on the record. Remember our role is to record and refer and not to investigate.

3. Seek Advice and Consult with CARELINE on 0151 233 3700 who may accept a 'Child Protection' or 'Child in Need' Referral (Section 47 and Section 17 1989 Act). They may advise that the child's needs should be met by an Early Help Assessment (previously CAF) and this **should** be then undertaken by the school or another lead professional.
Ask CARELINE if they are accepting a 'referral' from you or they are recoding that you have 'contacted' them and simply shared information.
Agree with CARELINE if the child's parents/ carers should be contacted and who will contact them. Remember contact with the parents/carers must NOT put the child at further risk of harm or jeopardise a police investigation.
If you do not agree agreement with CARELINE's decision not to accept a Child Protection Referral (S47) or to begin a Single Statutory Assessment for a Child in Need as Defined by the 1989 Act (S17) follow the agreed escalation procedures:
a. Ask to speak to a social worker
b. Ask to speak to a team leader.
c. Contact Careline Service Manager: tel 0151-233-3700 and follow up your concerns in writing, matching your concerns to the LSCB Levels of Need Framework. You should always receive an explanation as to why a referral is not being accepted.
d. Seek Advice from the Senior School Improvement Officer for Safeguarding
e. Contact the Divisional Manager
f. Contact the Assistant Director and then Director of Children's Services

4. Follow up your telephone referral in writing without delay:
Complete a multi agency referral form and FAX it to CARELINE 0151 225 2275 or by email (carelinechildrensservices@liverpool.gcsx.gov.uk)
Always follow up the fax by telephone to ensure it has been received. Again match your concerns to the 'Levels of Need Framework'. Alert other schools and agencies known to the family, as appropriate, and include information from them to support your referral. Ring North office 0151 225 6029/6027 or Edge Hill South office 0151 225 8296/8298 if you are unsure as to the outcome of a Social Services investigation/assessment following a child protection or child in need referral. (If in doubt ring Careline again) Ensure key colleagues are aware of the situation e.g. Form Teacher, Head of Year and/or Learning Mentor, School Nurse, EWO. It is good practice for the named Designated Safeguarding Lead to at least attend the initial case conference along with another member of the safeguarding team, who may attend subsequent meetings.

5. Monitoring, record keeping and the sharing of key information:

All child protection records should be held separately and securely with limited access and not as part of the child's normal school records. Ensure the student has a Learning Mentor or other key worker. All record keeping should evidence:

- **a chronology summarising submissions to the child protection file and events**
- **attendance of colleagues at key meetings (case conferences, core groups, Team Around the Family/Child or Early Help Assessment)**
- **that the targets in Child Protection Plans are being addressed by all agencies**
- **there is tracking of attendance, progress data together with the young person's engagement in clubs and activities**
- **the sharing of information with other key agencies promoting partnership working**
- **that young people, parents' and carers' views have been sought and appropriately addressed with a focus on the child's need and all key communications, discussions, decisions and actions related to the child**
- **How parents have been challenged and supported appropriately**
- **Decisions to share or not to share information**
- **How agencies have been challenged**

'It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.' DFE 2014

Prompts for making referrals

Never delay in sharing your concerns verbally with Careline (0151 233 3700). This should be followed up with a multi-agency referral form

(e-mail: carelinechildrensservices@liverpool.gcsx.gov.uk fax: 0151 225 2275).

Provide the following details:

- Name of child and date of birth
- Child's preferred language
- Ethnicity
- Special educational needs and disabilities
- Referrer's name and role
- Date and time of incident, including details of any witnesses
- Summary of concerns (remember to distinguish between fact and opinion and record the child's own words)
- Focus on the child's needs by matching your concerns to the criteria in the LSCB's Levels of Need Framework
- Provide an overview of any support or strategies already provided as part of Early Help
- The names of any siblings and where ascertained, the views of any schools they attend
- Family context and history, including any known adults frequently part of the family group
- Provide a body map to indicate any marks or bruises
- Sign and date your referral
- Careline use the terminology 'contact' or 'referral' when recording your call. You will need to be clear at the end of your conversation as to whether they are accepting your information as a 'referral' and intending to take further action, or they are recording that you have only shared information with them and they have advised you how to proceed (contact). Your own records should also state whether a referral has been accepted.
- You have a responsibility to follow the escalation procedures if you disagree with Careline's decision not to accept a referral.
- Follow LSCB procedures
- Seek specialist advice and guidance eg FGM, forced marriage, domestic violence, child sexual exploitation, missing children
- Always consult with Careline before informing parents of your referral to ensure you don't put the child at further risk or impede a police investigation

Following a Referral:

- Expect feedback following your referral.
- If the child's needs fall below the threshold for a Child Protection or Child in Need Statutory Assessment, then you should work with other agencies to begin an Early Help Assessment and provide co-ordinated multi-agency support.
- Press for reconsideration if the child's needs develop.

Record Keeping

- All Child Protection, Child in Need or Early Help Assessments should be locked away securely with limited access to named colleagues. Child protection records should be kept separately to the child's normal file.
- Ofsted have the right to request to see a child's file, to be assured that the school is recording and sharing information appropriately.

- The Local Safeguarding Board can request a copy of a child's file as part of a serious case review, critical incident review or multi-agency case audit.
- Schools should ensure a copy of the safeguarding records are forwarded to any educational setting that the child leaves to attend (new school, pupil referral unit, special school, student support centre and including further education colleges for children below the age of 18).
- The child's original records should be kept securely until the child reaches the age of 25. It is expected practice to discuss the child's needs with the new setting at the point at which records are transferred.
- The school should retain evidence of how the records were transferred (signed receipt).

Records should indicate:

- The build-up of low level concerns over time
- Discussions with other agencies
- Any issues or actions arising from meetings, including case conferences, Child in Need meetings and Early Help review meetings.
- How parents have been challenged and supported appropriately
- Decisions to share information
- Decisions not to share information
- How agencies have been challenged
- How actions have been completed in a timely manner
- If the case records have been audited as part of management supervision
- The child's views, wishes and feelings
- Any non-verbal behaviour by a child unable to verbalise their feelings

Records should be legible and indicate clearly who has provided the information. All pages in the file should be numbered and a chronology of events and actions provided at the front of the file.

Information sharing

Following the tragic death of Victoria Climbié, Lord Laming concluded that information sharing should never be a barrier to safeguarding children.

Professionals should consult the DCSF (2009) Information Sharing: Guidance for Practitioners and Managers which includes the seven golden rules for information sharing:

1. Remember that the Data Protection Act is not a barrier to sharing information *but provides a framework to ensure that personal information about living persons is shared appropriately.*

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

3. Seek advice *if you are in any doubt, without disclosing the identity of the person where possible.*

4. Share with consent where appropriate *and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.*

5. Consider safety and well-being: *Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.*

6. Necessary, proportionate, relevant, accurate, timely and secure: *Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.*

7. Keep a record *of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.*

Always consult with Careline before informing parents of your referral to ensure you don't put the child at further risk or impede a police investigation.

Rudston Primary Safeguarding Children Record of Concerns

Casework Recording

Name: _____ D.O.B. _____

Address: _____ Siblings

	Name	School
_____	_____	_____
_____	_____	_____

Name of staff: _____ Date: _____

Reason for Concerns

Proposed Action	By Whom	Timescale

Have parents been informed of concerns?		Yes		No

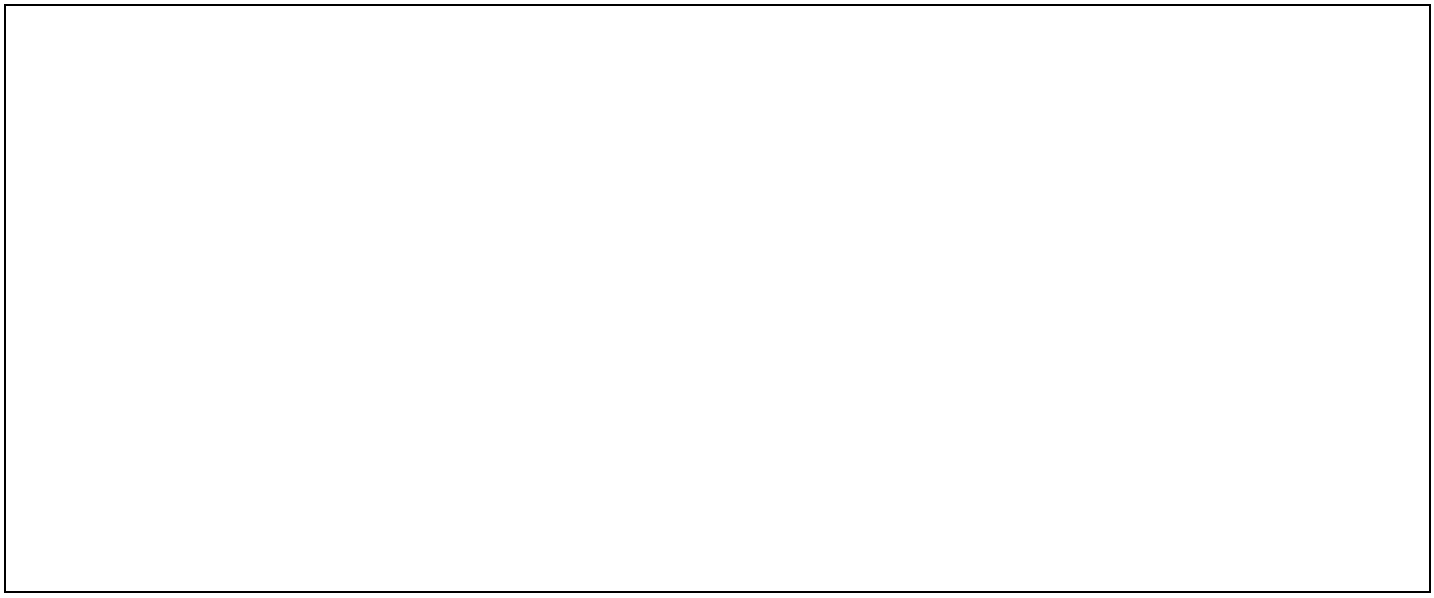
Signed:	Member of Staff:	
	Child Protection Designated Teacher:	

Contact Numbers of Other Agencies/Professionals Involved

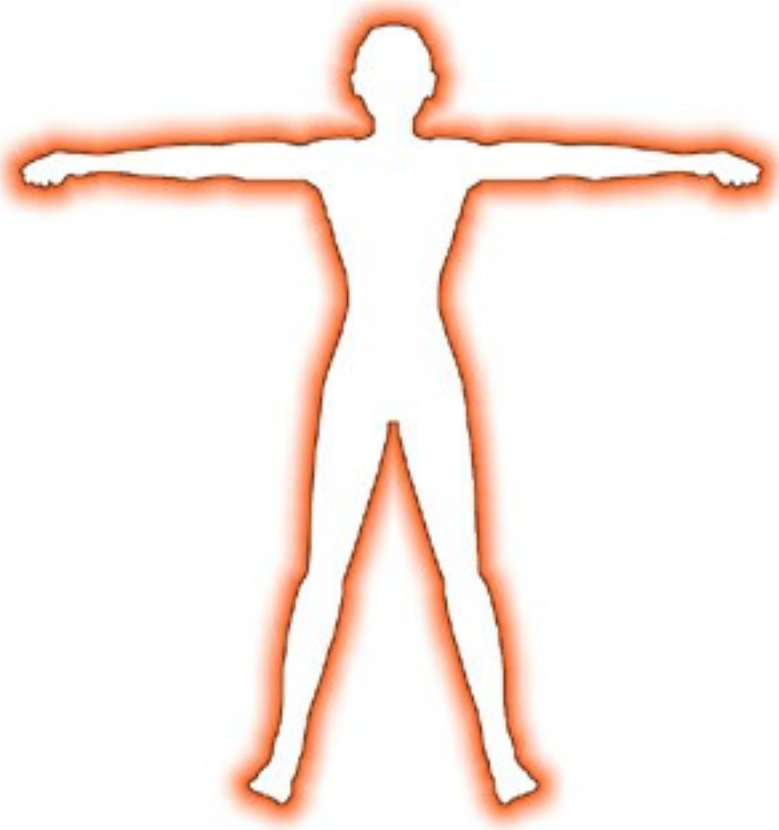
Agency	Name/Address	☎ Number

Date/Contact	Action/Comments

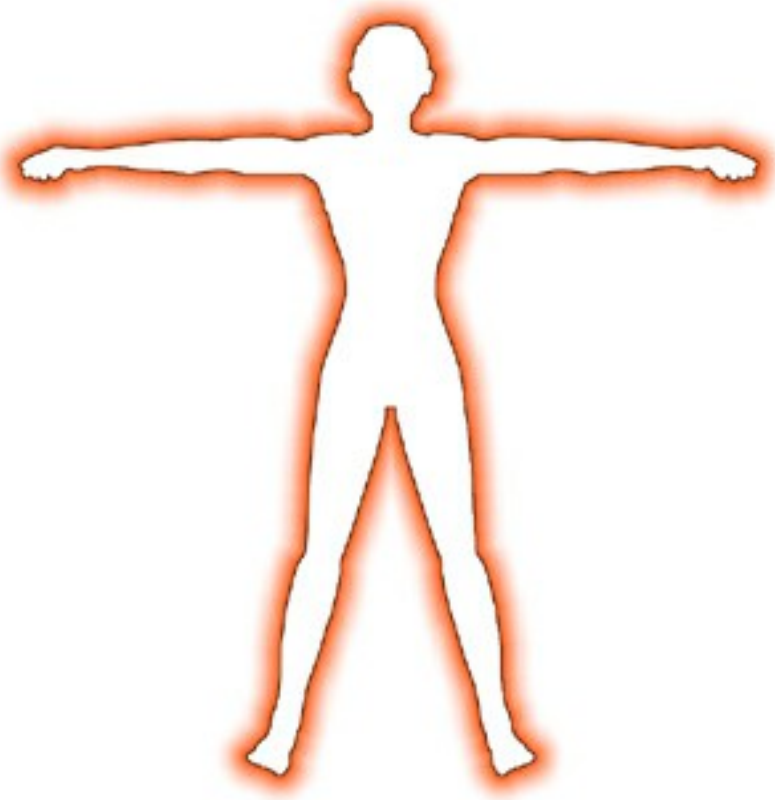
Name of person giving advice:	
Designation:	
Date:	
Advice given:	



Rudston Primary Record of Sites of Injury



FRONT VIEW



BACK VIEW

Appendix 2

Safeguarding Children in Education
Referral Confirmation Form

If you have concerns about Safeguarding a Child discuss concern with your Line Manager, Designated Teacher, Head Teacher, Safeguarding Children in Education Team

If you decide to share your concern with Social Care it will be helpful if you can have gathered as much of the following information as possible.

This form provides written confirmation of a (telephone) referral to Social Care Access Team.

Name of Child	dob	Age

Ethnic Origin	School

Time, Date Contact with SSD

Do you have Child Protection concerns? ☐ yes ☐ no

Has this concern been discussed with carers? ☐ yes ☐ no

Name of Referee	

Allegation/Present Concern *What child has actually said in the child's own words. Description of incident/injury, observation of child's behaviour. Time, date of alleged incident or changes in behaviour*

• Referrers Perception *Idea of urgency/risk* *Why they feel level of urgency*	

• Details of Child in Need *Sex, Special Needs, Address, who they live with*

• Basic Information *Family Content – siblings + previous concerns/ incidents – parent responsibility. Relevant family history. Any family members who would present risk to child or to worker. Other adults who have regular care of child.*	

Child's GP (if known)	
Child's Social Worker (if known)	

• Education Referrer (Name)	
(Status/Role)	

Signature……

• School Details: Address: Tel No:	Other agencies involved: Name Contact details

Send a copy of this form within 48 hours to Social Care (Duty) Team and Senior Education Welfare Officer in your location.

Date copy sent:……..

If you're worried a child is subject to any form of any abuse

What to Do...

I have concerns about a child's welfare

I will make brief factual notes of my concerns and I will discuss these with the Safeguarding Lead who is Miss Wendy Walters or in their absence Mrs Allison Mulvaney or Miss Lisa Horton

Safeguarding Lead will decide who the most appropriate person is to speak to the child and carers as appropriate

* see note below

I have safeguarding concerns

The Safeguarding Lead or other as agreed should make a referral to LA Children's Social Care by phone:

Out of hours:
The Common Assessment Framework offers a basis for early referral + information - sharing between organisations. Staff need to be aware if one has already been completed or needs to be undertaken

The referral must be followed up in writing within 48 hours using the agreed Local Authority Proforma

Social worker and manager acknowledge receipt + decide on next course of action within one working day. School staff should contact Social Care if they are unsure of actions being undertaken by Social Care

School staff will continue to support the child and attend multiagency meetings as appropriate

Safeguarding lead should ensure that all recording is securely stored for 6 years past the child's 18th birthday and a copy is passed on to the receiving school should the child transfer to a new school

No longer have safeguarding concerns

No further Child Protection Action but school may act to ensure child + family appropriately supported including undertaking a CAF

Safeguarding Lead to ensure recording is securely stored

Concerns that a member of staff (including volunteers) has behaved in a way that has harmed or may have harmed a child

Allegations should be reported straight away normally to the Head Teacher or Chair of Governors if the Head Teacher is the subject of their concern + the situation assessed

If there are still any concerns:
Local Authority Personnel must be contacted to provide advice, support and to investigate the concerns and may advise a referral to Safeguarding Unit
Safeguarding Unit
Tel:

* Professionals should seek to discuss any concerns with the family and where possible to seek their agreement to make referrals to LA Children's Social Care. This should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm eg not in cases where sexual abuse is suspected. Working Together 2018