



Child Protection/Safeguarding Policy

Date Published	September 2018
Next Review	September 2019
UCC Governor Approval Committee	Education
UCC Staff Role Responsible	DSL and Principal

Contents

1. Introduction and Policy Aims.....	3
2. Legislation and statutory requirements.....	4
3. Definitions.....	4/5
4. Principles.....	5
5. Roles and responsibilities.....	5/6/7
6. Confidentiality.....	7
7. Taking Action On Concerns.....	7/8/9
8. Notifying Parents.....	9
9. Peer on Peer Abuse/Allegations.....	9
10. Referrals.....	9/10
11. Safer Recruitment and Staff Selection.....	10
12. Allegations Against Staff and Volunteers.....	11
13.Support for Those Involved in a Safeguarding/Child Protection Issue.....	12
14.Training.....	12/13

.....

Appendix 1:Types of Abuse and Possible Indicators.....	13-15
Appendix 2:Safeguarding Team.....	16
Appendix 3:Recording Incidents on CPOMS - Further Guidance.....	18-22
Appendix 4: Key Safeguarding Contacts and Agencies.....	23-25
Appendix 5: Thresholds.....	26
Appendix 6: Further Guidance for a Disclosure Conversation.....	27/28
Appendix 7: Peer on Peer Abuse and Further Actions.....	29/30
Appendix 8: Further Information for Making Referrals.....	31/32
Appendix 9: Referral Diagram - Non-Immediate Concern.....	33
Appendix 10: Seven Golden Rules for Sharing Information.....	34

.....

1. Introduction

This document outlines UCC's child protection/safeguarding policy. It applies to all adults, including volunteers, working in or on behalf of the school. Everyone working in, or for our school, shares an objective to help keep children and young people safe by contributing to:

- Providing a safe environment for children and young people to learn in education settings.
- Identifying children who may be in need of extra help, or are suffering or likely to suffer significant harm, and taking the appropriate action, working with other services as needed.

We will ensure that parents and our partner agencies are aware of our child protection/safeguarding policy by:

- ensuring that it is on the school website
- raising awareness at initial meetings with parents of new students and at parent/teacher meetings and
- referencing where a copy is available when visitors arrive at school

The policy will be reviewed annually as a minimum, unless an incident or new legislation or guidance suggests the need for an earlier date of review.

Aims of the policy

This policy aims to outline how UCC will:

- Promote a positive school ethos where children can learn, feel secure and be safe
- Ensure that appropriate action is taken in a timely manner to safeguard and promote children's welfare
- Promote safe practice and challenge poor and unsafe practice
- All staff are aware of their statutory responsibilities with respect to safeguarding
- Staff are properly trained in recognising and reporting safeguarding issues
- Prevent unsuitable people working with children and young people.

2. Legislation and statutory requirements

This policy enables UCC to carry out our functions with a view to safeguarding and promoting the welfare of children in line with the following legislation and guidance:

- [Working Together to Safeguard Children \(2018\)](#)
- [Keeping Children Safe in Education \(KCSIE\) 2018](#) in effect from September 3rd 2018
- [Governance Handbook](#).

The policy is also consistent with the Leicestershire and Rutland Local Safeguarding Children Board (LSCB) Procedures, which contain procedures and guidance for safeguarding children;

In addition, this policy is based on:

- Part 3 of the schedule to the [Education \(Independent School Standards\) Regulations 2014](#), which places a duty on academies and independent schools to safeguard and promote the welfare of pupils
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM and [Mandatory reporting of Female Genital Mutilation – procedural information \(2015\)](#)
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what ‘regulated activity’ is in relation to children
- Statutory guidance on the [Prevent Duty \(England and Wales\)](#), which explains schools’ duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism
- [The Prevent Duty: departmental advice for schools and childcare providers \(2015\)](#)

3. Definitions

Child protection is defined as safeguarding and promoting the welfare of children by:

- Protecting children from maltreatment
- Preventing impairment of children’s health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and 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. Appendix 1 defines neglect in more detail.

Children includes everyone under the age of 18.

4. Principles

Safeguarding arrangements in the school are underpinned by the two key principles:

- Everyone who comes in to contact with children and their families has a role to play in safeguarding children. All Governors, staff, trainees and volunteers have a responsibility and role to play to identify concerns, share information appropriately and take prompt action. Staff members will maintain an attitude of "it could happen here" where safeguarding is concerned.
- When concerned about the welfare of a child, staff will always act in the best interests of the child. The school operates a child centred approach taking into account children's views and voices. The child's wishes, and feelings will be taken into account when determining what action to take and services to provide to protect individual children through ensuring there are systems in place for children to express their views and give feedback.

5. Roles and responsibilities

5.1 All adults working in, or on behalf of, the school have a responsibility to safeguard and promote the welfare of children. This includes:

- Responsibility to provide a safe environment in which children can learn.
- To identify children who may be in need of extra/early help, have complex or serious needs or who are suffering, or are likely to suffer significant harm. All staff then have a responsibility to take appropriate action, working with services as needed.

Staff induction will include organisation vision, aspirations and expectation of all staff as well as what is considered acceptable and what is not. They will also receive information about systems within the school which support safeguarding and paper/electronic copies of policies; this includes the Child Protection/Safeguarding policy and Staff Behaviour policy (Code of Conduct). Staff will be informed about the role of the Designated Safeguarding Lead (DSL) and the name of the Designated Governor. In 2018-19 the DSL is Paul Rhodes (Assistant Principal – PDBW. Mr Solly, Principal, is the Deputy DSL. Other DSL qualified staff are Ali MacFarlane, Beresford Waterman, Tessa Lowe – all Personal Development Coaches. The UCC Designated Governor is Morag Topham.)

UCC has a Designated Safeguarding Team that is responsible for responding to safeguarding concerns during term time. See Appendix 2 for the full list of the Safeguarding Team and the completed training.

5.2 All staff

All adults working in, or on behalf of, the school have a responsibility to safeguard and promote the welfare of children:

- All staff will read and understand part 1 of the Department for Education's statutory safeguarding guidance, [Keeping Children Safe in Education](#), and review this guidance at least annually. All staff will be aware of:
- Our systems which support safeguarding, including the staff [code of conduct] and the role of the designated safeguarding lead (DSL) and the name of the designated governor. Staff will be given regular training on the use of CPOMs, UCC's system for reporting and monitoring safeguarding concerns. For further guidance on incidents that might be recorded see Appendix 3.
- Receive regular safeguarding and child protection updates at least annually via email, e-bulletins and staff meetings to help provide them with an awareness of safeguarding issues (including FGM, 'honour based' violence, forced marriage and radicalisation/extremism), relevant skills and knowledge to safeguard children effectively.
- The early help process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), FGM and radicalisation

5.3 The governing board

The Governing Body has the responsibility to ensure that the school complies with safeguarding duties under legislation and will identify a senior board level lead to take leadership responsibility for the establishment's safeguarding arrangements. Safeguarding is a standing item at all Governing Body meetings. The main responsibilities include:

- The governing board will approve this policy at each review and hold the headteacher to account for its implementation.
- The governing board will appoint a senior board level (or equivalent) lead (Morag Topham) to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL.
- The chair of governors will act as the 'case manager' in the event that an allegation of abuse is made against the headteacher, where appropriate.

5.4 The Principal

- The headteacher is responsible for the implementation of this policy, including:
- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction
- Communicating this policy to parents when their child joins the school and via the school website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly

- Acting as the ‘case manager’ in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate (see appendix 3)
- Sufficient time and resources are allocated to enable the Designated Safeguarding Lead (DSL) and other staff to discharge their responsibilities, including recording and monitoring safeguarding activities, taking part in strategy discussions/meetings, other inter-agency meetings and contributing to the assessment of children
- All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children, and concerns are addressed sensitively and effectively in a timely manner.
- The child's safety and welfare are addressed through the curriculum.
- Education Welfare Staff and Social Workers are informed immediately when a child who is looked after or subject to a child in need plan or a protection plan goes missing

5.5 Designated Safeguarding Lead (DSL)

- The Designated Safeguarding Lead (DSL) is a senior member of staff, **(Paul Rhodes – Assistant Principal)** who co-ordinates the school’s safeguarding and child protection arrangements by providing advice and support to other staff on child welfare and child protection matters, takes part in strategy discussions/meetings and inter-agency meetings – and/or supports other staff to do so - and contributes to the assessment of children.
- The Designated Safeguarding Lead (DSL) will coordinate the safeguarding team within school offering advice and support to those handling safeguarding concerns. The Designated Safeguarding Lead (DSL) liaises with the Local Authority and works with other agencies in line with Working Together to Safeguard Children (2015). Where there are serious/complex needs or child protection concerns, this includes referrals to Children’s Social Care. In exceptional circumstances, i.e. in an emergency or concern that appropriate action hasn’t been taken, staff members can speak directly to Children’s Social Care.
- The school also has a deputy Designated Safeguarding Lead to cover for when the Designated Safeguarding Lead (DSL) is not available; the lead responsibility however remains with the Designated Safeguarding Lead.
- During term time the Designated Safeguarding Lead (DSL) and/or a deputy will be available during school hours for staff in the school to discuss safeguarding concerns. Adequate and appropriate cover arrangements will be made for any out of hours/out of terms activities.
- The DSL will also keep the headteacher informed of any issues and liaise with local authority case managers and designated officers for child protection concerns as appropriate. The full responsibilities of the DSL are set out in their job description. This might include liaison with any agency listed in Appendix 4.

6. Confidentiality

All safeguarding concerns are treated with confidence to protect all parties involved, however, when allegations are made information needs to be shared appropriately.

- Timely information sharing is essential to effective safeguarding
- Information must be shared on a ‘need-to-know’ basis, but staff do not need consent to share information if a child is suffering, or at risk of, serious harm
- Staff should never promise a child that they will not tell anyone about an allegation, as this may not be in the child’s best interests
- Confidentiality is also addressed in this policy with respect to record-keeping in section 11, and allegations of abuse against staff in appendix 3

7. Taking Action on Concerns

7.1 Key points to remember for taking action are:

- In an emergency take the action necessary to help the child, for example, call 999.
- Report your concern to the Designated Safeguarding Lead (DSL) or their deputy as soon as you can and by the end of the day at the latest using CPOMS.
- If the Designated Safeguarding Lead (DSL) or their deputy is not around, ensure the information is shared with the most senior person in the school that day, this can be done by selecting appropriate staff on an Incident form on the CPOMS system. Selecting the option 'Safeguarding Team' will allow all Designated Senior Persons to see the concern.
- Ensure action is taken to report complex/serious or child protection concerns to Children's Social Care.
- Do not start your own investigation.
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- Seek support for yourself if you are distressed.

All staff should follow the Leicestershire and Rutland Safeguarding Children Procedures. These can be found through the web link below in the [Procedures Manuel](#) page of The Leicestershire and Rutland Children's Safeguarding Board website. The 'Thresholds' document will support the Designated Safeguarding Lead (DSL) and school staff in their decision-making about the child's needs and the appropriate assessment and interventions. These thresholds can be found in Appendix 5.

It is not the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation; this is the responsibility of Children's Social Care. All staff however have a duty to recognise emerging needs, complex/serious needs or child protection concerns and maintain an open mind. Accordingly, all concerns regarding the welfare of students will be recorded and discussed with the Designated Safeguarding Lead (DSL) or their deputy (or another senior member of staff in the absence of the Designated Safeguarding Lead (DSL) or deputy) prior to any discussion with parents.

There will be occasions when staff suspect that a child may be at risk, but there is no substantial evidence. The child's behaviour and/or appearance may have changed, their attendance at school may have reduced, their ability to concentrate and focus may have altered, or you may have noticed other physical but inconclusive signs. In these circumstances the child should be given the opportunity to talk. The noticeable signs may be due to a variety of factors and it is acceptable to ask the child if they are alright or if you can help in any way.

Staff should ensure they record these early concerns using CPOMS. If a child or adult does begin to reveal that a child is being harmed, staff should follow the advice in the section 'If Information is Disclosed to You'.

7.2 If Information is Disclosed to You

It takes a lot of courage for a child, parent, carer or other significant adult to disclose that they are worried or have concerns. They may feel ashamed, the abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

If a child or adult talks to you about any risks to a child's safety or wellbeing you will need to let them know that you must pass the information on – you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the child or adult may think that you do not want to listen, if you leave it till the very end of the conversation, they may feel that you have misled them into revealing more than they would have otherwise.

Further information and guidance on a disclosure conversation can be found in Appendix 6.

8. Notifying Parents

Where appropriate, we will discuss our concerns about a child with the child's parents. The DSL will normally do this in the event of a suspicion or disclosure. Other staff will only talk to parents about any such concerns following consultation with the DSL. If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so. In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

9. Peer on Peer Abuse/Allegations of Abuse Made Against Other Children

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter" or "part of growing up". Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- is serious, and potentially a criminal offence
- could put pupils in the school at risk
- is violent
- involves pupils being forced to use drugs or alcohol
- involves sexual exploitation or sexual abuse, such as indecent exposure, sexual assault, or sexually inappropriate pictures or videos (including sexting)
- more information on peer on peer abuse and allegations, and the action of the school following an allegation can be found in Appendix 7.

10. Referrals

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support a staff member to do so. If members of staff make a referral directly, you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the

referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must contact the local authority and make sure the case is reconsidered to ensure the concerns have been addressed and the child's situation improves.

For further information on making referrals and the schools referral process please see Appendix 8 and Appendix 9.

11. Safer Recruitment and Selection of School Staff

The school has adopted robust recruitment and selection procedures that minimise the risk of employing people who might abuse children or are otherwise unsuitable to work with them. We complete a full range of checks which are carried out to minimise the possibility of children and young people suffering harm from those they consider to be in positions of trust.

We ensure that all appropriate measures are applied in relation to everyone who works in the school, including volunteers and staff employed by contractors. This is an essential part of creating a safe environment for children and young people.

Safer practice in recruitment means thinking about and including issues to do with child protection and safeguarding children at every stage of the process. This includes obtaining and scrutinising comprehensive information about applicants, for example, obtaining professional references, verifying academic or vocational qualifications, previous employment history, verifying health and physical capacity for the job as well as resolving any discrepancies or anomalies in references. It also includes ensuring that advertising, job descriptions, person specifications and interview processes includes safeguarding and right to work in England checks. When applicants or volunteers are interviewed, they are asked at least one safeguarding question by a member of staff who is trained in Safer Recruitment. Employment offers are only issued if applicants satisfy all of the safer recruitment checks and questions that comprise our recruitment processes.

Everyone who works in the school, including volunteers, will have appropriate [Disclosure and Barring \(DBS\)](#), [teacher status checks](#) and [disqualification by association](#) checks. The school will ensure volunteers are appropriately supervised as outlined in [statutory guidance](#) on supervising the activities of workers and volunteers with children. See school Recruitment and Selection Policy/Disclosure and Barring (DBS) Policy and Supervision of Volunteer's Statement (as appropriate).

'Extended School' and Off-Site Arrangements

Where extended school activities are provided by and managed by the school, our own safeguarding policy and procedures apply. If other organisations provide services or activities on our site we will check that they have appropriate procedures in place, including safer recruitment checks and procedures. When our children attend off-site activities, we will check that effective child protection arrangements are in place.

Visitors to the School

The school premises provide a safe learning environment with secure access. This process includes ensuring all visitors to the school are suitable and are checked and monitored as appropriate. See school Visitors Policy.

12. Allegations Against Staff and Volunteers

Safe recruitment practices are vital whenever someone is recruited to work with children. However, this is not the end of the matter. Schools are safe environments for the majority of children and the majority of people who work with children have their safety and welfare at heart. Everyone in the school should be mindful that some individuals seek access to children in order to abuse them and that the nature of abuse means that children often don't disclose. It is crucial that everyone is aware of these issues, and the need to adopt ways of working and appropriate practice to help reduce allegations. It is also important that everyone is able to raise concerns about what seems to be poor or unsafe practice by colleagues. These concerns and concerns expressed by children, parents and others are listened to and taken seriously. Where appropriate, action is taken in accordance with procedures for dealing with allegations against staff.

It is essential that any allegation against a Teacher or other member of staff or volunteer is dealt with quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is subject to the allegation. An allegation might recognise that they have:

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

If You Have Concerns about a Colleague

Staff who are concerned about the conduct of a colleague towards a child are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. All concerns of poor practice or concerns about a child's welfare brought about by the behaviour of colleagues should be reported.

Initial Actions Following an Allegation

- The person who has received an allegation, or witnessed an event, will immediately inform the Principal (or the Chair of Governors if the allegation is against the Principal) and make a record which will include time, date, place of incident, persons present, what was witnessed, what was said etc. This should then be signed and dated.
- Staff may consider discussing any concerns with the Designated Safeguarding Lead (DSL) and may make any referral via them.
- The Principal where appropriate will take steps to secure the immediate safety of children and urgent medical needs.

- The member of staff will not be approached at this stage unless it is necessary to address the immediate safety of children.
- The Principal may need to clarify any information regarding the allegation; no person will be interviewed at this stage.

Some allegations will be so serious as to require immediate intervention by Children's Social Care and/or Police.

The Headteacher or Chair of Governors should immediately discuss the allegation with the Local Authority Designated Officer (LADO). This should take place within one working day; see other key safeguarding contacts list on page 8/9. The discussion will consider the nature, content and context of the allegation and agree a course of action

The Headteacher will inform the Chair of Governors of any allegation.

Consideration will be given throughout to the support and information needs of students, parents and staff.

If consideration needs to be given to the individual's employment, advice will be sought from HR.

13. Support for Those Involved in a Safeguarding/Child Protection Issue

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. We will support the children and their families and staff by:

- taking all suspicions and disclosures seriously
- nominating a link person who will keep all parties informed and be the central point of contact
- where a member of staff is the subject of an allegation made by a child, a separate link person will be nominated to avoid any conflict of interest
- responding sympathetically to any request from a child or member of staff for time out to deal with distress or anxiety
- maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies, storing records securely
- offering details of helplines, counselling or other avenues of external support
- following the procedures laid down in our whistleblowing, complaints and disciplinary procedures
- co-operating fully with relevant statutory agencies

14. Training

14.1 All staff

All staff members will undertake safeguarding and child protection training at induction, including on whistleblowing procedures, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice from our local safeguarding children board. All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn

into terrorism and to challenge extremist ideas. Staff will also receive regular safeguarding and child protection updates (for example, through emails, ebulletins and staff meetings) as required, but at least annually. Volunteers will receive appropriate training, if applicable.

14.2 The DSL and DSPs

The DSL and DSPs (Designated Safeguarding Person) will undertake child protection and safeguarding training at least every 2 years. In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments). They will also undertake Prevent awareness training.

14.3 Governors

All governors receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

14.4 Recruitment – interview/appointment panels

At least one person on any interview/appointment panel for a post at the school will have undertaken safer recruitment training. This will cover, as a minimum, the contents of the Department for Education's statutory guidance, Keeping Children Safe in Education, and be in line with local safeguarding procedures.

Appendix 1 - Types of Abuse and Possible Indicators

Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger e.g. via the internet. An adult or adults, child or children may cause the abuse.

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. They may be disproportionately impacted by things like bullying without outwardly showing signs and be compounded by communication barriers and difficulties.

Similarly, where a child is of a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child.

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 child¹.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or they live in a home where domestic abuse happens². Babies and disabled children also have a higher risk of suffering physical abuse.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries.
- Children with unexplained or unusual fractures or broken bones.
- Children with unexplained:
 - Bruises or cuts.
 - Burns or scalds.
 - Bite marks³.

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 in so far 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

¹ HM Government (March 2015) Working Together to Safeguard Children, page 92

² 2 Brandon et al. (2010) Building on the learning from Serious Case Reviews: A two-year analysis of child protection database notifications 2007-2009, Department for Education, 2010

³ HM Government (March 2015) What to do if you're worried a child is being abuse: advice for practitioners

expectations being imposed on children. These may include interactions that are beyond the child's developmental capacity, as well as over protection 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.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example, in the way that a parent interacts with their child.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'.
- Parents or carers blaming their problems on their child.
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual Abuse (and Exploitation)

Sexual abuse is any sexual activity with a child. 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 a sexually inappropriate way, 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.

Many children who are victims of sexual abuse do not recognise themselves as such; they may not understand what is happening and may not understand that it is wrong.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have.
- Children who ask others to behave sexually or play sexual games.
- Children with physical sexual health problems, including soreness in the genital or anal areas, sexually transmitted infections or underage pregnancy.

Sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child Sexual Exploitation (CSE) doesn't always involve physical contact and can happen on-line. A significant number of people who are victims of sexual exploitation go missing from home, care and education at some point.

Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity\: (a) in exchange for something the victim needs or wants; and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation (CSE) does not always involve physical contact; it can also occur through the use of technology (March 2017 DoF and Home Office).

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late.
- Children who regularly miss school or education or don't take part in education.

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. 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.

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have a dependency on alcohol and/or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing, e.g. not having a winter coat.
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- Children who are often angry, aggressive or self-harm.
- Children who fail to receive basic health care.
- Parents who fail to seek medical treatment when their children are ill or are injured.

Appendix 2 – Safeguarding Team

Paul Rhodes	Assistant Principal	Designated Safeguarding Lead (DSL)	Designated Safeguarding Officer Training Level 3	Completed July 2017
Ben Solly	Principal	Deputy Designated Safeguarding Lead (DSL)	Designated Safeguarding Officer Training Level 3	Renewal September 2018
Tessa Lowe	PDC (10/11)	Designated Safeguarding Person (DSP)	Designated Safeguarding Officer Training Level 3	Completed July 2018
Alison McFarlane	PDC (6/7)	Designated Safeguarding Person (DSP)	Designated Safeguarding Officer Training Level 3	Completed July 2018
Beresford Waterman	PDC (8/9)	Designated Safeguarding Person (DSP)	Designated Safeguarding Officer Training Level 3	Completed July 2018

Appendix 3 – Recording Incidents on CPOMS - Further Guidance

Child Protection and Safeguarding:

There are 2 main definitions that staff must understand within the expectations of Child Protection and Safeguarding.

CHILD PROTECTION:

Child protection aims to keep children safe where there is serious risk of harm. Serious risk of harm may arise from a single event or a series of concerns over time. Child Protection is more about the actions and procedures taken by agencies to ensure the safety of young people who have been at risk or are at immediate risk.

SAFEGUARDING:

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in Working together to safeguard children 2013 as:

- protecting children from maltreatment
- preventing impairment of children's health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes

'Safeguarding is everyone's responsibility'

Safeguarding is not just about the actions taken once a concern has been identified but about identifying possible risk before it has happened and about promoting the welfare of young people in all elements of their life. Our role as teachers in this is about educating students in how to stay safe and understanding how we identify possible risk.

As professionals, if we have a concern, it is paramount we understand procedures for reporting and recording safeguarding concerns to ensure that the right support is put into place as quickly as possible for the young person to ensure their safety.

We have been using CPOMS in school to streamline our safeguarding practice and this has run effectively for 1 term. As we have become more aware of how the system can be used, this document has been created to support the use of CPOMS to ensure we are accurately recording any concerns.

The extra information is in accordance with amendments with Keeping Children Safe in Education (KCSIE) 2018.

'Information sharing is vital to good safeguarding'

Safeguarding Definitions and Acronyms relevant to UCC:

Below is a list of acronyms and definitions that are widely used within the UCC safeguarding culture. We encourage all staff to familiarise themselves with these to ensure they are informed when making decisions within the UCC safeguarding procedures. This content is commonly used as part of the UCC 'logging of safeguarding concerns' on CPOMS. The colour coding also relates to those used on our CPOMS system.

<p>CFC</p>	<p>Cause for Concern</p> <p>A concern about a young person which is determined by their actions and behaviour. The effect of this concern would not put the young person, or any others at any immediate risk but is something that could if left un-addressed over a period of time. This is usually based on a judgement rather than any fact or evidence.</p>	<p>SC</p>	<p>Safeguarding Concern</p> <p>A concern about a young person which is determined by their actions and behaviours or the actions and behaviours of others. The effect of this concern would mean the young persons, or any others, safety or health is at high risk and the concern needs to be addressed quickly. This is based on fact, evidence and quite often a disclosure which has been made.</p>								
<p>CP</p>	<p>Child Protection</p> <p>The young person's safety or health is at immediate risk, (either in school or if they leave school grounds), and the concern must be addressed immediately. The young person must not be left on their own and other agencies will need to be involved. This is based on fact, evidence and a disclosure which has been made.</p>	<p>SOC</p>	<p>Social Concern</p> <table border="1" data-bbox="940 954 1554 1205"> <tr> <td data-bbox="940 954 1018 1099"> <p>CFC</p> </td> <td data-bbox="1027 954 1554 1099"> <p>It is noticeable the young person is spending a lot of unstructured time alone.</p> </td> </tr> <tr> <td data-bbox="940 1113 1018 1205"> <p>SC</p> </td> <td data-bbox="1027 1113 1554 1205"> <p>The young person is isolated all of the time.</p> </td> </tr> </table>	<p>CFC</p>	<p>It is noticeable the young person is spending a lot of unstructured time alone.</p>	<p>SC</p>	<p>The young person is isolated all of the time.</p>				
<p>CFC</p>	<p>It is noticeable the young person is spending a lot of unstructured time alone.</p>										
<p>SC</p>	<p>The young person is isolated all of the time.</p>										
<p>DCC</p>	<p>Distinct Change in Character</p> <table border="1" data-bbox="158 1279 818 1641"> <tr> <td data-bbox="158 1279 236 1424"> <p>CFC</p> </td> <td data-bbox="245 1279 818 1424"> <p>The young person hasn't been themselves on several noticeable occasions, without an extenuating reason.</p> </td> </tr> <tr> <td data-bbox="158 1438 236 1641"> <p>SC</p> </td> <td data-bbox="245 1438 818 1641"> <p>There has been a prolonged change in character and the young person is very different to how they usually behave or act. There will be no extenuating reason for this change.</p> </td> </tr> </table>	<p>CFC</p>	<p>The young person hasn't been themselves on several noticeable occasions, without an extenuating reason.</p>	<p>SC</p>	<p>There has been a prolonged change in character and the young person is very different to how they usually behave or act. There will be no extenuating reason for this change.</p>	<p>UA</p>	<p>Unkempt Appearance</p> <table border="1" data-bbox="940 1279 1554 1641"> <tr> <td data-bbox="940 1279 1018 1424"> <p>CFC</p> </td> <td data-bbox="1027 1279 1554 1424"> <p>The young person is noticeably 'scruffy' or personal hygiene is noticeably poor on several occasions.</p> </td> </tr> <tr> <td data-bbox="940 1438 1018 1641"> <p>SC</p> </td> <td data-bbox="1027 1438 1554 1641"> <p>The young person persistently arrives at school looking unclean, 'scruffy', not properly dressed in uniform. There personal hygiene is persistently poor and commented on by others.</p> </td> </tr> </table>	<p>CFC</p>	<p>The young person is noticeably 'scruffy' or personal hygiene is noticeably poor on several occasions.</p>	<p>SC</p>	<p>The young person persistently arrives at school looking unclean, 'scruffy', not properly dressed in uniform. There personal hygiene is persistently poor and commented on by others.</p>
<p>CFC</p>	<p>The young person hasn't been themselves on several noticeable occasions, without an extenuating reason.</p>										
<p>SC</p>	<p>There has been a prolonged change in character and the young person is very different to how they usually behave or act. There will be no extenuating reason for this change.</p>										
<p>CFC</p>	<p>The young person is noticeably 'scruffy' or personal hygiene is noticeably poor on several occasions.</p>										
<p>SC</p>	<p>The young person persistently arrives at school looking unclean, 'scruffy', not properly dressed in uniform. There personal hygiene is persistently poor and commented on by others.</p>										
<p>FI</p>	<p>Frequent Injuries</p> <p>Persistently receiving injuries which are clearly visible and have some explanation. Some injuries will have very little explanation.</p>	<p>OSB</p>	<p>Over Sexualised Behaviour</p> <table border="1" data-bbox="940 1715 1554 2007"> <tr> <td data-bbox="940 1715 1018 1861"> <p>CFC</p> </td> <td data-bbox="1027 1715 1554 1861"> <p>On a couple of noticeable occasions, the young person's behaviour, actions or language have had sexual references.</p> </td> </tr> <tr> <td data-bbox="940 1874 1018 2007"> <p>SC</p> </td> <td data-bbox="1027 1874 1554 2007"> <p>The young person persistently references sexual activity in their behaviour, actions or language.</p> </td> </tr> </table>	<p>CFC</p>	<p>On a couple of noticeable occasions, the young person's behaviour, actions or language have had sexual references.</p>	<p>SC</p>	<p>The young person persistently references sexual activity in their behaviour, actions or language.</p>				
<p>CFC</p>	<p>On a couple of noticeable occasions, the young person's behaviour, actions or language have had sexual references.</p>										
<p>SC</p>	<p>The young person persistently references sexual activity in their behaviour, actions or language.</p>										
<p>ED</p>	<p>Eating Disorder</p>	<p>SH</p>	<p>Self-Harm</p>								

	Any of a range of psychological disorders characterized by abnormal or disturbed eating habits		In general, self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self-neglect.								
WBC	<p>Well-Being Concern</p> <table border="1"> <tr> <td>CFC</td> <td>The young person noticeably on a few occasions appears unhappy or generally un-healthy (physically and mentally) without any apparent reason. This will be based on a judgement not on fact or evidence.</td> </tr> <tr> <td>SC</td> <td>The young person persistently appears unhappy or generally un-healthy without any apparent reason. This will come from a disclosure from the young person or someone else.</td> </tr> </table>	CFC	The young person noticeably on a few occasions appears unhappy or generally un-healthy (physically and mentally) without any apparent reason. This will be based on a judgement not on fact or evidence.	SC	The young person persistently appears unhappy or generally un-healthy without any apparent reason. This will come from a disclosure from the young person or someone else.	ST	<p>Sexting</p> <p>Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops - any device that allows you to share media and messages. Sexting may also be called 'trading nudes', 'dirties' or 'pic for pic'.</p>				
CFC	The young person noticeably on a few occasions appears unhappy or generally un-healthy (physically and mentally) without any apparent reason. This will be based on a judgement not on fact or evidence.										
SC	The young person persistently appears unhappy or generally un-healthy without any apparent reason. This will come from a disclosure from the young person or someone else.										
IR	<p>Inappropriate Relationships</p> <table border="1"> <tr> <td>CFC</td> <td>The young person is noticeably making friendships inappropriately. For example, friendships with students in much older/younger year groups.</td> </tr> <tr> <td>SC</td> <td>The young person is in a relationship with someone in a much younger/older year group OR the young person, or someone else has, disclosed that the other person in their relationship is manipulating their actions/behaviour/ feelings, (demonstrating controlling behaviour)</td> </tr> </table>	CFC	The young person is noticeably making friendships inappropriately. For example, friendships with students in much older/younger year groups.	SC	The young person is in a relationship with someone in a much younger/older year group OR the young person, or someone else has, disclosed that the other person in their relationship is manipulating their actions/behaviour/ feelings, (demonstrating controlling behaviour)	SUC	<p>Substance Concern</p> <table border="1"> <tr> <td>SC</td> <td>It is suspected that the young person is misusing any substance or alcohol. This will be based upon a disclosure made by someone else or the young person is linked to substance paraphernalia in some way.</td> </tr> <tr> <td>CP</td> <td>The young person, or another, has disclosed they are misusing a substance OR you have witnessed the young person misusing a substance OR The young person has substance paraphernalia on their person.</td> </tr> </table>	SC	It is suspected that the young person is misusing any substance or alcohol. This will be based upon a disclosure made by someone else or the young person is linked to substance paraphernalia in some way.	CP	The young person, or another, has disclosed they are misusing a substance OR you have witnessed the young person misusing a substance OR The young person has substance paraphernalia on their person.
CFC	The young person is noticeably making friendships inappropriately. For example, friendships with students in much older/younger year groups.										
SC	The young person is in a relationship with someone in a much younger/older year group OR the young person, or someone else has, disclosed that the other person in their relationship is manipulating their actions/behaviour/ feelings, (demonstrating controlling behaviour)										
SC	It is suspected that the young person is misusing any substance or alcohol. This will be based upon a disclosure made by someone else or the young person is linked to substance paraphernalia in some way.										
CP	The young person, or another, has disclosed they are misusing a substance OR you have witnessed the young person misusing a substance OR The young person has substance paraphernalia on their person.										

Child Protection Definitions:

The following is a list of definitions that would constitute a Child Protection issue of which the young person would be at **immediate risk if action is not taken**. These would be preceded by a disclosure that has been made.

CSE	<p>Child Sex Exploitation</p> <p>A form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.</p>	FGM	<p>Female Genital Mutilation</p> <p>Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The procedure has no health benefits for girls and women.</p>
DV	<p>Domestic Violence</p> <p>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.</p>	GR	<p>Grooming</p> <p>Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know. Many children and young people don't understand that they have been groomed or that what has happened is abuse.</p> <p>Further Information: https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/grooming/</p>
PA	<p>Physical Abuse</p> <p>Physical abuse is any intentional act causing injury or trauma to another person or animal by way of bodily contact. In most cases, children are the victims of physical abuse.</p>	RA	<p>Radicalisation</p> <p>The action or process of causing someone to adopt radical positions on political or social issues.</p>
SA	<p>Sexual Abuse</p> <p>Sexual abuse, also referred to as molestation, is forcing undesired sexual behaviour by one person upon another. When that force is immediate, of short duration, or infrequent, it is called sexual assault.</p>	SUA	<p>Substance Abuse</p> <p>An excessive use of a drug (such as alcohol, narcotics, or cocaine) without medical justification.</p>
UI	<p>Unexplained Injury</p> <p>An injury that has no explanation at all. The young person appears unable to account for it in any way. The injury might be obviously evident or hidden.</p>	SO	<p>Supervision Order</p> <p>A court order placing a child or young person under the supervision of a local authority or a probation officer in a case of delinquency or where care proceedings are appropriate.</p>

Appendix 4 – Key Safeguarding Contacts and Agencies

Who?	How?	Why?
Children's Social Care Rutland Referral, Assessment and Intervention (RAIS):	(01572) https://www.rutland.gov.uk/my-services/health-and-family/childrens-social-care/report-a-concern-children-and-young-people/	Reporting any urgent safeguarding concern about a young person in Rutland. Following up a young person in Rutland that already has a social worker attached to them or the family.
Leicestershire First Response Children's Team	0116 305 0005 https://www.leicestershire.gov.uk/leisure-and-community/community-safety/report-abuse-or-neglect-of-a-child	Reporting any safeguarding concern about a young person in Rutland. For urgent concerns where the young person needs a social worker or police officer TODAY .
Leicestershire and Rutland Care Line (out of hours service)	0116 305 0005 https://www.rutland.gov.uk/my-council/contacts-facts-and-figures/emergency-out-of-hours-telephone-number/	Reporting any urgent safeguarding concern about a young person in Rutland or Leicestershire. When the need is out of office hours or at the weekend.
Northamptonshire Care Line (out of hours service)	01604 626938 http://www.northamptonshirescb.org.uk/worried-about-a-child-/#professionals	Reporting any urgent safeguarding concern about a young person in Northamptonshire. When the need is out of office hours or at the weekend.
Police	Emergencies 999 Non-Emergencies 101	When there is IMMEDIATE risk to a young person. When there is risk to a young person, but it is NOT IMMEDIATE .
Police Community Support Worker (PCSO)	PC Josh Ace PC Andy Wylie 101 (follow prompts) To make contact with your local neighbourhood team for non-urgent enquiries follow link (Not to be used for reporting crime) https://leics.police.uk/local-policing/uppingham/email	If you have a concern about a young person in Rutland where they are not at immediate risk. Informing of a community concern that could put a young person at risk.
Leicestershire and Rutland Safeguarding Board	http://lrsb.org.uk/	When you want safeguarding advice about young people in Rutland and Leicestershire.
Northamptonshire	http://www.northamptonshirescb.org.uk	When you want safeguarding advice about young

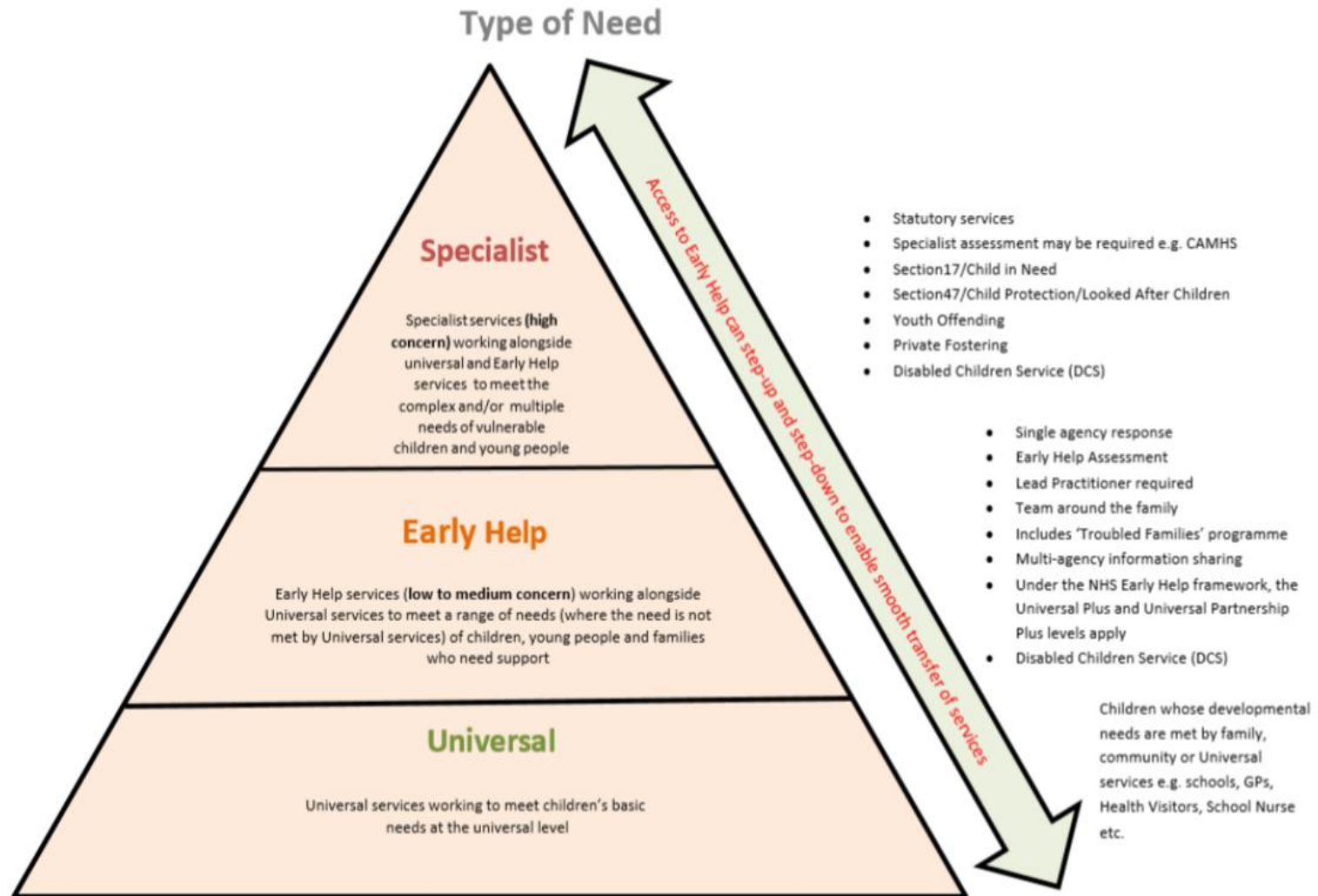
Safeguarding Children Board	k/	people in Northamptonshire.
Northamptonshire Multi Safeguarding Agency Hub (MASH)	0300 126 1000 MASH@northamptonshire.gcsx.gov.uk http://www.northamptonshirescb.org.uk/worried-about-a-child-/#professionals	Reporting a safeguarding concern of a young person in Northamptonshire where the risk is <u>NOT IMMEDIATE</u> . Advice available.
Children Northamptonshire – Educational Inclusion and Partnership Team (EIPT)	(01604) 365054 https://www3.northamptonshire.gov.uk/councilservices/children-families-education/schools-and-education/information-for-school-staff/pupil-support-and-inclusion/attendance-and-behaviour/Pages/default.aspx School Contact - Sarah Mawby See Paul Rhodes for Direct Contact Details.	Enquiries about Attendance and Behaviour Concerns where support might be needed for young people in Northamptonshire. Specific enquiries about young people in Northamptonshire that Sarah has been working with.
Designated Formerly Local Authority Designated Officer (LADO)	Rutland Tracy Holliday – (01572) 720193 Leicestershire Mark Goddard – 0116 305 7597 Karen Browne – 0116 305 4532 http://lrsb.org.uk/lado-local-authority-designated Northamptonshire Andy Smith – (01604) 367862 Christine York (01604) 362633 http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/	When you have a concern about an adult working with young people.
Female Genital Mutilation (FGM) Mandatory Reporting	Police - 101	When you have been made aware via disclosure that a young person has been a victim of FGM
Prevent Leicestershire Team and	Police Emergency – 999	If you want to report radical or terrorist activity.

Rutland	Non-Emergency – 101 Prevent Officers 101 prevent.team@leicestershire.pnn.police .uk	If you want advice about radical or terrorist behaviour.
School Nurse		
Education Welfare Officer	Liz Odom – (01572)	When you have an ongoing attendance concern about a young person. When you have a concern about an ongoing health issue which means the young person is missing school. When a young person is missing in education.

Key National Contacts

Who?	How?	Why?
NSPCC Helpline	0800 800 500 Text 88858 help@nspcc.org.uk	Helping adults protect children 24 hours a day. For help and support, including anyone needing advice about female genital mutilation, young people affected by gangs, concerns that someone may be a victim of modern slavery.
NSPCC Whistleblowing Advice Line	0800 028 0285 help@nspcc.org.uk	Free advice and support for professionals concerned about how child protection issues are being handled in their organisation.
UK Safer Internet Centre professional advice line	0844 381 4772 helpline@saferinternet.org.uk	helpline for professionals working with children and young people in the UK with any online safety issues they may face themselves or with children in their care.
Police Anti-Terrorist Hot Line number	0800 789 321	Concerns about terrorist activity.

Appendix 5 - Thresholds



Appendix 6 - Support and Guidance for a Disclosure Conversation

During your conversation with the child or adult:

- Allow them to speak freely, listen to what is being said without interruption and without asking leading questions.
- Keep questions to a minimum and of an open nature i.e. “Can you tell me what happened?” rather than “Did x hit you?”.
- Remain calm and do not over-react – the child or adult may stop talking if they feel they are upsetting you.
- Give reassuring nods or words of comfort – “I’m so sorry this has happened”, “I want to help”, “This isn’t your fault”, “You are doing the right thing in talking to me”.
- Do not be afraid of silences – remember how hard this must be for the child or adult.
- Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what do other family members think about all this.
- At an appropriate time tell the child or adult that in order to help them you must pass the information on.
- Do not automatically offer any physical touch as comfort; it may be anything but comforting to a child who has been abused.
- Avoid admonishing the child or adult for not disclosing earlier. Saying “I do wish you had told me about this when it started” or “I can’t believe what I’m hearing” may be your way of being supportive but they may interpret it that they have done something wrong.
- Tell the child or adult what will happen next. The child or adult may agree to go with you to see the Designated Safeguarding Lead (DSL). Otherwise let them know that someone will come to see or contact them before the end of the day.
- Report verbally to the Designated Safeguarding Lead (DSL).
- Write up your conversation as soon as possible and hand it to the Designated Safeguarding Lead (DSL).
- Seek support if you feel distressed.
- If you are unsure you should always have a discussion with the Designated Safeguarding Lead (DSL) to agree the best way forward.

Staff must always IMMEDIATELY inform the Designated Safeguarding Lead (DSL) if there is:

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play.
- Any explanation given which appears inconsistent or suspicious.
- Any behaviours which give rise to suspicions that a child may have suffered harm.
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment.
- Any concerns that a child is presenting signs or symptoms of abuse or neglect.
- Any significant changes in a child’s presentation, including non-attendance.
- Any hint or disclosure of abuse about or by a child/young person.

- Any concerns regarding person(s) who may pose a risk to children e.g. living in a household with children present.
- Any concerns about peer-on-peer abuse; this should never be tolerated and passed off as banter or part of growing up (see Section 5).
- Information which indicates that the child is living with someone who does not have parental responsibility for them (private fostering).
- Any concerns that a child is at risk of forced marriage, honour-based violence or Female Genital Mutilation (FGM).

Appendix 7 - Peer on Peer Abuse and Further Actions

What is Peer on Peer Abuse?

Peer on peer abuse features physical, emotional, sexual and financial abuse of a child/young person by their peers. It can affect any child/young person, sometimes vulnerable children are targeted, for example:

- Those living with domestic abuse or intra-familial abuse in their histories.
- Young people in care.
- Those who have experienced bereavement through the loss of a parent, sibling or friend.
- Black and minority ethnic children are under identified as victims but are over identified as perpetrators.
- Both girls and boys experience peer on peer abuse, however, they are likely to experience it differently i.e. girls being sexually touched/assaulted or boys being subject to homophobic taunts/initiation/hazing type (rituals and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group) violence.

It is influenced by the nature of the environments in which children/young people spend their time - home, school, peer group and community - and is built upon notions of power and consent. Power imbalances related to gender, social status within a group, intellectual ability, economic wealth, social marginalisation etc can all be used to exert power over a peer.

Peer on peer abuse involves someone who abuses a 'vulnerability' or power imbalance to harm another and have the opportunity or be in an environment where this is possible.

While perpetrators of peer on peer abuse pose a risk to others they are often victims of abuse themselves.

Actions the School Will Take:

The school deals with a wide continuum of children's behaviour on a day to day basis and most cases will be dealt with via school-based processes. These are outlined in the following school policies:

- Behaviour For Learning
- Anti-Bullying
- Online Safety.
- Relationships, RSE & Sex Education.

The school will also act to minimise the risk of peer on peer abuse by ensuring the establishment provides a safe environment, promotes positive standards of behaviour, has effective systems in place where children can raise concerns and provides safeguarding through the curriculum via Personal Development Education (PDE), Additional Curriculum Experience Days (ACED) and Targeted Intervention Opportunities (TIO) run by Rutland County Council. This may include targeted work with children identified as vulnerable or being at risk and developing risk assessment and targeted work with those identified as being a potential risk to others.

Action on Serious Concerns

The school recognises that children may abuse their peers physically, sexually and emotionally; this will not be tolerated or passed off as 'banter' or 'part of growing up'. The school will take this as seriously as abuse

perpetrated by an adult and address it through the same processes as any safeguarding issue. We also recognise that children who abuse others are also likely to have considerable welfare and safeguarding issues themselves.

Peer to peer abuse may be a one-off serious incident or an accumulation of incidents. Staff may be able to easily identify some behaviour/s as abusive, however, in some circumstances it may be less clear. In all cases the member of staff should discuss the concerns and seek advice from the Designated Safeguarding Lead (DSL).

When an allegation is made by a student against another student, members of staff should consider if the issues raised indicate that the child and/or alleged perpetrator may have emerging needs, complex/serious needs or child protection concerns and follow the process outlined in Section 7, Taking Action on Concerns.

Any suspicion or allegations that a child has been sexually abused or is likely to sexually abuse another child (or adult) should be referred immediately to Children's Social Care or the Police.

Particular considerations for cases where peer on peer abuse is a factor include:

- What is the nature, extent and context of the behaviour including verbal, physical, sexting and/or online abuse? Was there coercion, physical aggression, bullying, bribery or attempts to ensure secrecy? What was the duration and frequency? Were other children and/or adults involved?
- What is the child's age, development, capacity to understand and make decisions (including anything that might have had an impact on this i.e. coercion), and family and social circumstances?
- What are the relative chronological and developmental age of the two children and are there any differentials in power or authority?
- Is the behaviour age appropriate or not? Does it involve inappropriate sexual knowledge or motivation?
- Are there any risks to the child themselves and others i.e. other children in school, in the child's household, extended family, and peer group or wider social network?

Whenever there is an allegation of abuse made against a child, the Designated Safeguarding Lead (DSL) and other appropriate staff will draw together separate risk assessments and action plans to support the victim and the perpetrator. Where Children's Social Care is involved or an Early Help Assessment commenced, this will be agreed as part of a multi-agency plan.

Appendix 8 – Further Information for Making Referrals

Referral to Children’s Social Care

If at any point there is a risk of immediate serious harm to a child a referral should be made to Children’s Social Care and/or the Police immediately.

Anybody can make the referral.

Where it is believed that a child has complex/serious needs or where there are child protection concerns, the Designated Safeguarding Lead (DSL) will make a referral to Children’s Social Care. In exceptional circumstances, such as in an emergency or a genuine concern that appropriate action hasn’t been taken, any staff member can refer their concerns directly to Social Care. However, they should inform the Designated Safeguarding Lead (DSL) as soon as possible.

If the referral is about a ‘known’ case of Female Genital Mutilation (FGM), in addition to a referral to Social Care, the individual Teacher also has a mandatory reporting duty; see [Mandatory Reporting of Female Genital Mutilation; procedural information \(2015\)](#) from the Home Office. Under this duty, ‘known’ cases of Female Genital Mutilation (FGM), where a girl under 18 informs the person that an act of Female Genital Mutilation (FGM) has been carried out on her, or where physical signs appear to show that an act of Female Genital Mutilation (FGM) was carried out, must be reported to the Police on 101. This is a personal responsibility in addition to the referral to Children’s Social Care and the professional who identifies Female Genital Mutilation (FGM) and/or receives the disclosure should make the report by the close of the next working day.

Action Following Referral

The Designated Safeguarding Lead (DSL) or other appropriate member of staff will:

- Follow up the referral in writing.
- Children’s Social Care should make a decision within one working day of the referral being made about what course of action they are taking and let the school know the outcome. If the information is not forthcoming, the Designated Safeguarding Lead (DSL) or another appropriate member of staff should follow this up.
- Maintain contact with the allocated Social Worker and support them or other agencies following any referral.
- Contribute to any strategy discussion or meetings.
- Provide a report for, attend and contribute to any initial meetings and review child protection conference.
- Share the content of this report with the parent and if appropriate the child, prior to the meeting.
- Attend core group meetings for any child subject to a child protection plan or child in need meeting for any child subject to a child in need plan.
- Where a child on a child protection plan, child in need plan or is looked after moves from the school or goes missing, immediately inform the Key Worker in Social Care.

- If after the referral the child's situation does not appear to be improving the Designated Safeguarding Lead (DSL) (or the person who made the referral) should press for re-consideration to ensure their concerns have been addressed and the child's situation improves.

Confidentiality and Sharing Information and Record Keeping The school will operate with regard to HM Government Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015). All staff will be mindful of the seven golden rules to sharing information. For more information on this please refer to Appendix 10.

Staff should only discuss concerns with the Designated Safeguarding Lead (DSL) or deputy (or the most senior person on the premises if they are unavailable), Headteacher or Chair of Governors (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Wherever possible consent will be sought to share information. However, where there are safeguarding concerns about a child, information will be shared with the appropriate organisations such as Children's Social Care. In most cases concerns will be discussed with parents and carers prior to the referral taking place unless by doing so would increase risk.

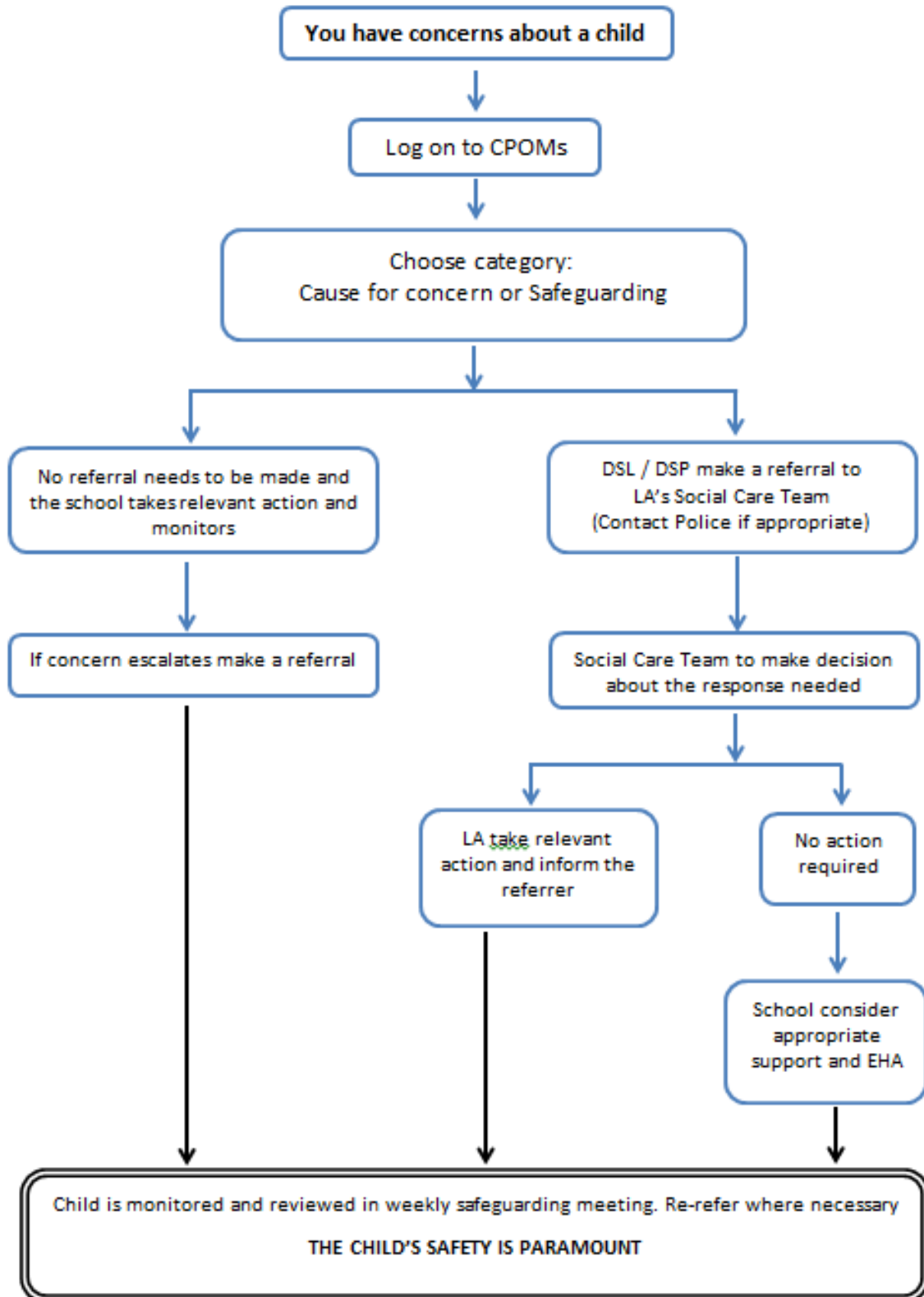
The school's policy on confidentiality and information-sharing is available to parents and children on request.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. This will be done through the CPOMS system which staff will be regularly trained on. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Lead (DSL).

Records of concern documentation and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals. Safeguarding information will be stored separately from the child's school file and the school file will be 'tagged' to indicate that separate information is held.

Copies of these records will be securely sent to any school to which the child transfers and a confirmation of receipt obtained.

Appendix 9 – Non urgent referral diagram



Appendix 10 – The Seven Golden Rules for Sharing Information

Seven Golden Rules to Sharing Information

1. Remember that the Data Protection Act 1998 and Human Rights Law are not barriers to justified information sharing but provide a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the individual (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 for other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.

4. Share with informed 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, there is a good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and wellbeing: Base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, 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.

Taken from [Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers, \(2015\)](#) HM Government.