



Safeguarding and Child Protection Policy and Procedures 2020/ 21

Bentilee Nursery School
Head Teacher- Juliet Levingstone
Chair of Governors- Ann Harvey

Reviewed Autumn 2020

This policy is due for review on Autumn 2021

Contents

Page

Key contacts	3
Terminology and acronyms	4
Child Protection and Safeguarding Policy.....	5
1. Introduction	6
2. Purpose and Aim	6
3. Our Ethos	6
4. Legal Framework	7
5. Roles and Responsibilities	7
6. Supporting Children and Young People	8
7. Child Protection and Safeguarding Procedure	9
8. Record Keeping	9
9. Safer Workforce – Managing Allegations	9
10. Staff Induction, Training and Development	9
11. Confidentiality Consent and Information Sharing	10
12. Inter-Agency Working	10
13. Contractors, Service / Activity Providers and Work Placement Providers	11
14. Whistle Blowing and Complaints	11
15. Site Security	11
16. Quality Assurance	11
17. Policy Review	12
18. Associated Policy and Procedures	12

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Appendix 1: Role of the Designated Safeguarding Lead.....	13
Appendix 2: Categories of abuse.....	17
Appendix 3: Signs and symptoms of abuse.....	19
Appendix 4: Specific safeguarding issues.....	21
Appendix 5: Allegations of abuse made against other children.....	28
Appendix 6: Guide to Levels of Need	30
Appendix 7: Dealing with disclosures made by a child	32
Appendix 8: Action to be taken if you have a concern about a child	33
Appendix 9: Record of Concern Form	35
Appendix 10: Making a referral to Children’s Social Care	39
Appendix 11: Information sharing and consent	40
Appendix 12: Working with parents and carers	42
Appendix 13: Children’s Social Care response	43
Appendix 14: Managing allegations against staff and volunteers.....	46
Appendix 15: Safer Recruitment	47
Appendix 16: Staffordshire Police Child Sexual Exploitation Information Report.....	48

Role	Name	Contact details
Designated Safeguarding Lead	Juliet Levingstone	01782 235065
Deputy Designated Safeguarding Lead	Kate Gowland	01782 235065
Early Help Champion	Kate Gowland	01782 235065
Lead Person for Online Safety	Nicole Forrest and Jayne Grindey	01782 235065
Lead Person for Looked After Children (LAC)	Juliet Levingstone	01782 235065
Lead Person for CSE	Juliet Levingstone	01782 235065
Lead Person for PREVENT	Juliet Levingstone	01782 235065
Manager responsible for allegations made against staff	Juliet Levingstone	01782 235065
Local Authority Designated Officer (LADO)	Dylan Harrison	01782 235100
Early Help Team	Sam Schofield (maternity leave) Chris Phillips or Linda Hallam	01782 231964 early.help@stoke.gov.uk
Targeted early help services for children with level 3	Co-operative Working Team	01782 232200 CW@stoke.gov.uk
Patch designated social worker	Orange patch -to be assigned	
Senior Social Worker for Child Sexual Exploitation	Angela Davenhill	101 Ext.3616 07769 238950
Stoke-on-Trent Children's Social Care – for referrals	Safeguarding Referral Team (SRT)	01782 235100
	Emergency Duty Team – after hours, weekends and public holidays	01782 234567
Staffordshire Children Social Care – for referrals	First Response	0800 1313126
Police	Non-emergency	101
	Emergency	999
Safeguarding Education Development Officer	Amanda Clough	01782 235897 amanda.clough@stoke.gov.uk

Terminology and Acronyms

Child or young person	Anyone who has not yet reached their 18th birthday
Parent	Birth parents or adoptive parents i.e. those with parental responsibility. It is recognised, however, that other adults may be in a parenting role, for example step parents and foster carers.
Staff	All those working for or on behalf of the school, including paid and unpaid staff, full time or part time staff, temporary, casual, agency staff, self-employed people and contractors
Abuse	<p>A form of maltreatment which includes physical, sexual and emotional harm or neglect.</p> <p>A person may abuse a child by inflicting harm or by failing to act to prevent harm. Children may be abused within their family, in an institutional or community setting, by those known to them, or, more rarely by a stranger.</p>
Early help	Providing support as soon as a problem emerges, at any point in a child's life, from the foundation years to teenage years.
Early Help Assessment (EHA)	A way of identifying the strengths and needs within a family in order to provide the right help and support at the right time.
Safeguarding	The action we take to promote the welfare of all children and prevent them from coming to any harm.
Child protection	The activity undertaken to protect specific children who are identified as suffering, or likely to suffer, significant harm. Child protection is one element of safeguarding.
Harm	The ill treatment or impairment of health and development, including impairment suffered from seeing or hearing the ill treatment of another.
Significant harm	The threshold that requires compulsory intervention in the family for the best interests of the child.
DSL	Designated Safeguarding Lead

Deputy DSL	Deputy Designated Safeguarding Lead
LADO	Local Authority Designated Officer
(L)SCB	(Local) Safeguarding Children Board
CIN / CIN Plan	Child in Need / Child in Need Plan (under s.17 Children Act 1989)
CP / CP Plan	Child Protection / Child Protection Plan (under s.47 Children Act 1989)
LAC	Looked After Child
CSE	Child Sexual Exploitation
CET	Child Exploitation Team (within Staffordshire Police)
FGM	Female Genital Mutilation
CME	Children Missing from Education
MASH	Multi Agency Safeguarding Hub
CSC	Children's Social Care
SRT	Safeguarding Referral Team (Stoke-on-Trent)

Child Protection and Safeguarding Policy

1 INTRODUCTION

- 1.1. Safeguarding children is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.
- 1.2. Our school is a community and all those directly connected with it - staff members, volunteers, governors, parents, families and pupils; have an essential role to play in making it safe and secure.
- 1.3. The governing body will ensure that Bentilee Nursery School has arrangements in place to safeguard and promote the welfare of pupils and will work together with other agencies to identify, assess and support those children who are suffering or likely to suffer harm.
- 1.4. This policy applies to all children (i.e. those who have not yet reached their 18th birthday;) who are pupils at this school or who visit /come into contact with our school community.
- 1.5. This policy applies to all members of staff in our school, including all permanent, temporary and support staff, governors, volunteers, contractors and external service or activity providers.

2. PURPOSE and AIM OF THIS POLICY

- 2.1. To promote and prioritise the safety and welfare needs of pupils.
- 2.2. To protect pupils from maltreatment and prevent the impairment of their health and development.
- 2.3. To ensure that pupils grow up in circumstances consistent with the provision of safe and effective care, enabling them to have the best outcomes in life.
- 2.4. To support pupils' development in ways that will foster security, confidence, resilience and independence.
- 2.5. To provide an environment in which pupils feel safe, secure, valued, respected, listened to, and confident to approach trusted adults if they are in difficulties.
- 2.6. To raise the awareness of all teaching and non-teaching staff and volunteers of their responsibilities to safeguard children.
- 2.7. To ensure that all members of the school community respond to cases of suspected abuse or neglect consistently, sensitively, professionally and in ways which best support the needs of the child.

3. OUR ETHOS

- 3.1. Our pupils welfare is our paramount concern and we will always act in the best interests of the child.

- 3.2. We accept that where safeguarding and child protection are concerned – *‘it could happen here.’*
- 3.3. We recognise the importance of providing a school environment where pupils feel safe and respected.
- 3.4. We encourage pupils to talk openly and to feel confident that they will be listened to.
- 3.5. We recognise that all adults within the school have a full and active part to play in protecting our pupils from harm and as such they will always exercise ‘professional curiosity.’
- 3.6. We will work closely with parents and carers to ensure their understanding of the school’s responsibilities to safeguarding and promote the welfare of their children, which may include the need to make referrals to other agencies in some situations.
- 3.7. We will work closely with other agencies to meet the needs of our pupils.

4. LEGAL FRAMEWORK

- 4.1. This policy and the accompanying procedures have been developed in accordance with the following legislation, statutory guidance and local safeguarding procedures:
- 4.2. **Section 175 of the Education Act 2002** places a duty on governing bodies of maintained schools and further education institutions (including sixth-form colleges) to make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.
- 4.3. **Section 157** of the same Act places the same duty on non-maintained and independent schools, including free schools and academies.
- 4.4. **Section 17 of the Children Act 1989** applies to children who have highly complex needs (for example a child with a disability;) or a child who may be experiencing compromised parenting and require Children’s Social Care involvement to ensure their needs are met through a Child in Need Plan.
- 4.5. **Section 47 of the Children Act 1989** applies to children who are suffering or likely to suffer significant harm and require Children’s Social Care involvement in order to ensure that they are protected from harm. A Child Protection plan is required which will be coordinated by a social worker.
- 4.6. **Section 10 of the Children Act 2004** requires all maintained schools, further education colleges and independent schools, including free schools and academies, to cooperate with the local authority to improve the well-being of children in the local authority area.
- 4.7. **Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children** (March 2015)
- 4.8. **Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges** (Sept 2016)
- 4.9. **Information Sharing** – Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)

4.10. **What to do if You're Worried a Child is Being Abused** (March 2015)

4.11. **Stoke-on-Trent Safeguarding Children Board Procedures**

<http://www.safeguardingchildren.stoke.gov.uk/ccm/portal/>

5. ROLES and RESPONSIBILITIES

- 5.1. **Designated Safeguarding Lead (DSL)** – This is the lead person with overall responsibility for safeguarding and child protection in our school. The DSL's responsibilities are described in **Appendix 1**.
- 5.2. The DSL is on our school's leadership team and their role as DSL is explicit in their job description. This person has the appropriate authority and is given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so; and to contribute to the assessment of children.
- 5.3. **Deputy Designated Safeguarding Leads** - We have one **Deputy DSL** to ensure there is appropriate cover for this above role at all times.
- 5.4. **Early Help Champion** - Our Early Help Champion is responsible for leading on, and supporting other staff to lead on, early help assessments and early help plans for children and their families requiring help and support that does not meet the threshold for involvement with Children's Social Care.
- 5.5. **Safeguarding Governor** – We have a nominated governor responsible for safeguarding who will champion good practice, liaise with the head teacher to provide support and challenge, ensure that safeguarding arrangements are audited and quality assured, and to provide information regarding safeguarding to the governing body. It is Ann Harvey.
- 5.6. **Manager for Dealing with Allegations** – The head teacher/principal is the person responsible for dealing with allegations of abuse made against school staff. The Manager for dealing with allegations against the head teacher is the chair of governors. The procedure for managing allegations is detailed in **Appendix 14**.
- 5.7. **Head Teacher / Principal** - will ensure that the policies and procedures adopted by the governing body are fully implemented and that sufficient resources and time are allocated to enable staff members to discharge their safeguarding responsibilities.
- 5.8. **The Governing Body** is collectively responsible for ensuring that safeguarding arrangements are fully embedded within the school's ethos and reflected in the school's day-to-day practice.
- 5.9. **All staff members, governors, volunteers and external providers** understand their responsibility to safeguard and protect children, know how to recognise signs and symptoms of abuse and neglect, how to respond to pupils who disclose, and what to do if they are concerned about a child.

6. SUPPORTING CHILDREN and YOUNG PEOPLE

- 6.1. We recognise that children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self-worth. They may feel helpless, humiliated and have some sense of blame. Our school may be the only stable, secure and predictable element in their lives.
- 6.2. In these circumstances, a pupils behaviour may range from that which is perceived to be 'normal' to behaviour which may be aggressive or withdrawn.

6.3. Our school will support all pupils by:-

- 6.4. ensuring the content of the curriculum includes social and emotional aspects of learning;
- 6.5. ensuring a comprehensive curriculum response to e-safety, enabling pupils and parents to learn about the risks of new technologies and social media and how to use these responsibly;
- 6.6. ensuring that child protection is included in the curriculum to help pupils stay safe, recognise when they do not feel safe, identify who they can talk to and where they can get help from;
- 6.7. ensuring access to a number of appropriate adults to approach if they are in difficulties;
- 6.8. building confidence, resilience and independence;
- 6.9. encouraging development of self-esteem and assertiveness while not condoning aggression or bullying;
- 6.10. ensuring repeated hate incidents, e.g. racist, homophobic, gender or disability-based bullying, are considered under child protection procedures;
- 6.11. liaising and working together with other support services and those agencies involved in safeguarding children; and
- 6.12. monitoring children who have been identified as having welfare or protection concerns and providing appropriate support.

7. CHILD PROTECTION and SAFEGUARDING PROCEDURE

- 7.1. We have developed a structured procedure in line with Stoke-on-Trent Safeguarding Children Board Procedures which will be followed by all members of the school community in cases of suspected abuse. This is detailed in **Appendix 8**.
- 7.2. The name of the DSL is clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse or neglect.
- 7.3. We will ensure all parents and carers are aware of the responsibilities of staff members to safeguard and promote the welfare of children by publishing the policy and procedures on our website and by referring to them in our introductory school materials.

- 7.4. In line with the procedures, the Safeguarding Referral Team (SRT) will be notified as soon as there is a significant concern (or the relevant Children's Social Care Team if there is already a social worker involved).

8. RECORD KEEPING

- 8.1. All child protection and welfare concerns will be recorded and kept in line with the Stoke-on-Trent Safeguarding Children Board guidance.
- 8.2. We will continue to support any pupil leaving the school about whom there have been concerns, by ensuring that all appropriate information, including child protection and welfare concerns, are forwarded under confidential cover to the pupil's destination school as a matter of priority.

9. SAFER WORKFORCE and MANAGING ALLEGATIONS AGAINST STAFF and VOLUNTEERS

- 9.1. We prevent people who pose risks to children from working in our school by ensuring that we undertake safeguarding checks in line with the statutory guidance - *Keeping Children Safe in Education: September 2016*.
- 9.2. We ensure that agencies and third parties supplying staff provide evidence that they have made the appropriate level of safeguarding checks on individuals working in our school.
- 9.3. Every job description and person specification has a clear statement about the safeguarding responsibilities of the post holder.
- 9.4. We ensure that at least one member of every interview panel has completed safer recruitment training.
- 9.5. We have a procedure in place to handle allegations against members of staff and volunteers in line with *Keeping Children Safe in Education: Sept 2016* and *Stoke-on-Trent Safeguarding Children Board Procedure: Managing Allegations against Adults Working with Children and Young People*. This procedure is detailed in **Appendix 14**.

10. STAFF INDUCTION, TRAINING and DEVELOPMENT

- 10.1. All new members of staff, including newly-qualified teachers, teaching assistants and supply staff, will be given induction that includes basic child protection training on how to recognise signs of abuse, how to respond to any concerns, e-safety and familiarisation with the safeguarding and child protection policy, staff code of conduct, and Part 1 of *Keeping Children Safe in Education: 2016*.
- 10.2. All staff/ volunteers backgrounds are checked and registered on the Single Central Record to ensure they are suitable to work with children.
- 10.3. The induction will be proportionate to staff members' roles and responsibilities.
- 10.4. The DSL will undergo updated relevant safeguarding training every two years.
- 10.5. All staff members of the school will undergo level 1 face to face safeguarding and child protection training (whole-school training) at least every three years.

- 10.6. In addition to level 1 safeguarding training every 3 years, all staff will also receive annual safeguarding and child protection updates (for example via e-mail, e-bulletins, staff meetings; briefing sessions or training;) as required, but at least annually, to provide them with the relevant skills and knowledge to safeguard pupils effectively. This may be provided by the DSL or other member of the senior leadership team.
- 10.7. Staff members who miss the whole-school training will be required to join another school's whole-school training or attend an 'open session.'
- 10.8. Governors will undergo face to face 'Introduction to Safeguarding for Governors' training, prior to or soon after appointment to the role.
- 10.9. We will ensure that staff members provided by other agencies and third parties, e.g. supply teachers and contractors, have received appropriate child protection training commensurate with their roles before starting work. They will be given the opportunity to take part in whole-school training if it takes place during their period of work for the school.
- 10.10. The school will maintain accurate records of staff induction, training and annual updates.

11. CONFIDENTIALITY, CONSENT AND INFORMATION SHARING

- 11.1. We recognise that all matters relating to child protection are confidential.
- 11.2. The head teacher or DSL will disclose any information about a pupil to other members of staff on a need-to-know basis only.
- 11.3. Staff members cannot promise a pupil to keep 'secrets' which might compromise their safety or well-being, or the safety and well-being of others.
- 11.4. All staff members have a professional responsibility to share information with other agencies in order to safeguard children, and the Data Protection Act is not a barrier to this.
- 11.5. All our staff members who come into contact with pupils will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children's welfare.
- 11.6. We will ensure that staff members are confident about what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent. This is covered in greater detail in **Appendix 11**.

12. INTER-AGENCY WORKING

- 12.1. We will develop and promote effective working relationships with other agencies, including agencies providing early help services, as well as the police and Children's Social Care.
- 12.2. We will ensure that relevant staff members participate in multi-agency meetings, including early help meetings, child protection conferences and core groups.
- 12.3. We will participate in serious case reviews, other reviews and file audits as and when required to do so by Stoke-on-Trent Safeguarding Children Board. We will ensure that we have a clear process for gathering the evidence required for reviews and audits, embedding recommendations into practice and completing required actions within agreed timescales.

13. CONTRACTORS, SERVICE / ACTIVITY PROVIDERS and WORK PLACEMENT PROVIDERS

- 13.1. We will ensure that contractors and providers are aware of our school's safeguarding and child protection policy and procedures. We require that employees and volunteers provided by these organisations use our procedure to report concerns.
- 13.2. We will seek assurance that employees and volunteers provided by these organisations and working alongside our pupils have been subjected to the appropriate level of safeguarding check in line with *Keeping Children Safe in Education: Sept 2016*. If assurance is not obtained, permission to work with our children or use our school premises will be refused.
- 13.3. When we commission services from other organisations, we will ensure that compliance with our policy and procedures is a contractual requirement, along with the requirement for them to have undertaken safeguarding training appropriate to their role.

14. WHISTLE-BLOWING and COMPLAINTS

- 14.1. We cannot expect pupils to raise concerns in an environment where staff members fail to do so.
- 14.2. Therefore we will ensure that all staff members are aware of their duty to raise concerns, where they exist, about the management of safeguarding and child protection, which may include the attitude or actions of colleagues. If necessary, they will speak with the head teacher, the chair of the governing body or with the Local Authority Designated Officer (LADO).
- 14.3. We have a Whistle Blowing Policy which is available to all staff.
- 14.4. We have a clear reporting procedure for children, parents and other people to report concerns or complaints, including abusive or poor practice.
- 14.5. We will actively seek the views of children, parents and carers and staff members on our child protection arrangements through surveys, questionnaires and other means.

15. SITE SECURITY

- 15.1. All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting any issues or concerns that may come to light.
- 15.2. We check the identity of all visitors coming into school. Visitors are expected to sign in and out of the school and to display a visitor's badge while on the school site. Any individual who is not known or identifiable will be challenged for clarification and reassurance.
- 15.3. The school will not accept the behaviour of any individual, (parent, professional or anyone else;) that threatens school security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse that person access to the school site.

16. QUALITY ASSURANCE

- 16.1. We will ensure that systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures. This will include periodic audits of child protection files and records by the DSL.
- 16.2. We will complete a safeguarding audit of the school's safeguarding arrangements at frequencies specified by Stoke-on-Trent Safeguarding Children Board and using the audit tool provided by them for this purpose.
- 16.3. The school's senior leadership team and the governing body will ensure that action is taken to remedy without delay any deficiencies and weaknesses identified in child protection arrangements.

17. POLICY REVIEW

- 17.1. This policy and the procedures will be reviewed every academic year. All other linked policies will be reviewed in line with the policy review cycle.
- 17.2. The DSL will ensure that staff members are made aware of any amendments to policies and procedures.

18. ASSOCIATED POLICIES and PROCEDURES

- 18.1. The following policies and procedures are relevant to the child protection and safeguarding policy and procedure.
 - Administration of Medicines Policy
 - Anti-Bullying Policy
 - Attendance Policy
 - Behaviour Policy
 - Children Missing from Education Policy and Procedures
 - Complaints procedure
 - Drug and Alcohol Education Policy
 - E-safety Policy
 - Equalities Policy
 - Health and Safety Policy and other linked policies and risk assessments
 - ICT Acceptable Use Policy
 - Keeping Records of Child Protection and Welfare Concerns: Guidance for Early Years Settings, Schools and Colleges
 - Offsite Activities and Educational Visits Policy and risk assessments
 - Positive Handling and Physical Intervention Policy and Guidance
 - PSHEe Policy
 - Pupil Images Policy
 - Recruitment and Selection Policy and procedures
 - Sex and Relationship Education Policy

- Social Media Policy
- Special Educational Needs and Disabilities Policy
- Spiritual, Moral, Social and Cultural Development Policy
- Staff code of conduct/behaviour policy
- Intimate care policy

APPENDIX 1 - The role of the Designated Safeguarding Lead

1 MANAGING REFERRALS – the Designated Safeguarding Lead:-

- 1.1. Has a good understanding of Stoke-on-Trent and Staffordshire's **windscreen threshold model** to ensure that children and families get the right support and intervention at the right time.
- 1.2. Refers all cases of suspected abuse and neglect to Stoke-on-Trent's Safeguarding Referral Team (SRT) and to the Police if a crime may have been committed.
- 1.3. Liaises with the head teacher (if DSL is not the head teacher;) about safeguarding issues relating to individual children, especially on-going enquiries under section 47 of the Children Act 1989.
- 1.4. Acts as a source of support, advice and expertise to staff members on matters of child protection and safeguarding.
- 1.5. Liaises with agencies providing targeted early help services and coordinates referrals from the school to early help services for children and families in need of support.

2. RECORD KEEPING – the Designated Safeguarding Lead:-

- 2.1. Keeps written records of child protection and welfare concerns in line Stoke-on-Trent Safeguarding Children Board guidance.
- 2.2. Creates a stand-alone file for pupils with safeguarding concerns, including attendance and progress. (*on the first day of absence or any concerns- record and report*).
- 2.3. Maintains a chronology of significant incidents for each pupil with safeguarding concerns.
- 2.4. Ensure such records are kept confidentially and securely and separate from the pupil's educational record.
- 2.5. Ensure arrangements to hand over the child protection file of a pupil transferring to another school, are made without delay. The DSL will verbally advise the DSL of the destination school of the concerns and make arrangements to securely and confidentially hand over the file.

2.6. Where the destination school is too far for the DSL to do a personal handover, the file will be sent separate from the pupils education file and by secure courier. The DSL will retain evidence to demonstrate how the file has been transferred, and will require a receipt from the destination school.

3. INTER-AGENCY WORKING and INFORMATION SHARING – the Designate Safeguarding Lead:-

3.1. Cooperates with Children’s Social Care for enquiries under section 17 and section 47 of the Children Act 1989.

3.2. Attends, or ensures other relevant staff members’ attendance at early help meetings, child protection conferences, core group meetings, child in need meetings and other multi agency meetings as required.

3.3. Liaises with other agencies working with the child, shares information as appropriate and contributes to assessments.

3.4. Ensures each member of staff has access to and understands the school’s safeguarding and child protection policy and procedures, including providing induction on these matters to new staff members.

3.5. Makes the safeguarding and child protection policy and procedures available publicly.

3.6. Raises awareness of parents and carers of the existence of the safeguarding and child protection policy, in particular that information may be shared with other agencies, cases of suspected abuse and neglect will be referred to Children’s Social Care, and the role of the school in any investigations that ensue.

4. TRAINING – the Designated Safeguarding Lead:-

4.1. Undertakes appropriate safeguarding training **every two years**, in order to:-

- be able to recognise signs of abuse and how to respond to them, including special circumstances such as child sexual exploitation, female genital mutilation, challenging extremism, etc;
- understand the assessment process for providing early help and intervention, e.g. Stoke-on-Trent’s Staffordshire’s Safeguarding Thresholds e.g. windscreen model and early help
- have a working knowledge of how the local authority conducts initial and review child protection conferences and contribute effectively to these;
- be alert to the specific needs of children in need (as specified in section 17 of the Children Act 1989), those with special educational needs, pregnant teenagers and young carers.

4.2. Organises whole-school SCB level 1 safeguarding training for all staff members at least **every three years**.

- 4.3. Ensures staff members who miss the training receive it by other means, e.g. by joining an open session or another school's training.
- 4.4. Provides an annual briefing / update / training session to the whole school on any changes to child protection legislation and procedures (internally, locally or nationally;) relevant learning from local and national serious case reviews; or awareness raising regarding any safeguarding issues or themes emerging locally or nationally.
- 4.5. Links with Stoke-on-Trent Safeguarding Children Board to identify appropriate training opportunities for relevant staff members.
- 4.6. Ensures the school allocates time and resources every year for relevant staff members to attend training.
- 4.7. Encourages a culture of listening to children and taking account of their wishes and feelings in any action the school takes to protect them.
- 4.8. Maintains accurate records of staff induction, staff training and staff briefings.
- 4.9. **Designated Safeguarding Lead is required to undertake the following training :-**

Level of training	Course title	Frequency	Notes
Level 1	Safeguarding Children Face to face session delivered by SCB approved trainer	Every 3 years as part of whole school update	This must be completed irrespective of any other training undertaken. If you commission a level 1 course that is NOT APPROVED by Stoke-on-Trent SCB, it may not be sufficiently in depth for Ofsted. SCB Level 1 workbook accompanying the course should be retained for Ofsted.
Level 2	Level 2 Working Together to Safeguard Children – multi agency (full 3 days)	No requirement to renew providing some safeguarding training is undertaken every 2	This course can only be delivered face to face in a multi-agency setting to be compliant.

		years.	DSLs who wish to refresh this course need undertake day 1 only.
			(NB level 2 training to be compliant, it cannot be done online or as a whole school.)
Level 3	Subject specific courses relevant to needs of school community. Suggested :- <ul style="list-style-type: none"> • Child sexual exploitation • Female genital mutilation • Prevent/challenging extremism • E-safety • Forced marriage • Designated Safeguarding Lead training 	No requirement to renew level 3 courses providing some safeguarding training is undertaken every 2 years.	See SCB Training Prospectus for additional relevant courses
Level 4	<ul style="list-style-type: none"> • Managing Allegations against Staff and Volunteers training 	No requirement to renew level 4 courses providing some safeguarding training is undertaken every 2 years.	
ANNUAL UPDATES	DSLs must update their knowledge and skills regularly and at least annually (via e-bulletins, meeting other DSLs or taking time to read and update themselves;) on safeguarding developments relevant to their role.		

Keeping Children Safe in Education 2016,

5. QUALITY ASSURANCE – the Designated Safeguarding Lead:-

- 5.1. Reviews the safeguarding and child protection policy and procedures annually and liaises with the school's governing body to update and implement them.
- 5.2. Monitors the implementation of and compliance with policy and procedures, including periodic audits of child protection and welfare concern files (at least once a year).

- 5.3. Completes an audit of the school's safeguarding arrangements at frequencies specified by Stoke-on-Trent Safeguarding Children Board.
- 5.4. Remedies any deficiencies and weaknesses identified in child protection arrangements.
- 5.5. Provides regular reports to the governing body detailing changes and reviews to policy, training undertaken by staff members and the number of children with child protection plans and other relevant data.

APPENDIX 2 - Categories of abuse

1. Abuse and neglect are forms of maltreatment. Someone may abuse or neglect a child by inflicting harm, by failing to act to prevent harm or by failing to meet a child's basic needs. Children may be abused within the family or in an institutional or community setting; by those known to them or by strangers; and increasingly, via the internet. They may be abused by an adult or adults or another child or children.
2. **EMOTIONAL ABUSE**
 - 2.1. Emotional abuse is the persistent emotional maltreatment of a child such that it causes severe and persistent adverse effects on the child's emotional development.
 - 2.2. Some level of emotional abuse is involved in all types of maltreatment, although it may also occur alone.
 - 2.3. Emotional abuse may involve:-
 - making a child feel worthless, unloved, inadequate, or valued only insofar as they meet the needs of another;
 - inappropriate age or developmental expectations;
 - overprotection and limitation of exploration, learning and social interaction;
 - seeing or hearing the ill treatment of another, e.g. domestic abuse;
 - high criticism and low warmth;
 - serious bullying (including cyberbullying;)
 - exploitation or corruption
3. **NEGLECT**
 - 3.1. 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.
 - 3.2. Neglect may occur during pregnancy as a result of maternal substance misuse.
 - 3.3. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.4. Once a child is born, it 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;)
- provide access to appropriate medical care or treatment.

4. **PHYSICAL ABUSE**

4.1. Physical abuse is deliberately hurting a child, causing physical harm and injuries such as bruises, broken bones, burns or cuts.

4.2. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

4.3. Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child.

5. **SEXUAL ABUSE**

5.1. 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.

5.2. Activities may involve physical contact, including penetration of any part of the body, or non-penetrative acts.

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

5.4. Sexual Exploitation is also sexual abuse – see **appendix 4** (specific safeguarding issues.)

APPENDIX 3 – More detailed-Signs and symptoms of abuse

- 1.1. The most important sign/symptom of abuse or neglect is a disclosure from a pupil, and this will always be taken seriously.
- 1.2. Signs and symptoms can often appear in a cluster. Serious case reviews have found that parental substance misuse, domestic abuse and parental mental health problems (known collectively as the ‘toxic trio’) coexisting in a family can increase the risks to children.
- 1.3. Pupils may show symptoms from one, all, or none of the categories, but staff will be vigilant to anything unusual displayed by the pupil. Many of the indicators below may be caused by other factors not connected to any form of abuse. However, if concerned, staff will always exercise professional curiosity and will share concerns with the DSL.
- 1.4. The following table gives some examples of what staff may see or hear, but this is not an exhaustive list and should not be used as a checklist.

<p>Signs of potential PHYSICAL ABUSE</p>	<ul style="list-style-type: none"> • Bruise marks consistent with either straps or slaps • Undue fear of adults - fear of going home to parents or carers • Aggression towards others • Unexplained injuries or burns – particularly if they are recurrent (and especially in non-mobile babies) • Any injuries not consistent with the explanation given for them • Injuries that occur on parts of the body which are not normally exposed to falls, rough games • Injuries to the side of the face, the ear, the neck • Black eyes, particularly bilateral • Reluctance to change for, or participate in games or swimming • Bruises, bites, burns, fractures etc which do not have an accidental/satisfactory explanation • Cuts/scratches in areas that would be difficult to do accidentally • Injuries to the soft tissue area • Hitting (with the hand or implement) smacking, punching, kicking, slapping, twisting/pulling ear, hair or fingers, holding/squeezing with a tight grip, biting, and burning • Fabricated or induced illness
<p>Signs of potential NEGLECT</p>	<ul style="list-style-type: none"> • Exposure to danger • Lack of supervision • Under nourishment and subsequent failure to grow and thrive • Constant hunger • Stealing or gorging food • Untreated illnesses • Inadequate care • Injuries that have not received medical attention • Non-attendance for health appointments • Inadequate/inappropriate clothing • Poor standards of hygiene

	<ul style="list-style-type: none"> • Unsafe home environment • Persistent lack of attention, warmth or praise
<p>Signs of potential EMOTIONAL ABUSE</p>	<ul style="list-style-type: none"> • Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. • Depression / aggression, extreme anxiety • Nervousness, frozen watchfulness • Obsessions or phobias • Sudden under-achievement or lack of concentration • Inappropriate relationships with peers and/or adults • Attention-seeking behaviour • Persistent tiredness • Running away / stealing / lying • Parent humiliating, taunting or threatening child • Persistent lack of attention, warmth or praise. • Shouting / yelling at a child • Copying or role playing abuse seen in the home (ie domestic violence) • Radicalisation – use of inappropriate language, violent extremist literature, the expression of extremist views, advocating violent action
<p>Signs of potential SEXUAL ABUSE</p>	<ul style="list-style-type: none"> • Use of language that is inappropriate for age / stage of development • Sexual knowledge inappropriate for their age / stage of development • Child with excessive preoccupation with sexual matters • Regularly engages in age inappropriate sexual play • Wariness on being approached • Soreness or unexplained rashes or marks in the genital areas • Pain on urination • Difficulty in walking or sitting • Stained or bloody underclothes • Recurrent tummy pains or headaches • Bruises on inner thigh or buttock • Any allegations made by a child concerning sexual abuse • Sexual activity through words, play or drawing • Child displaying 'sexually inappropriate' behaviour towards adults • Inappropriate bed-sharing arrangements at home • Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations • Eating disorders - anorexia, bulimia • Telling you about being asked to 'keep a secret' • Dropping hints or clues about abuse. • Unaccounted sources of money or gifts <p>• See also Sexual Exploitation at appendix 4</p>

APPENDIX 4 – Specific safeguarding issues

- 1.1. School staff members need to be aware of specific safeguarding issues and be alert to any risks.
- 1.2. Stoke-on-Trent Safeguarding Children Board Procedures, Section D has detailed information about specific issues such as child sexual exploitation, fabricated or induced illness, female genital mutilation, private fostering etc, and the local procedures for responding to risks.

<http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/d---cyp-specific-circumstances.en>

- 1.3. The government website, [GOV.UK](http://www.gov.uk) has broad government guidance on a variety of issues. The following is not a comprehensive list and staff members should search the GOV.UK website and *Stoke-on-Trent Safeguarding Children Board Procedures* for advice on other issues:-

- Bullying including cyber bullying
- Children missing from home or care
- Children missing from education
- Child sexual exploitation (CSE)
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- Hate
- Mental health
- missing children and adults strategy
- Private fostering
- Preventing radicalisation and the Prevent duty
- Teenage relationship abuse
- Sexting
- Trafficking

2. CHILDREN MISSING FROM EDUCATION

- 2.1. Bentilee Nursery School recognises the need to ensure that pupils attend school regularly and protect those who may go missing from education. The school will follow the policy and guidance issued by Stoke-on-Trent City Council on Children Missing from Education (CME) which can be found at:-
www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/education/education.en
- 2.2. All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. We have a duty to work with local authorities to establish the identity of children of compulsory school age who are missing education in their area. A child going missing from education is a potential indicator of abuse or neglect.
- 2.3. We have an admission and attendance register and all pupils are placed on both registers.
- 2.4. We will work collaboratively with the local authority (and other agencies where appropriate) to share information about attendance.
- 2.5. If a registered pupil is continuously absent for two weeks without explanation, or fails to return from a holiday, the school will follow the normal procedures for investigating pupil absence (ie telephone calls, letters, invitations to meetings at the school etc). If, after further enquiries, the child has not returned to school after a total of no more than two weeks, the matter will be referred to the Local Authority.
- 2.6. If a pupil suddenly ceases to attend without prior warning, and their whereabouts cannot be established, the school will immediately notify the Local Authority. If there are any reasons to be concerned for the child's safety, including any past history of concern, this will be raised immediately as a referral under Safeguarding Children Board procedures.

3. CHILD SEXUAL EXPLOITATION (CSE)

- 3.1. Bentilee Nursery school recognises the need to protect children and young people from sexual exploitation.
- 3.2. We will follow the Safeguarding Children Board procedure which can be found at:-
http://webapps.stoke.gov.uk/uploadedfiles/D14_Child_Sexual_Exploitation_Sept_14.pdf
- 3.3. Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. CSE may sometimes involve violent, humiliating and degrading sexual assaults. Children may be persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn't always involve physical contact and can happen online.
- 3.4. **Consent cannot ever be given**, irrespective of the child's age and even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. It is not uncommon for children and young people not to realise that they are being exploited.

3.5. What marks out sexual exploitation is an imbalance of power in the relationship, which may involve varying degrees of coercion, enticement or intimidation, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming.

3.6. Some of the following signs may be indicators of sexual exploitation:-

- Children with unexplained gifts or new possessions;
- Having multiple mobile phones and worrying about losing contact via mobile phone;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Inappropriate sexual or sexualised behaviour;
- Sexual activity/underage sexual activity;
- Sexually risky behaviour, 'swapping' sex;
- Seen at known places of concern;
- Involved in abusive relationships;
- Intimidated and fearful of certain people or situations;
- Hanging out with groups of older people, or anti-social groups, or with other vulnerable peers or known perpetrators;
- 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;
- Injuries from physical assault, physical restraint, sexual assault.

3.7. Where a member of staff sees one or more of these indicators, or otherwise has cause for concern, this information will be recorded and passed, without delay, to the DSL following usual safeguarding procedures.

3.8. We will use the Sexual Exploitation Risk Factor Matrix to identify pupils at low, medium or high risk of sexual exploitation. The Matrix can be found at section 14 – link below:-

www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/d--cyp-specific-circumstances.en

3.9. Pupils will be referred to the CSE Panel if deemed appropriate, following completion of the Risk Factor Matrix.

3.10. We will also share information with Staffordshire Police Child Exploitation Team to contribute to their intelligence gathering to prevent and detect cases of CSE; so even apparently minor pieces of information should be given to the DSL.

- Staffordshire Police CSE Information Report form can be found at **appendix 16**.

3.11. The following local agencies may be contacted to support children and young people:-

- **Base 58** - a specialist project supporting children at risk of, or experiencing sexual exploitation.
Tel:- 01782 286862 or email: info@brighter-futures.org.uk
- **Savanna** - a specialist project supporting people of all ages who have experienced or been affected by any sort of sexual violence.
Tel:- 01782 433204 or email: info@savana.org.uk

4. FEMALE GENITAL MUTILATION (FGM)

- 4.1. Bentilee Nursery School recognises its duty to protect children and young people against the practice female genital mutilation and to immediately report to the police, under section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) where it is known that FGM has been carried out on a child.
- 4.2. We will follow the Safeguarding Children Board procedure which can be found at:-
<http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/f-vulnerable-cyp.en>
- 4.3. Female Genital Mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.
- 4.4. Girls who are threatened with, or who have undergone FGM may withdraw from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally; they may appear anxious, depressed and emotionally withdrawn; present a sudden decline in her performance, aspirations or motivation.

4.5. Signs that may indicate FGM is planned:-

- Child talking about getting ready for a special ceremony, procedure or celebration either abroad or in the UK;
- Family taking a long trip abroad;
- Child's family being from one of the 'at risk' communities for FGM (examples include Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan;)
- Knowledge that the child's sibling has undergone FGM;
- Child talks about going to be 'cut'
- Child talks about preparing for marriage or preparing to become a woman;

(Nb – families travelling abroad for long holidays is not in itself unusual, and not all families from the above named countries will practice FGM.)

4.6. Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities;

- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued;
- Bladder or menstrual problems;
- Finding it difficult to sit still and looking uncomfortable;
- Complaining about pain between the legs;
- Mentioning something somebody did to them that they are not allowed to talk about;
- Secretive behaviour, including isolating themselves from the peers;
- Reluctance to take part in physical activity;
- Repeated urinal tract infection;
- Disclosure.

4.7. Where a member of staff sees one or more of these indicators, or otherwise has cause for concern, this information will be recorded and passed on without delay to the DSL following usual safeguarding procedures.

4.8. Multi-agency statutory guidance on female genital mutilation can be found at:-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

4.9. NSPCC FGM helpline can be contacted on 0800 028 3550 or use the NSPCC email address to request support at: fgmhelp@nspcc.org.uk

5. FORCED MARRIAGE

5.1. Bentilee Nursery School recognises the need to protect children and young people against forced marriage.

5.2. We will follow the Safeguarding Children Board procedure which can be found at:-

http://webapps.stoke.gov.uk/uploadedfiles/D07_Forced_Marriage_Nov_15.pdf

5.3. A clear distinction must be made between a forced marriage and an arranged marriage. A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties (and is therefore very different to an arranged marriage.)

5.4. A forced marriage may be between children, a child and an adult, or between adults, and both males and females can be forced to marry against their will.

5.5. In referring to children, we refer to both primary and secondary school age children.

5.6. A forced marriage is considered to be domestic violence.

5.7. One Chance Rule - Where there are concerns about forced marriage, we will not speak to the family as professionals may only have one chance to speak to a potential victim and we therefore must ensure that the appropriate intervention, response and support is initiated.

5.8. Staff will pass any concerns immediately to the DSL and child protection procedures will be activated.

5.9. Further guidance advice and support can be found at:

Forced Marriage Unit - Telephone: 020 7008 0151 or e-mail: fmf@fco.gov.uk

6. PREVENTING RADICALISATION

6.1. Bentilee Nursery School recognises the need to protect children and young people against the messages of all violent extremism including that linked to Far Right / Neo Nazi / White Supremacist, Al Qaeda / ISIS ideologies; Irish Nationalist and Loyalist paramilitary groups, and that linked to Animal Rights movements.

6.2. We also recognise the statutory duty placed upon us by s26 of the Counter-Terrorism and Security Act 2015, in having due regard to preventing people from being drawn into terrorism, referred to as the "Prevent Duty".

6.3. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.

6.4. Extremism is defined as a vocal or active opposition to fundamental British values of democracy; the rule of law; individual liberty and mutual respect for different faiths and beliefs.

6.5. There is no place for extremist views of any kind in our school, whether from internal sources – pupils, staff or governors, or external sources - school community, external agencies or individuals.

6.6. Our curriculum is broad and balanced, promoting respect, tolerance and diversity. Children are encouraged to share their views and recognise that they are entitled to have their own different beliefs which should not be used to influence others.

6.7. We actively promote the spiritual, moral, social and cultural development of our pupils, in line with Promoting Fundamental British Values as part of SMSC in Schools DfE 2014

6.8. Potential indicators of a child is at risk of being radicalised or exposed to extreme views might include:-

- Spending increasing time in the company of other suspected extremists.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with an extremist group, cause or ideology.

- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person, which may include physical or verbal assault; provocative behaviour; derogatory name calling; prejudice related ridicule or name calling; refusal to co-operate; attempts to recruit to prejudice-related organisations; or condoning or supporting violence towards others.

6.9. If staff become aware that a child is vulnerable to being radicalised or exposed to extreme views, (including peer pressure, pressure from family members or other people, or via the internet;) this will be reported directly to the DSL.

6.10. The DSL will liaise with other appropriate agencies, and make referrals directly to the Channel Panel if deemed necessary, at prevent@staffordshire.pnn.police.uk

6.11. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Engagement with the programme is entirely voluntary but we will encourage and support engagement at all stages.

7. PRIVATE FOSTERING

7.1. Bentilee Nursery School recognises its duty to notify Childrens Social Care if a child is living in a private fostering arrangement.

7.2. Private fostering refers to a situation where a child or young person under 16 years of age (under 18, if they are disabled;) is being cared for by someone other than a parent or close relative for 28 days or more. (Close relatives are defined as grandparents, aunty, uncle or older sibling.) Carers may be members of the extended family (e.g. cousin, great aunt), friends of the family, or someone the child doesn't know.

7.3. This can include children sent from abroad to stay with family members, teenagers who may be living with the family of a friend, boyfriend or girlfriend and those living short term with host families while they take a course of study.

7.4. All staff are responsible for asking questions to clarify family arrangements if there is a change of living arrangements / person caring for the child; of if the relationship between the child and carer of the living arrangements are unclear, confusing or concerning.

7.5. Staff should also follow up any discussion with pupils about living arrangements which are unclear, confusing or concerning.

7.6. If a member of staff becomes aware that a pupil may be living in a Private Fostering arrangement, they will report this without delay to the DSL.

7.7. The DSL will encourage the parent/ carer to info

7.8. rm the Local Authority. Additionally we will report the private fostering arrangements to the Local Authority by contacting the Safeguarding Referral Team on 01782 235100.

8. ANTI BULLYING

- 8.1. Bentilee Nursery School has zero tolerance with regards to bullying and we have an Anti-Bullying Policy which is set out in a separate document. This policy relates to all forms of bullying including cyber, racist, homophobic and gender related bullying.
- 8.2. The subject of bullying is addressed at regular intervals in the personal, social and health education (PSHE) curriculum and anti-bullying assemblies.
- 8.3. If the bullying is particularly serious, or the anti-bullying procedures are deemed to be ineffective, the Headteacher and the DSL will consider implementing child protection procedures.
- 8.4. Staff members will neither allow nor condone bullying. To do so may lead to consideration under child protection and disciplinary procedures.

9. E-SAFETY

- 9.1. Bentilee Nursery School recognise our responsibility for online safety and we have an E-Safety Policy which is set out in a separate document and explains how we try to keep pupils safe in school.
- 9.2. Most of our pupils will use mobile phones and computers at some time. Whilst the internet can be a fantastic place for them to talk to friends, be creative and have fun, we know that some people will use these technologies to harm others. This can range from sending hurtful or abusive texts and emails, to enticing children to engage in sexually harmful conversations, webcam photography, sexting or face-to-face meetings.
- 9.3. Chatrooms and social networking sites are the more obvious sources of inappropriate and harmful behaviour and pupils are not allowed to access these sites in school.
- 9.4. Cyber-bullying by pupils, via texts and emails, will be treated as seriously as any other type of bullying and will be managed through our anti-bullying procedures.
- 9.5. We have systems in place to prevent pupils being exposure to harm online. We have filters and monitoring systems in place which are regulated and risk assessed.
- 9.6. If we become aware that a pupil may be accessing materials inappropriate to their age, (including Facebook if under 13 years of age;) sending inappropriate e-mails, texts or images; or playing on games that are unsuitable (for example, games which have an 18 certificate;) we will contact parents to discuss our concerns and to raise parents awareness about the potential risk to their children and our duties to safeguard, which may involve referral to other agencies.
- 9.7. If staff become aware that a pupil is vulnerable to harm online, this will be reported immediately to the DSL and safeguarding procedures will be implemented.

APPENDIX 5 – Allegations of abuse made against other pupils

- 1.1. Bentilee Nursery School believe that all pupils have a right to attend school and learn in a safe environment, free from harm by adults or other pupils.
- 1.2. We recognise that some pupils will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the **Behaviour Policy**.
- 1.3. Occasionally, allegations may be made against pupils by others in the school, which are of a safeguarding nature. Safeguarding allegations may include physical abuse, emotional abuse, sexual abuse and sexual exploitation.
- 1.4. To be considered a safeguarding allegation against a pupil, it is likely that some of the following features will be found:-

The allegation:-

- is made against a pupil in relation to their behaviour towards a more vulnerable pupil;
 - is of a serious nature, possibly including a criminal offence;
 - raises risk factors for other pupils in the school;
 - indicates that other pupils may have been affected by this pupil and their actions;
 - indicates that children/young people outside the school may be affected by this pupil.
- 1.5. Examples of a safeguarding allegation against a pupil could include (but are not limited to):-
 - Physical Abuse – for example, violence (particularly pre-planned;) or forcing others to use drugs or alcohol;
 - Emotional Abuse – for example, blackmail or extortion, threats and intimidation;
 - Sexual Abuse – for example, indecent exposure, indecent touching or serious sexual assault, forcing others to watch pornography or take part in sexting;
 - Sexual Exploitation – for example, encouraging other children to attend inappropriate parties; encouraging, photographing or filming other children performing sexual or indecent acts.
 - 1.6. Where pupils are involved in gang activity, older pupils may attempt to recruit younger pupils using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people.

2. Minimising the risk of safeguarding concerns presented by a pupil.

- 2.1. On occasion, a pupil may present a safeguarding risk to other pupils.
- 2.2. When an allegation is made by a pupil against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the DSL should be informed.

- 2.3. A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- 2.4. The DSL may contact the locality social worker or other relevant agency to discuss the case. It is possible that Children's Social Care are already aware of safeguarding concerns around this young person.
- 2.5. The DSL will follow through the outcomes of the discussion and make any referrals necessary, keeping a record of the concern, the discussion and any outcome in the files of both pupils.
- 2.6. If the allegation indicates a potential criminal offence has taken place, the police will be contacted at the earliest opportunity and parents informed (of both the pupil being complained about and the alleged victim).
- 2.7. Where neither Children's Social Care nor the police accept the complaint, a thorough school investigation will take place into the matter using the school's usual disciplinary procedures.
- 2.8. In situations where the school considers a safeguarding risk is present, a risk assessment should be undertaken and an individual risk management plan will be put in place to ensure that other pupils are kept safe and that the pupil concerned does not become a target for malicious allegations.
- 2.9. The plan will be reviewed continuously and a date set for a follow-up evaluation with everyone concerned.

APPENDIX 6 – Thresholds- incorporating The windscreen threshold model

Introduction

Welcome to the Stoke-on-Trent and Staffordshire Safeguarding Children Board (SSSCB) multi-agency guidance on accessing the right help and support for children, young people and their families at the right time. All children and young people have the right to be protected from harm and to have the opportunity to achieve their full potential.

This guidance for thresholds of need and intervention underpins the local vision to provide support for children and families at the earliest opportunity - right through to specialist and statutory interventions when it is needed to promote the welfare and safety of children and young people. It aims to offer a clear framework and a common understanding of thresholds of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required to effectively support children, young people and their families or carers.

The SSSCB Threshold Framework 'Accessing the Right Help at the Right Time' is the overarching document for the whole of the children and young people's workforce in Stoke-on-Trent and Staffordshire. This multi-agency threshold framework is a guidance tool that all agencies, professionals and volunteers can use to consider how best to meet the needs of individual children and young people¹.

There are four levels that take into account the different stages of need and types of intervention which are available for children, young people and their families who can move across the levels at different times of their lives or at different times during agencies' contact with them. This support can be provided on a single agency basis or a multi-agency basis.

The service response is directed at reducing risk and vulnerability and meeting needs at the appropriate level of support and / or intervention. Access to effective early help and prevention services is essential to achieving this.

Universal Plus / Earliest Help

Children with universal plus / earliest help needs are best supported by those who already work with them such as health professionals, children's centres, school settings, organising additional support with local partners as needed. This can be through an Early Help Assessment.

What is Early Help?

"Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one agency (e.g. education, health, housing, police) there should be a multi-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and the services to be provided and identify what help the children and family require to prevent needs escalating to the point where intervention would be needed through a statutory assessment under the Children Act 1989" [Click here to visit Working Together to Safeguard Children 2018](#).

Early Help refers to providing support early in the life of a problem, which could mean in the early years of a child's life but could be at any point in the life of a child. It is important that once need has been identified; the appropriate agencies intervene early to prevent difficulties from escalating or becoming entrenched. Consent must always be sought from parent / carer / young person to carry out an early help assessment.

¹ As set out in [Working Together 2018](#)

In Stoke-on-Trent and Staffordshire our ambition is to provide consistent access to Early Help delivered by a co-ordinated partnership including the private, voluntary and independent sector as well as statutory partners as soon as needs are identified.

An Early Help Assessment can be used by all agencies to provide a holistic view of the needs within the family and can be used to inform statutory assessments where needs require targeted support / specialist intervention.

Completing an Early Help Assessment should not delay the process if a professional is concerned that a child is, or may be suffering significant impairment to their development of significant harm.

[Click here to view further information on Stoke-on-Trent Early Help Procedure](#)

[Click here to view further information on Staffordshire Early Help Procedure](#)

What is Statutory / Specialist Support?

Where children / young people require more specialist intervention in accordance with the Children Act 1989 such as:

- S17 Child in Need
- Children with a long-lasting and substantial disability which limits their ability to carry out the daily tasks of living
- Children and young people with severe and complex special educational needs and disability (SEND) and potentially a specialist educational placement
- S47 Child Protection (this document must be read in conjunction with the local safeguarding procedures)

[Click here to visit Stoke-on-Trent Safeguarding Procedures](#)

[Click here to visit Staffordshire Safeguarding Procedures](#)

Children's Social Care has a responsibility to respond under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided.

Under Section 17 of the Children Act 1989, a child shall be taken to be in need if:

- *They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without provision for them of services provided by the local authority*
- *Their health or development is likely to be significantly impaired, without the provision for them of such services; or*
- *They are disabled*

A referral to Children's Social Care is appropriate when more substantial interventions are needed because the child is 'in need' or where a child's development is being significantly impaired because of the impact of complex parental mental ill health, significant learning disability, alcohol or substance misuse, or very challenging behaviour in the home.

Young carers are also entitled to request an assessment of their own needs under s17.

A social care referral is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

The second area of Children's Social Care responsibility is **child protection**; that is where Children's Social Care must make enquiries under **section 47** of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as a threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria upon which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified where there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to make a referral to Children's Social Care when it is believed or suspected that the child:

- Has suffered significant harm – **child protection**
- Is likely to suffer significant harm – **child protection**
- Has health or development needs that will not be achieved or maintained, or are likely to be significantly or further impaired, without the provision of CSC services (with the agreement of the parent / carer) – **children in need**
- They have a disability (with the agreement of the parent / carer) - **children in need**

Children's Social Care engagement with children in need is on a voluntary basis. Parents and young people, who are assessed to be competent, can refuse some or all such offers of support.

Often families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. Where consent cannot be obtained, professionals must determine whether the child may suffer significant harm without the provision of services.

When Children's Social Care undertakes a s47 child protection enquiry, local safeguarding procedures must be followed. Partners involved in supporting the family will be asked to share relevant information and assist in further support for the family where appropriate.

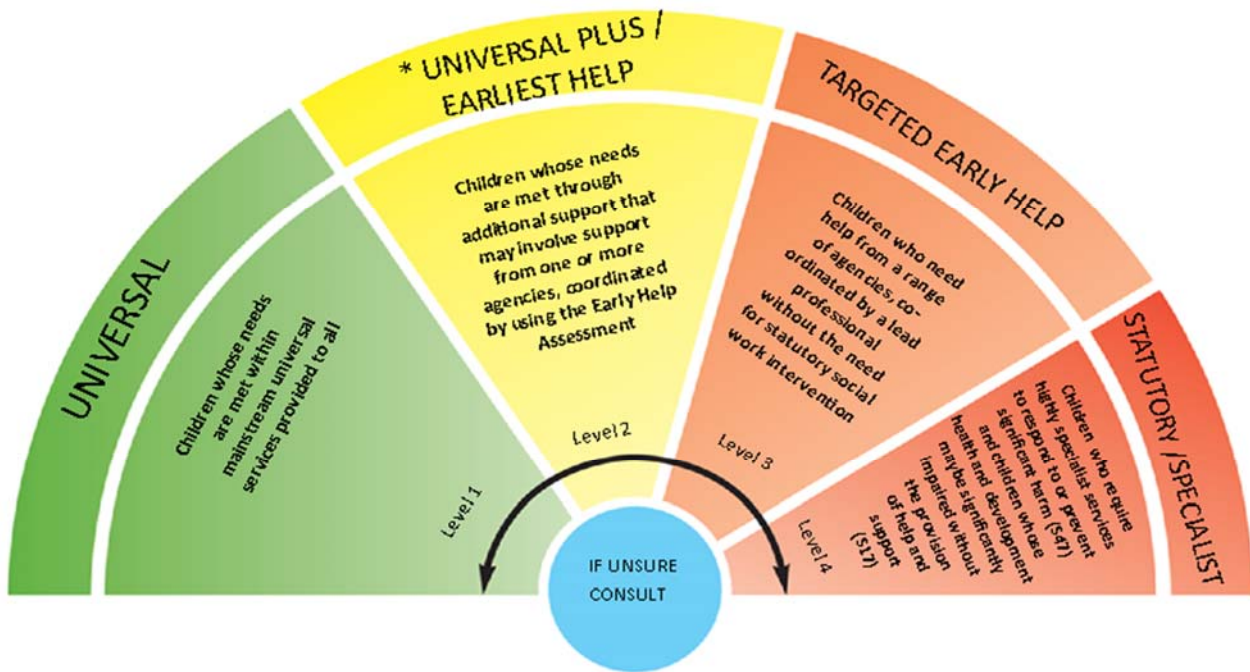
Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should, before they make a referral, consult with their own line manager and / or designated safeguarding lead and, where they remain unsure, speak to a qualified social worker by contacting:

- **in Staffordshire:** the First Response Team - 0800 1313126
- **in Stoke-on-Trent:** the Consultation Line - 01782 237460. This line is for **Professionals** only who can discuss concerns to help make a threshold decision and determine whether a MARF needs to be completed or whether an immediate verbal safeguarding referral is needed.

If a child is considered to be at **IMMEDIATE** risk, then the professional should contact the police 999.

Stoke-on-Trent and Staffordshire

The Windscreen – Continuum of needs & response (Any blue links- you will have to go onto staffordshire safeguarding board website to access)



**Terminology in Stoke-on-Trent = Universal Plus, in Staffordshire = Earliest Help*

The windscreen model is a simple way of developing a shared understanding and explaining the Stoke-on-Trent and Staffordshire approach across all our services and partnerships, ensuring a consistent approach is applied by all.

The model illustrates how we will respond to the requirements of children and families across four levels of need (Universal, Universal Plus / Earliest Help, Targeted Early Help and Statutory / Specialist). The windscreen is a visual tool to help us share a common language to describe risk and needs.

We will work together with children and families to meet their additional needs and aim to prevent them escalating. We recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best response requires discussion, reflection and professional judgement.

The windscreen cannot replace professional curiosity, judgement or decision making and should

not be used as a checklist or an assessment of need. The indicators of need are suggestions of the types of need a child and family may have. Sometimes their needs may include indicators from each of the levels, however combined, they may cause additional strain on the family and following discussion with the family may indicate a higher level of support needed. Equally, there may be family strengths that are mitigating factors for the indicators.

Families' positions on the windscreen will change as their circumstances change and therefore will not be a fixed position. All practitioners should consider which needs take priority when identifying the appropriate level.

Level 1: Children and Young People with Universal Needs

Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. Children, young people, parents and carers can access services directly.

Child's Developmental Needs

Parents and Carers

Health

- Health and dietary needs are being met by universal services
- Registered with a GP
- Appropriate weight and height / meeting developmental milestones – including speech and language
- Physically / psychologically healthy
- Pre-natal health needs are being met
- Up to date immunisations and developmental checks
- Regular dental checks
- Accessing optical care
- No misuse of substances
- Sexual activity / behaviour appropriate to age

Education & Learning

- Achieving key stages and full potential
- Good attendance at nursery / school / college / training
- Demonstrates a range of skills / interests
- No barriers to learning
- Access to play / books
- Enjoys participating in educational activities / schools
- Sound home / school link
- Planned progression beyond statutory education
- Quality First teaching

Emotional & Behavioural Development

- Good quality early attachments
- Growing levels of competencies in practical and emotional skills
- Sexual behaviour appropriate for age
- Confident in social situations – has age appropriate knowledge of the difference
- Able to adapt to change
- Able to demonstrate empathy

Identity and Self-esteem

- Demonstrates feelings of belonging and acceptance
- Positive sense of self and abilities
- Has an ability to express needs verbally and non-verbally

Family and Social Relationships

- Stable and affectionate relationships with caregivers
- Appropriate relationships with siblings
- Positive relationship with peers

Social Presentation

- Appropriate dress for different settings
- Good levels of self-care / personal hygiene

Self-care skills

- Age appropriate independent living skills

Basic Care, safety and Protection

- Child's physical needs are met (food, drink, clothing, medical and dental)
- Carers able to protect children from danger or harm

Emotional Warmth

- The child is shown warm regard, praise and encouragement
- The child has secure relationship which provides consistency of warmth over time
- There may be low level post-natal depression

Guidance, Boundaries & Stimulation

- Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience.
- Carers support development through interaction and play to facilitate cognitive development

Family and Environmental Factors

Family History and Functioning

- Good supportive relationship within family (including with separated parents and in times of crisis)
- Good family network

Housing, Employment & Finance

- Accommodation has basic amenities / appropriate facilities
- Appropriate levels of hygiene / cleanliness are maintained
- Families not affected by low income or unemployment

Family's Social Integration

- The family have social and friendship networks

Community Resources

- Appropriate access to universal and community resources
- Community is generally supportive
- Positive Activities are available

Level 2: Universal Plus / Earliest Help

Children and young people whose needs are met through additional support that may involve support from one or more agencies, coordinated by using the Early Help Assessment.

Child's Developmental Needs	Parents and Carers
<p>Health</p> <ul style="list-style-type: none"> • Slow to reach developmental milestones • Additional health needs • Not registered with a GP • Missing health checks / routine appointments / immunisations • Persistent minor health problems • Babies with low birth weight in proportion to the mother • Pre-natal health needs • Issues of poor bonding / attachment • Minor concerns re healthy weight / diet / dental health / hygiene / clothing • Disability requiring support services • Concerns about developmental status i.e. speech and language problems • Signs of deteriorating mental health of child including self-harm • Young people who are sexually active under the age of 16 • Occasional drug and alcohol misuse / experimentation which is not escalating • Inadequate, limited or restricted diet; e.g. no breakfast, no lunch money; being under or overweight <p>Education & Learning</p> <ul style="list-style-type: none"> • Is regularly unpunctual for school / occasional 	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Basic care not consistently provided e.g. non-treatment of minor health problems • Parents struggle without support or adequate resources e.g. as a result of mental / learning disabilities. • Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home • Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties / post-natal depression / child's behaviour • Some exposure to dangerous situations in home / community • Low levels of parental conflict / infrequent incidents of domestic dispute • Teenage parents / young, inexperienced parents • Inappropriate expectations of child / young person for age / ability <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Inconsistent parenting but development not significantly impaired • Post-natal depression affecting parenting ability • Child / young person perceived to be a problem by parents or carers / experiencing criticism and a lack of warmth <p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> • May have a number of different carers • Parent / carer offers inconsistent boundaries e.g. not providing good guidance about inappropriate relationships formed, such as via the internet • Can behave in an anti-social way • Child / young person spends a lot of time alone • Inconsistent responses to child by parent • Parents struggle to have their own emotional needs met • Lack of stimulation impacting on development <p style="text-align: center;">Family and Environmental Factors</p> <p>Family History and Functioning</p> <ul style="list-style-type: none"> • Child or young person's relationship with family members

<p>truanting or significant non-attendance / parents condone absences</p> <ul style="list-style-type: none"> Escalating behaviour leading to a risk of exclusion (such as increased aggression) Experiences frequent moves between schools Not reaching educational potential or reaching expected levels of attainment Needs some additional support in school Identified language and communication difficulties Few opportunities for play / socialisation No participation in education, employment or training post 16 years <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> Low level mental health or emotional issues requiring intervention Is withdrawn / unwilling to engage including any sudden change in behavior or presentation Development is compromised by parenting Some concern about substance misuse Involved in behaviour that is seen as anti-social Poor self-esteem Offending and anti-social behavior 	<p>not always stable</p> <ul style="list-style-type: none"> Parents have relationship difficulties which affect the child / acrimonious separation or divorce that impacts on child Parental offending behaviour / custodial sentences Experienced loss of a significant adult / child Caring responsibilities for siblings or parent Parents have mental / physical health difficulties Poor home routine Parents not addressing own health needs, particularly when pregnant Child not often exposed to new experiences Limited support from family and friends
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Level 2: Universal Plus / Earliest Help

Children and young people whose needs are met through additional support that may involve support from one or more agencies, coordinated by using the Early Help Assessment.

Child's Developmental Needs	Parents and Carers
<p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> Some insecurities around identity / low self-esteem Lack of positive role models May experience bullying around perceived difference / bully others Disability limits self-care A victim of crime <p>Family and Social Relationships</p>	<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Inadequate / poor housing Requiring in-depth guidance and help At risk of homelessness

- Some support from family and friends
- Some difficulties sustaining relationships
- Undertaking some caring responsibilities
- Child of a teenage parent
- Low parental aspirations

Social Presentation

- Can be over friendly or withdrawn with strangers
- Personal hygiene is becoming problematic

Self-care skills

- Not always adequate self-care / poor hygiene
- Slow to develop age appropriate self-care skills
- Over protected / unable to develop independence

Exploitation

- Early Indication of coercive behaviour
- At risk of gang association
- Early signs of young person exhibiting extremism
- Emerging concerns of online activity
- Child at risk of modern slavery and / or human trafficking but parents are accessing support and services

- Child / young person from asylum seeking or refugee family and has identified additional needs

- Children subject to kinship care arrangements made by their own family

- Family affected by low income or unemployment

- Parents find it difficult to find employment due to basic skills or long term difficulties

Family Social integration

- Family is socially isolated limited extended family support
- Victimisation by others impacts on child

Community Resources

- Adequate universal resources but family may have difficulty gaining access to them
- Community characterised by negativity towards child / young person eg travelling families

LEVEL 3: Targeted Early Help

Children and Young People at this level have diverse and complex needs and targeted, multi-agency support services are required and are supported by a clear co-ordinated action plan without the need for statutory social work intervention

Child’s Developmental Needs

Parents and Carers

Health

- Child has some chronic / recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming

Education and Learning

- Consistently poor nursery / school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)
- Child/young person is out of school due to parental neglect

Emotional and Behavioural Development

Emotional Development

- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

Behavioural Development

- Persistent disruptive / challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences / re-offend
- Additional needs met by Emotional Wellbeing and Mental Health Services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Incidents of missing from home (less than 3 incidents in 90 days)

Basic Care, Safety and Protection

- Parent / carer is failing to provide consistently adequate care
- Parents have found it difficult to care for previous child / young person
- Domestic abuse, coercion or control in the home
- Parent's mental health problems or substance misuse affect care of child / young person
- Non-compliance of parents / carers with services
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices, Forced Marriage or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection
- Child at risk of Modern Slavery and / or Human Trafficking but parents are accessing support and services

Emotional Warmth

- Child / young person receives little stimulation / negligible interaction
- Child / young person is scapegoated
- Child / young person is rarely comforted when distressed / lack of empathy
- Child / young person is under significant pressure to achieve / aspire / experiencing high criticism

Guidance, Boundaries and Stimulation

- Parents struggle / refuse to set effective boundaries e.g. too loose / tight / physical chastisement
- Child / young person behaves in anti-social way in the neighbourhood

Family and Environmental Factors

Family History and Functioning

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays physical violence towards parents

LEVEL 3: Targeted Early Help

Children and Young People at this level have diverse and complex needs and targeted, multi-agency support services are required and are supported by a clear co-ordinated action plan without the need for statutory social work intervention

Child's Developmental Needs

Parents and Carers

Identity and Self-esteem

- Child / young person experiences persistent discrimination; internalised and reflected in poor self-image
- Alienates self from others

Family and Social Relationships

- Relationships with carers characterised by unpredictability
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

Social Presentation

- Appearance reflects unkempt appearance and hygiene related health concerns.
- Persistent presentation in unwashed / unsuitable clothing despite advice and support being offered

Self-care Skills

- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and often puts him / herself in danger

Several of the below could apply

Exploitation

- Indication of coercive behaviour
- Medium risk of child exploitation – knowledge of a key risk that the child is currently being targeted but not actively involved / exploited eg sexual exploitation, criminal exploitation.
- Signs of young person exhibiting extremism
- Emerging concerns of online activity

Housing, Employment and Finance

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse

Family's Social Integration

- Family is socially isolated / excluded
- Victimisation by others places child and family at risk
- Has poor relationship/s with extended family

Community Resources

- Parents / carers do not access or there is significantly poor access to local facilities and targeted services to meet assessed need
- Lack of community support / tolerance or hostility towards the child, young person or family

Level 4: Statutory / Specialist

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs

Parents and Carers

Health

- Child / young person has severe / chronic health problems
- Failure to thrive / faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Dangerous sexual activity and / or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode
- Physical / learning disability requiring constant supervision
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional
- High risk of child sexual exploitation or actual abuse known to be happening

Education and Learning

- Child unable to access education due to persistent parental neglect

Emotional and Behavioural Development

Emotional Development

- Puts self or others in danger e.g. missing from home inappropriate relationships
- Severe emotional / behavioural challenges
- Puts self or others at risk through aggressive behaviour

Basic Care, Safety and Protection

- Parent / carers mental health or substance misuse significantly affect care of child
- Parents / carers unable to care for previous children

Emotional Warmth

- Parent's own emotional experiences impacting on their ability to meet child / young person's needs
- Child has no-one to care for him / her
- Requesting young child be accommodated by local authority

Guidance, Boundaries and Stimulation

- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)

Family and Environmental Factors

Family History and Functioning

- Significant parental / carer discord and persistent domestic violence and discord between family members
- Child / young person in need where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, prostitution, illegal activities

Housing, Employment and Finance

- Homeless - or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child

Level 4: Statutory / Specialist

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs

Parents and Carers

Behavioural Development

- Persistent disruptive / challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and / or family breakdown
- Regular and persistent offending and reoffending behaviour for serious offences resulting in custodial sentences or high risk public protection concerns
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions
- Continuous patterns of domestic abuse
- Parents / carers involved in violent or serious crime, or crime against children
- Parents / carers own needs mean they are unable to keep child / young person safe
- Severe disability – child / young person relies totally on other people to meet care needs
- Chronic and serious domestic abuse involving child / young person
- Disclosure from parent of abuse to child / young person
- Suspected / evidence of fabricated or induced illness
- Young person at risk of Female Genital Mutilation and other harmful traditional / cultural practices, Forced Marriage or Honour Based Abuse with family who lack willingness to protect
- Medium risk of child exploitation and parents / carers lack willingness to protect eg sexual exploitation, criminal exploitation
- Coercive behaviour
- Concerns of online activity
- Child experiencing modern slavery and / or human trafficking without parental support

Identity and Self-esteem

- Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
- Child / young person likely to put self at risk
- Evident mental health needs
- Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT

Family's Social Integration

- Family are socially chronically excluded
- Victimization by others places the child / young person at risk of significant harm

Community Resources

- Substantial multiple problems preventing the family / young person from engaging with services / non-engagement with services

Level 4: Statutory / Specialist

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs

criteria

- Young person involved / closely associating with gangs

Family and Social Relationships

- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent / carer; family no longer want to care for - or have abandoned – child / young person
- Periods accommodated by local authority
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

Social Presentation

- Poor / inappropriate self-presentation / hygiene related health issues

Self-care Skills

- Absence / neglect of self-care skills due to other priorities such as substance misuse
- Takes inappropriate risks in self-care
- Severe lack of age appropriate behaviour and independent living skills likely to result in harm

Other indicators

- Professional concerns – but difficulty accessing child / young person
- Unaccompanied refuge / asylum seeker
- Privately fostered
- Abusing other children
- Young person displaying sexually harmful behaviour
- Serious or persistent offending behaviour likely to lead to custody / remand in secure unit / prison
- Trafficked child with no family support or protection
- Forced criminality, forced labour

Parents and Carers

Level 4: Statutory / Specialist

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs	Parents and Carers

Consent and Confidentiality

“Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual or if to gain consent could place a child at risk” [Click here to visit Information Sharing Guidance : July 2018 \(Advice for Practitioners providing safeguarding services to children, young people parents and carers July 2018\).](#)

Wherever possible, you must consider consent and be open and honest with the family from the outset as to why, what, how and with whom, their information will be shared. You must consider consent where an individual may not expect their information to be passed on. When you gain consent to share it must be explicit and freely given.

There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person's safety or well-being at risk. Where a decision to share information without consent is made, a record of what has been shared should be kept.

A decision by any professional not to seek parental permission before making a referral to Children's Social Care Services must be approved by their manager, recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed as part of the referral.

Where the parent is consulted and refuses to give permission for the referral, further advice and approval must be sought from a manager or the Designated Senior Person or Named Professional, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded;
- The Children's Social Care Services team must be told that the parent has withheld her/his permission;
- The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made.

[Click here to access further guidance on General Data Protection \(GDPR\) and the Data Protection Act 2019](#)

Meeting the Needs of Children and Families

"Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults and children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment." [Click here to visit Working Together to Safeguard Children 2018](#)

The majority of families will be able to access universal services and are encouraged to make use of existing community resources.

Any practitioner, child, young person or family member can access Early Help support services. In this way, families can meet the needs of their children. However, sometimes they need help to be able to access the right support at the earliest opportunity. The Early Help Assessment is a tool to discuss and record the family's needs, strengths, the goals they would like to or need to achieve and how they can best be supported along this journey.

Meeting the Needs of Children and Families in Stoke-on-Trent

Signs of Safety- currently being revised- May 2020

Stoke-on-Trent City Council's Early Intervention and Children's Social Care Service have adopted the Signs of Safety methodology as the basis of work with children across all partner agencies. This core philosophy for working with children and families across the city forms the basis of case discussions in multi-agency arena's such as Child Protection conferences, Child in Need planning meetings and Looked After Children's Reviews.

What does it mean?

In practice this means that when a children's social worker or early help worker visits a family, or you attend a meeting where children's social care is involved, they will be asking the following questions:

- What are we worried about?
- What do we know has happened in the past that has caused harm to the child?
- What are we worried that might happen to cause harm in the future?
- What are the things that make it harder for the family to look after their children?

Signs of Safety methodology is a strengths-based approach so we will also be asking the following very important questions:

- What's working well?
- What is the family or friends already doing that is keeping the child safe?
- What are the strengths in the family that might help to keep the child safe in the future?

As we learn more about the family we develop a safety goal which outlines our best hopes for safety in the future. We will work with the family and professionals to develop a safety plan. Sometimes called 'next steps', these are the steps that the family and those people working with them will take to work towards the safety goal. We will make sure that we get the child's views and one way we are doing this is by using the 'three houses' or similar tool during direct work with the child.

Meeting the Needs of Children and Families in Staffordshire

Restorative Practice

Staffordshire's Families and Communities Directorate are implementing a Restorative Practice Model across the system. This is about how we work with children and families but also how we work with each other and our partners.

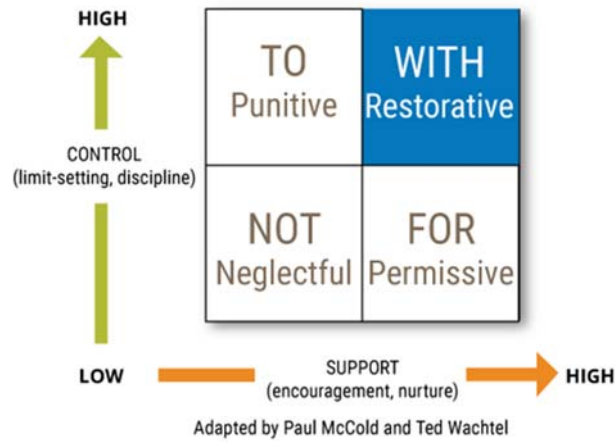
What Does It Mean?

Restorative Practice is a relationship and strength-based approach that embodies a set of core beliefs and principles which are built on mutual respect and trust. This provides a foundation to ensure that professionals are working in partnership "with" parents, carers and families to appropriately meet their needs, and that this is taking place in a safe way.

By using these approaches, we will provide staff with a range of language, behaviours and tools that strengthen their relationships with children, young people and families, empowering them to share responsibility by using a solution-focused approach, which supports positive change.

This includes being explicit about the 'bottom-line' to safeguard or protect a child, using a 'high challenge' and 'high support' approach, which builds on strong relationship-based practice between children, families and professionals. Therefore achieving sustainable change and reducing the likelihood of dependency on professional services

The fundamental unifying hypothesis of restorative practices is that "human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things with them, rather than to them or for them."



Stoke-on-Trent	Staffordshire
Referrals	
<p>New referrals for service and referrals on closed cases should be made by completing the Multi-Agency Referral Form (MARF)</p> <p>Click here to access the MARF form (under Early Help and Threshold)</p> <p><u>Consultation Number for Professional use only</u></p> <p><u>If after speaking to your designated safeguarding lead professionals are unsure if support from Children's Social Care is required you can consult with a social worker who will be happy to assist.</u></p> <p>Consultation line open 9.00am to 4.00pm Monday to Friday on 01782 237460</p> <p><u>Members of the public and professionals can contact the Safeguarding Referral Team (SRT) 01782 235100</u></p>	<p>New referrals for children who meet the threshold for Level 3 and Level 4 who are not known or are currently closed co children's services, should ideally be made by phone:</p> <p>0800 13 13 126</p> <p>or</p> <p>by using the online enquiry form, which can be found at www.staffordshire.gov.uk/firstresponse</p> <p>Early Help documents or MARFS can be uploaded on to these web pages once the form has been completed</p>
Additional Information	
<p>For more information please refer to the Joint Stoke-on-Trent and Staffordshire Safeguarding Children Board Professional Disagreement and Escalation procedure:</p>	

<u>Click here to view the Resolving Inter-agency Disagreement Protocol</u>	<u>Click here to view the Resolving Inter-agency Disagreement Protocol</u>
Early Help	
<u>Click here to view the Early Help Process</u>	<u>Click here to view the Early Help Process</u>
<u>Click here to access information that sets out the process for Section 17 and Section 47 enquiries in Chapter 1 of Working Together 2018</u>	
Access to local multi-agency processes	
<u>Click here to view Stoke-on-Trent: Section C02 Undertaking Assessments and Investigations</u>	<u>Click here to view Staffordshire: Section 3C Undertaking Assessments and Investigations</u>

Managing Professional Disagreements

Disagreements over the handling of concerns can impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate inter-agency concerns and disagreements about a child or young person's well-being.

The policy and the forms are available on the SCB websites:

[Click here to view Stoke-on-Trent procedure](#)

[Click here to view Staffordshire procedure](#)

****PLEASE DO NOT PRINT ANY OF THE SSSCB DOCUMENTS AS THEY ARE REGULARLY UPDATED. BEST PRACTICE IS TO SAVE THE LINK TO YOUR FAVOURITES****

APPENDIX 7 – Dealing with disclosures made by a child

1. ADVICE FOR ALL MEMBERS OF STAFF

- 1.1. Bentilee Nursery School will take seriously any disclosures of abuse or neglect made by a pupil.
- 1.2. When dealing with disclosures we don't 'lead pupils', make suggestions about what may have happened or who may be responsible, and we don't investigate what is being disclosed.
- 1.3. However, it may not always be clear from what a pupil first tells us, whether we are dealing with a safeguarding issue or not, and therefore we may need to clarify what is being said.
- 1.4. **TED QUESTIONS** are open questions that we will use to clarify or get a little more information about what has happened, so that we can initiate the right response, intervention and support:-
 - Tell me what happened
 - Explain to me what happened
 - Describe what happened
- 1.5. When talking to pupils, we will take account of their age, understanding and preferred language, (which may not be English;) and consider how a child with a disability may need support in communicating.
- 1.6. The following guidance should be followed:-
 - Listen to what is being said without displaying shock or disbelief.
 - Allow the child to talk freely.
 - Accept what is being said.
 - Do not ask direct or leading questions – use only open questions, if necessary, to clarify what is being said or how something has happened (TED questions above).
 - Reassure the child that what has happened is not their fault and that they have done the right thing in telling you.
 - Do not criticise the alleged perpetrator.
 - Do not make promises that you may not be able to keep.
 - Do not give your personal opinion.
 - Do not talk about your own personal experiences.
 - Do not promise confidentiality – it may be necessary to tell the DSL and to refer the child to Children's Social Care or inform the police.
 - Do not ask the child to write anything down (this may be seen as a statement, and we are not trained to take statements).
 - Explain what has to be done next and who has to be told – **see appendix 8** (over page)
 - Inform the DSL without delay.
 - Complete the child protection record of concern form - **see appendix 9**; and pass it to the DSL.
- 1.7. Dealing with a disclosure from a child and safeguarding issues can be stressful. Consider seeking support for yourself and discuss this with the DSL.

APPENDIX 8 – Action to be taken if you have a concern about a child

Staff member **What action to take if you have concerns**

Any member of staff, governor, volunteer, contractor or activity provider

1. Discuss your concerns with the DSL -Juliet Levingstone, or in their absence, with the Deputy DSL- Kate Gowland, **as soon as possible, before the child leaves for the day.** It is important that the child is not sent home at the end of the day without taking the right protective action.
2. Complete the **child protection record of concern form** and pass it to the DSL.
3. If the DSL or their deputy is not available, you can speak to another senior member of staff or you can contact the locality social worker yourself for a consultation about the action you need to take. However, if you are sure this is a safeguarding concern, then you should contact the Safeguarding Referral Team on 235100 and make the referral.
4. Inform the DSL about your consultation and what actions you have taken. Ensure all actions and decisions are recorded.

Designated safeguarding lead or deputy DSL

Using the Guide to Levels of Need, you are concerned that the child is at risk of significant harm (Level 4)

1. Inform family of your intention to refer to Children’s Social Care (unless to do so would increase the risk of harm; hinder the prevention or detection of a serious crime; lead to an unjustified delay in making enquiries about allegations of significant harm.)
2. Contact the Safeguarding Referral Team (235100) without delay. Ensure you have all relevant details to hand and provide as much information as you can about your concerns.
3. If you believe that the child is in immediate danger, or you suspect a crime has been committed, you must also contact the police immediately.
4. Confirm your referral by sending SRT a **Multi-agency Referral Form (MARF)** within 24 hours (on home page of SCB website)
5. If SRT have not informed you within 1 working day, whether or not your referral has been accepted, contact them to ascertain their decision.

6. SRT may decide, in consultation with you, that the child's needs are at Level 3 and that the school is best placed to provide support. See Early Help below.

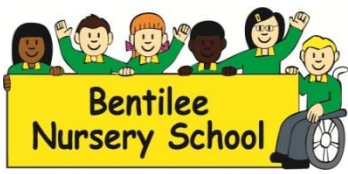
7. Record all your discussions and decision-making on the **child protection record of concern form** given by the staff member who contacted you originally. Add this, and a copy of the MARF to the child's child protection file. (If the child does not have a stand-alone child protection file, you will need to create one including a front sheet.)

8. Update/start the chronology. Continue to update the child's file and chronology as the investigation and resulting work continues.

Staff Member	Using the Guide to Levels of Need, you believe the child is not at risk of significant harm, but the child or their family may need support for complex needs (Level 3)
Designated safeguarding lead or deputy DSL	<ol style="list-style-type: none"> 1. Discuss your concerns with senior colleagues in another agency, if necessary. 2. Contact the locality social worker for further advice if needed. If the locality social worker advises a referral into SRT, follow procedure outlined above. 3. If consultation results in the decision that an Early Help Assessment is appropriate, agree who is the most appropriate agency to lead on this. 4. If school is the most appropriate agency to take the lead, identify the best person (ie person with best relationship;) within school to discuss this with the family and to be the lead professional. 5. Work with the Early Help Champion or other appropriate person, to provide support in the school and/or refer the child / their family to the cooperative working team. 6. Record all consultations and decision-making on the child protection record of concern form sent by the staff member who contacted you originally.

**Early help
champion**

1. Identify the most appropriate person to gain consent from family and to undertake Early Help Assessment.
2. Talk to the family about the early help assessment as a means of providing them with the help and support they need to prevent issues from escalating (and avoid involvement from statutory services.)
3. Gain the family's consent for the early help assessment.
4. Register the assessment with the Early Help Team.
5. If the family does not consent to an early help assessment, we will log refusal with the Early Help Team, and we make a judgement about whether the needs of the child will escalate or the child will become unsafe without help.
6. If our judgement is that the needs or concerns will escalate, then we will contact the locality social worker to make a shared decision about whether the level of concerns calls for a referral to Children's Social Care.



Incident Sheet.

Name of child. -----

Name of reporting adult. -----

Date. -----time _____

Date of incident.-----

Summary of incident using the exact words (of child) where possible.

Who has been informed of incident? -----

Have there been any previous incidents if so how many? -----

What action is to be taken? -----

appendix 9



Safeguarding / Prevent Incident

Name of child. -----

Name of reporting adult. -----

Date. -----

Summary of incident using the exact words (of child) where possible.

Who has been informed of incident? -----

Have there been any previous incidents if so how many? -----

What action is to be taken? -----

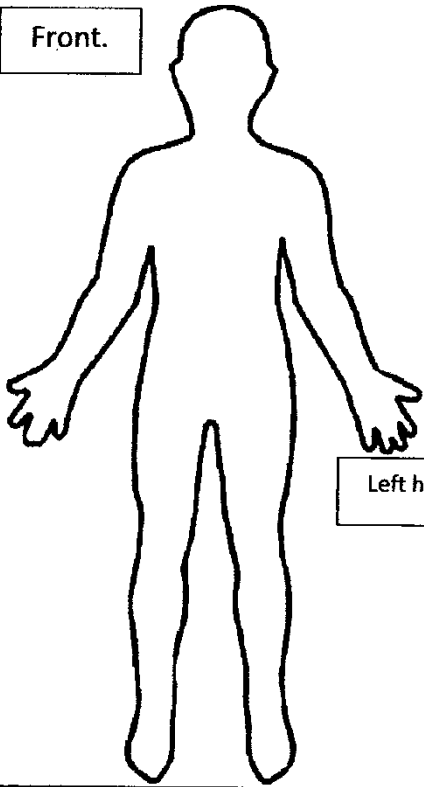


SAFEGUARDING CONCERNS FORM.

<u>Referrer's Name</u>	<u>Pupils Name</u>	<u>Class</u>
Details or concern Please be as specific and detailed as you can continue over leaf if needed.		
Date----- Signed-----		
<u>Followed up by:</u>	<u>Date:</u>	<u>Signed:</u>
<u>Please detail what action has been taken as a follow up:</u>		
<u>Further action needed:</u>		

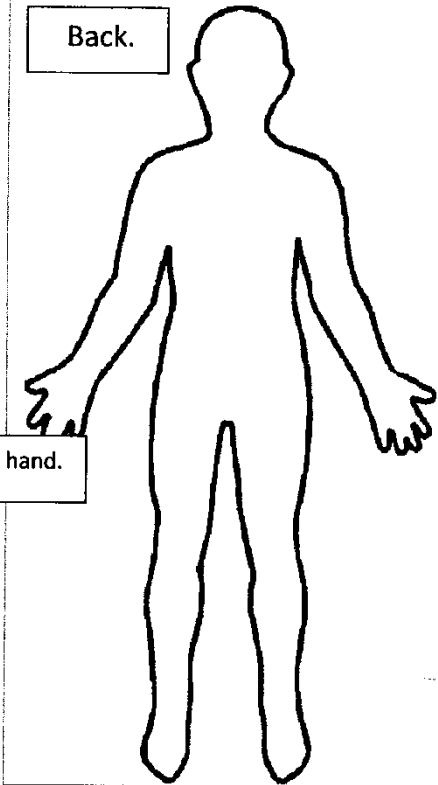
Please indicate below the position of any reported mark or injury. Add detail about size and colour.

Front.

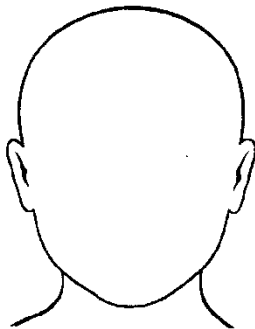


Left hand.

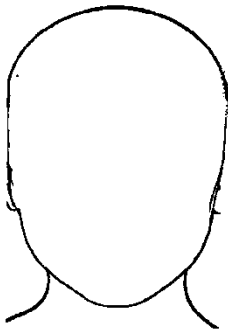
Back.



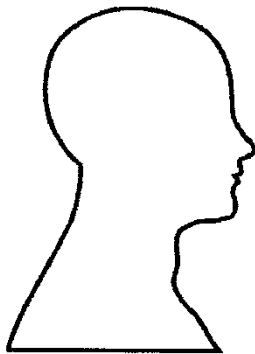
Left hand.



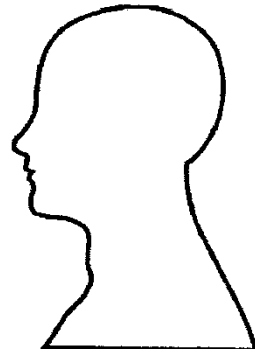
Face.



Back



Right ear.



Left ear.

APPENDIX 10 – Making a referral to Children’s Social Care

- 1.1. It will almost always be the DSL, Deputy DSL or another member of the senior leadership team that makes referrals into Children Social Care.
- 1.2. However, all staff know how to make a referral should they ever need to.
- 1.3. Referrals to Children Social Care are made initially by telephone to the Safeguarding Referral Team (SRT) on 235100.
- 1.4. Before making the call, ensure that you have all of the information to hand so that you can provide detailed and accurate information and answer any questions.
- 1.5. **Give as much information as you can about the child and family, including:-**
 - Child's full name;
 - Parents names;
 - Full address and contact telephone number for parents;
 - Date of birth for the child;
 - Family's ethnic origin;
 - Does the child have a disability?
 - Are there any additional support needs? (Learning difficulties; communication needs)
 - Any information regarding the family composition; for example - other siblings in the household (how old and what school do they attend?) Who else lives at the house? Who usually looks after the child?
 - Do you have details of the GP or any other agencies involved with the family?
- 1.6. **Highlight the concerns with evidence:-**
 - What are your concerns?
 - What is the trigger for this referral?
 - What is your evidence?
 - Use the Guide to Levels of Need document to evidence your referral/concerns.
- 1.7. **Clarify that your information has been received and understood as intended.**
- 1.8. **Do the parents / carers have knowledge of this referral?**
 - What is their response likely to be when professionals undertake a home visit?
 - Are there any risks to staff?
 - Are there further risks to child if the parents are made aware of the referral?
 - Have they refused to give consent?
- 1.9. **Early Help Assessment Refusal?**
 - Has an Early Help Assessment been completed with the family? If so when?
 - Attach all assessment documentation where possible.
 - Have the family refused an Early Help Assessment?
- 1.10. **Provide your details:**
 - Your full name and job title;
 - Your contact details, including work mobile if you are unlikely to be in the office;
 - Your relationship to that child.
- 1.11. **Your telephone referral must be confirmed in writing within 24 hours:**
 - Use the Multi Agency Referral Form (MARF) to confirm your referral in writing.(This can be found on the homepage of SCB website and is the same for Stoke and Staffordshire)

APPENDIX 11 – Information sharing and consent

- 1.1. Bentilee Nursery School are committed to working openly and honestly with parents, carers and other agencies in order to ensure that pupil's needs are met. It is essential that everyone working with children can confidently share information. This is necessary not only to safeguard and protect children from harm but also to work together to support families to improve outcomes for all.
- 1.2. We may share information about parents, carers or children for investigations undertaken by Children's Social Care.
- 1.3. We will exercise professional curiosity by proactively seeking out information as well as sharing it. This means checking with other professionals whether they have information, and speaking to pupils alone.
- 1.4. The Data Protection Act 1998 is not a barrier to sharing information. It is there to ensure that personal information is managed in a sensible way and that a balance is struck between a person's privacy and public protection.
- 1.5. We will share any concerns we have with parents at an early stage, unless this would put a child at greater risk or compromise an investigation. Parents must be clear that our responsibilities are for safeguarding and protecting children and that this involves sharing information about them with other professionals.
- 1.6. **It is expected that we will seek the consent of parents or carers to make a referral to Children's Social Care** (under s.17 Children's Act – Child in Need.) If parents refuse to give consent but we decide to continue with the referral, we will make this clear to Children's Social Care when we contact them.
- 1.7. Any decision to refer the pupil without the parents' consent, will be recorded in the pupil's child protection file with a full explanation for the decision.
- 1.8. **We do not need parents' consent to make a referral if we consider the child is in need of protection**, although in most cases we will inform them of the child protection referral.
- 1.9. **However we will not inform parents of referrals if we believe that:-**
 - This would place the child or someone else at increased risk of harm;
 - It would prejudice the prevention or detection of a crime, or lead to loss of evidence for a police investigation;
 - It would lead to an unjustified delay in making enquiries into allegations of significant harm.
- 1.10. Any decision not to discuss concerns with a pupil's parents or carers will be recorded in the pupil's child protection file with a full explanation for the decision.
- 1.11. Consent is not necessary in cases where Children's Social Care are making child protection enquiries under section 47 of the Children Act 1989 and therefore when contacted by Children's Social Care, we will comply with their requests for information without seeking consent. Staff members must record what information has been shared and why.
- 1.12. If you are in any doubt about the need to seek consent, get advice from the DSL or from the locality social worker.

- 1.13. Keep a record of your decision to share information, with or without consent, and the reasons for it. Remember also that it is just as important to keep a record of why you decided not to share information as why you did so.
- 1.14. On school transfer, the information regarding pupils on early help/ child in need/ child protection/ concerns is passed on. The school will invite the feeder school to the last Early Help meeting before transition to the feeder school and notify the early help team of the change of the lead person on transfer (if school is the lead professional).

All relevant members of staff will monitor the attendance and attainment of these pupils and report concerns to the designated teacher.

The designated teacher (Looked after Children) will liaise with the key person

To ensure a Plan is robustly in place for each child looked after by the local authority as we no longer use PEPs. Relevant social care staff and / or foster-parents and Family Support Worker will be informed if a looked –after child is absent (on the first day of absence) and no reason has been forthcoming.

All case conference records Early Help/ ChIN/ concerns will be securely kept.

The school regards transition and induction for vulnerable pupils to be of high priority. We work closely with designated teachers to ensure the process is supportive to the child and family.

The school fills in a Pupil migration report when children leave and actively speak to the next school/ setting to ensure vulnerable children have arrived.

2. RECORD KEEPING

- 2.1. Good record keeping is an important part of the school's accountability to pupils and their families and will help us in meeting our key responsibility to respond appropriately to welfare concerns about children.
- 2.2. Records should be factual, accurate, relevant, up to date and auditable. They should support monitoring, risk assessment and planning for children and enable informed and timely decisions about appropriate action to take.
- 2.3. The DSL will ensure that records are maintained appropriately for pupils with safeguarding concerns and that stand-alone files are created and maintained in line with requirements of the above guidance.

3. DISCUSSING CONCERNS WITH THE PUPIL, PARENTS OR CARERS

- 3.1. Bentilee Nursery School are committed to working openly and honestly with parents and carers in order to ensure that their child's needs are met.
- 3.2. This means that in most cases, any concerns the school may have about a pupil, will be discussed with parents or carers. This is because parents and carers need to know when we are worried about their child, so that we can work together to address any issues or concerns.
- 3.3. **Professional curiosity** will be exercised by staff, particularly where there is a concern about a pupil. This means that staff may ask questions of the pupil, parents or carers in order to clarify or ascertain the necessary facts to make a decision regarding what (if any) action to take.
- 3.4. We will abide by the principles set out above regarding information sharing and consent. When we make the referral, we will agree with Children's Social Care what the pupil and parents will be told, by whom and when.

APPENDIX 12 – Working with parents and carers

- 1.1. Bentilee Nursery School is committed to working in partnership with parents and carers to safeguard and promote the welfare of their child/ren and to support them to understand our statutory responsibilities in this area.
- 1.2. We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission or it is necessary to do so in order to safeguard a child from harm.
- 1.3. When new pupils join our school, parents and carers will be informed that we have a safeguarding policy. A copy will be provided to parents on request and is available on the school website. Parents and carers will be informed of our legal duty to assist our colleagues in other agencies with child protection enquiries and what happens should we have cause to make a referral to Childrens Social Care or other agencies.
- 1.4. We will abide by the principles of information sharing and consent as outlined in Appendix 11. A lack of parental engagement or agreement regarding the concerns the school has about a child will not prevent the Designated Safeguarding Lead making a referral to the Safeguarding Referral Team in those circumstances where it is appropriate to do so.
- 1.5. In order to keep children safe and provide appropriate care for them, the school requires parents to provide accurate and up to date information regarding:
 - Full names and contact details of all adults with whom the child normally lives;
 - Full names and contact details of all persons with parental responsibility (if different from above);
 - Emergency contact details (for the above and also for a responsible person(s) to contact in the event that parents/carers cannot be contacted);
 - Full details of any other adult authorised by the parent to collect the child from school (if different from the above).
 - Any legal or criminal changes which effects parental responsibility e.g. Bail condition, court orders, MARAC arrangements (Multi-Agency Risk Assessment Conference).
- 1.6. The School will retain this information on the pupil file. The school will only share information about pupils with adults who have parental responsibility for a pupil or where a parent has given permission and the school has been supplied with the adult's full details in writing.

APPENDIX 13 – Children’s Social Care response

2. CHILDRENS SOCIAL CARE RESPONSES TO CONCERNS ABOUT A CHILD

- 2.1. Once Children’s Social Care has accepted our referral as needing a social-care-led response (Level 4 on the Guide to Levels of Need), a social work practitioner and their manager will evaluate the concerns to identify the sources and levels of risk and to agree what protective action may be necessary.
- 2.2. The evaluation of concerns and risks involve deciding whether:-
- the child needs immediate protection and urgent action is necessary; or
 - the child is suffering, or at risk of suffering, significant harm and enquiries need to be made under section 47 of the Children Act 1989; or
 - the child is in need and should be assessed under section 17 of the Children Act 1989.
- 2.3. We will cooperate with Children’s Social Care and the police in any emergency action they take using their legal powers for immediate protection of the child.
- 2.4. We will participate in any multi-agency discussions (strategy discussions), if invited to do so, and share information about the child and their family to plan the response to concerns.
- 2.5. We will share information about the child and their family for section 47 enquiries and section 17 assessments undertaken by Children’s Social Care.
- 2.6. We will ensure that a relevant staff member participates in all initial and review child protection conferences, that we are invited to attend. The staff member will work together with other agencies to discuss the need for and agree to an outcome-focused child protection plan and will ensure that the child’s wishes and views are considered in their own right.
- 2.7. If we are members of the core group to implement a plan, we will ensure a relevant staff member participates in all core group meetings.
- 2.8. We will ensure that we complete all actions allocated to us as part of the outcome-focused plan, whether a child protection plan or a child in need plan, in a timely way.
- 2.9. We will continue to monitor pupils once their plans are ended to ensure that they are supported and kept safe.
- 2.10. PROFESSIONAL CHALLENGE AND DISAGREEMENTS**
- 2.11. Bentilee Nursery School recognises that working with children and families, and in particular child protection work, can be stressful and complex, as well as involving uncertainty and strong feelings. To ensure that the best decisions are made for children, we need to be able to challenge one another's practice.
- 2.12. We will promote a culture within our school that enables all staff members to raise, without fear of repercussions, any concerns they may have about the management of child protection in the school. This may include raising concerns about decisions, actions and inactions by colleagues in respect of individual children.

- 2.13. If necessary, staff members can speak with the Designated safeguarding lead, the head teacher, the chair of governors or with the Local Authority Designated Officer.
- 2.14. Cooperation across agencies is crucial; professionals need to work together, using their skills and experience, to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.
- 2.15. If there are any professional disagreements with practitioners from other agencies, that the staff member involved has been unable to resolve informally, the DSL or the head teacher will raise concerns formally with the relevant agency's safeguarding lead in line with LSCB escalation policy.
- 2.16. The escalation policy can be found at the link below:-

<http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/g-appeals-and-disagreements/>

APPENDIX 14 – Managing allegations against staff and volunteers

- 1.1. Bentilee Nursery School aim to provide a safe and supportive environment which secures the well-being and very best outcomes for pupils at our school.
- 1.2. We do recognise however, that sometimes the behaviour of adults may lead to an allegation of abuse being made.
- 1.3. Bentilee Nursery School follow the local Safeguarding Children Board procedures - Managing Allegations against Adults Working with Children and Young People :-
<http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/d---cyp-specific-circumstances/>
- 1.4. If an allegation is made, or information is received about an adult who works or volunteers in our school which raises concerns, the member of staff receiving the information should inform Kate Gowand or Juliet Levingstone immediately.
- 1.5. Should an allegation be made against the Head teacher, this will be reported to the Chair of Governors.
- 1.6. In the event that neither the Head teacher nor Chair of governors is contactable on that day, the information must be passed to and dealt with by either the member of staff acting as Head teacher or the Vice Chair of governors.
- 1.7. Any member of staff or volunteer who does not feel confident to raise their concerns with the Head teacher or Chair of governors can contact the Local Authority Designated Officer directly.
- 1.8. We also have a Whistle Blowing Policy which is accessible to all staff.
- 1.9. When a concern is raised about an adult in our school, the Head teacher (or other appropriate person, as above) will seek advice from the Local Authority Designated Officer (LADO) at the earliest opportunity (and certainly within 1 working day.) No one will undertake further investigations until they receive advice from the LADO.
- 1.10. The Local Authority Designated Officer will convene a strategy meeting when there are concerns that a person in a position of trust has:-
 - *behaved in a way that has harmed a child, or may have harmed a child;*
 - *possibly committed a criminal offence against or related to a child; or*
 - *behaved towards a child or children in a way that indicates they may pose a risk of harm to children.*
- 1.11. We will work closely with Children's Social Care and the police, if they are involved, to support with any assessment or investigation as required.
- 1.12. The staff member who is the subject of the allegation will be advised to contact their union, professional association or a colleague for support, (depending on the outcome of the strategy discussion/meeting with the LADO). HR will ensure that the staff member is provided with appropriate support, if necessary, through occupational health or welfare arrangements.

- 1.13. If the LADO deems that the referral does not meet the criteria for his involvement, we may still undertake our own investigation into the alleged events and if necessary, invoke disciplinary procedures.
- 1.14. The school has a legal duty to refer to the Disclosure and Barring Service (DBS) anyone who has harmed, or poses a risk of harm, to a child, or if there is reason to believe the member of staff has committed one of a number of listed offences, and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person.
- 1.15. If these circumstances arise in relation to a member of staff at our school, a referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the LADO and HR.
- 1.16. **FOR INFORMATION** - The NSPCC whistleblowing helpline is also available for staff who do not feel able to raise concerns regarding child protection failures internally.
 - Telephone free: - 0800 028 0285 (line is available from 8am to 8pm, Monday to Friday.)
 - Email: help@nspcc.org.uk

APPENDIX 15 – Safer Recruitment

- 1.1. Our school has robust recruitment and vetting procedures to help to deter, reject and prevent unsuitable people from working or volunteering within our school.
- 1.2. Our job advertisements and application packs make explicit reference to the school's commitment to safeguarding children, including clear statements in the job description and person specification about the staff member's safeguarding responsibilities.
- 1.3. We require evidence of original academic certificates. We do not accept testimonials and insist on taking up references prior to interview. We will question the contents of application forms if we are unclear about them or if there are gaps in employment.
- 1.4. All staff members who have contact with children, young people and families will have appropriate pre-employment checks (including Disclosure and Barring Service checks;) in line with Keeping Children Safe in Education; September 2016.
- 1.5. At least one member on every short listing and interview panel will have completed safer recruitment training.
- 1.6. We maintain a Single Central Register of all safer recruitment checks carried out in line with statutory requirements. Guest visitors will also be checked in line with statutory requirements and risk assessed robustly. The Governing Body will check the SCR on a term basis and record accuracy and actions.



Staffordshire Police CSE Information Report

Gathering Intelligence about Child Sexual Exploitation

Staffordshire Police have devised a process by which agencies, parents, carers and young people can provide information about perpetrators. This is gathered and used in situations where there may be no evidence available or the victim is either unwilling or unable to provide a police statement. This occurs in the vast majority of cases of sexual exploitation. Therefore, the opportunity to provide intelligence means that the police can build a sufficient picture over a period of time and act upon it. This could potentially interrupt and disrupt criminal activity where young people are being exploited.

What to collect?

Information on child sexual exploitation includes details on:-

- Suspects – names, nicknames, addresses, dates of birth and descriptions of suspects of CSE
- Vehicles – registration numbers, partial registration numbers, make and model, colour and distinguishing features or marks of vehicles used by suspects
- Telephones – details of phone numbers and mobile phones used by suspects and details of any text messages or phone calls made by them or to them
- Locations – details of locations where offences have taken place or suspects/victims frequent
- Offences – details of criminal offences that have not been recorded by the police either because the victim has not been identified or the victim denies them or refuses to cooperate with the police
- Date and times – that incidents occurred or suspects or vehicles seen
- Links – between suspects, vehicles, locations and young people identified at risk of CSE

The more detailed and precise the information is the better the quality of intelligence. The intelligence forms are not to be used for the following:

- To report a crime
- To pass information to the police about a crime that is already being investigated
- To raise a child protection concern

Intelligence can be reported from 3 perspectives:

1. Disclosure by a Young Person at Risk
2. Incident Witnessed by a Professional
3. Information from another Person

Submit the completed intelligence form onto the Child Exploitation Team.

childexploitation@staffordshire.pnn.police.uk

If you do not have a secure e-mail facility then please call CET on 101 ext 3604 to discuss

Please note – this form is **NOT** a referral form.

Agencies should refer to the CSE Policy document Staffs Section 4Ha, S-o-T Section D14 and follow the process outlined. Referrals should be made to First Response (Staffordshire) or the Safeguarding Referral Team (Stoke-on-Trent) or to the Police. This form is to collect intelligence only and may then be used to assist police in building a case.

Staffordshire Police – Child Sexual Exploitation Information Report



Date/Time of report:

Details of Professional submitting:

Name					
Post / Job Title					
Agency					
Contact Details					
Witnessed Incident	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Member of the Public	<input type="checkbox"/>

Details of Child/Young Person (if known):

Name	
Age	
Address	

If the information is from a 3rd party are they be willing to engage with the Police? Yes / No

Please provide information: Include as much detail as possible re names /descriptions /nicknames/ vehicle details/addresses etc: