



Education Child Protection/Safeguarding

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1. Introduction

This document outlines Lees Brook Community School child protection/safeguarding policy. It applies to all adults, including volunteers working in or on behalf of the school.

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

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

Everyone working in, or for our school, shares an objective to help keep children and young people safe by contributing to:

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

We will ensure that parents and our partner agencies are aware of our child protection policy by ensuring that it is displayed in school reception area/s, by raising awareness at initial meetings with parents of new pupils and at parent teacher meetings and ensuring that it is on the school website.

1.1 Policy Aims

The aim of this policy is to outline how the school will:

- Promote a positive school ethos where children can learn, feel secure and be safe.
- Prevent unsuitable people working with children and young people.
- Promote safe practice and challenge poor and unsafe practice.
- Identify instances in which there are grounds for concern about a child's welfare, and initiate or take appropriate action to keep them safe.
- Contribute to effective partnership working between parents and all those involved with providing services for children and young people.

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

1.2 Context

This policy enables Lees Brook Community School to carry out our functions with a view to safeguarding and promoting the welfare of children under sections 175 and 157 of the Education Act (2002). The policy is in line with the following legislation and guidance:

- Working Together to Safeguard Children (2015)
- Children Act 1989 and 2004
- Keeping Children Safe in Education (2016)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)
- Protection of Freedoms Act (2012)
- The Prevent Duty Guidance for England and Wales (2015)
- The Prevent Duty: departmental advice for schools and childcare providers (2015)

- Mandatory reporting of Female Genital Mutilation – procedural information (2015)

The policy is consistent with Derby and Derbyshire Safeguarding Children web-based procedures which can be found via www.leesbrook.co.uk and is also located on www.derbyscb.org.uk. The school will adhere to the Derby and Derbyshire Safeguarding Children procedures.

Safeguarding the welfare of children is more than purely child protection; it permeates all Lees Brook activity and functions. This policy therefore complements and supports a range of other school policies, such as;

- Health and safety
- Behaviour management
- Meeting the needs of pupils with medical conditions
- Providing first aid
- Internet /e-safety including sexting
- Anti-bullying, including cyber-bullying
- Safer Recruitment
- School security
- Managing allegations against staff
- Children who runaway or go missing from education, home or care
- Staff Code of Conduct
- SEN
- Relationships and sex education
- Complaints procedure
- Information sharing
- Confidential Reporting Code
- Preventing Extremism and Radicalisation Safeguarding Policy
- Children Missing from Education Policy and Guidance
- Female Genital Mutilation Policy Statement
- Child Sexual Exploitation (CSE)

1.3 Principles

Safeguarding arrangements in the school are underpinned by the 2 key principles:

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

2. Safeguarding Roles and Responsibilities of School Staff

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

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

Staff induction will include organisation vision, aspirations and expectation of all staff as well as what is considered acceptable and what is not. They will also receive information about systems within the school which support safeguarding. This includes the child protection/safeguarding policy, staff code of conduct, the role of the designated safeguarding lead (DSL) and the name of the designated governor.

All staff will:

- Receive a paper/electronic copy of, read and sign to say that they have read and understood [Keeping Children Safe in Education: for school and college staff \(part 1\) \(2016\)](#).
- Receive safeguarding training which is regularly updated¹ as well as online safety training so they are equipped with the knowledge and skills to keep children safe.
- Receive regular safeguarding and child protection updates at least annually via email, e-bulletins and staff meetings to help provide them with an awareness of safeguarding issues (including FGM, 'honour based' violence, forced marriage and radicalisation/extremism), relevant skills and knowledge to safeguard children effectively.
- Be aware of;
 - the early help process and understand their role in it;
 - the process for making referral to Children's Social Care and for statutory assessments that may follow this and the role they may play in such assessments.
- Know what to do if a child tells them he/she is being abused or neglected and how to share information appropriately.
- Be aware that safeguarding issues can manifest themselves via peer on peer abuse and be clear about the school policy on peer on peer abuse.

We will engender the principle that safeguarding is 'everyone's responsibility'.

All staff and volunteers should raise any concerns they have about poor or unsafe practice and potential failures in the school safeguarding regime. These concerns will be taken by the senior leadership team. See the school Whistleblowing Procedures for how such concerns can be raised with the school senior leadership team and the other whistleblowing channels open to staff.

2.1 Governors

The Governing Body has the responsibility to ensure that the school complies with safeguarding duties under legislation. Safeguarding is a standing item at all governing body meetings.

The Governing Body will ensure that:

- The school contributes to inter-agency working in line with Working Together to Safeguard Children (2015) by:

¹ See DSCB Education providers training pathway on the [training page](#) of www.derbyscb.org.uk

- Providing a co-ordinated offer of early help when low level or emerging needs of children are identified;
- Contributing to inter-agency support to children subject to child in need or child protection plans; and
- Allowing access for Children's Social Care to conduct or consider conducting an assessment.
- The school's safeguarding arrangements take into account procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by Derby and Derbyshire Safeguarding Children Boards' (DSCBs'). This includes co-operation between partner agencies and providing information to the Derby SCB to allow it to perform its functions.
- The Chair of the Governing Body will liaise with the Local Authority Designated Officer (LADO) (also known as Designated Officer) and partner agencies in event of any allegations of abuse made against the Headteacher.
- There is an effective child protection policy which is consistent with DSCB procedures, along with a staff behaviour policy (code of conduct). This will be provided to all staff on induction, will be updated annually and available on the school website.
- All policies and procedure adopted by governing bodies, particularly concerning referrals of suspected abuse and neglect, are followed by staff.
- A member of the Senior Leadership Team is appointed to the role of Designated Safeguarding Lead (DSL); this will be explicit in the role holder's job description, have the appropriate authority and given time, funding, training, resources and support to fulfil their role effectively. A designated Deputy Safeguarding Lead will also be appointed in the same way.
- The DSL will undergo training at a minimum every 2 years. The Headteacher and other staff will undergo child protection training regularly and at least annually, via statutory training.
- There is consideration about how children may be taught about safeguarding, including on-line, through teaching and learning opportunities.
- People who pose a risk of harm are prevented from working with children by:
 - Adhering to statutory responsibilities to check staff working with children, taking proportionate decisions on whether to ask for checks beyond what is required and ensuring volunteers are appropriately supervised.
 - Having a written recruitment and selection policies and procedures in place.
 - The presence of at least one person on any appointment panel who has undertaken safer recruitment training.
- There are procedures in place to handle allegations of abuse against staff and volunteers and that such allegations are referred to the LADO/Designated Officer at the local authority and that procedures are in place to make a referral to the Disclosure and Barring Service when the criteria has been met. There are also procedures in place to handle allegations against other children.
- There are systems in place for children to express their views and feedback. Staff will not agree confidentiality and will always act in the best interests of the child.
- A Designated Teacher will be appointed to promote the education achievement of children who are looked after who has appropriate training. The designated teacher will work with the LA's Virtual School head to discuss how best to support LAC. Staff will have the skills, knowledge and understanding to keeping looked after children safe.
- There are appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions.

- Any deficiencies or weaknesses in regard to safeguarding arrangements that are brought to their attention are addressed without delay.

2.2 Headteacher

The Headteacher will ensure that:

- The policies and procedures adopted by the Governing Body are fully implemented and followed by all staff.
- Sufficient time and resources are allocated to enable the Designated Safeguarding Lead (DSL) and other staff to discharge their responsibilities, including recording and monitoring safeguarding activities, taking part in strategy discussions, other inter-agency meetings and contributing to the assessment of children.
- All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children, and concerns are addressed sensitively and effectively in a timely manner.
- The child's safety and welfare is addressed through the curriculum.
- Education Welfare Staff and Social Workers are informed immediately when a child who is looked after or subject to a child in need plan or a protection plan goes missing (DSCB Safeguarding Children procedures chapter 1.6.7).
- They undertake appropriate training to carry out their safeguarding responsibilities effectively and keep this up-to-date.

2.3 Designated Safeguarding Lead (DSL)

The DSL is a senior member of staff who co-ordinates the school's safeguarding and child protection arrangements by providing advice and support to other staff on child welfare and child protection matters, to take part in strategy meetings and inter-agency meetings – and /or to support other staff to do so - and to contribute to the assessment of children.

The DSL liaises with the local authority and works with other agencies in line with Working Together to Safeguard Children (2015). Where there are serious/complex needs or child protection concerns, this includes referrals to Children's Social Care. In exceptional circumstances, i.e. in an emergency or concern that appropriate action hasn't been taken, staff members can speak directly to Children's Social Care.

The school also has a deputy Designated Safeguarding Lead DSL to cover for when the DSL is not available; the lead responsibility however remains with the Designated Safeguarding Lead.

During term time the Designated Safeguarding Lead (DSL) and/or a deputy will be available during school hours for staff in the school to discuss safeguarding concerns. Adequate and appropriate cover arrangements will be made for any out of hours/out of terms activities.

See appendix 6 for further information about the Role of the Designated Safeguarding Lead (DSL).

2.4 School Staff

Any concerns must be discussed with the Designated Safeguarding Lead (DSL).

If staff members are unsure they should always speak to the DSL to clarify the situation and agree if any action is needed. Staff have a responsibility to record all concerns in writing (using the school concerns form) and forward this to the DSL or their deputy. All staff will work with the DSL and where appropriate support Social Workers to take decisions about individual children.

All staff, including volunteers and temporary staff must have an understanding of how the school safeguards and promotes the welfare of children, including the school child protection policy, their role and responsibilities in this and how to report any concerns.

Named Lees Brook Community School staff with specific safeguarding responsibilities

- Name of Designated Safeguarding Lead: **Sarah Hadwin, Designated Safeguarding Lead**
- Name of Acting Deputy Designated Safeguarding Lead: **Sam Davies, Attendance Manager**
- Other staff with safeguarding responsibilities: **Zoe House, Headteacher**
Katy Heffern, Deputy Head
- Name of Designated Governor: **Rev. Jason Ward**
- Name of Designated Teacher for looked after children: **Katy Heffern, Deputy Head**

Other Key Safeguarding Contacts

- Children's Social Care
 - First Contact Team 01332 641172
 - Careline (out of hours service) 01332 786968
- Local Authority Designated Officer (LADO) 01332 642376
- School Police link officer - 101 PC Mark Atterbury 14290, Chaddesden SNT, Chaddesden Police Station, 1-3 Roe Farm Lane, Chaddesden Derby. DE21 6ET.
- Locality Multi-agency Team (MAT), Early Help Advisor, Education Welfare Officer, MAT Team Leaders, Locality 1/5. 01332 640723 or 01332 641074, Council House, Corporation Street, Derby.
 - Tahir Abdullah, MAT Team Leader
 - Karen Lane, Early Help Advisor
- Channel/Prevent (radicalisation/extremism) for advice and information contact Prevent Team based at The Council House tel 01332 643058, 0300 122 4177 or contact the Police Prevent Team on 101
- Female Genital Mutilation (FGM) mandatory reporting via Police on 101
- NSPCC (Whistleblowing) 08000 028 0285 or email help@nspcc.org.uk
- Safe and Sound (CSE) 01332 362120

Key national contacts

- NSPCC
 - NSPCC helpline - helping adults protect children 24 hours a day. For help and support, including anyone needing advice about female genital mutilation, young people affected by gangs, concerns that someone may be a victim of modern slavery contact the NSPCC trained helpline counsellors on:

- help@nspcc.org.uk
- Text 88858
- 0808 800 5000
- NSPCC Whistleblowing Advice Line - free advice and support for professionals concerned about how child protection issues are being handled in their organisation.
 - 0800 028 0285
 - help@nspcc.org.uk
- UK Safer Internet Centre professional advice line - helpline for professionals working with children and young people in the UK with any online safety issues they may face themselves or with children in their care.
 - helpline@saferinternet.org.uk
 - 0844 381 4772
- Police Anti-Terrorist Hot Line number 0800 789 321

3. Environment – children are safe and feel safe

Lees Brook Community School adopts an open and accepting attitude towards children as part of our responsibility for pastoral care. Children, parents and staff will be free to talk about any concerns and will see the school as a safe place when there are difficulties. Children's worries and fears will be taken seriously and children encouraged to seek help from school staff.

Lees Brook Community School will therefore ensure that:

- An ethos where children feel secure and are encouraged to talk and are listened to, taken seriously and responded to appropriately is established and maintained.
- Children are involved in the decision-making which affects them.
- Children know that there are adults in the school whom they can approach if they are worried or have difficulties and the school has well developed listening systems.
- Posters are displayed which detail contact numbers for appropriate support services and child protection helplines i.e. DSCB, ChildLine, Domestic Violence.
- Curriculum activities and opportunities to equip children with the skills they need to stay safe from abuse.
- There is a clear written statement of the standards of behaviour and the boundaries of appropriate behaviour expected of staff and pupils that is understood and endorsed by all.
- Positive and safe behaviour is encouraged among children, and staff are alert to changes in a child's behaviour and recognise that challenging behaviour may be an indicator of abuse.
- Effective working relationships are established with parents and colleagues from partner agencies.
- There is an awareness that personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse. In particular staff are knowledgeable about domestic violence, 'honour based' violence, female genital mutilation (FGM), forced marriage, online safety, hate crime, radicalisation and child sexual exploitation (CSE).
- There is a recognition that children who do not attend regularly or go missing from education are particularly vulnerable and at increased risk of neglect or abuse.

- Staff are appropriately trained in safeguarding according to their roles and responsibilities, have regular opportunities for safeguarding briefings and records are kept of all training undertaken.
- Safer recruitment procedures are used to make sure that all appropriate checks are carried out on staff (and volunteers) who work with children.
- Volunteers are appropriately supervised.
- The school environment is safe and secure; this includes ensuring that all visitors to the school are suitable and checked and monitored as appropriate. The school “Visitors’ Policy” sets out how visitors will be checked and monitored.
- Any groups using school premises for the provision of services to children have their own safeguarding policies, or adopt the school policy, and have satisfactorily completed all appropriate checks.
- All visiting speakers present materials appropriate to the age and maturity level of pupils, that do not insult or promote intolerance of other faiths or groups, adhere to the school’s equalities policies and are not permitted to incite hatred, violence, call for the breaking of the law or promote any acts of terrorism or extremism.
- Measures are in place to ensure that the physical environment keeps children safe

3.1 Safeguarding as part of the Curriculum

Through Citizenship and other curriculum opportunities, pupils are helped to talk about their feelings, know about their rights and responsibilities, understand and respond to risks, to deal assertively with pressures and know who they can turn to for advice and help both in and out of the school and how to make a complaint.

The following areas are addressed within Citizenship and in the wider curriculum through tutorial time);

- Bullying, including cyber-bullying
- Drug and alcohol use/abuse, including ‘legal highs’
- e safety
- Road, fire and water safety
- Inter-personal relationships and domestic violence
- Child sexual exploitation (CSE), online and offline
- Honour based violence and forced marriage
- Female genital mutilation (FGM)
- Radicalisation and extremism

3.2 Vulnerable Children

We recognise that some children will be at increased risk of neglect and or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

To ensure that all of our children receive equal protection, we will give special consideration and attention to children who are:

- Disabled or have special educational needs
- Living in a known domestic abuse situation
- Affected by known parental substance (drugs and/or alcohol) misuse

- Asylum seekers/refugees
- New communities
- Living away from home, including private fostering arrangements
- Vulnerable to being bullied, or engaging in bullying
- Go missing from school, particularly on repeat occasions
- Living in temporary accommodation
- Living transient lifestyles
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- Are at risk of sexual exploitation
- Are at risk of FGM
- Are at risk of exposure to extremism and radicalisation
- Young carers
- Looked after children
- Do not have English as a first language.

Special consideration includes the provision of safeguarding information, resources and support services in community languages and accessible formats.

3.3 Working with parents and carers

We recognise the importance of working together with parents/carers to educate as well as safeguard and promote the welfare of children.

Lees Brook Community School will ensure that;

- We work with parents positively, openly and honestly.
- Parents are encouraged to discuss their issues or concerns about safety and welfare of children, and they will be listened to and taken seriously.
- We will provide parents with information about the support available to keep children safe within the school, locally and nationally.
- Up to date and accurate information is kept about pupils i.e. names and contact persons with whom the child normally lives, those with parental responsibility, emergency contact details, if different from the above those authorised to collect the child from school, name and contact details of GP, any relevant court orders or any other factors which may impact on the safety and welfare of the child.
- Information about pupils given to us by children themselves, their parents or carers or by other agencies will remain confidential. Staff will be given relevant information on a 'need to know' basis in order to support the child.
- It is made clear to parents and carers that the school has a duty to share information when there are any safeguarding concerns. Also that there is a duty to keep records which relate to safeguarding work by the school, or partner agencies. These will be kept securely, kept apart from the main pupil record and only accessible to key members of staff. Copies of these records will be securely sent to any school which the child transfers.
- Where we have reason to be concerned about the welfare of child we will always seek to discuss this with the child's parents or carers first, however there may be occasions where we are not able to do this.

4. Taking Action on Concerns – guidance for staff

Key points to remember for taking action are;

- In an emergency take the action necessary to help the child, for example, call 999.
- Report your concern to the DSL or their deputy as soon as you can and by the end of the day at the latest.
- If the DSL or their deputy is not around, ensure the information is shared with the most senior person in the school that day and ensure action is taken to report complex/serious or child protection concerns to Children's Social Care.
- Do not start your own investigation.
- Share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family.
- Complete a record of the concerns (see Appendix 4).
- Seek support for yourself if you are distressed.

4.1 All staff should follow the Derby and Derbyshire Safeguarding Children Procedures. These can be found www.leesbrook.co.uk and are also located on the local safeguarding polices and guidance page of www.derbyscb.org.uk. The DSCB Thresholds document will support the DSL and school staff in their decision making about the child's needs and the appropriate assessment and interventions.

It is **not** the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation; this is the responsibility of Children's Social Care. All staff however have a duty to recognise concerns and maintain an open mind. Accordingly all concerns regarding the welfare of pupils will be recorded and discussed with the Designated Safeguarding Lead (or another senior member of staff in the absence of the designated lead) prior to any discussion with parents.

4.2 If you suspect a child has emerging, complex/serious needs or there are child protection concerns

Information about abuse and neglect can be found in **Appendix 2**.

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

Ensure you record these early concerns using the Lees Brook School yellow safeguarding/welfare concerns sheet (**Appendix 4**). If a child or adult does begin to reveal that a child is being harmed you should follow the advice in the section 'If information is disclosed to you'.

4.3 If information is disclosed to you

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

If a child or adult talks to you about any risks to a child's safety or wellbeing you will need to let them know that **you must** pass the information on – you are not allowed to keep secrets. The

point at which you do this is a matter for professional judgement. If you jump in immediately the child or adult may think that you do not want to listen, if you leave it till the very end of the conversation, they may feel that you have misled them into revealing more than they would have otherwise.

During your conversation with the child or adult:

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

If you are unsure you should always have a discussion with the Designated Safeguarding Lead to agree the best way forward.

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

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

- Information which indicates that the child is living with someone who does not have parental responsibility for them (private fostering).
- Any concerns that a child is at risk of forced marriage, honour based violence or female genital mutilation (FGM).
- Any concerns that a child is exhibiting extremist or radicalised views and/or behaviour

4.4 Role of the Designated Safeguarding Lead following identification of needs or concerns

The Designated Safeguarding Lead (DSL) will:

- Assess any urgent medical needs of the child.
- Consider whether the child has low level, emerging needs or complex/serious needs or if there are child protection concerns.
- Check whether the child is currently subject to a child protection plan, or has previously been subject to a plan, is looked after, has child in need plan or an early help assessment (EHA) or is open to a Multi Agency Team (MAT) or known to another agency.
- Confirm whether any previous concerns have been raised by staff.
- Consider whether the matter should be discussed with the child's parents or carers or whether to do so may put the child a further risk of harm (see below).
- If unsure that a child protection referral should be made, seek advice from Children's Social Care.
- If the concerns are about radicalisation or violent extremism, make a referral to Channel via the Police Prevent team and also, where the child has complex or serious needs or where there are child protection concerns; refer to Children's Social Care.

4.5 Notifying parents

The school will normally seek to discuss any needs or concerns about a child with their parents or carers. This must be handled sensitively. Where an early help assessment would benefit the child and their family the most appropriate member of school staff should approach the parent/carer to take this forward. In situations where there are serious/complex needs or child protection concerns the DSL will make contact with the parent or carer. However, if the school believes that notifying parents could increase the risk to the child or exacerbate the problem, then advice will first be sought from Children's Social Care. The school works very closely with a number of services including City Council Health and police. At times the school has to work under their direction when notifying parents.

4.6 Getting help for the child

If a referral to Social Care is not considered appropriate, consideration should be made to what support the child and family need. The school will consider what support could be offered within the school, it may be useful to undertake an EHA to clarify the child's needs/strengths and the supports required and/or make a referral for other services.

Full written records of the information that the DSL received, detailing the actions taken or not taken and the reasons for these will be made.

4.7 Using the Early Help Assessment (EHA)

Where parents, carers or children tell us that they require support, or school staff identify that there may be emerging needs and that services might be required an EHA is likely to be beneficial. In such cases staff will have an open discussion with the parents / carers and child about the support and services that might help and agree how they would be accessed. All staff will be made aware of, and understand the Early Help process.

4.8 Low level needs

Where the school and another service i.e. school nurse, may be able to meet the needs, take swift action and prevent needs escalating, the EHA pre-assessment checklist and request for support form will be completed to identify and document the needs. This process may identify that an early help assessment may be needed and the action to be taken.

4.9 Emerging needs

Where the child or parent are likely to require co-ordinated support from a range of early help services, or where there are concerns for a child's well-being or a child's needs are not clear, not known or not being met, staff should discuss the use of the early help assessment with the child and /or their parents or carers. Where a multi-agency response is needed a team around the family (TAF) should be formed to bring together practitioners from the different services so that they, along with the family, can work together to meet the child's needs.

For more information about the early help assessment process see www.derbyscb.org.uk.

At each stage of the process where serious/complex needs or child protection concerns are identified, a referral to Children's Social Care will be made. See below.

4.10 Referral to Children's Social Care

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

Anybody can make the referral.

Where it is believed that a child has complex/serious needs or where there are child protection concerns, the Designated Safeguarding Lead (DSL) will make a referral to Children's Social Care. In exceptional circumstances, such as in an emergency or a genuine concern that appropriate action hasn't been taken, any staff member can refer their concerns directly to Social Care however they should inform the Designated Safeguarding Lead (DSL) as soon as possible. See Derby and Derbyshire [Thresholds document](#) and [Derby and Derbyshire Safeguarding Children procedures: chapter 1.2 Making a referral to Children's Social Care](#).

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

4.11 Action following referral

The DSL or other appropriate member of staff will:

- Follow up the referral in writing within 24 hours using any existing assessment i.e. early help assessment or the child referral form.

- Maintain contact with the allocated Social Worker.
- Contribute to the strategy discussion or meetings.
- Provide a report for, attend and contribute to any initial and review child protection conference.
- Share the content of this report with the parent and if appropriate the child, prior to the meeting.
- Attend core group meetings for any child subject to a child protection plan or child in need meeting for any child subject to a child in need plan.
- Where a child on a child protection plan, child in need plan or is looked after moves from the school or goes missing, immediately inform the key worker in Social Care.
- If the child's situation does not appear to be improving the DSL should press for re-consideration. See DSCB Escalation policy.

4.12 Confidentiality and sharing information

The school will operate with regard to HM Government Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015) and Derby and Derbyshire Safeguarding Children Boards' Information Sharing Agreement and Guidance for Practitioners (2014). All staff will be mindful of the seven golden rules to sharing information (please see Appendix 3).

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

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

4.13 Record keeping

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

Copies of these records will be securely sent to any school which the child transfers and a confirmation of receipt obtained. All concerns, discussions, decisions will be recorded in writing by all staff.

4.14 Support for those involved in a safeguarding/child protection issue

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

- Taking all suspicions and disclosures seriously.
- Nominating a link person (wherever possible), who will keep all parties informed and be the central point of contact.
- Where a member of staff is the subject of an allegation made by a child, a separate link person will be nominated to avoid any conflict of interest.

- Responding sympathetically to any request from a child or member of staff for time out to deal with distress or anxiety.
- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies.
- Storing records securely.
- Offering details of helplines, counselling or other avenues of external support.
- Following the procedures laid down in our whistle blowing, complaints and disciplinary procedures.
- Co-operating fully with relevant statutory agencies.

5. Peer on Peer abuse/allegations of abuse made against other children

5.1 What is peer on peer abuse?

- Peer on peer abuse features physical, emotional, sexual and financial abuse of a child/young person by their peers.
- It can affect any child/young person, sometimes vulnerable children are targeted. For example:
 - Those living with domestic abuse or intra-familial abuse in their histories
 - Young people in care
 - Those who have experienced bereavement through the loss of a parent, sibling or friend
 - Black and minority ethnic children are under identified as victims but are over identified as perpetrators
 - Both girls and boys experience peer on peer abuse however they are likely to experience it differently i.e. girls being sexually touched/assaulted or boys being subject to homophobic taunts/initiation/hazing type (rituals and other activities involving harassment, abuse or humiliation used as a way of initiating a person into a group) violence.
- It is influenced by the nature of the environments in which children/young people spend their time - home, school, peer group and community - and is built upon notions of power and consent. Power imbalances related to gender, social status within a group, intellectual ability, economic wealth, social marginalisation etc, can all be used to exert power over a peer.
- Peer on peer abuse involves someone who abuses a 'vulnerability' or power imbalance to harm another, and have the opportunity or be in an environment where this is possible.
- While perpetrators of peer on peer abuse pose a risk to others they are often victims of abuse themselves.

Above information is based on information in [Practitioner Briefing: What is peer on peer abuse? Misunderstood Partnership \(2015\)](#) - Policy working with adults

5.2 Actions the school will take

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

- Behaviour management, including bullying/ online bullying and prejudice-based bullying
- Online safety and other associated issues, including sexting
- Children who runaway or go missing

- Relationships and sex education

The school will also act to minimise the risk of peer on peer abuse by ensuring the establishment provides a safe environment, promotes positive standards of behaviour, has effective systems in place where children can raise concerns and provides safeguarding through the curriculum via Citizenship and other curriculum opportunities. This may include targeted work with children identified as vulnerable or being at risk and developing risk assessment and targeted work with those identified as being a potential risk to others. See Section 3: Safe Environment – children are safe and feel safe.

5.3 Action on serious concerns

The school recognises that children may abuse their peers physically, sexually and emotionally; this will not be tolerated or passed off as ‘banter’ or ‘part of growing up’. The school will take this as seriously as abuse perpetrated by an adult, and address it through the same processes as any safeguarding issue. We also recognise that children who abuse others are also likely to have considerable welfare and safeguarding issues themselves.

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

When an allegation is made by a pupil/student against another pupil/student, members of staff should consider if the issues raised indicate that the child and /or alleged perpetrator may have emerging needs, complex/serious needs or child protection concerns and follow the process outlined in Section 4. Taking Action on Concerns.

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

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

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

See [DSCBs Safeguarding Children Procedures](#), in particular:

- Children who present a risk of harm to others

- Abusive Images of Children: the Misuse of Information Communication Technology (ICT).

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

6. Safer Recruitment and Selection of School Staff

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

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

Safer practice in recruitment means thinking about and including issues to do with child protection and safeguarding children at every stage of the process. This includes obtaining and scrutinising comprehensive information about applicants. For example, obtaining professional references, verifying academic or vocational qualifications, previous employment history, verifying health and physical capacity for the job as well as resolving any discrepancies or anomalies in references. It also includes ensuring that advertising, job descriptions, person specifications and interview processes includes safeguarding and right to work in England checks.

Everyone who works in the school, including volunteers will have appropriate [Disclosure and Barring \(DBS\)](#) and [disqualification by association checks](#). The school will ensure volunteers are appropriately supervised as outlined in [statutory guidance](#) on supervising the activities of workers and volunteers with children.

6.1 'Extended school' and off site arrangements

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

6.2 Visitors to the school

The school premises provide a safe learning environment with secure access. This process includes ensuring all visitors to the school are suitable and are checked and monitored as appropriate. (See Appendix 17)

7. Allegations against teachers and other staff (including volunteers)

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

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

Where an allegation is made against a teacher or member of staff (including volunteers) that they have:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

Lees Brook Community School will always comply with the Derby and Derbyshire Safeguarding Children Procedures, chapter 2.2, Allegations against Staff, Carers and Volunteers.

7.1 If you have concerns about a colleague

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

7.2 Initial actions following an allegation

- The person who has received an allegation, or witnessed an event will immediately inform the Headteacher (or the Chair of Governors if the allegation is against the Headteacher) and make a record which will include time, date, place of incident, persons present, what was witnessed, what was said etc; this should then be signed and dated (see Appendix 4).
- The Headteacher where appropriate will take steps to secure the immediate safety of children and any urgent medical needs.
- The member of staff will not be approached at this stage unless it is necessary to address the immediate safety of children.
- The Headteacher may need to clarify any information regarding the allegation; no person will be interviewed at this stage.

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

- The Headteacher or Chair of Governors should immediately discuss the allegation with the Local Authority Designated Officer (LADO). This should take place within one working day; see other key safeguarding contacts list on page 8. The discussion will consider the nature, content and context of the allegation and agree a course of action.
- The Headteacher will inform the Chair of Governors of any allegation.
- Consideration will be given throughout to the support and information needs of pupils, parents and staff.
- If consideration needs to be given to the individual's employment, advice will be sought from the Deputy Headteacher, HR and Corporate Affairs.

Supporting policies and procedures:

- Managing Allegations against Staff Policy,
- Complaints Procedure
- Confidential Reporting Code.

8. Private Fostering

Staff who become aware that a student may be in a private fostering arrangement, where the child is under 16 (or 18 if disabled) is provided with care and accommodation by someone to whom they are not related in that person's home, will raise this in the first instance with the Designated Safeguarding Lead who will notify the local Authority.

A close family relative is defined as 'grandparent, brother, sister, aunt or uncle' and includes half siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are potentially a vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school, who has parental responsibility.

School staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of private fostering arrangements.

On admission to the school, we will take steps to verify the relationship of the adults to the child who is being registered.

Appendix 1**Dates of staff training and details of course title/training provider**

Role	Course title	Training provider	Date/s
Governing Body	WRAP Training	Prevent Team	15 th October 2015
Designated Governor – Rev Ward	<ul style="list-style-type: none"> • Diocesan safeguarding of Children • Safeguarding of Vulnerable Adults • Provision for and supervision of registered sex offenders 	Derby Diocese	
Headteacher – Zoe House	<ul style="list-style-type: none"> • Safeguarding Support and Supervision = level 4 • Channel member • Effective Support and Supervision 	DCSB Channel Team DCSB	2 nd and 3 rd October 2014 2 nd February 2016 20 th – 21 st September 2017
Safeguarding Lead – Sarah Hadwin	<ul style="list-style-type: none"> • Sexual Harm and Suicide • WRAP training • CSE Champions • Early Help Training • Everybody’s Business • Fragmented Self • Advanced Safeguarding • Neglect CSA Audit • Managing Sexually Harmful Behaviour in Children & Young People • CSE Training the Trainers • Effective Support and Supervision • Level 3 First Aid at Work training 	DCSB DCC DCSB DCSB DCSB DCSB DCSB Success in Schools DCSB DCSB DCSB DCSB DCSB Instruct UK	4 th March 2015 18 th November 2015 2 nd December 2015 8 th December 2015 17 th February 2016 16 th December 2015 22 nd March 2016 25 th November 2016 30 th November 2016 30 th June 2017 13 th -14 th March 2018 11/12/13 June 2018
Katy Heffern (Deputy Head)	<ul style="list-style-type: none"> • Effective Supervision & Support (2 Day-Level 4) 	DCSB	22 nd & 23 rd June 2016
Other staff with safeguarding responsibilities	Charlotte Peck (Behaviour Manager) <ul style="list-style-type: none"> • Alcohol and substance misuse by parents • Early Help Training • Neglect • Everybody’s Business 	DCSB DCSB DCSB DCSB	10 th February 2015 16 th June 2015 21 st October 2015 4 th February 2016

	<p>Liz Wright (School Nurse)</p> <ul style="list-style-type: none"> • Safeguarding Disabled Children L3 • Sexual Harm and Suicide L3 • Neglect L3 • Child Sexual Exploitation L3 • FGM • HIV Awareness • First Aid Training <p>Rebecca Rudkin (P16 Recruitment and Retention)</p> <ul style="list-style-type: none"> • WRAP training <p>Michael Alexander (Behaviour Manager)</p> <ul style="list-style-type: none"> • Safeguarding L 2 • Alcohol and Substance • Early Help Assessment <p>Nicola Wood (Attendance Officer)</p> <ul style="list-style-type: none"> • Early Help Training • Alcohol and Substance Misuse <p>Sam Davies (Attendance Manager/Acting Deputy Safeguarding Lead))</p> <ul style="list-style-type: none"> • Working with Resistant Families • Parental Mental Health • Effective Supervision & Support (Level 4) – 2 Day course <p>Deborah Hodgkinson (Counsellor/Emotional Literacy Co-ordinator))</p> <ul style="list-style-type: none"> • Neglect (CSA) <p>Pippa Smith/Rachel Lancaster/Karl Hollis</p> <ul style="list-style-type: none"> • Level 3 First Aid at Work training 	<p>DCSB DCSB DCSB DCSB DCSB NHS St John's A</p> <p>DCC</p> <p>DCSB DCSB DCSB</p> <p>DCSB DCSB</p> <p>DCSB DCSB DCSB</p> <p>DCSB</p> <p>Instruct UK</p>	<p>11th June 2015 1st July 2015 21st October 2015 11th November 2015 May 2017 22nd March 2017 10th /11th April 2017</p> <p>18th November 2015</p> <p>8th September 2015 10th February 2015 25th September 2014</p> <p>10th December 2014 10th February 2015</p> <p>21st January 2015 19th February 2015 February 2017</p> <p>28th June 2017</p> <p>11/12/13 June 2018</p>
<p>Whole School Staff Team</p>	<ul style="list-style-type: none"> • Child Protection/Safeguarding for school staff • Everybody's Business - Safeguarding • Derby Safeguarding Board – Introduction to Safeguarding E-Learning course • Prevent WRAP training 	<p>DSL DSL</p> <p>DSCB E-Learning</p> <p>Prevent Team</p>	<p>22nd July 2015 4thSeptember 2014</p> <p>7thSeptember 2015</p> <p>14th September 2015</p>

	<ul style="list-style-type: none"> • Prevent WRAP training • CSE training • FGM Training (Home Office E-Package) • Keeping Children Safe in Education – September 27th 2016 • Safeguarding Talk to NQT's/Student Teachers • Inclusion Team received Drugs Update Training (1.5 hours) from Breakout + • CSE Training and whole school update of safeguarding procedures • Safeguarding Training for new staff • Prevent Training for new staff • Safeguarding Training for student staff • Safeguarding Training for new staff 	<p>Acting DSL</p> <p>Safe and Sound</p> <p>Home Office</p> <p>Sarah Hadwin</p> <p>Inclusion Team</p> <p>Sarah Hadwin</p> <p>Sarah Hadwin</p> <p>Sarah Hadwin</p> <p>Sarah Hadwin</p> <p>Sarah Hadwin</p>	<p>4th January 2016</p> <p>25th January 2016</p> <p>6th June 2016</p> <p>7th September 2016 (All afternoon)</p> <p>28th September 2016 Monday 23rd January 2017 Monday 6th March 2017</p> <p>Tuesday 5th September 2017</p> <p>Tuesday 5th September 2017</p> <p>Monday 11th September 2017</p> <p>Wednesday 17th January 2018</p> <p>Monday 9th April 2018</p>
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Appendix 2

Types of Abuse and Possible Indicators

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

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child².

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or they live in a home where domestic abuse happens³. Babies and disabled children also have a higher risk of suffering physical abuse.

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

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained;
- Bruises or cuts;
- Burns or scalds; or
- Bite marks⁴.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve

² HM Government (March 2015) Working Together to Safeguard Children, page 92

³ Brandon et al., (2010) Building on the learning from Serious Case Reviews: A two year analysis of child protection database notifications 2007-2009, Department for Education, 2010

⁴ HM Government (March 2015) What to do if you're worried a child is being abuse: advice for practitioners

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

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

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

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

Sexual Abuse (and exploitation)

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

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

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

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

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

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

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

Neglect

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

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

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

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

Some of the following signs may be indicators of neglect:

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

Peer on Peer Abuse

Children are vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult, and should be subject to the same safeguarding procedures. Children living away from home are particularly vulnerable and practitioners should be vigilant to the risks of bullying and other types of abuse perpetrated by children (sexual abuse is usually perpetrated by a person, possibly another child, who is known to the victim). Children who abuse others, including those who sexually abuse/offend, are likely to have considerable needs themselves. They may also pose a risk of significant harm to other children. Evidence suggests that children, including those under the age of 10, who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences.

Some of the following signs may be indicators of peer on peer abuse:

- Changes in demeanour
- Sudden reluctance or refusal to participate or engage
- Seeking constant supervision from adults
- Significant decline in performance
- Unexplained injuries
- Vague disclosures
- Reluctance or refusal of routine activities
- Sudden development of sexualised behaviour
- Servitude

Appendix 3

Seven Golden Rules to Sharing Information

1. **Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing**, but provide a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** for other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.
4. **Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is a good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, it shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

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

Appendix 4 LOGGING A SAFEGUARDING/WELFARE CONCERNS

Student Name:	Year/Reg:
Other students involved	Year/Reg
Reason(s) for recording the incident:	
PLEASE RECORD ANY INFORMATION/CONCERNS THAT YOU HAVE BELOW. REMEMBER TO KEEP IT CLEAR AND FACTUAL.	
To be completed by the school's Safeguarding Team	
Emotional Well-being <input type="checkbox"/>	Self-Harm <input type="checkbox"/>
Family Issues <input type="checkbox"/>	Sexual comment <input type="checkbox"/>
Knives/Blades <input type="checkbox"/>	Social Media <input type="checkbox"/>
Neglect <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Physical/Sexual Abuse <input type="checkbox"/>	Other <input type="checkbox"/>
Radicalisation/Extremism <input type="checkbox"/>	
How does the young person feel and what would they like doing:	
Note any action already taken, including the name(s) of anyone to whom your information was passed:	
Date when form completed:	Time:
Name and position of person completing report:	Signature:

Check to make sure that your report is clear – and that it would be clear to a stranger reading it next year. *You may use the reverse of this sheet if necessary.*

PLEASE PASS THIS FORM TO YOUR DESIGNATED PERSON FOR CHILD PROTECTION

ACTION TAKEN:

OUTCOME:

REFERRALS

- 1. Referral to the First Contact Team/Police
- 2. Referral/consultation to external agency
- 3. Parents informed
- 4. Key Worker within school
- 5. No further action

FEEDBACK TO STAFF

Staff Member:

Date Given:

Name:

FORM REVISED January 2017

Derby Children’s Social Care Child Referral Form



This referral form should be used to support a telephone referral to Derby Children’s Social Care and should be submitted within **48 hours of the call**. It can also be used to make non urgent referrals. Please mark ‘*Private and Confidential*’ and post to First Contact Team at The Council House, The Council House, Corporation St, Derby DE1 2FS or email securely:

- using the CJSM network to ashtree@derby.gov.uk.cjism.net or
- using the GCSX network to have ashmail@derby.gcsx.gov.uk.

Section 1: Details of the child/family you wish to refer

Referral date:	
-----------------------	--

Details of all children or young people living at the household

First Name	Surname	DOB/EDD	Gender	Ethnicity	Disability	Who has PR*

*Parental
Responsibility

Family and other household members

First Name	Surname	DOB	Gender	Ethnicity	Disability

Household address	
Postcode:	Telephone:

Section 2: The referrers contact details

Name	Job title/Role	Agency address
Phone number	Email	

- Have you spoken with someone in Children’s Social Care already? Yes No
- Are you likely to have on-going contact with this family? Yes No

Section 3: Reason for referral

- Have you spoken with someone in Social Care already? Yes Date: _____ No
- Have you completed an Early Help Assessment? Yes No

If 'Yes', complete sections 3, 6 and 7 only and attach a copy of the EHA and TAF documents to this referral form.

If 'No', why have you been unable to complete the EHA?

Reason for referral. Please give:

- A summary of the key issues, concerns and risks
- Your view on the level of urgency
- What, if anything, has been done in relation to this already
- Details of what you are asking for from Children's Social Care.

Please attach all relevant assessments or reports.

Threshold scaling

Using the information you have provided please tick the safety and well-being scale below to indicate what level of need you consider this referral suggests.

- Low level need**
Where need is relatively low and where individual services and universal services may be able to address the child's needs without the involvement of other services.
- Emerging need**
Where a range of early help services may be required. Co-ordinated through an Early Help Assessment where there are concerns for a child's well-being or a child's are not clear, not known or not being met.
- Complex or serious needs**
Where without the intervention the child would become at risk of significant harm or the needs are such that without intervention the child's health or development would be seriously impaired. Help is provided as a child in need under Section 17 of the Children Act (1989) via a specialist in-depth assessment and following this at least initial co-ordination of services via the Social Worker.
- Child protection concerns**
Where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm because of abuse or neglect. Under Section 47 of the Children Act 1989, local authority Children's Social Care must make enquiries and decide if any action must be taken to protect the child.

Information sharing

- Have you discussed this referral with the child/young person? Yes No
- Have you discussed the referral with the person with PR? Yes No
- Has the child/young person/person with PR given their consent for other agencies to be contacted? Yes No

If any agencies have been excluded from this, please state which:

- Are you aware of any risks to staff from any member of the household? Yes No

If 'Yes' please give details:

Anonymity

There is an expectation that when making a referral, professionals inform the family of the referral and identify themselves as part of the referral process. Information regarding the identity of the referrer will normally be shared with the family. If you consider that identifying you as the referrer will place you at level of risk, please explain below. A Social Worker will discuss this with you.

- Do you need to remain anonymous? Yes No

If 'Yes', please explain why?

--

Section 4: Other family or household members or significant others

e.g. parents, stepparents, grandparents, half siblings, step siblings or adult siblings.

First name	Surname	DOB	Gender	Ethnicity	Disability	Relationship to child

Address if different

Name	Address and postcode

Section 5: Other professionals/agencies involved

Child/young person	Nursery/school/college	GP/Medical Centre

- Are other professionals or agencies involved other than the above? Yes No

If 'Yes', the name and address/work base of the other professional/agency

Name	Address/workbase

END

Appendix 6

Role of the Designated Safeguarding Lead (DSL) and Deputy

Governing bodies, proprietors and management committees should appoint an appropriate member of staff, from the school or college **leadership team**, to take the role of designated safeguarding lead. The designated safeguarding lead should take **lead responsibility** for safeguarding and child protection. This should be explicit within the role-holders job description. This person should have the appropriate status and authority within the school to carry out the duties of the post. They should be 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 to support other staff to do so – and to contribute to the assessment of children.

Deputy designated safeguarding leads

It is a matter for individual schools and colleges as to whether they choose to have one or more deputy designated safeguarding lead/s. Any deputies should be trained to the same standard as the designated safeguarding lead.

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

The designated safeguarding lead is expected to:

Manage referrals

- Refer cases of suspected abuse to the local authority Children's Social Care as required;
- Support staff who make referrals to local authority children's social care;
- Refer cases to the Channel programme where there is a radicalisation concern as required;
- Support staff who make a referrals to the Channel programme;
- Refer cases where a person is dismissed or left due to risk/ harm to a child to the Disclosure and Barring Service as required; and
- Refer cases where a crime may have been committed to the Police as required.

Work with others

- Liaise with the headteacher or principal to inform him or her of issues especially on-going enquiries under section 47 of the Children Act 1989 and police investigations;
- As required, liaise with the case manager and designated officers at the local authority (also known as local authority designated officer/LADO) for child protection concerns (all cases which concern a staff member); and
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

Undertake training

The Designated Safeguarding Lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at every two years.

The designated safeguarding lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- Ensure each member of staff has access to and understands the school's or college's child protection policy and procedures, especially new and part time staff;
- Be alert to the specific needs of children in need, those with special educational needs and young carers;
- Be able to keep detailed, accurate, secure written records of concerns and referrals;
- Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- Obtain access to resources and attend any relevant or refresher training courses; and
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

Raise awareness

- The designated safeguarding lead should ensure the school or college's policies are known, understood and used appropriately;
- Ensure the school or college's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- Ensure the child protection is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this; and
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

Child protection file

- Where children leave the school or college ensure their child protection file is transferred to the new school or college as soon as possible. This should be

transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

Availability

- During term time the designated safeguarding lead (or a deputy) should always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual schools and colleges, working with their designated safeguarding lead to define what “available” means and whether in exceptional circumstances availability via phone and/or Skype or other such medium is acceptable.
- It is matter for individual schools and colleges and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

Taken from [Keeping Children Safe in Education \(2016\)](#), pages 58 to 60

Appendix 7

Guidance/further information

Local safeguarding information

Key local information about safeguarding children is located on Derby Safeguarding Children Board website www.derbyscb.org.uk.

This includes Derby and Derbyshire Safeguarding Children Boards' safeguarding children procedures key chapters' include:

- Providing early help
- Making a referral to children's social care
- Child protection section 47 enquiries
- Child protection conferences
- Children abused through sexual exploitation
- Safeguarding children at risk of abuse through female genital mutilation (FGM) Mandatory Reporting of Female Genital Mutilation – procedural information (2015)
- Allegations against staff carers and volunteers
- Children and families who go missing

The procedures also have key guidance document and information, including:

- Derby and Derbyshire Thresholds document
- Derby and Derbyshire Escalation policy and process
- Local contacts

The DSCB website has a specific page for education providers, including a safeguarding children audit tool for schools and colleges to support schools their annual review of safeguarding practice and in their development of a safeguarding action plan. There is also a training pathway for education providers, template policies and information about the DSCB Education Hub and safeguarding update service.

Other important information on the website includes:

- Private fostering information
- Domestic violence risk identification matrix (DVRIM)
- Early help assessment
- Graded care profile for assessment of neglect
- Safeguarding training opportunities
- Missing Children

Other sources of safeguarding information and guidance can be obtained via:

- www.gov.uk/schools-colleges-childrens-services/safeguarding-children
- www.nspcc.org.uk
- [CASPAR – free weekly email alerts to be kept up to date with all the latest safeguarding issues.](#)
- [NSPCC Helpline 0808 8005000](#)
-

Appendix 8

Prevent Duty

Introduction

Lees Brook Community School is committed to providing a secure environment for pupils, where children feel safe and are kept safe. All staff and volunteers working at the school recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not.

Under the Counter Terrorism and Security Act 2015 the school also has a statutory duty to have due regard to the need to prevent people from being drawn into terrorism.

This policy is one element within our overall school arrangements to Safeguard and Promote the Welfare of all Children in line with our statutory duties set out in section 175 of the Education Act 2002 and should be read in conjunction with the Safeguarding Policy.

This Policy also draws upon the guidance contained in the "Derbyshire SSCB Procedures" and DfE Guidance "Keeping Children Safe in Education, 2015"; and specifically DCSF Resources "Learning Together to be Safe", "Prevent: Resources Guide", "Tackling Extremism in the UK", DfE's "Teaching Approaches that help Build Resilience to Extremism among Young People" and Peter Clarke's Report of July 2014 .

School Ethos and Practice

When operating this policy Lees Brook Community School uses the following accepted Governmental definition of extremism which is:

'Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and/or calls for the death of members of our armed forces, whether in this country or overseas'.

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. Our pupils see our school as a safe place where they can explore controversial issues safely and where our teachers encourage and facilitate this – we have a duty to ensure this happens.

As a school we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views we are failing to protect our pupils.

Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people. Education is a powerful weapon against this; equipping young people with the knowledge, skills and critical thinking, to challenge and debate in an informed way.

Therefore we will provide a broad and balanced curriculum, delivered by skilled professionals, so that our pupils are enriched, they understand and become tolerant of difference and diversity and also to ensure that they thrive, feel valued and not marginalised. Furthermore at Lees Brook Community School we are aware that young people can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources and media, including via the internet, and at times pupils may themselves reflect or display views that may be discriminatory, prejudiced or extremist, including using derogatory language.

Any prejudice, discrimination or extremist views, including derogatory language, displayed by pupils or staff will always be challenged and where appropriate dealt with in line with our Behaviour and Discipline Policy for pupils and the Code of Conduct for staff. Where misconduct by a teacher is proven the matter will be referred to the National College for Teaching and Leadership for their consideration as to whether a Prohibition Order is warranted.

As part of wider safeguarding responsibilities school staff will be alert to:

- Disclosures by pupils of their exposure to the extremist actions, views or materials of others outside of school, such as in their homes or community groups.
- Graffiti symbols, writing or art work promoting extremist messages or images
- Pupils accessing extremist material online, including through social networking sites
- Parental reports of changes in behaviour, friendship or actions and requests for assistance
- Partner schools, local authority services, and police reports of issues affecting pupils in other schools or settings
- Pupils voicing opinions drawn from extremist ideologies and narratives
- Use of extremist or 'hate' terms to exclude others or incite violence
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- Attempts to impose extremist views or practices on others
- Anti-Western or Anti-British views

Our school will closely follow any locally agreed procedure as set out by the Local Authority and/or Derbyshire Safeguarding Children Board's agreed processes and criteria for safeguarding individuals vulnerable to extremism and radicalisation.

Teaching Approaches

We will all strive to eradicate the myths and assumptions that can lead to some young people becoming alienated and disempowered, especially where the narrow approaches children may experience elsewhere may make it harder for them to challenge or question these radical influences. In our school this will be achieved by good teaching, primarily via PCE; but also by adopting the methods outlined in the Government's guidance 'Teaching approaches that help build resilience to extremism among young people' DfE 2011 and Promoting fundamental British values as part of SMSC in schools - Departmental advice for maintained schools 1 November 2014.

We will ensure that all of our teaching approaches help our pupils build resilience to extremism and give pupils a positive sense of identity through the development of critical thinking skills. We will ensure that all of our staff are equipped to recognise extremism and are skilled and confident enough to challenge it

We will be flexible enough to adapt our teaching approaches, as appropriate, as to address specific issues so as to become even more relevant to the current issues of extremism and radicalisation. In doing so we will apply the 'key ingredients' see Appendix A, and we will apply the methodologies set out in that document following the three broad categories of:

- Making a connection with young people using a pupil centred approach
- Facilitating a 'safe space' for dialogue
- Equipping our pupils with the appropriate skills, knowledge, understanding and awareness for resilience.

Therefore this approach will be embedded within the ethos of our school so that pupils know and understand what safe and acceptable behaviour is in the context of extremism and radicalisation. This will work in conjunction with our schools approach to the spiritual, moral, social and cultural development of pupils as defined in OfSTED's School Inspection Handbook September 2015 and will include the sound use of assemblies to help further promote this rounded development of our pupils.

Our goal is to build mutual respect and understanding and to promote the use of dialogue not violence as a form of conflict resolution. We will achieve this by using a curriculum that includes:

- Citizenship programmes
- Open discussion and debate
- Work on anti-violence and a restorative approach addressed throughout the curriculum
- Focussed educational programmes

We will also work with local partners, families and communities in our efforts to ensure our school understands and embraces our local context and values in challenging extremist views and to assist in the broadening of our pupil's experiences and horizons. We will help support pupils who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe a pupil is being directly affected by extremist materials or influences we will ensure that that pupil is offered mentoring. Additionally in such instances our school will seek external support from the Local Authority and/or local partnership structures working to prevent extremism.

At Lees Brook Community School we will promote the values of democracy, the rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. We will teach and encourage pupils to respect one another and to respect and tolerate difference, especially those of a different faith or no faith. It is indeed our most fundamental responsibility to keep our pupils safe and prepare them for life in modern multi-cultural Britain and globally.

Use of External Agencies and Speakers

At Lees Brook Community School we encourage the use of external agencies or speakers to enrich the experiences of our pupils, however we will positively vet those external agencies, individuals or speakers who we engage to provide such learning opportunities or experiences for our pupils. Such vetting is to ensure that we do not unwittingly use agencies that contradict each other with their messages or that are inconsistent with, or are in complete opposition to, the school's values and ethos. We must be aware that in some instances the work of external agencies may not directly be connected with the rest of the school curriculum so we need to ensure that this work is of benefit to pupils.

Our school will assess the suitability and effectiveness of input from external agencies or individuals to ensure that:

- Any messages communicated to pupils are consistent with the ethos of the school and do not marginalise any communities, groups or individuals
- Any messages do not seek to glorify criminal activity or violent extremism or seek to radicalise pupils through extreme or narrow views of faith, religion or culture or other ideologies

- Activities are properly embedded in the curriculum and clearly mapped to schemes of work to avoid contradictory messages or duplication.
- Activities are matched to the needs of pupils
- Activities are carefully evaluated by schools to ensure that they are effective

We recognise, however, that the ethos of our school is to encourage pupils to understand opposing views and ideologies, appropriate to their age, understanding and abilities, and to be able to actively engage with them in informed debate, and we may use external agencies or speakers to facilitate and support this.

Therefore by delivering a broad and balanced curriculum, augmented by the use of external sources where appropriate, we will strive to ensure our pupils recognise risk and build resilience to manage any such risk themselves where appropriate to their age and ability but also to help pupils develop the critical thinking skills needed to engage in informed debate.

Referring Concerns

Where there are concerns of extremism or radicalisation parents, pupils and staff will be encouraged to make use of our internal systems to raise any issue in confidence with senior management. Our lead person for Prevent is the Designated Safeguarding Lead who would normally be the first point of contact should there be concerns. If for any reason this creates a difficulty for the referrer, they can contact the Local Authority 'Prevent' co-ordinator, First Response Team, Education Safeguarding Advice Service or Ofsted depending on the level of concern. Contact details for these agencies can be found at the end of this policy document

Staff should refer to the School Confidential Reporting Code under which they are entitled to employment protection for raising genuine concerns outside of the school environment.

Channel

Child Protection

Please refer to our Safeguarding Policy for the full procedural framework on our Child Protection duties.

Staff will be alert to the fact that whilst Extremism and Radicalisation is broadly a safeguarding issue there may be some instances where a child or children may be at direct risk of harm or neglect. For example; this could be due to a child displaying risky behaviours in terms of the activities they are involved in or the groups they are associated with or staff may be aware of information about a child's family that may equally place a child at risk of harm. (These examples are for illustration and are not definitive or exhaustive)

Therefore all adults working at Lees Brook Community School (including visiting staff, volunteers', contractors, and students on placement) are required to report instances where they believe a child may be at risk of harm or neglect to the Designated Safeguarding Lead or Headteacher who will make a referral to children's social care or the Derbyshire Prevent team when appropriate.

The Designated Safeguarding Lead works in line with the responsibilities as set out at Annex B of the DfE Guidance 'Keeping Children Safe in Education' 2016.

The Designated Safeguarding Lead is the focus person and local 'expert' for school staff, and others, who may have concerns about an individual child's safety or well-being and is the first point of contact for external agencies.

Training

All staff, including temporary staff and volunteers will receive an induction in regard to our Safeguarding policy and procedures. This will include information and guidance about our duty to prevent people from being drawn into terrorism.

Whole school in-service training in regard to safeguarding and child protection will be organised for staff, governors and volunteers at least every three years and will comply with the prevailing arrangements approved by Derby Children's Safeguarding Board and will, in part, include awareness raising on extremism and radicalisation and its safeguarding implications.

The Designated Safeguarding Lead will attend appropriate and relevant training courses in regard to safeguarding children, including the appropriate inter-agency training organised by the Safeguarding Children Board at least every two years. This will include accessing training on extremism and radicalisation and its safeguarding implications. The Designated Safeguarding Lead will ensure that all adults working in the school receive appropriate levels of training, guidance and support in regard to safeguarding children from extremism and radicalisation.

Recruitment and staff conduct

The arrangements for recruiting all staff, permanent and volunteers, to our school will follow guidance for safer recruitment best practice in education settings, including, but not limited to, ensuring that DBS checks are always made at the appropriate level, that references are always received and checked and that we complete and maintain a single central record of such vetting checks. We will apply safer recruitment best practice principles and sound employment practice in general and in doing so will deny opportunities for inappropriate recruitment or advancement.

We will be alert to the possibility that persons may seek to gain positions within our school so as to unduly influence our schools character and ethos. We are aware that such persons seek to limit the opportunities for our pupils thereby rendering them vulnerable to extremist views and radicalisation as a consequence. Therefore, by adhering to safer recruitment best practice techniques and by ensuring that there is an ongoing culture of vigilance within our school and staff team we will minimise the opportunities for extremist views to prevail.

Referrals to the Derby and Derbyshire LADO service will be made when appropriate as per statutory guidance and our Safeguarding Children Policy.

Role of Governing Body

The Governing Body of our School will undertake appropriate training to ensure that they are clear about their role and the parameters of their responsibilities as Governors, including their statutory safeguarding duties. The Governing Body of our school will support

the ethos and values of our school and will support the school in tackling extremism and radicalisation. In line with Recommendation 13 of Peter Clarke's report details of our Governing Body are published on our school website to promote transparency. In line with the provisions set out in the DfE guidance 'Keeping Children Safe in Education, 2016' the governing body will challenge the school's senior management team on the delivery of this policy and monitor its effectiveness.

Governors will review this policy regularly (annually) and may amend and adopt it outside of this timeframe in accordance with any new legislation or guidance or in response to any quality assurance recommendations pertaining to the delivery of this policy and the overall safeguarding arrangements made.

Contact details:

First Response Team

Emergency Duty Service (children's social care): 01332 641172 (9am – 5pm) or Careline 01332 786968

Derbyshire Prevent Team: Tel: 01332 643058/ 07812 300953

Derbyshire Safeguarding Advice Service

Ofsted contact centre 0300 123 1231

References:

Derbyshire Safeguarding Children Board procedures can be found on:

www.derbyshirescb.org.uk

Prevent Duty Guidance: <https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

Ofsted Handbook 2015 <https://www.gov.uk/government/publications/school-inspection-handbook-from-september-2015>

Derby Children's Safeguarding Board:

www.derbyscb.org.uk

Appendix (i) – Teaching approaches to building resilience in children and young people

Push Factors	Key Ingredients	Pull Factors
Factors which push/make an individual vulnerable to extremist messages	Teacher confidence and skills in dealing with difficult and sensitive issues	Factors that draw young people into extremist messages
Lack of excitement, frustration	Teacher attitude/behaviours <ul style="list-style-type: none"> • Need to be able to admit that do not necessarily know the answers • Able to acknowledge that controversial issues/matters exist • Willingness to seek help when not sure what to do/how to assist • Understanding that they have a role to play re this agenda 	Confident and charismatic recruiters
Lack of a sense of achievement seen as significant. Lacking purpose/confidence in the future/life goals.	Specific knowledge <ul style="list-style-type: none"> • Some understanding of other cultures and religions and belief systems • Knowledge of alternate values framework 	Networks/sense of belonging
Lacking an outlet for views	Teaching pedagogy <ul style="list-style-type: none"> • Working with pupils to enable them to develop critical thinking skills (to be able to see through propaganda... • Enabling pupils to see multiple perspectives • Enabling pupils to deal with difficult situations • Utilizing multiple resources/methods • Working with young people to enable them to develop and have pride in sense of self and sense of having multiple identities • Linking school work with the wider community 	Persuasive clear message which exploit knowledge gaps
Gaps in knowledge and or understanding of Islam both young people and their parents		Wider community views which promote extremist views or do not actively oppose extremism
A sense of injustice		
Actual or perceived humiliating experiences this may be linked to sense of injustice. The experiences may be of being bullied, put down etc		
Exclusion – a lack of belonging to peer/community networks, groups etc.		

Appendix (ii) – Referral Pathway Prevent

What do I do if I have concerns about an individual in relation to extremism or radicalisation?

If you have concern about an individual in relation to extremism or radicalisation, you can refer to the Prevent Team. They will be able to offer appropriate advice and guidance and will refer into the Channel process, if required.

Derby City Council Prevent Co-ordinator

Tel: 01332 643054/07812 301215

Email:

What is Channel?

Channel is a key element of the Prevent Strategy. It is a multi-agency approach to protect people at risk of radicalisation. Channel uses existing collaboration between local authorities, statutory partners, the police and the local community to identify individuals at risk of being drawn into terrorism, assess the nature and extent of that risk and develop the most appropriate support for the individuals concerned.

More information about Channel can be found at:

What happens once I have raised a concern about an individual with the Prevent Team?

Prevent Team Officers would liaise with you to discuss your concerns. They would complete a vulnerability assessment for the individual (either by engaging directly with them or based on information given by the referrer, depending on the circumstances).

The information would then be used to make a decision as to whether the case needed to be discussed at the next Channel meeting, where the assessment is discussed and agencies are invited to contribute any shared knowledge about the individual from their own area of business. The vulnerability assessment scoring is also discussed and a decision made about how to ensure the most suitable outcomes for the individual are achieved. If the case is not accepted into the Channel process at this stage, it will be referred back to the Case Management process, where appropriate alternative support and engagement for the individual will be identified.

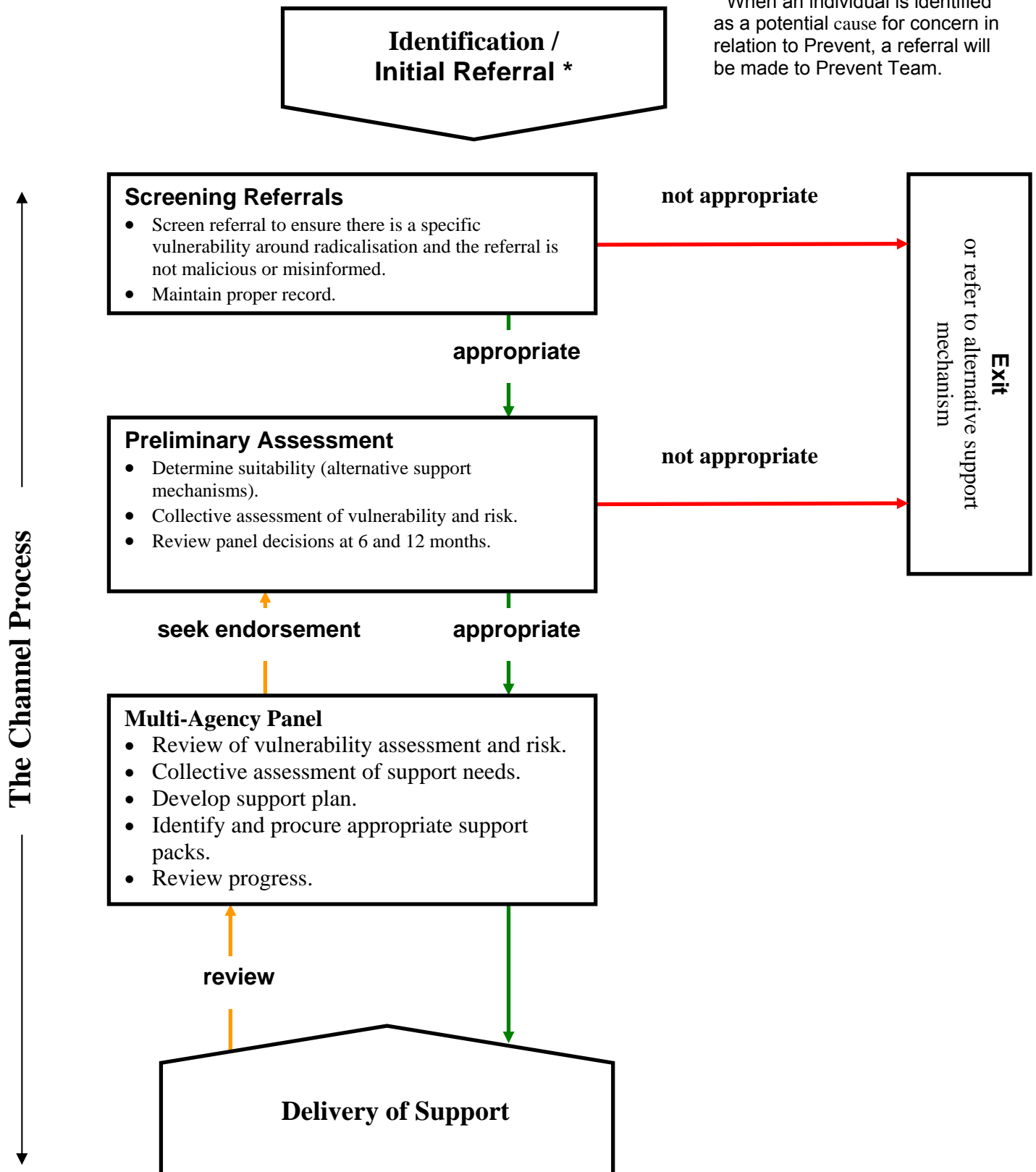
If an individual who has been referred to Channel is the subject of an existing statutory process (for example, child protection processes) the Prevent Team would endeavour to contribute to the statutory process along with the other key partners who were working together to achieve the best outcomes for the individual concerned.

The person making the referral will be kept informed and, in many cases, would be involved in decision-making going forward.

Channel Process

The diagram shows the different stages within the Channel process:

* When an individual is identified as a potential cause for concern in relation to Prevent, a referral will be made to Prevent Team.



Appendix 9

Children Missing from Education

Children who miss school without explanation

Children missing education are at significant risk of under achieving, being victims of abuse and becoming NEET (not in education, employment or training) later on in life.

At Lees Brook we have safeguarding duties in respect of all our students and we will investigate any unexplained absences and where a child is not attending a school and destination is unknown.

School will:

- Contact parents by telephone on the first day of absence if there is no reason known for the student not to be in school. A text will also be sent by 10am initially to request reason for absence.
- A further telephone call will be made to parents on day two of the absence if there continues to be no response.
- If the telephone numbers are unavailable and we are unable to contact either parent a home visit will be undertaken on the first day of absence.
- If no response by day 3, the School's Attendance Officer will undertake a safe and well check at the home address and hand deliver a letter requesting a reason for absence.
- If a child continues to be absent from school after working day 6 and we have been unable to contact a family member and we have received no reason for absence we will refer as a missing child to the Local Authority and/or the Police.
- If your child returns to school with no explanation of absences we will write to you again requesting you to contact the school to explain why your child has been absent.
- Parents will be invited to a meeting if their child has continuous absences with no explanation.

Please be aware that any student who has been missing education on a regular basis and the reasons given are not satisfactory, the absence will remain unauthorised and the case will be referred to the Education Welfare Service who may take legal proceedings against you for failure to comply with the law.

We will refer all children to the Local Authorities CME Officer if the whereabouts of the child is unknown and adequate investigations have been made.

Derby City CME Officer – Emma Simpson 01332 641445

Attendance and Deputy Safeguarding Lead at Lees Brook – Sam Davies 01332 671723

Attendance Officer – Nicola Wood 01332 671723

Children in particular risk of missing education

There are many circumstances where a child may become missing from education. The list below is not exhaustive:

- Students at risk of harm/neglect
- Children of Gypsy, Roma and Traveller families
- Families of Armed Forces
- Missing children/runaways
- Children and young people supervised by the Youth Justice system

Appendix 10

Female Genital Mutilation

Safeguarding FGM Policy Statement

FGM is a collective term for all procedures involving partial or total removal of external female genitalia for cultural or other non-therapeutic reasons. Typically it is performed on girls aged between 4 - 15 or on older girls before marriage or pregnancy. **It is illegal in the UK and it is also illegal to take a child abroad to undergo FGM. There is a maximum prison sentence of 14 years for anyone found to have aided this procedure in any way.** It is considered to be child abuse as it causes physical, psychological and sexual harm.

FGM is more common than many people realise, both across the world and in the UK. It is practised in 28 African countries and in parts of the Middle and Far East and increasingly in developed countries amongst the immigrant and refugee communities. In the UK it has been estimated that 24,000 girls under the age of 15 are at risk of FGM.

Signs and Indicators

Some indications that FGM may have taken place include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family
- A girl / young woman may spend time out of the classroom or from other activities, with bladder or menstrual problems
- A long absence from school or in the school holidays could be an indication that a girl /young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return - this may also be due to a forced marriage
- A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP
- A girl / young woman may ask for help, either directly or indirectly
- A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression
- Midwives and obstetricians may become aware that FGM has taken place when treating a pregnant woman / young woman

Some indications that FGM may be about to take place include:

- A conversation with a girl / young woman where they may refer to FGM, either in relation to themselves or another female family member or friend;
- A girl / young woman requesting help to prevent it happening;
- A girl / young woman expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin;
- A boy may also indicate some concern about his sister or other female relative.

Action to Take if Teachers Believe a Child is at Risk of FGM

If a member of staff discovers that FGM appears to have been carried out on a girl under 18 the teacher must report this to the police and the Designated Safeguarding Lead.

If a girl / young woman is thought to be at risk of FGM, **workers should be aware of the need to act quickly** - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the

procedure. An interpreter must be used in all interviews with the family if their preferred language is not English. The interpreter must be female.

Strategy Meeting / Discussion

Once a referral has been received for either a girl / young woman who is at risk or has undergone FGM, a Strategy Meeting / Discussion must be convened within **two working days**. This should involve representatives from the police, Children's Social Care Services, and education. Relevant health care providers or voluntary / community / faith organisations with specific expertise (for example FGM, domestic violence and / or sexual abuse) should also be invited. Consideration should also be given to inviting a legal advisor.

The Strategy Meeting / Discussion must first establish if the parents and / or girl / young woman have had access to information about the harmful aspects of FGM. If not, the parents / girl / young woman should be offered the opportunity of educational / preventative programmes before any further action is considered. Every attempt should be made to work with parents on a voluntary basis to prevent abuse of FGM

occurring. The investigating team should ensure that parental co-operation is achieved wherever possible, including the use of community organisations and / or community leaders to facilitate the work with parents / family. However, if it is not possible to reach an agreement, the first priority is protection of the girl / young woman.

Girls/Young Women in Immediate Danger

If the parents cannot satisfactorily guarantee that they will not proceed with the mutilation and the Strategy Meeting / Discussion decides that as such the child / young woman is in immediate danger, then an Emergency Protection Order should be sought.

The primary focus is to prevent the child undergoing any form of FGM, rather than removal from the family.

If the girl / young woman has already undergone FGM, the Strategy Meeting / Discussion will need to consider whether to continue enquiries or whether to assess the need for support services. Consideration should be given to establish, if there are any younger sisters, and an assessment may be needed to determine if there are any risks to younger siblings. If any legal action is being considered, legal advice must be sought.

Child Protection Conference

A Child Protection Conference should only be considered necessary if there are unresolved child protection issues, once the initial investigation and assessment have been completed.

If a Girl/Young Woman Has Already Undergone FGM

Where FGM has been practiced, a referral should be made to Children's Social Care. A Strategy Meeting / Discussion should consider how, where and when the procedure was performed and its implications for the girl / young woman. A girl / young woman who has undergone FGM should be seen as a Child in Need and offered services as appropriate. The Strategy Meeting should consider the need for medical assessment and / or therapeutic services for her. The risk to other female children in the family and extended family must be considered at the Strategy Meeting and a referral made to Children's Social Care Services or Police as appropriate. If the woman is the mother of a female child or has the care of female children, a multi-agency meeting needs to be held to identify the most appropriate way of informing parents of the legal and health implications of FGM and assessing the potential risk to female children in the family.

Cultural context

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity. FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community;
- Keeps her virginity / chastity;
- Is a rite of passage within the custom and tradition in their culture;
- Makes her socially acceptable to others, especially to men for the purposes of marriage;
- Ensures the family are seen as honourable;
- Helps girls and women to be clean and hygienic.

Consequences of FGM

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

- a. Severe pain and shock;
- b. Infections;
- c. Urine retention;
- d. Injury to adjacent tissues;
- e. Fracture or dislocation as a result of restraint;
- f. Damage to other organs;
- g. Death.

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl / young woman through loss of blood.

Duty

The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to personally notify the Police when they discover that FGM appears to have been carried out on a girl under 18, and discuss any such cases with the Designated Safeguarding Lead and Children's Social Care. This will usually come from a disclosure. The duty does not apply in any relation to at risk or suspected case. Under no circumstances should school staff physically examine students.

Appendix 11

Forced Marriage and Honour Based Violence

Prevention of Forced Marriage

Schools are well placed to raise concerns and take action to prevent young people from being forced into marriage whilst on extended visits to their parents' home country or that of extended family. While the majority of extended holidays or visits to family overseas are for valid reasons, this guidance aims to raise awareness amongst education professionals or children at risk of forced marriage.

What is forced marriage?

A forced marriage is a marriage in which one or both spouses do not or, in the case of some adults with learning or physical disabilities cannot consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. This is not the same as an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Since 2014 forcing someone to marry them has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

Honour based violence

So called honour based violence occurs in communities where the concepts of honour and shame are fundamentally bound up with the expected behaviour of families and individuals, particularly that of women. The term describes a form of domestic violence motivated by the notion of 'honour.' The victim can be subjected to long term low level physical abuse and bullying as a 'punishment' for 'bringing dishonour on the family' and, in some extreme cases, may be killed.

Where staff have concerns or become aware that honour based violence or abuse may take place or is taking place, they should discuss this with the Designated Safeguarding Lead who will take action as appropriate.

Appendix 12

Sexting

The Department for Education Governance Handbook outlines the roles and duties of school Governors and academy trusts. The handbook includes the general duty to safeguard and promote the welfare of pupils, allegations against staff and volunteers and safer recruitment procedures.

Broader safeguarding issues

Initial response

Keeping Children Safe in Education statutory guidance sets out that all schools should have an effective child protection policy. Youth produced sexual imagery and a school's approach to it should be reflected in the policy.

All incidents involving youth produced sexual imagery should be responded to in line with the school's safeguarding and child protection policy.

When an incident involving youth produced sexual imagery comes to a school or college's attention:

- The incident should be referred to the DSL as soon as possible
- The DSL should hold an initial review meeting with appropriate school staff
- There should be subsequent interviews with the young people involved (if appropriate)
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm
- At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

Process of responding to the incident

If a young person has shared imagery consensually, such as when in a romantic relationship, or as a joke, and there is no intended malice, it is usually appropriate for the school to manage the incident directly. In contrast any incidents with aggravating factors, for example, a young person sharing someone else's imagery without consent and with malicious intent, should generally be referred to police and/or children's social care.

If you have any doubts about whether to involve other agencies, you should make a referral to the police.

Reporting incidents to the police

If it is necessary to refer to the police, contact should be made through existing arrangements. This may be through a safer schools officer, a PCSO (Police Community Support Officer), local neighbourhood police or by dialling 101.

Once a report is made to the police, the report has to be recorded and the police will conduct an investigation. This may include seizure of devices and interviews with the young people involved.

Things to be aware of when making reports to the police:

- Be aware that the police are not able to offer general advice on incidents. If the children involved are named or specifics are provided they are duty-bound to record and investigate all criminal activity reported.

- When making a report through the 101 service, be aware that the person answering the call is a call handler who deals with a wide variety of crimes and may not have specialist knowledge in this area. Ensure any crime reference numbers provided are recorded.
- Safer Schools' Officers (where available) are able to offer direct support to schools on prevention and advice on management of incidents.

Searching devices, viewing and deleting imagery

Viewing the imagery

Adults should not view youth produced sexual imagery unless there is good and clear reason to do so. Wherever possible responses to incidents should be based on what DSLs have been told about the content of the imagery.

The decision to view imagery should be based on the professional judgement of the DSL and should always comply with the child protection policy and procedures of the school or college. Imagery should never be viewed if the act of viewing will cause significant distress or harm to the pupil. If a decision is made to view imagery the DSL would need to be satisfied that viewing:

- is the only way to make a decision about whether to involve other agencies (i.e. it is not possible to establish the facts from the young people involved)
 - is necessary to report the image to a website, app or suitable reporting agency to have it taken down, or to support the young person or parent in making a report
 - is unavoidable because a pupil has presented an image directly to a staff member or the imagery has been found on a school device or network
- In line with Searching, Screening and Confiscation advice.

If it is necessary to view the imagery then the DSL should:

- Never copy, print or share the imagery; this is illegal.
- Discuss the decision with the Headteacher.
- Ensure viewing is undertaken by the DSL or another member of the safeguarding team with delegated authority from the Headteacher.
- Ensure viewing takes place with another member of staff present in the room, ideally the Headteacher or a member of the senior leadership team. This staff member does not need to view the images.
- Wherever possible ensure viewing takes place on school or college premises, ideally in the Headteacher or a member of the senior leadership team's office.
- Ensure wherever possible that images are viewed by a staff member of the same sex as the young person in the imagery.
- Record the viewing of the imagery in the school's safeguarding records including who was present, why the image was viewed and any subsequent actions. Ensure this is signed and dated and meets the wider standards set out by Ofsted for recording safeguarding incidents.

Further details on searching, deleting and confiscating devices can be found in the DfE Searching, Screening and Confiscation advice.

If youth produced sexual imagery has been unavoidably viewed by a member of staff either following a disclosure from a young person or as a result of a member of staff undertaking their daily role (such as IT staff monitoring school systems) then DSLs should ensure that the staff member is provided with appropriate support.

Viewing youth produced sexual imagery can be distressing for both young people and adults and appropriate emotional support may be required.

Deletion of images

If the school has decided that other agencies do not need to be involved, then consideration should be given to deleting imagery from devices and online services to limit any further sharing of the imagery.

The Searching, Screening and Confiscation advice highlights that schools have the power to search pupils for devices, search data on devices and delete youth produced sexual imagery.

The Education Act 2011 amended the power in the Education Act 1996 to provide that when an electronic device, such as a mobile phone, has been seized, a teacher who has been formally authorised by the headteacher can examine data or files, and delete these, where there is good reason to do so. This power applies to all schools and there is no need to have parental consent to search through a young person's mobile phone. (see separate policy on confiscation).

If during a search a teacher finds material which concerns them and they reasonably suspect the material has been or could be used to cause harm or commit an offence, they can decide whether they should delete the material or retain it as evidence of a criminal offence or a breach of school discipline. They can also decide whether the material is of such seriousness that the police need to be involved.

Keeping your child safe online - A checklist for parents and carers

As a parent you'll probably know how important the internet is to children and young people. They use it to learn, play, socialise and express themselves in all types of creative ways. This may be through sharing photos and videos, blogging, gaming, or even developing their own apps. It is a place of amazing opportunities.

The technology children use in their daily lives can seem daunting. You might worry about the risks they can face online, such as bullying, contact from strangers, as well as the possibility of access to inappropriate or illegal content. To help them stay safe, it's important that you understand how your child uses the internet.

By following this simple checklist, you can start to protect them and decrease the risks they face:

I have asked my child to show me sites they use – By doing so, your child is including you in their online life and social activity. Show an interest and take note of the names of their favourite sites. You can then re-visit these when you are alone. Take your time and explore the space, find out how to set the safety features and learn how to report any issues directly to the site.

I have asked my child to set their profile settings to private – Social networking sites, such as Facebook, are used by children to share information, photos and just about everything they do! Encourage your child to set their privacy settings to private. They need to think about the information they post online as it could be copied and pasted anywhere, without their permission. If it got into the wrong hands, somebody may wish to use it against them or worst of all try to locate them in the real world.

I have asked my child about their online friends – We know that people lie online about who they are and may create fake identities. It is very important children understand this. Whether they are visiting a social network or a gaming site, the safety messages are the same. Children and young people must never give out personal information and only be "friends" with people they know and trust in the real world.

I have set appropriate parental controls on my child's computer, mobile and games console – Filters on computers and mobiles can prevent your child from viewing inappropriate and possibly illegal content. You can activate and change levels depending on your child's age and abilities. You can also set time restrictions for using the internet or games. They can be free and easy to install. Call your service provider who will be happy to assist or visit CEOP's parents' site for further information. Explain to your child why you are setting parental controls when you talk to them about their internet use.

My child has agreed to tell me if they are worried about something online – Sometimes children get into situations online where they don't feel comfortable or see something they don't want to see. By opening up the communication channels and talking to your child about the internet, their favourite sites and the risks they may encounter, they are more likely to turn to you if they are concerned about something.

I know where to get help if I'm concerned about my child – The CEOP Safety Centre provides access to a range of services. If you are concerned that an adult has made inappropriate contact with your child you can report this directly to CEOP. You can also find help if you think your child is being bullied, or if you've come across something on the internet which you think may be illegal.

Visit the Safety Centre at www.ceop.police.uk/safety-centre or by clicking on this button:

For further help and guidance on all the information mentioned please visit

www.thinkuknow.co.uk/parents

Appendix 13

Working with Learning Disabled Parents

1. Introduction

Where a parent has a learning disability it is important not to generalise or make assumptions about their parental capacity. Research shows that a learning disability does not prevent adults from being able to care and safeguard their children and / or unborn baby. However many parents with learning disabilities are likely to need on-going support to develop the understanding, resources, skills and experience to meet the changing needs of their child. Such support is particularly needed where they experience additional stressors such as having a disabled child, domestic abuse poor physical health and/or mental health, substance misuse, social isolation, poor housing, poverty or a history of growing up in local authority care. Such increased stressors, when combined with parental learning disability, are likely to lead to concerns about the care of children.

Children of parents with learning disabilities may also present with learning disabilities (socially acquired or inherited) and may be more vulnerable to emotional or behavioural difficulties.

Parents with learning disabilities may be vulnerable in their local communities and could be targeted by individuals who may pose a risk to children. They may need support to manage these risks and to increase their awareness.

In all cases it is important that practitioners from children's agencies and adult agencies work together using a Think Family approach to ensure the full needs of the child and parent are considered. At all times the welfare of the child remains paramount.

2. Assessment of the Child's Needs

For many parents with learning disabilities, significant levels of support are required from a non-abusive and capable relative, such as their own parent or a partner, or through appropriate services to ensure that their children's health and development are adequately maintained.

All agencies and practitioners should refer to the Derby City and Derbyshire Thresholds Document (see [Documents Library, Guidance Documents](#)) to identify the level of need and the appropriate assessments and interventions. Most families are likely to require support and co-ordinated services through an Early Help Assessment.

Children's practitioners will need to check with Adult Learning Disability services (health teams) and Adult Social Care to see if the parents are known to them; if they are not known a referral to services is likely to be needed. This should be done at the earliest point to ensure that appropriate assessments and interventions are completed in a timely way to add to understandings of family needs. Adult services can provide valuable input to children's assessments in relation to their care. It is important for all practitioners to remain child focused and gain a clear understanding of the individual child's experience of life being mindful not to collude with or be over sympathetic with parents / carers. It is however essential that all practitioners remain sensitive to the parent's position, being supportive rather than critical, to minimise their sense of discrimination. The well-being of the parent has a direct impact on their relationship with their child and also their relationship / engagement with services. Practitioners in children's services should also consider the use of assessment tools for parents with a learning disability.

It is essential that practitioners regularly review the situation of the child and the impact that their parent's learning disability is having upon them. Advice should be sought from the designated lead for child protection if necessary.

Young Carers

From an early age children may assume the responsibility of looking after their parent and in many cases other siblings, one or more of whom may have a disability. As Young Carers these children should be offered an Early Help Assessment to ensure their needs are identified and any services which are required. Young Carers who are not coping and/or have needs which cannot be met by Early Help Assessment, as they are complex or serious, should be referred to Children's Social Care.

3. Referral to Children's Social Care

If any practitioner or agency has any concerns about the capacity of a parent to meet the needs of their child, or where there may be serious or complex needs or Child Protection concerns, they should consult with their designated safeguarding leads and make a referral to Children's Social Care. Concerns should be discussed with a parent prior to making a referral unless it is judged that this action will jeopardise the child's safety.

4. Adults at Risk

All practitioners working with families where there is a parent with a learning disability must also be mindful that adults with learning disabilities may be vulnerable to abuse or exploitation, which may be heightened by their perception of scrutiny by services in relation to their child/ren. Children's Services involvement may at times make it feel harder for parents to speak out about abuse for fear of how this might be interpreted by practitioners working with them. This heightens the need to work supportively and collaboratively with the parent(s) to facilitate their openness to share information pertinent to their own protection and the protection of their child/ren. Where there are concerns that an adult is being abused or exploited, a referral should be made to:

Derby: Adult Social Care, Derby City Council during office hours (Monday to Friday 9am to 5pm)
telephone: 01332 642855 or Careline if out of hours on 0133

If something needs to be done straight away to protect someone from abuse or harm, call the Police emergency number 999 (24 hours). Alternatively, if it is a non-emergency criminal matter, you can call the local Police on telephone number 101.

Appendix 14

Children in Whom Illness is Fabricated or Induced (FII)

1. Introduction

Perplexing presentations and Fabricated or Induced Illness (FII) are terms used to describe situations where the child's presentation is not adequately explained by any confirmed genuine illness, and the situation is impacting upon the child's health, development or social wellbeing. True fabricated or induced illness in a child is a behaviour observed in a carer and involves the deliberate deception of professionals.

Harm to the child may be caused through unnecessary or invasive medical treatments, which may be harmful and potentially dangerous, based on symptoms that are falsely described or deliberately manufactured by the carer, and which lack independent corroboration.

The child may additionally suffer emotional harm through restrictions placed on their development and social interaction.

2. Recognition of Possible FII/Perplexing Presentations in a Child

Doctors/paediatricians, health professionals and practitioners from other agencies may have concerns that a child is suffering or likely to suffer [Significant Harm](#) as a result of having illness fabricated or induced by their carer. These concerns may arise when:

- A carer reports symptoms and observed signs that are not explained by any known medical condition;
- Physical examination and the results of investigations do not explain the symptoms or signs reported by the carer;
- The child has an inexplicably poor response to prescribed medication or other treatment or intolerance of treatment;
- Acute symptoms and signs are exclusively observed by / in the presence of one carer;
- On resolution of the child's presenting problems, the carer reports new symptoms or reports symptoms in different children in sequence;
- The child's daily life and activities are limited beyond what is expected due to any disorder from which the child is known to suffer, for example partial or no school attendance and the use of seemingly unnecessary special aids;
- The carer seeks multiple opinions inappropriately;
- Frequent attendances at different healthcare settings;
- The child takes on a sick role even in the absence of carer as a learnt behaviour.

There may be a number of explanations for these circumstances and each requires careful consideration and review. Examples are:

- The carer is anxious and has a rather disordered view of the child's state of health;
- The carer holds inappropriate beliefs or expectations about the child's health and illness (this may include parents with a delusional disorder or other mental illness);
- The carer is interacting with the child in a way that involves the child inappropriately assuming the sick role or the role of a disabled child;

- The carer has a familial or cultural style of illness behaviour that affects how children are presented to doctors;
- The child has a rare and as yet undiagnosed condition.

Concerns about a child may be raised by other practitioners, for example nurses, teachers or Social Workers who are working with the child and who may notice discrepancies between reported and observed medical conditions, such as the incidence of fits.

Practitioners working with the child's parents may also note relevant concerns e.g. mental health practitioners, may identify a child being drawn into the parent's illness.

Symptoms that are fabricated are often those where the child may appear well between episodes (such as apnoea, seizures, vomiting, asthma, allergies, and blood loss). Some carers may falsify supporting evidence of illness (e.g. put blood in a nappy or change a chart) and this behaviour may place the child at significant risk. Actual induction of illness by physically doing something to the child (e.g. smothering, poisoning, and withholding food) is an ominous and potentially fatal situation and requires urgent action through safeguarding procedures. Symptoms may also be fabricated against a background of true illness.

Adult Mental Health Services may be involved in the assessment, planning, management or treatment of a carer, and adult practitioners may identify a risk to children. In these circumstances liaison should take place between the adult psychiatrist and those responsible for the child's health or assessment.

Child and Adolescent Mental Health Services (CAMHS) may identify fabricated or induced emotional or behavioural symptoms in children with whom they work. They may also be asked for urgent advice by other practitioners working with families where FII is a possibility.

3. Possible Impact of FII/Perplexing Presentations in a Child

- A disordered perception of illness and health, leading to anxiety about health and abnormal illness behaviour;
- Inadvertent iatrogenic (caused by medical examination or treatment) harm including admission to hospital, acquired infection, blood tests, x-rays;
- A greater degree of invasive medical attention than is truly justified – in extreme cases, it may include surgical procedures, insertion of lines, artificial feeding, and anaesthesia;
- Interference with normal life, including school attendance, social activities, relationships or educational achievement;
- Older children may support their parents / carer in the perplexing presentation, even to the point of being complicit with active deceit;
- Child victims of FII may be subject to prolonged legal proceedings and are at risk of further abuse and ongoing morbidity due to abuse; and
- Actual illness induction heightens risk significantly as a result of the pain and distress of induced illness, the real risk of death and also of under-treatment of real conditions.

4. Professional Response to Concerns

Concerns about a child's health, should be discussed with the GP or Paediatrician responsible for the child's care. If there is no Paediatrician involved with the child, the situation should be discussed with the Named or Designated Doctor to advise on the way forward. The Named Nurse

for the area in which the child lives, should be fully involved. A merged health chronology should be developed, as soon as there is a concern. This should include all involved health professionals.

Any concerns are not usually discussed with the family at this stage as there is a risk that the behaviour may escalate and increase harm to the child or could impact on the evidence gathering. The reasons for not doing so should be recorded.

5. Referral to Children's Social Care

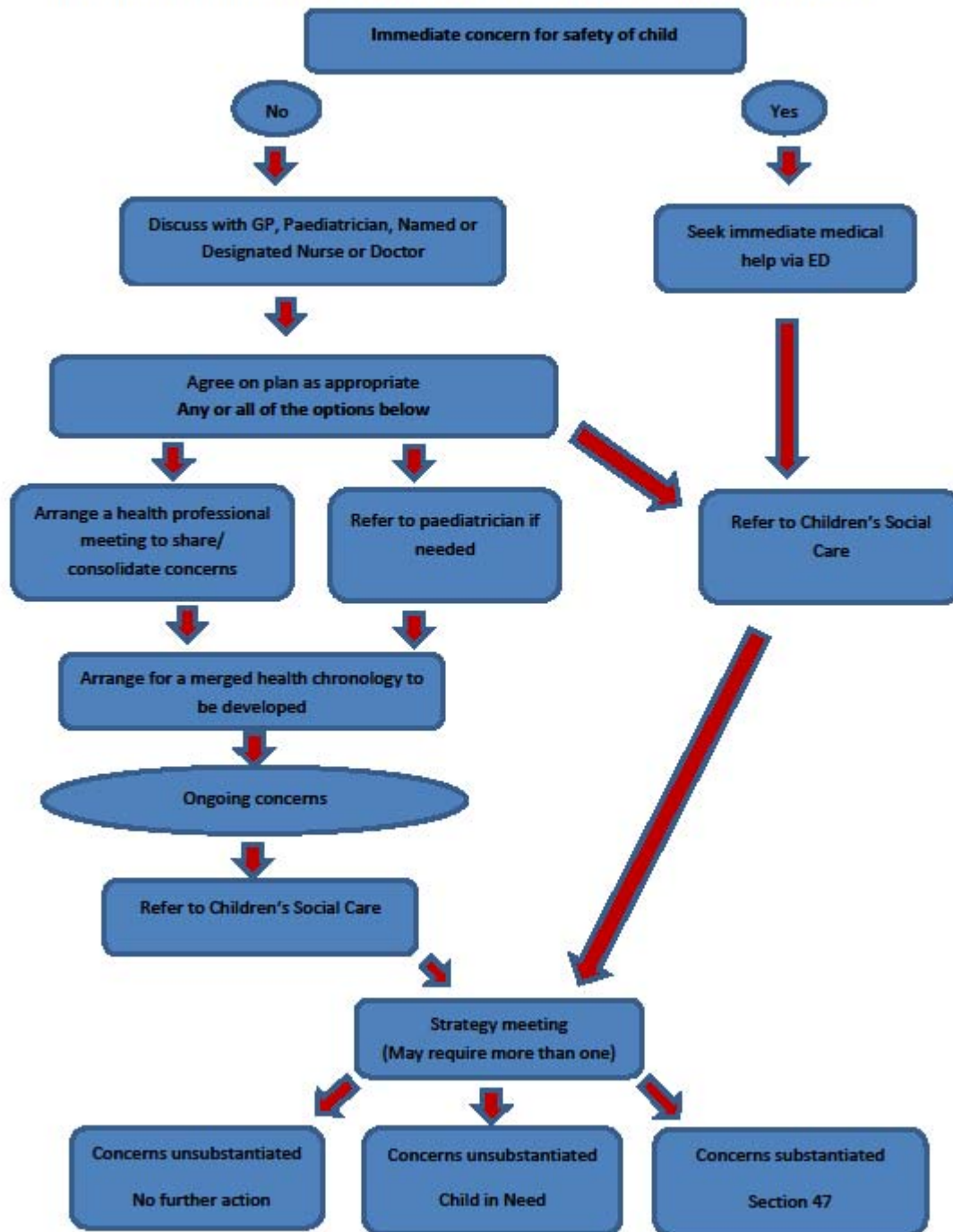
When there are concerns that the signs and symptoms may have been fabricated or induced by a carer a referral should be made to Children's Social Care. The referral may follow a medical evaluation or be the result of concern by practitioners or members of the public.

Please note - At variance with normal practice, where a referral is being made to Children's Social Care, concerns and information about the referral should only be shared with the family if the professional is confident that this will not place the child at increased likelihood of Significant Harm. This should usually be the decision of a multi-agency meeting.

Appendix (1): Flowchart to Illustrate the Principle of Managing FII

Appendix 1: FLOWCHART TO ILLUSTRATE PRINCIPLE OF MANAGING FABRICATED OR INDUCED ILLNESS (FII)

(Please read in conjunction with [DSCB policy guidance 1.6.9 Children in Whom Illness is Fabricated or Induced](#))



Appendix 15

Children who Present a Risk of Harm to Others

Introduction

Children are vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult, and should be subject to the same safeguarding children procedures.

This procedure applies when there is an allegation or suspicion that a child has abused or is at risk of abusing another child or adult, including both those:

- Within their household (for example sibling abuse); and
- Outside of the child's immediate household.

Children living away from home are particularly vulnerable and practitioners should be vigilant to the risks of bullying and other types of abuse perpetrated by children (sexual abuse is usually perpetrated by a person, possibly another child, who is known to the victim).

Action must be taken in all cases to ensure that the needs and safety of all children are addressed. It is of the utmost importance that where a child who is responsible for abuse and/or bullying remains in the same setting as a child who has been the victim, a robust plan is put in place to ensure the welfare of both children is adequately safeguarded.

Principles

Three key principles should guide work with children and young people who abuse others:

1. There should be a co-ordinated approach on the part of the Youth Offending Service, Children's Social Care, Police, education (including educational psychology), health (including child and adolescent mental health) agencies and the voluntary sector;
2. The needs of children who abuse others should be considered separately from the needs of their victims; and:-
3. An assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.

Neither child welfare nor criminal justice agencies should embark upon a course of action that has implications for the other without appropriate consultation.

Children who abuse others, including those who sexually abuse/offend, are likely to have considerable needs themselves. They may also pose a risk of [Significant Harm](#) to other children. Evidence suggests that children, including those under the age of 10, who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences.

Such children themselves are likely to be children [In Need](#), and some will also be suffering or likely to suffer significant harm, and may be in need of protection.

Children who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. Practitioners may need to seek advice about sharing information with practitioners in other agencies, so that they ensure suitable awareness exists about the risk a child may pose to other children in that setting (such as school or hospital).

Recognition and Referral

Practitioners identifying concerns about a child whose behaviour is inappropriate and may be abusive should consider the following factors, if known:

- The nature, extent and context of the behaviour, including online abuse;
- The child's development, capacity to understand and make decisions (and anything that might have had an impact on this i.e. coercion) and family and social circumstances;
- Relative chronological and developmental age of the two children (the greater the difference the more likely the behaviour should be defined as abusive);
- A differential in power or authority (for example related to race or physical or intellectual vulnerability of the victim);
- Actual behaviour (both physical and verbal factors must be considered);
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation;
- Physical aggression, bullying or bribery;
- The victim's experience and perception of the behaviour;
- Attempts to ensure secrecy;
- Duration and frequency of behaviour;
- The risks to self and others, including other children in the household, extended family, school, peer group or wider social network.

Consideration should be made to the level of needs, complexity and seriousness of the child's behaviour and the most appropriate response to these. Where there are emerging needs an [Early Help Assessment](#) should be commenced to identify needs and strengths and co-ordinate appropriate support and intervention. If needs are believed to be complex/ serious or where there are child protection concerns, a referral must be made to Children's Social Care.

Appendix 16

Working with Sexually Active Children and Young People under the Age of 18

When a practitioner becomes aware that a young person is likely to be or has been sexually active, an assessment can assist practitioners in their assessment of risk. An assessment should be made of the young person's physical and emotional health, and their education and safeguarding needs. This must include an assessment of their ability to give informed consent. Dependent on the risks identified this may lead to an Early Help Assessment or a safeguarding referral.

A child or young person's ability to consent is impaired if they do not have the freedom, capacity or choice to act, e.g. if they are given alcohol, drugs or if there are learning needs which mean they cannot truly consent.

No child under the age of 13 is able to consent to any sexual activity (Sexual Offences Act 2003).

In assessing the nature of any particular behaviour, it is essential to look at the facts of the relationship, and an assessment must also include the partner. Sexual abuse and sexual exploitation of a child or young person involves an imbalance of power or control and/or coercion. Power imbalances are very important and can occur through differences in size, age and development (including cognitive development) and where gender, sexuality, race and levels of sexual knowledge are used to exert such power. Of these, age may be a key indicator, for example a 15 year old and a 20 year-old. There is also an imbalance of power if the young person's sexual contact/partner is in a position of trust in relation to them, for example: a teacher, youth worker, carer etc. It is an offence for an adult in a position of trust or authority to engage in sexual activity with a young person (Sexual Offences Act, 2003). When it has been identified that a young person is at risk from an adult in position of trust or authority, appropriate action should be taken.

If the young person has a learning need, mental health condition or a communication difficulty, they may not be able to communicate effectively that they are, or have been abused. This requires practitioners to undertake a robust assessment of the young person's communication need. Practitioners should be aware that the Sexual Offences Act 2003 recognises the rights of people with a mental health condition to a full life, including a sexual life. However, practitioners have a duty to protect them from abuse and exploitation.

At an early stage where there are concerns that a child or young person has been involved in sexual activity or they show associated behaviours and further information is needed to clarify risk, relevant checks must be undertaken with other professionals, including Police, Children's Social Care and Health to assist with the risk assessment. While a Referral to Children's Social Care may prevent a young person from engaging or making a further disclosure it is important to safeguard the child or young person from further Significant Harm.

All decisions made should be carefully documented including where a decision is made not to share information or make a Referral, this should include a clear rationale for decisions made

Risk Factors

In order to determine whether the relationship presents a risk to the young person, the following factors should be considered. This list is not exhaustive and other factors may be needed to be taken into account. A combination of risk factors should heighten concerns:

- Where there has been a disclosure of sexual activity, particularly if non-consensual;
- Whether there is any sexual harassment;
- Whether the young person is competent to understand and consent to the sexual activity they are involved in. See [Section 4, Fraser Guideline](#);
- Whether the young person is being isolated from family and friends;
- Whether there is a misuse of substances including alcohol which places them in a position where they are unable to make informed choice about sexual activity;
- The nature of the relationship, particularly if there are age or power imbalances or the partner is in a position of trust and/or authority;
- Elements of Grooming, Child Sexual Exploitation and Trafficking/Modern Slavery need to be considered. See CSE Toolkit (see [Documents Library, Assessment Tools](#));
- If the following vulnerability factors are also present the risk is increased; history of previous abuse, underlying medical conditions, mental health issues, a learning disability which impairs a person's ability to consent, communication difficulties, low self esteem and/or an imbalance of power;
- Whether coercion, manipulation or bribery is involved including misuse of substances/alcohol as a dis-inhibitor, or sex has been used to gain favours (for example swapping sex for cigarettes, clothes, electrical goods, trainers, alcohol, drugs etc.), or the young person has been involved in sexual activity to meet their basic needs for survival, such as a bed for the night/food/clothing;
- Whether overt aggression, such as threats of, or sexual acts used as punishment or retribution;
- Whether there is any genital injury to self or other;
- Whether the young person is displaying sexually aggressive/exploitive behaviour;
- Female Genital Mutilation, including tattooing and branding;
- Sexual degradation / humiliation of self or others;
- Any attempts to secure secrecy by the sexual contact/partner beyond what would be considered usual in a teenage relationship;
- Distributing naked or sexually provocative images of self and others;
- Arranging to meet with an on-line acquaintance in secret;
- If accompanied by an adult, does that relationship give any cause for concern? Is the adult inhibiting / encouraging / colluding / encouraging secrecy or grooming the young person?
- Is the sexual contact/partner known by the agency as having other concerning relationships with other young people? Is the sexual contact/partner or young person known for any previous sexual offence?
- Does the behaviour of the sexual contact/partner raise concerns that they may be grooming the young person?
- Sexual contact with animals;
- Sexual activity with family, including wider family networks;

- Displays a pre-occupation with sex which interferes with daily functioning, uses developmentally inappropriate sexually explicit language;
- Demonstrates unacceptable and concerning attitudes and values towards sexual relations;
- Reports of domestic abuse or violence within the sexual contact/relationship;
- Use of drugs to prolong and/or enhance sexual activity i.e. "CHEM" sex;
- Group sex;
- Whether or not the young person is attempting to or exposing their body and/or genitals. Being forced to expose themselves to others;
- Masturbating in public and/or on social media / webcam;
- Accessing and/or being shown pornography;
- Taking and sending naked or sexually provocative images of self or others and sexting;
- Seeking adult social networking sites and accessing web based relationships;
- Uncharacteristic and risk related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing;
- The young person may deny or minimise and/or does not accept concerns;
- The presence of a sexually transmitted infection (STI) and/or repeated STI or requests for repeat pregnancy tests and/or a confirmed pregnancy;
- The history of the young person, frequency of contact with services and any factors that may make them vulnerable.

Fraser Guidelines

Fraser Guidelines on providing advice and treatment

It is considered good practice for workers to follow the Fraser guidelines when discussing personal or sexual matters with a young person under 16. The Fraser guidelines give specific guidance on providing advice and treatment to young people under 16 years of age. These hold what sexual health services can be offered without parental consent providing that:

- The young person understands the advice that is being given;
- The young person cannot be persuaded to inform or seek support from their parents, and will not allow the worker to inform the parents that contraceptive/protection, for example: condom advice is being given;
- The young person is likely to begin or continue to have sexual intercourse without contraception or protection by a barrier method;
- The young person's physical or mental health is likely to suffer unless they receive contraceptive advice or treatment;
- It is in the young person's best interest to receive contraceptive/safe sex advice and treatment without parental consent.

Fraser Competence

Fraser Competence describes a child's capacity to give consent in more general terms and could relate to their competence to permit the sharing of confidential information. Each child and young person is an individual and their "Fraser competence" would depend on factors including their age, development and capacity to demonstrate an understanding of the issue under discussion and the concept of informed consent. Fraser competence should be reassessed at every contact.

A young person of 16 and up to aged 18, or a child under 16 who has capacity to understand and make their own decisions, may give (or refuse) consent to sharing information. Practitioners should be mindful of their responsibilities to safeguard the child when considering the views of younger children or those where there are concerns about their capacity.

Practitioners need to take account of the views of a "Fraser Competent" young person when considering the need to share confidential information with colleagues.

Where it appears that a child may be suffering or likely to suffer [Significant Harm](#) and/or that there is a public safety issue, information should be shared on a need to know basis. If you are unsure about information sharing please discuss the case with your line manager or the safeguarding lead in your organisation. The refusal of a child to consent to the sharing of such information should not prevent the information being shared where professional judgement has identified that there may be or is a likelihood of Significant Harm to the child or other person. The reasons for doing this should be shared with the child wherever possible.

In working with young people, it must always be made clear to them, from the outset, that absolute confidentiality cannot be guaranteed, and that there may be some circumstances where the needs of the young person can only be safeguarded by sharing information with others.

This discussion with the young person may prove useful as a means of emphasising the seriousness of some situations.

On each occasion that a young person is seen by an agency, consideration should be given as to whether their circumstances have changed or further information has been given which may lead to the need for referral or re-referral to Children's Social Care. In some cases urgent action may need to be taken to safeguard the welfare of a young person. However, in most circumstances there will need to be a process of information sharing and discussion in order to formulate an appropriate plan. There should be time for reasoned consideration to define the best way forward.

Anyone concerned about the sexual activity of a young person or in cases where a practitioner has concerns that a relationship is likely to cause Significant Harm to a child or young person they should, where possible, discuss the case with line manager or safeguarding lead. All discussions should be recorded, giving reasons for action taken and who was spoken to.

If there are concerns that the child or young person may be at risk of abuse through sexual exploitation, trafficking / modern slavery, a referral to Children's Social Care During this process agencies must continue to offer services and support to the young person. Any young woman or girl who is pregnant must be offered specialist support and guidance by the relevant services and this must be made without delay.

Children under the Age of 13

A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a likelihood of significant harm to the child.

Cases of children under 13 should always be discussed with a safeguarding lead within the organisation. Where the allegation concerns penetrative sex, or if other intimate sexual activity occurs with another person either on or offline, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering or is likely to suffer Significant Harm.

Young People Aged 13 to 16

Sexual activity with a child under 16 is an offence. However, where the young person has capacity to give informed consent it may be less serious than if the child were under 13.

Consideration should be given in every case of sexual activity involving a child aged 13 to 16 as to whether there should be a discussion with other agencies and whether a referral should be made to Children's Social Care. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern.

Young People Aged 16 up to 18

Although sexual activity in itself is not an offence for young people of 16 and over, young people under the age of 18 are still offered the protection of the Safeguarding Children Procedures under the Children Acts 1989/2004.

Sexual activity involving a 16 up to 18 year old, though unlikely to involve a criminal offence, may still involve harm or the likelihood of harm. Practitioners should still bear in mind the considerations and processes outlined in this guidance in assessing that risk, and should share information as appropriate.

Consideration still needs to be given to issues of sexual exploitation and the abuse of power in circumstances outlined above.

Information Sharing and Confidentiality

The Sexual Offences Act 2003 does not affect the duty of care and confidentiality of health and social care practitioners to children and young people 13 up to 16 years old. Government guidance for health and social care practitioners is that although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of similar age, unless it involves abuse or exploitation. If a decision is made to share information without the child/young person's consent, the decision and the reasons for doing so should be clearly recorded.

Young people place great importance in confidentiality and may be concerned that their right to a confidential service is being removed. This guidance does not change the existing principle of confidentiality; however confidentiality has never been absolute and suitable support should be given to the young person.

Sharing Information with Parents and Carers

Given the responsibility that parents have for the conduct and welfare of their children, practitioners should encourage the young person, at all points, to share information with their parents and carers wherever safe to do so. Practitioners may share information with agencies if

the child consents or if there is a public interest of sufficient force such as where there is a clear likelihood of significant harm to the child or other children.

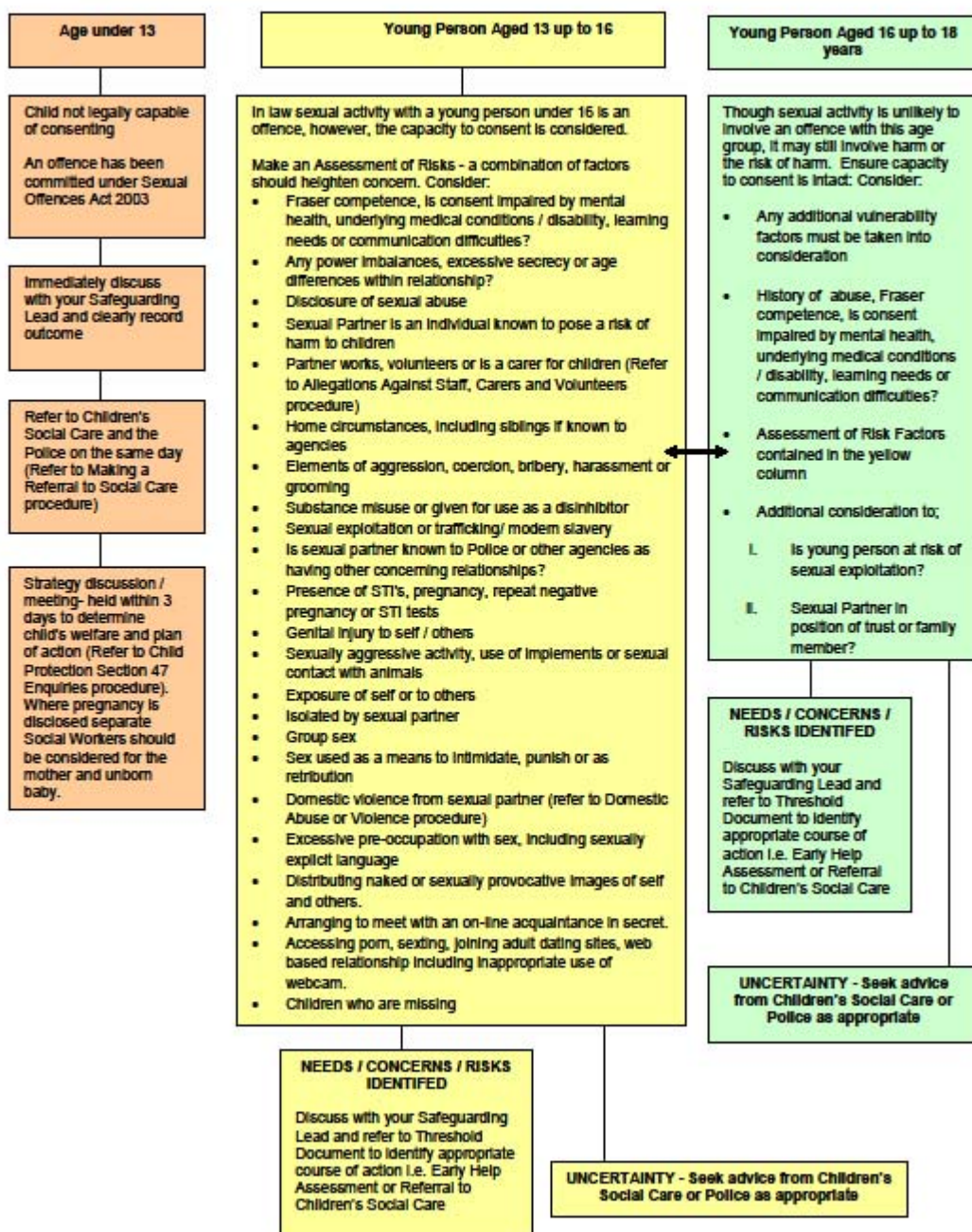
Education

In accordance with the Children and Social Work Act 2017, all primary and secondary schools have a statutory duty to offer Sex and Relationships Education (SRE). Briefly SRE includes:

- Safety in forming and maintaining relationships;
- The characteristics of healthy relationships; and
- How relationships may affect physical health, mental health and well-being.

See Flowchart below

Working with Sexually Active Children & Young People Up To 18



NB: If you have shared concerns and feel they have not been adequately addressed please refer to the DSCBs Escalation policy

Appendix 17

External Speakers Policy

Introduction

Lees Brook Community School welcomes many visitors to various events and to support our approach to a broad and balanced curriculum throughout the year: visitors make a contribution to the life and learning of the school and the experience and opportunities they bring are encouraged and appreciated.

It is the school's responsibility to ensure that security and welfare of the whole school community is not compromised at any time and therefore all visitors and external speakers will be expected to have DBS clearance unless agreed otherwise.

It is our aim to make sure that our school is protecting students and staff, during school time and in extracurricular activities and to ensure that visitors comply with the Visitors and Visiting Speaker's agreement.

This Policy should be read in conjunction with the following policies:

- Safeguarding and Child protection Policy,
- Prevent Duty,
- Keeping Children Safe in Education DfE 2016,

Visitors Policy

It is our objective to establish a clear protocol and procedure for admittance of external visitors to school, which is understood by all staff, governors, visitors and parents and conforms to child protection guidelines and The Prevent Duty 2015.

External speakers / Visitors "External speaker"/ "Visitor" is used to describe any individual who is not a student or staff member of our school. This includes any individual who is a student or staff member from another school. All sessions organised with external speakers in and outside of our school building are still within the responsibility (and liability) of our school. At Lees Brook School, we encourage the use of external agencies or speakers to enrich the experiences of our students; however we will positively vet those external agencies, individuals or speakers, to ensure that we do not unwittingly use agencies that contradict or are in opposition with the school's values and ethos.

Our school will assess the suitability and effectiveness of input from external agencies or individuals to ensure that:

- Any messages communicated to students support British Values and our school values.
- Any messages communicated to students are consistent with the ethos of the school and do not marginalise any communities, groups or individuals.
- Any messages communicated to students do not seek to glorify criminal activity or violent extremism or seek to radicalise students through extreme or narrow views of faith, religion or culture or other beliefs and ideologies (must not incite hatred, violence or call for the breaking of the law).
- Activities are properly embedded in the curriculum and clearly mapped to schemes of work to avoid contradictory messages or duplication.
- Activities are matched to the needs of students. We recognise, however, that the ethos of our school is to encourage students to understand opposing views and ideologies, appropriate to their

age, understanding and abilities, and to be able to actively engage with them in informed debate, and we may use external agencies or speakers to facilitate and support this.

External Speakers Policy

Lees Brook School welcomes many visitors to various events and to support our approach to a broad and balanced curriculum throughout the year. Visitors make a contribution to the life and learning of the school and the experience and opportunities they bring are encouraged and appreciated. It is the school's responsibility to ensure that security and welfare of the whole school community is not compromised at any time. It is our aim to make sure that our school is protecting students and staff, during school time and in extracurricular activities and to ensure that visitors comply with the Visitors and Visiting Speaker's agreement.

This Policy should be read in conjunction with the following policies:

- Safeguarding and Child protection Policy,
- Prevent Strategy,
- Keeping Children Safe in Education DfE 2016,

Reasons for details of visitors/speakers to be shared with SPOC/ DSL may include but are not limited to any of the following:

- any person or group on/or linked to the UK Government list of proscribed terrorist organisations
- talks by organisations generally considered to be extremist by Home Office, Cleveland Police, and related organisations
- a speaker who is known to have spoken previously at another institution on a topic that has caused fear or intimidation of students or staff
- a speaker accepted in mainstream as being highly controversial
- a speaker known to/or likely to cause harm to a specific group of staff or students
- a link or links, to any person or group that has, in those Google listings, been connected with any controversy of a negative or positive nature.
- a speaker who has significant profile and attracts a following that could create crowd control and health and safety issues. A booking form will be emailed to external speakers or completed by the organiser.

Relevant Legislation and Guidance:

- Terrorism Act 2000
- The Education (No. 2) Act 1986 S43
- Education Reform Act 1988 – Academic Freedom
- The Human Rights Act 1998
- Equality Act 2010 (s.10 relates to religion & belief as a protected characteristic)
- Discrimination Law – religion and belief • Public Order Act 1986 – Violent, Threatening or Abusive Conduct and Speech
- <https://www.gov.uk/government/publications/working-together-to-safeguard-children>
- <https://www.gov.uk/government/publications/keeping-children-safe-in-education>
- Counter Terrorism and Security Act 2015

External Speakers Policy Form

This form should be completed by any member of staff or student wishing to bring an external speaker into school. It is not to stop such a person coming to speak. It is instead to ensure that the correct arrangements can be put in place to allow such an event to take place safely. All forms must be submitted by email – (email address added here) - 14 days prior to the planned date of the event, and one form must be submitted for each speaker wishing to attend.

Name of Activity/ Group:

Name of Organiser: _____

DBS reference number _____

Contact Email: _____

Contact Telephone

Number: _____

Event details

Name of Speaker:

Date of Event: _____

Title of Event: _____

Planned Event Venue: _____

Speaker details: Please give as much detail as possible. Please include information about the speaker's position and organisations they're affiliated with, the subject they will be speaking about and any other information you think we need to be aware of.

The organiser should ensure that the School's policy is passed to the speaker and that they fully understand the implications contained therein.

Office Use Only

Authorised By: Signed: Date:

Visiting Speakers Agreement

Thank you for agreeing to come to visit our school, we appreciate the contribution you make. At Lees Brook Community School we understand the importance of visitors and external agencies to enrich the experiences of our students. In order to safeguard our children we expect all visiting speakers to read and adhere to the statements below (please tick)

- Any messages communicated to students are consistent with the ethos of the school and do not marginalise any communities, groups or individuals
- Any messages communicated to students do not seek to glorify criminal activity or violent extremism or seek to radicalise students through extreme or narrow views of faith, religion or culture or other ideologies
- Activities are properly embedded in the curriculum and clearly mapped to schemes of work to avoid contradictory messages or duplication.
- Activities are matched to the needs of students Visitors will also be accompanied by a member of staff at all times
- Any messages communicated to students support British Values and our school values

Please share points of concern :

Signed: _____

Date: _____

Appendix 18

Local Safeguarding information

Key local information about safeguarding children is located on [Derby Safeguarding Children Board website \(www.derbyscb.org.uk\)](http://www.derbyscb.org.uk).

This includes [Derby and Derbyshire Safeguarding Children Boards' safeguarding children procedures](#). Key chapters' include:

- Providing early help
- Making a referral to children's social care
- Child protection section 47 enquiries
- Child protection conferences
- Children abused through sexual exploitation
- Safeguarding children at risk of abuse through female genital mutilation (FGM)
- Safeguarding children and young people against radicalisation and violent extremism
- Allegations against staff carers and volunteers
- Children and families who go missing

The procedures also have key guidance document and information, including:

- Derby and Derbyshire Thresholds document
- Derby and Derbyshire Escalation policy and process
- Local contacts

The DSCB website has a specific page for [education providers](#), including a safeguarding children audit tool for schools and colleges to support schools their annual review of safeguarding practice and in their development of a safeguarding action plan. There is also a training pathway for education providers, template policies and information about the DSCB Education Hub and safeguarding update service.

There is a range of useful [information and resources](#) on the website, including:

- [Private fostering](#)
- [Domestic abuse](#), including the domestic violence risk identification matrix (DVRIM)
- [Early help](#), including how to use the early help assessment, forms and support
- [Neglect](#), including graded care profile guidance and assessment tool template
- [Child sexual exploitation](#), including the CSE risk assessment toolkit
- [Missing children](#)
- [Online Abuse](#)
- [Safeguarding training](#) opportunities and e-learning
- [Safeguarding forms and assessments](#)

Other sources of safeguarding information and guidance can be obtained via:

- www.gov.uk/schools-colleges-childrens-services/safeguarding-children
- www.nspcc.org.uk
- www.tes.com
- www.minded.org.uk