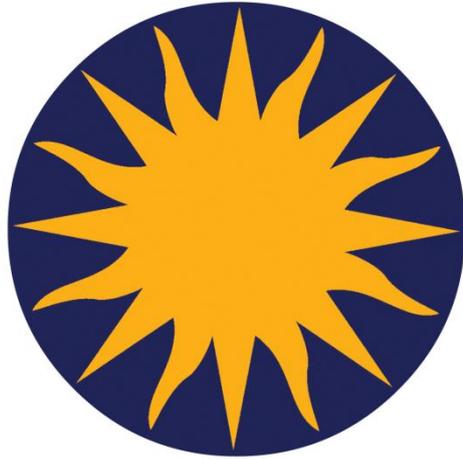


**St Paul's Community Development Trust**



# Safeguarding Pack

*"Safeguarding is Everyone's Business".*  
Birmingham Safeguarding Children Board

September 2017

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## SAFEGUARDING STATEMENT

1. The Trustees of St. Paul's Community Development Trust recognise their overall responsibility for ensuring that the Trust carries out the duty of safeguarding children, young people and vulnerable adults to the highest standards. This is to be done through all employed staff, volunteers, apprentices, trainees, students and others working with the Trust. Trustees will ensure that all who are subject to its policies and procedures will contribute to inter-agency working, including by offering early help when it is needed, allowing the Local Authority access for purposes of social care and assessment, and supplying information to Birmingham Safeguarding of Children Board so that it can perform its functions.
2. The Board will appoint Trustee(s) to be the initial contact and liaison officer in the event of any allegation of abuse by the Trust's senior officer, and will help to ensure that a Child Protection Policy is in place and is updated annually. This policy will be published on the Trust website. Trustees require all staff and others working with the Trust to follow the Safeguarding and Child Protection policy and procedures and will ensure that a member of the Senior Management team is appointed to the role of Head Designated Safeguarding Lead who will advise and support the Trust and take part in strategy discussions, inter-agency meetings and assessment of children as and when appropriate, or delegate this to other designated officers. The full extent of the Designated Safeguarding Lead (DSL) is outlined in the Designated Safeguarding Lead Role Description within this document (Appendix 1).
3. Trustees also understand the importance of informing children and young people about safeguarding and require staff to consider how children and young people can be taught, and to implement suitable programmes. They also require procedures to be in place to handle allegations by children or young people against other children or young people. They will appoint designated teachers or other senior officers, to promote the achievement of Looked after Children.
4. In relation to staff recruitment the Trustees stipulate that at least one member of any recruitment panel must have been trained in 'safer recruitment' procedures. If there are allegations against any member of staff, student, apprentice, trainee or any volunteer of breaching safeguarding then such allegations must be referred to the LADO (Local Authority Designated Officer) by the Trust's senior officer (Chief Executive) or by the nominated Trustee for safeguarding if the concern relates to the Chief Executive Officer (CEO). The CEO or Trustee is then the 'case manager' for this allegation or they can appoint someone to be the case manager and must ensure that the procedures for handling allegations are followed in accordance with LADOs advice.
5. The Trust requires Disclosure Barring Service checks to be made on all Trustees.
6. The Trustees require:
  - that the DSLs attend appropriate refresher training every two years.
  - that the Heads of Department and all other staff who work with children undertake training at three yearly intervals.
  - that temporary staff, students, apprentices, trainees, volunteers, contractors and visitors are made aware of the Trust's arrangements for child protection and their responsibilities.
  - that any deficiencies or weaknesses brought to the attention of staff are remedied without delay.

7. The Trustees are to receive a short written report from the Head Designated Safeguarding Lead on a quarterly basis.
8. The nominated school governor for child protection is Valerie Hart. The role in relation to child protection is strategic rather than operational – they will not be involved in concerns about individual children.
9. It is the policy of St. Paul's Community Development Trust to provide a safe and secure environment in which children and young people can thrive and develop and where all aspects of their welfare will be protected and safeguarded from harm. St. Paul's Community Development Trust will work in collaboration with its service users and professional partners to minimise the situations in which harm may occur.
10. This policy applies to all children and young people aged 19 or under irrespective of age, gender, ethnicity, race, disability, religion, sexual orientation, marital status or if they are pregnant.
11. St Paul's Community Development Trust considers all staff, apprentices, volunteers, trainees, trustees, members of Management Committees, students, contractors and anyone working on the site where the Trust runs regulated or controlled activities, to be 'Persons in a Position of Trust' (PPOT). This policy and its implications relate to all persons in a position of trust. We use the terms of "regulated activity" and "controlled activity" as defined by the Disclosure and Barring Service.
12. Safeguarding is everyone's responsibility; everyone who comes into contact with children and their families has a role to play in safeguarding children. The staff, students, apprentices, trainees and volunteers are in a position where they can identify concerns early to prevent concerns from escalating.
13. The Trust requires that staff, apprentices, students, trainees and volunteers abide by the Safeguarding Code of Conduct (Appendix 2) and are aware of their responsibility to act in a professional manner that reflects the Trust's safeguarding statement. Their behaviour outside of working hours must not compromise the Trust's reputation. Any concerns regarding their behaviour may be discussed within supervision and have implications relating to their position
14. All staff, apprentices, students, trainees and volunteers receive this document during their induction and sign to confirm that they have read and understood the Safeguarding Code of conduct and Safer Working Guidelines (Appendix 3). Any indications that a child or young person may be suffering or is at risk of suffering harm will immediately trigger St. Paul's Community Development Trust's Safeguarding and Child Protection Policy and procedures. These procedures are consistent with the good practice guidelines of Birmingham Safeguarding Children Board.
15. All staff, apprentices, students, trainees and volunteers must disclose personal relationships with children and young people under 18 to their Line Manager or Supervisor. This should be done using the St. Paul's Community Development Trust Declaration Form. (Appendix 4). This form should also be used to record significant one-off contacts with service users and any gifts over the value of £10 from a service user that could be deemed inappropriate. Cash gifts to individuals are inappropriate and will be declined. Line Managers or Supervisors will keep the declaration form on record and assess any impact this may have on professional relationships. A copy

should also be retained in the personnel files. Where appropriate, the declaration of gifts should be retained by the Finance Officer in line with the Anti-Bribery Policy.

16. St. Paul's Community Development Trust will ensure that related organisational safeguarding policies and procedures through which the safeguarding policy is implemented, will receive continuous attention and be reviewed to ensure safe and effective practice.

**Other policies include:** Anti-Bribery, Anti-Bullying, Anti-Harassment, Behaviour Management, Comments, Suggestions & Complaints, Data Protection, Disciplinary, Equalities, Escalation, Health & Safety, Home Visiting, ICT and E-safety, Mobile Phone, Recruitment and Selection, Staff Supervision and Development, Vulnerable Adults, Whistleblowing and other operational procedures which comply with Ofsted's Statutory/Regulatory Requirements.

# CHILD PROTECTION POLICY

St. Paul's Trust will fulfil local and national responsibilities as laid out in the following documents:

- Working Together to Safeguard Children (DfE)
- Keeping Children Safe in Education: Statutory guidance for schools and colleges (DfE Sept 2016)
- The Procedures of Birmingham Safeguarding Children Board
- The Education Act 2002 s175
- Mental Health and Behaviour in Schools: Departmental Advice (DfE 2014)
- Sexting in Schools & Colleges – responding to incidents and safeguarding young people (UKCCIS) 2016

## 1. OVERALL AIMS

1.1. This policy will contribute to the prevention of abuse by:

- Clarifying standards of behaviour for staff, apprentices, students, trainees, volunteers, children and young people;
- Introducing appropriate topics within the curriculum or planning to help teach children and young people to stay safe;
- Developing staff awareness of the causes of abuse;
- Encouraging children and young people and parental or carer participation in practice; and
- Addressing concerns at the earliest possible stage

1.2. This policy will contribute to the protection of children and young people by:

- Including appropriate activities within the curricular programmes within the school, early years and play settings;
- Implementing child protection policies and procedures; and
- Working in partnership with children, young people, parents, carers and agencies.

1.3. This policy will contribute to supporting our children and young people by:

- Identifying individual needs where possible; and
- Designing plans to meet needs.

## 2. KEY PRINCIPLES

2.1. These are the key principles of child protection work, as stated by Birmingham Safeguarding Children Board:

- Always see the child or young person first.
- Never do nothing.
- Do with, not to, others.
- Do the simple things better.
- Have conversations, build relationships.
- Outcomes not outputs.

### **3. KEY PROCESSES**

3.1. All staff should be aware of the guidance issued by Birmingham Safeguarding Children Board on:

- Right Help Right Time
- Early Help

### **4. EXPECTATIONS**

4.1 All staff and visitors will:

- Be familiar with this child protection policy;
- Be alert to signs and indicators of possible abuse (Appendix 5) for current definitions of abuse and examples of harm);
- Record any concerns about potential abuse and give the record to a Designated Safeguarding Lead ;
- Deal with a disclosure of abuse from a child or young person in line with the guidance in (Appendix 6) - you must inform the Designated Safeguarding Lead immediately, and provide a written account as soon as possible using the Safeguarding Incidents/Concerns form (Appendix 7);
- Staff may be involved in the implementation of individual education programmes and interagency child protection plans, child in need plans and integrated support plans; and
- Staff, apprentices, trainees and volunteers are subject to Safer Recruitment processes and checks.

### **5. SAFEGUARDING PUPILS/STUDENTS WHO ARE VULNERABLE TO RADICALISATION**

5.1. Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

5.2. The Trust values freedom of speech and the expression of beliefs and ideology as fundamental rights underpinning our society's values. Children, young people and staff have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

5.3. The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. The Trust is clear that this exploitation and radicalisation should be viewed as a safeguarding concern and that protecting children from the risk of radicalisation is part of the Trust's safeguarding duty.

- 5.4. Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in [Appendix 13](#).
- 5.5. The Trust seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right/Neo- Nazi/White Supremacist ideology, Domestic Terrorism, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

### **Risk Reduction**

- 5.6. The Trustees, school governors, the Head Teacher and the Designated Safeguarding Leads will assess the level of risk within the Trust and put actions in place to reduce that risk. Risk assessment may include consideration of the school's RE curriculum, SEND policy, assembly policy, the use of our premises by external agencies, integration of pupils by gender and SEN, anti-bullying policy and other issues specific to the Trust's values.
- 5.7. This risk assessment will be reviewed as part of the annual s175 return that is monitored by the local authority and the local safeguarding children board.

### **Response**

- 5.8. With effect from 1<sup>st</sup> July 2015 all schools are subject to a duty to have "due regard to the need to prevent people being drawn into terrorism" (section 26, Counter Terrorism and Security Act 2015). This is known as The Prevent Duty.
- 5.9. There is no single way to identify an individual who is likely to be susceptible to an extremist ideology. Specific background factors may contribute to vulnerability and these are often combined with specific needs for which an extremist group may appear to provide answers, and specific influences such as family, friends and online contacts. The use of social media has become a significant feature in the radicalisation of young people.

More information on these factors is in [Appendix 13](#).

- 5.10. Our school, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: at St. Paul's this can be any of the Senior Designated Safeguarding Leads from across the Trust.
- 5.11. All staff will be alert to changes in a child's behaviour or attitude which could indicate that they are in need of help or protection.
- 5.12. We will monitor online activity with the Trust to ensure that inappropriate sites are not accessed by pupils or staff. This will be done by the use of specialist online monitoring software.
- 5.13. When any member of staff has concerns that a pupil/student may be at risk of radicalisation or involvement in terrorism, they should speak with a Designated Safeguarding Lead.

5.14. Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

## **Channel**

5.15. Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the West Midlands Police Counter-Terrorism Unit, and it aims to:

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.

5.16. The Channel programme focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's participation in the programme is entirely voluntary at all stages.

5.17. Schools have a duty to cooperate with the Channel programme in the carrying out of its functions, and with the Police in providing information about an individual who is referred to Channel (Section 38, Counter Terrorism and Security Act 2015).

Further guidance about duties relating to the risk of radicalisation is available in the Advice for Schools on [The Prevent Duty](#).

## **6. SAFEGUARDING PUPILS/STUDENTS WHO ARE VULNERABLE TO EXPLOITATION, FORCED MARRIAGE, FEMALE GENITAL MUTILATION OR TRAFFICKING**

6.1 Our safeguarding policy, and the Trust's values, ethos and behaviour policies, provide the basic platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.

6.2 The Trust keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.

6.3 Our staff are supported to recognise warning signs and symptoms in relation to specific issues, and include such issues in an age appropriate way in their curriculum.

6.4 The Trust works with and engages our families and communities to talk about such issues.

6.5 Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

6.6 Our Designated Safeguarding Lead(s) know where to seek and get advice as necessary.

6.7 The Trust brings in experts and uses specialist material to support the work we do.

### **Reporting of Female Genital Mutilation**

6.8 With effect from October 2015 all schools are subject to a mandatory reporting requirement in respect of female genital mutilation. When a member of staff discovers that an act of FGM appears to have been carried out on a girl aged under 18, they have a statutory duty to report it to the police. Failure to report such cases will result in disciplinary sanctions.

6.9 When a staff member has reasons to suspect that an act of FGM has been carried out on a pupil/student or parent, or is at risk of such s/he will discuss the situation with the Designated Safeguarding Lead, who will consult children's social care before a decision is made as to whether the mandatory reporting duty applies.

## **7. CHILDREN WHO GO MISSING FROM EDUCATION**

7.1 A child going missing from education is a potential indicator of abuse or neglect, including sexual exploitation, FGM, forced marriage or travelling to conflict zones. School staff will be alert to these safeguarding concerns when a pupil/student goes missing for an extended period, or on repeat occasions.

7.2 The school must notify the local authority of any pupil/student who fails to attend school regularly after making reasonable enquiries, or has been absent without the school's permission for a continuous period of 5 days or more. The school (regardless of designation) must also notify the local authority of any pupil/student who is to be deleted from the admission register because s/he –

- Has been taken out of school by their parents and is being educated outside the school system (e.g. home education);
- Has ceased to attend school and no longer lives within a reasonable distance of the school at which s/he is registered (moved within the city, within the country or moved abroad but failed to notify the school of the change);
- Displaced as a result of a crisis e.g. domestic violence or homelessness;
- Has been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither s/he nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- Is in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe that s/he will return to the school at the end of that period; or
- Has been permanently excluded.

7.3. Our school will demonstrate that we have taken reasonable enquiries to ascertain the whereabouts of children that would be considered 'missing'.

7.4. In our Early Year's settings staff will contact parents within 48 of a child's absence.

## **8. WHAT WE DO WHEN WE ARE CONCERNED**

8.1. Where risk factors are present but there is no evidence of a significant risk then our DSL advises us on early help and preventative work that can be done to engage the child or parent into mainstream activities or additional services. The DSL may well

be the person who talks to and has conversations with the child's family, sharing the concern about the young person's vulnerability and how we can work together to reduce the risk.

- 8.2. In this situation, we will utilise the Right Help Right Time (RHRT) model to consider the needs of the family and in discussion with the parent and the young person (as far as possible).

The DSL may decide to:

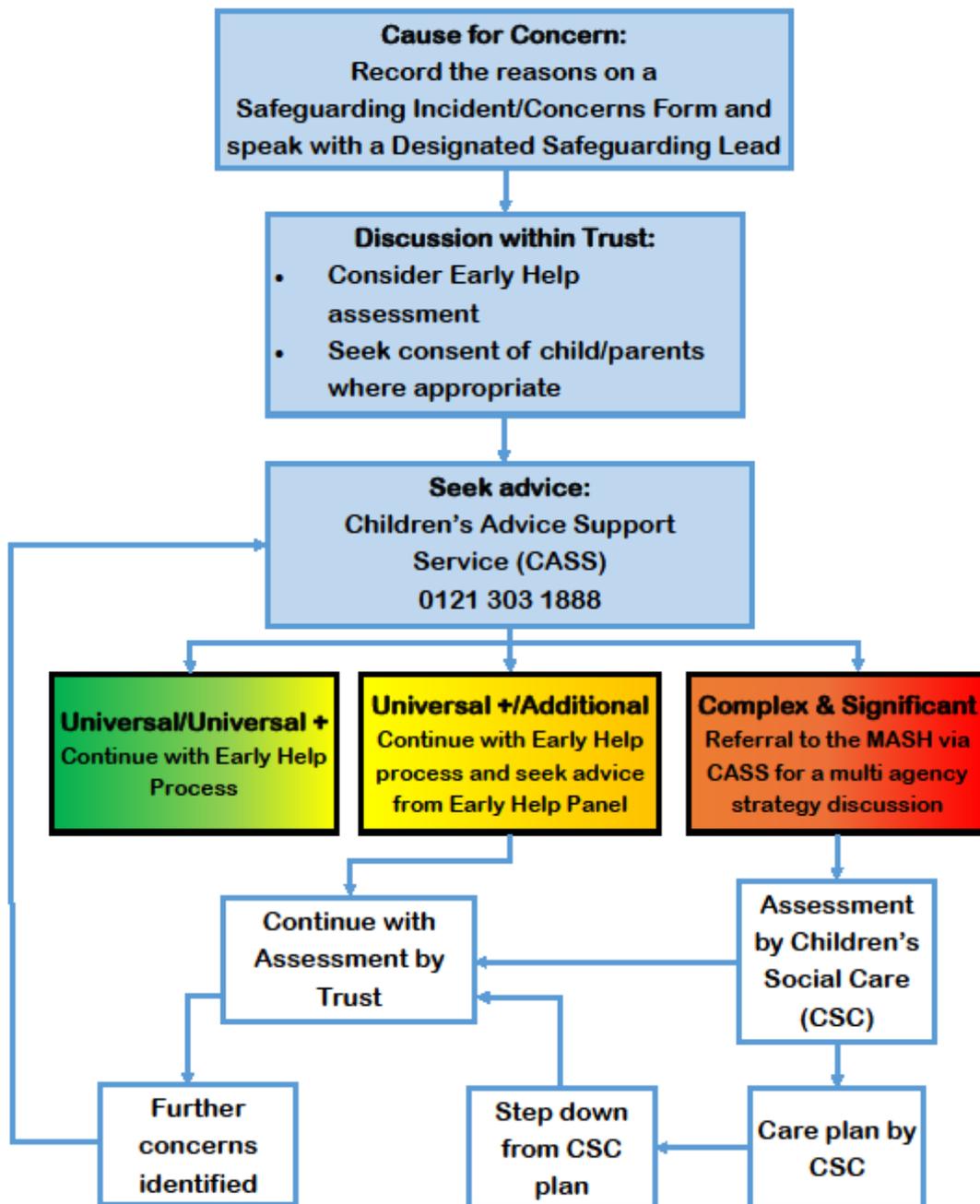
- Monitor the situation after taking appropriate action to address the concerns.
- Undertake an Early Help assessment to try to meet the needs of the child and family through a multi-agency approach.
- Seek advice from the Children's Advice and Support Service (CASS)
- Notify Children's Social Care via a request for support form to the CASS.

- 8.3. If it is felt the child's needs fall into the RHRT categories of Universal + or Additional Need the DSL will also offer and seek advice about undertaking an Early Help Assessment and consider, if this does not have an impact on the situation making a referral to children's social care. The local Early Help Panel can assist us.

Our local early Help Panel is: Hall Green

- 8.4. If the concerns about the child or young person are deemed 'Complex and Significant' meeting the criteria within RHRT, they will be referred to the CASS. This includes concerns about a child/young person who is affected by the behaviour of a parent or other adult in their household.

# Responding to Concerns About a Child or Young Person



## 9. THE DESIGNATED SAFEGUARDING LEADS

- 9.1. The Trust's Chief Executive will be responsible for management oversight and accountability for child protection. Alison Moore, Head Designated Safeguarding Lead, will be responsible for coordinating the Senior & Designated Safeguarding Leads and child protection activities. Each of the registered settings within the Trust has a Designated Safeguarding Lead (DSL) who are responsible for ensuring that all aspects of this policy are implemented in their department and supporting persons in a position of trust to carry out their safeguarding duties and work closely with other services.
- 9.2. The Designated Safeguarding Leads for child protection will attend regular case monitoring reviews of vulnerable children as required. These reviews must be evidenced by minutes and recorded in case files.
- 9.3. There may be occasions where professional disagreements occur regarding actions, inactions or decisions of another professional or agency which do not adequately safeguard a child around a specific case. If any disagreements cannot be resolved then staff must 'escalate' following the guidelines in the BCSB Resolution and Escalation Protocol to ensure the child's welfare and safeguarding concerns are paramount.
- 9.4. Where individuals have concerns about a child, the DSL will decide what steps should be taken. Following the flowchart – 'Responding to concerns about a child'. The DSL will take the lead on overseeing the reporting of any safeguarding concerns in their department to the relevant authority including all writing of reports and keeping staff and the parent/carer informed of any progress made within the process.
- 9.5. The DSL will ensure that appropriate information, advice and guidance is offered to families who have an allegation made against them.
- 9.6. Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to deal with an individual child or young person and / or family.
- 9.7. A chronology of significant events (Appendix 9) will be kept within the child's individual file ensuring cross reference with the child protection records.
- 9.8. Within the school child protection records will be stored securely in a central place separate from academic records. Individual files will be kept for each child: the school will not keep family files.
- 9.9. Within play and early year's settings child protection records will be kept with children's files which are in a secure place with restricted access.
- 9.10. Within family support family files are kept in a secure place with restricted access, child protection records are kept within those family files.
- 9.11. Access to records by staff other than by the Designated Safeguarding Lead will be restricted.
- 9.12. Files will be kept for at least the period during which the child is attending the setting, and beyond that in line with current data retention schedule.

- 9.13. Parents will be aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff.
- 9.14. General communications with parents will be in line with any home school or setting policies and give due regard to which adults have parental responsibility.
- 9.15. Staff must not disclose to a parent any information held on a child if this would put the child at risk of significant harm.
- 9.16. If a child or young person moves from any of our settings, child protection records will be forwarded on to the Designated Safeguarding Lead at the new setting, with due regard to their confidential nature. Child Protection records will be forwarded to their new destination in their entirety. Continued contact between the two settings may be necessary; we will record where and to whom the records have been passed and the date.
- 9.17. If sending by post children's records will be sent by "Special/Recorded Delivery". For audit purposes a note of all pupil records transferred or received should be kept in either paper or encrypted electronic format. This will include the child's name, date of birth, where and to whom the records have been sent and the date sent and/or received.
- 9.18. Where a vulnerable young person is moving to a Further Education establishment, consideration should be given to the pupil's wishes and feelings on their child protection information being passed on in order that the FE establishment can provide appropriate support.
- 9.19. When a Designated Safeguarding Lead resigns their post or no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.
- 9.20. In exceptional circumstances when a face to face handover is unfeasible, the Head of Department will ensure that the new post holder is fully conversant with all procedures and case files.

## **RESPONDING TO CONCERNS ABOUT A CHILD**

### **WORKING WITH OTHER AGENCIES TO PROTECT CHILDREN AND YOUNG PEOPLE**

#### **10. INVOLVING PARENTS/CARERS**

- 10.1. In general, we will discuss concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate staff will approach parents/carers after consultation with the Designated Safeguarding Lead. However there may be occasions when the setting will contact another agency **before** informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child.
- 10.2. Parents/carers will be informed about our child protection policy through Parent Handbooks, the website and on notice boards. Procedures and policies relating to safeguarding will be reviewed and consulted by Parent's Forums, through direct consultation and within Newsletters.

#### **11. MULTI-AGENCY WORK**

- 11.1. We work in partnership with other agencies in the best interests of the children. The school will, where necessary, liaise with the school nurse and doctor, and make referrals to children's social care. Referrals should be made by the Designated Safeguarding Lead to the Children's Advice Support Service (CASS) - 0121 303 1888. Where the child already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager. Where the child or young person already has a safeguarding social worker, the request for service should go immediately to the social worker involved, or in their absence to their team manager.
- 11.2. We will co-operate with any child protection enquiries conducted by MASH, the Trust will ensure representation at appropriate inter-agency meetings such as integrated support plan meetings initial and review child protection conferences, and core group meetings.
- 11.3. We will provide reports as required for these meetings. If the DSL is unable to attend, a written report will be sent.
- 11.4. Where a child or young person is subject to an inter-agency child protection plan or a multi-agency risk assessment conference (MARAC) meeting, the appropriate DSL will contribute to the preparation, implementation and review of the plan as appropriate

#### **12. OUR ROLE IN PREVENTION OF ABUSE**

- 12.1 We will identify and provide opportunities for children and young people to develop skills, concepts, attitudes and knowledge to promote their safety and well-being.

## Curriculum activities and programmes

- 12.2 In our Early Years settings children are encouraged to be aware of and recognise possible dangers, to develop an understanding of why safety is important and the skills needed to look after themselves and others. This learning is woven throughout daily routines, planned activities and resources, as dangers and risks are identified, discussed and explained.
- 12.3 Play settings will ensure children are involved with projects or activities which relate to staying safe, anti-bullying and e-safety etc.
- 12.4 In the school relevant issues will be addressed through the pastoral support systems, the PSHE curriculum for example can address self-esteem, emotional literacy, assertiveness, power, sex and relationship education, e-safety and bullying. Topics can also be addressed through other areas of the curriculum, for example, English, Drama and Art.

## Other areas of work

### Gangs

- 12.5. The gathering of young people in public places has always been a feature of an urban area, for many young people belonging to such a group can form a positive and normal part of young people's growth and development. Although such groups can become involved in antisocial behaviour and may commit criminal offences, they should be distinguished from urban street gangs for whom crime and violence are a core part of their identity, and from links to more serious organised criminality. Street gangs are responsible for a significant amount of violence. They are linked to the supply of weapons and drugs and, later, to involvement in organised crime. Young people who are involved in gang membership can find that 'joint enterprise' means they are potentially criminally liable, even when they don't commit a crime themselves.

*St Paul's Trust acknowledges that children and young people who are associated with gang lifestyle whether as a member themselves or as a potential member should be safeguarded. St Paul's will treat information of gang related behaviour seriously and will make referrals accordingly.*

- 12.6. All our policies which address issues of power and potential harm, for example anti-bullying, equalities, behaviour management, will be linked to ensure a whole Trust approach.
- 12.7. Our safeguarding and child protection policy cannot be separated from the general ethos of the Trust, which should ensure that children and young people are treated with respect and dignity, feel safe, and are listened to.

## 13. OUR ROLE IN SUPPORTING CHILDREN AND YOUNG PEOPLE

- 13.1 We will offer appropriate support to individual children and young people who have experienced abuse or who have abused others.
- 13.2 An individual support plan will be devised, implemented and reviewed regularly for these children or young people. This plan will detail areas of support, who will be involved, and their wishes and feelings. A written outline of the individual support plan will be kept in the child's child protection record.

- 13.3 Children and young people who abuse others will be responded to in a way that meets their needs as well as protecting others within the community through a multi-agency risk assessment. We will ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.
- 13.4 We will ensure the Trust works in partnership with parents / carers and other agencies as appropriate.

#### **14. ADMISSION PROCEDURES**

Any service for children and young people provided by the Trust will ensure accurate up to date records are kept on admission and contain signed permissions by parents or carers as required. Please see settings admissions policies.

Please see the Data Retention and Data Protection Policies for details on safe data use, storage and the length of time data is retained for.

#### **15. A SAFER CULTURE**

##### **Safer Recruitment and Selection**

- 15.1. The Trust pays full regard to 'Keeping children safe in education' (September 2016) Part three: **Safer recruitment**. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS). Refer to the Trust's Staff Recruitment and Vetting procedures.
- 15.2. All recruitment materials will include reference to the Trust's commitment to safeguarding and promoting the wellbeing of children and young people.
- 15.3. All recruitment panels will have a member trained in safer recruitment.
- 15.4. All staff employed by the Trust will be issued with ID badges which must be worn at all times. Volunteers will also be issued with ID badges and students will be expected to wear ID badges issued by their college or university, others such as school work experience learners will be issued with temporary badges.

#### **16. STAFF DEVELOPMENT AND SUPERVISION**

- 16.1 All staff, apprentices, students, trainees and volunteers including those working with or around children and young people will serve a probationary period in which the person's performance is closely monitored.
- 16.2 All employed staff will receive regular supervision from their Line Manager who will hold formal discussion and observation sessions to ensure the person's performance is of a suitable standard. Safeguarding will be an agenda item in all supervision and staff meetings. The supervision of staff will be used as a means of ensuring that the children and young people using the services of the Trust receive adequate and appropriate protection. This will be through professional or case supervision where appropriate. Refer to the Staff Supervision and Development Policy for further information.

16.3 All employed staff, apprentices, trainees and volunteers will undergo in-house Safeguarding training as part of their induction and will be required to undertake regular refresher training to ensure core competencies are met.

16.4 Designated Safeguarding Leads will undergo additional Child Protection training.

## **17. VISITORS AND EXTERNAL PARTNERS**

17.1 All visitors and external partners must log in at the venue they are visiting and should wear an identity badge and be made aware of the safeguarding statement during their time at the Trust.

17.2 Visitors must be escorted in parts of the Trust where children and young people are present.

17.3 Information on the Safeguarding Children and Young People Policy, Safe Working Guidelines and Designated Safeguarding Leads is available and visible to visitors and external partners throughout the Trust on information boards, leaflets and the website.

17.4 Visitors or external partners working with the Trust carrying out regulated or controlled activity (definitions used as set out in the Safeguarding Vulnerable Groups Act 2006) will be provided with a copy of the Safeguarding Children and Young People Policy and Safeguarding Code of Conduct ([Appendix 2](#)).

17.5 Visitors or external partners carrying out regulated work with children or young people or controlled activities within the Trust must have an Enhanced DBS.

17.6 Visitors or external partners who carry out regulated activity with children and young people and do not have an Enhanced DBS should be supervised at all times until an Enhanced DBS is obtained.

17.7 External partners are required to provide evidence of a sufficient Safeguarding Policy should they be providing services on behalf of St. Paul's Community Development Trust. Minimum required sections of an external providers Safeguarding Policy (or within other related policies) are:

- How to respond to a Safeguarding / Child Protection Concern.
- A statement of commitment to safeguarding children and young people from harm and promoting welfare.
- Persons in a Position of Trust.
- Safe Recruitment.
- Named Designated Safeguarding Leads for Safeguarding.
- Staff Behaviour.

17.8 Where external partners are unable to provide sufficient policies to meet the requirements, St Paul's Community Development Trust will where possible provide support to enable these to be met.

## **18. RESPONDING TO AN ALLEGATION ABOUT A MEMBER OF STAFF OR VOLUNTEER**

*(Refer to the Birmingham Children's Safeguarding Board procedures 'Allegations against Staff or Volunteers')*

18.1 This procedure should be applied when there is an allegation or concern that a person who works with children, has:

- Behaved in a way that has harmed a child or young person or put them at risk of harm
- Possibly committed a criminal offence against or related to a child or young person;
- Behaved in a way that indicates he or she may pose a risk of harm to a child or young person.

18.2 These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include, but are not limited to, concerns relating to inappropriate relationships between members of staff and children or young people, for example;

- Having a sexual relationship with a child under 18 while being in a position of trust in respect to that child, even if consensual;
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence
- Possession of indecent photographs/pseudo-photographs of children;
- Excessive use of force in restraining a child or young person;
- Inappropriate use of isolation/restriction.

All persons in a position of trust within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately. Allegations or concerns about colleagues and visitors can go to any of the DSLs who must then report to the Head DSL or to the Chief Executive unless the concern relates to them in which case to the nominated Trustee for Safeguarding. See the flow chart [\(Appendix 12\)](#)

18.3 Any investigation must be conducted by the 'Case Manager' - who will be the CEO unless they nominate someone to do this in their place. Advice will be taken from the LADO team. Any other staff member including senior DSLs, managers or the head teacher must NOT conduct any investigation themselves or interview any children or young people.

18.4 Concerns must be reported to the LADO team within one working day (Telephone 0121 675 1699). The LADO team will advise all the next steps.

## **19. CHILDREN WITH ADDITIONAL NEEDS**

19.1 St. Paul's Community Development Trust recognises that while all children and young people have a right to be safe, some may be more vulnerable to abuse, for example those with a disability or special educational need, those living with domestic violence or drug / alcohol abusing parents, etc.

19.2 Disabled children or children who require intimate care due to medical assistance are vulnerable to abuse. The Trust has an Intimate Care Policy that parents need to

be aware of and staff need to follow when caring for children or young people who have intimate care needs. (Appendix 14)

- 19.3 When the school is considering excluding a vulnerable pupil and / or a pupil who is the subject of a child protection plan or where there is an existing child protection file, we will call a multi-agency risk-assessment meeting prior to making the decision to exclude. In the event of a one-off serious incident resulting in an immediate decision to exclude, the risk assessment *must* be completed prior to convening a meeting of the Governing Body. School Exclusion Policy

## 20. CHILDREN AND YOUNG PEOPLE IN SPECIFIC CIRCUMSTANCES

### Other Specific Circumstances

Guidance on children in specific circumstances is in Birmingham Safeguarding Children Board's procedures as listed below:

- Bullying
- Children Missing from Care, Home and Education
- Children and Families that Go Missing
- Child Sexual Exploitation
- Domestic Violence and Abuse
- Drugs inc Children of Parents who Misuse Substances
- Fabricated or Induced Illness
- Faith Abuse and Honour Based Violence
- Violence Against Women and Girls
- Female Genital Mutilation
- Forced Marriage
- Children Affected by Gang Activity
- Children of Parents with Mental Health Problems
- Children Living away from Home
- Children of Parents with Learning Difficulties
- Disabled Children
- E-Safety – Children Exposed to Abuse through the Digital Media
- Peer Abuse – Children and Young People who Abuse Others
- Sexually Harmful Behaviour
- Trafficked Children
- Underage Sexual Activity
- Safeguarding Children and Young People against Radicalisation and Violent Extremism

#### 20.1 Sexting

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages.

They can be sent using mobiles, tablets, smartphones, laptops - any device that allows you to share media and messages.

Sexting may also be called:

- trading nudes
- dirties
- pic for pic.

Sexting can be seen as harmless, but creating or sharing explicit images of a child is illegal, even if the person doing it is a child. A young person is breaking the law if they:

- take an explicit photo or video of themselves or a friend
- share an explicit image or video of a child, even if it's shared between children of the same age
- possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.

However, as of January 2016 in England and Wales, if a young person is found creating or sharing images, the police can choose to record that a crime has been committed but that taking formal action isn't in the public interest.

There are many reasons why a young person may want to send a naked or semi-naked picture, video or message to someone else.

- joining in because they think that 'everyone is doing it'
- boosting their self-esteem
- flirting with others and testing their sexual identity
- exploring their sexual feelings
- to get attention and connect with new people on social media
- they may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent

It's easy to send a photo or message but the sender has no control about how it's passed on.

When images are stored or shared online they become public. Some people may think that images and videos only last a few seconds on social media and then they're deleted, but they can still be saved or copied by others. This means that photos or videos which a young person may have shared privately could still be end up being shared between adults they don't know.

Young people may think 'sexting' is harmless but it can leave them vulnerable to:

- **Blackmail**  
An offender may threaten to share the pictures with the child's family and friends unless the child sends money or more images.
- **Bullying**  
If images are shared with their peers or in school, the child may be [bullied](#).
- **Unwanted attention**  
Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images.
- **Emotional distress**  
Children can feel embarrassed and humiliated. If they're very distressed this could lead to suicide or [self-harm](#).

(NSPCC)

St. Paul's aims to guide children to use devices safely and will inform children and young people of the risks posed by 'Sexting' during PSHE lessons and within family

group discussions. Staff are also made aware of these risks during the mandatory safeguarding training.

20.2 Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example the NSPCC offers information on its website [www.nspcc.org.uk](http://www.nspcc.org.uk). The GOV.UK website also offers guidance on issues that staff working in schools and educational organisations need to be aware of:

- Drugs
- Gangs and youth violence
- Mental Health
- Private fostering
- Radicalisation
- Teenage relationship abuse



## DESIGNATED SAFEGUARDING LEADS ROLE DESCRIPTION

St. Paul's Trust has one Senior Manager appointed **Head Designated Safeguarding Lead** who ensures clear lines of accountability & responsibility for the safeguarding of children and young people in all departments.

In addition there are **Senior Designated Safeguarding Leads** within each department and additional **Designated Safeguarding Leads (DSLs)** in every OFSTED registered setting. The **DSLs** will be available for any staff, students or volunteers to report any safeguarding concerns and will all be trained to the same level.

### **Duties and responsibilities for the Head Designated Safeguarding Lead**

- To oversee the safeguarding and child protection process and procedures across all departments within the Trust.
- To provide a monthly report of all live safeguarding cases to the Senior Management Team and to report to the Trustees on a quarterly basis.
- To ensure the DSLs meet to review and reflect on cases and good practice, keeping an evidence file as appropriate.
- To ensure the safeguarding policy is reviewed annually or sooner if new guidance is issued.
- To link with the Birmingham Safeguarding Children's Board to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

### **Duties and responsibilities for the Senior DSLs**

- To manage cases of suspected abuse, supporting other DSLs with their safeguarding concerns and from any other person that requires immediate attention.
- To consider options for support using the 'Right Services Right Time' or to complete an Early Help Assessment using the Request for Support form.
- To refer cases to the Channel programme where there is a radicalisation concern and to support those staff who have reported that concern.
- To act as a source of support, advice and expertise for staff and other DSLs across the Trust.
- To ensure the family or child's file is updated and the chronologies are completed with detailed, accurate and secure written records.
- To update the central safeguarding concerns database and review as required.
- To report to the **Head DSL** on a weekly basis of any referrals to the local authority and to update on any active cases.
- To attend multi-agency meetings and/or to support other staff to do so and to contribute to the assessment of children.
- To coordinate reflective practice workshops, develop a learning log and ensure best practice is shared and evidenced.
- Ensure that staff and family are kept up to date with the process and that appropriate support is given to the family during the process.
- Work within the DSL team to review procedures, training needs and other aspects of safeguarding children and young people so as to advise the Senior Management Team and Trustees about any necessary revision to policy, procedures or practice.
- Ensure relevant safeguarding training is included in the induction process of all staff, students and volunteers.



- To review training needs for all members of staff in their departments with regard to safeguarding & child protection, Right Services Right Time, Early Help etc in accordance with their individual training plans.
- To be responsible for liaising with personnel ensuring checks are made for staff, with the volunteer coordinator for volunteers and with the student coordinator for work experience students.
- To encourage a culture of listening to children and taking account of their wishes and feelings.
- To ensure the safeguarding policy is available for parents and that parents understand our responsibilities.
- To ensure where children leave nursery or school that their child protection file is transferred to the new school or college as soon as possible, ensuring secure transit and confirmation of receipt.

### **Duties and responsibilities for the DSLs:**

- To receive reports from staff regarding any safeguarding concerns and disclosures and to follow the guidance in the 'Right Services Right Time' as to whether the child or family require signposting to other universal services or if additional support is required they act accordingly involving other agencies.
- To consult a Senior DSL before making a referral to the local authority.
- To ensure the appropriate forms are completed and that family or children's files are updated using the chronologies.
- To attend inter-agency meetings and/or to support other staff to do so as required.
- Create a shared understanding of roles & responsibilities regarding safeguarding children and young people within the staff teams.
- To ensure safeguarding is on the team meeting agendas.
- To attend DSL meetings where possible to keep up to date with safeguarding processes and procedures and to work collaboratively with other DSLs to share and reflect on working practice.
- To encourage a culture of listening to children and young people and taking account of their wishes and feelings.
- To adhere to the Trust's Confidentiality Statement and data sharing protocols.

### **Training**

The Designated Safeguarding Leads will attend training to provide them with the knowledge and skills required to carry out their role. This training will be updated every 2 years.

In addition the DSLs will attend Prevent training and any other courses or workshops relating to specific areas of safeguarding such as Child Sexual Exploitation, Female Genital Mutilation, Domestic Abuse etc.

In addition to any formal training the DSLs will receive regular updates from the NSPCC or other e-bulletins informing of Serious Case Reviews, case studies for discussion in team meetings and safeguarding developments and articles or new procedures.

The DSLs will contribute to an Annual Safeguarding Update that will ensure all staff across the Trust are informed of recent safeguarding developments and that child protection processes are kept up to date and in the fore front of everyone's job roles.



## **SAFEGUARDING CODE OF CONDUCT**

### **Underlying Principles**

- The welfare of the child is paramount.
- Staff should understand their responsibilities to safeguard and promote the welfare of children and young people
- Staff are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Staff should work and be seen to work, in an open and transparent way.
- Staff should acknowledge that deliberately invented/malicious allegations are extremely rare and that all concerns should be reported and recorded
- Staff should discuss and/or take advice promptly from their line manager if they have acted in a way which may give rise to concern
- Staff should apply the same professional standards regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual orientation.
- Staff should not consume or be under the influence of alcohol or any substance, including prescribed medication, which may affect their ability to care for children
- Staff should be aware that breaches of the law and other professional guidelines could result in disciplinary action being taken against them, criminal action and/or other proceedings including barring by the Disclosure & Barring Service (DBS) from working in regulated activity, or for acts of serious misconduct prohibition from teaching by the National College of Teaching & Leadership (NCTL).
- Staff and managers should continually monitor and review practice to ensure this guidance is followed
- Staff should be aware of and understand the Trust's child protection policy, arrangements for managing allegations against staff, the safer working guidelines, whistle blowing procedures and their Local Safeguarding Children Board LSCB procedures.



## SAFER WORKING GUIDELINES

Staff are accountable for the way in which they: exercise authority; manage risk; use resources; and safeguard children.

All staff have a responsibility to keep children and young people safe and to protect them from abuse (sexual, physical and emotional), neglect and safeguarding concerns. Children have a right to be safe and to be treated with respect and dignity. It follows that trusted adults are expected to take reasonable steps to ensure their safety and well-being. Failure to do so may be regarded as professional misconduct.

This document acts as guidance and makes recommendations about keeping yourself and the children and young people who use our services safe at all times.

### 1. Making professional judgements

This guidance cannot provide a complete checklist of what is, or is not, appropriate behaviour for staff. It does highlight however, behaviour which is illegal, inappropriate or inadvisable. There will be rare occasions and circumstances in which staff have to make decisions or take action in the best interest of a child which could contravene this guidance or where no guidance exists. Individuals are expected to make judgements about their behaviour in order to secure the best interests and welfare of the children in their charge and, in so doing, will be seen to be acting reasonably. These judgements should always be recorded and shared with a manager.

### 2. Power and positions of trust and authority

All those working with children in our settings are in a position of trust.

The relationship between a person working with a child/ren is one in which the adult has a position of power or influence. It is vital for adults to understand this power; that the relationship cannot be one between equals and the responsibility they must exercise as a consequence.

The potential for exploitation and harm of vulnerable children means that adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Staff should always maintain appropriate professional boundaries, avoid behaviour which could be misinterpreted by others and report and record any such incident.

Where a person aged 18 or over is in a position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity.

### 3. Confidentiality

Staff may have access to confidential information about children and their families which must be kept confidential at all times and only shared when legally permissible to do so and in the interest of the child. Records should only be shared with those who have a legitimate professional need to see them.



Confidential information should never be used casually in conversation or shared with any person other than on a need-to-know basis. In circumstances where the child's identity does not need to be disclosed the information should be used anonymously.

#### **4. Standards of behaviour**

Staff should adopt high standards of personal conduct in order to maintain confidence and respect of the general public and those with whom they work.

There may be times where an individual's actions in their personal life come under scrutiny from the community, the media or public authorities, including with regard to their own children, or children or adults in the community. Staff should be aware that their behaviour, either in or out of the workplace, could compromise their position within the work setting in relation to the protection of children, loss of trust and confidence, or bringing the employer into disrepute. Such behaviour may also result in, prohibition from teaching by the NCTL, a bar from engaging in regulated activity, or action by another relevant regulatory body.

*This means that staff should:*

- *be aware that behaviour by themselves, those with whom they share a household, or others in their personal lives, may impact on their work with children*
- *understand that a person who provides Early Years education or Childcare may be disqualified because of their "association" with a person living or employed in the same household who is disqualified.*

#### **5. Dress and appearance**

Staff should ensure they are dressed decently, safely and appropriately for the tasks they undertake. Those who dress or appear in a manner which could be viewed as offensive or inappropriate will render themselves vulnerable to criticism or allegation.

*This means that staff should wear clothing which:*

- *promotes a positive and professional image*
- *is appropriate to their role*
- *is not likely to be viewed as offensive, revealing, or sexually provocative*
- *does not distract, cause embarrassment or give rise to misunderstanding*
- *is absent of any political or otherwise contentious slogans*
- *is not considered to be discriminatory*

#### **6. Gifts, rewards, favouritism and exclusion**

Staff need to take care that they do not accept any gift that might be construed as a bribe by others, or lead the giver to expect preferential treatment.

There are occasions when children or parents wish to pass small tokens of appreciation to staff e.g. at Christmas or as a thank-you and this is usually acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.

Similarly, it is inadvisable to give such personal gifts to children or their families. This could be interpreted as a gesture either to bribe or groom. It might also be perceived that a 'favour' of some kind is expected in return.



Any reward given to a child should be in accordance with agreed practice, consistent with the setting's behaviour policy, recorded and not based on favouritism.

Adults should exercise care when selecting children for specific activities, jobs or privileges in order to avoid perceptions of favouritism or injustice. Similar care should be exercised when children are excluded from an activity. Methods of selection and exclusion should always be subject to clear, fair, agreed criteria.

#### **7. Infatuations and 'crushes'**

All staff need to recognise that it is not uncommon for children to be strongly attracted to a member of staff and/or develop a 'crush' or infatuation. They should make every effort to ensure that their own behaviour cannot be brought into question, does not appear to encourage this and be aware that such infatuations may carry a risk of their words or actions being misinterpreted.

Any member of staff who receives a report, overhears something, or otherwise notices any sign, however small or seemingly insignificant, that a young person has become or may be becoming infatuated with either themselves or a colleague, should immediately report this to the Head teacher or most senior manager. In this way appropriate early intervention can be taken which can prevent escalation and avoid hurt, embarrassment or distress for those concerned.

#### **8. Social contact outside of the workplace**

It is acknowledged that staff may have genuine friendships and social contact with parents of children, independent of the professional relationship. Staff should, however, also be aware that professionals who sexually harm children often seek to establish relationships and contact outside of the workplace with both the child and their parents, in order to 'groom' the adult and the child and/or create opportunities for sexual abuse.

It is also important to recognise that social contact may provide opportunities for other types of grooming such as for the purpose of sexual exploitation or radicalisation.

Staff should recognise that some types of social contact with children or their families could be perceived as harmful or exerting inappropriate influence on children, and may bring the setting into disrepute (e.g. attending a political protest, circulating propaganda).

If a child or parent seeks to establish social contact, or if this occurs coincidentally, the member of staff should exercise her/his professional judgement. This also applies to social contacts made through outside interests or the staff member's own family.

Some staff may, as part of their professional role, be required to support a parent or carer. If that person comes to depend upon the staff member or seeks support outside of their professional role this should be discussed with senior management and where necessary referrals made to the appropriate support agency.



*This means that staff should:*

- *always approve any planned social contact with children or parents with senior colleagues, for example when it is part of a reward scheme or for family trips etc.*
- *advise senior management of any regular social contact they have with a child which could give rise to concern*
- *refrain from sending personal communication to children or parents unless agreed with senior managers*
- *inform senior management of any relationship with a parent where this extends beyond the usual parent/professional relationship*
- *inform senior management of any requests or arrangements where parents wish to use their services outside of the workplace e.g. babysitting, tutoring.*

The Trust strongly discourages any babysitting arrangements for children in our care.

#### **9. Communication with children (including the use of technology)**

In order to make best use of the many educational and social benefits of new and emerging technologies, children need opportunities to use and explore the digital world. E-safety risks are posed more by behaviours and values than the technology itself.

Staff should ensure that they establish safe and responsible online behaviours, working to local and national guidelines and acceptable use policies which detail how new and emerging technologies may be used.

Communication with children both in the 'real' world and through web based and telecommunication interactions should take place within explicit professional boundaries. This includes the use of computers, tablets, phones, texts, e-mails, instant messages, social media (Given the ever changing world of technology it should be noted that this list gives examples only and is not exhaustive.)

Staff should not give their personal contact details to children for example, e-mail address, home or mobile telephone numbers, details of web based identities. If children locate these by any other means and attempt to contact or correspond with the staff member, the adult should not respond and must report the matter to their manager. The child should be firmly and politely informed that this is not acceptable.

#### **10. Physical contact**

There are occasions when it is entirely appropriate and proper for staff to have physical contact with children, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the child's individual needs and any agreed care plan.

Any physical contact should be in response to the child's needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. Adults should therefore, use their professional judgement at all times.

Physical contact should never be secretive, or for the gratification of the adult, or represent a misuse of authority.



A general culture of 'safe touch' should be adopted, where appropriate, to the individual requirements of each child. Children with disabilities may require more physical contact to assist their everyday learning. The arrangements should be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

*This means that staff should:*

- *be aware that even well intentioned physical contact may be misconstrued by the child, an observer or any person to whom this action is described*
- *never touch a child in a way which may be considered indecent*
- *always be prepared to explain actions and accept that all physical contact be open to scrutiny*
- *never indulge in horseplay or fun fights*
- *always allow/encourage children, where able, to undertake self-care tasks independently*
- *ensure the way they offer comfort to a distressed child is age appropriate*
- *always tell a colleague when and how they offered comfort to a distressed child*
- *establish the preferences of children*
- *consider alternatives, where it is anticipated that a child might misinterpret or be uncomfortable with physical contact*
- *always explain to the child the reason why contact is necessary and what form that contact will take*
- *report and record situations which may give rise to concern*
- *be aware of cultural or religious views about touching and be sensitive to issues of gender*

#### **11. Other activities that require physical contact**

In certain curriculum areas, such as PE, drama or music, staff may need to initiate some physical contact with children, for example, to demonstrate technique in the use of a piece of equipment, adjust posture, or support a child so they can perform an activity safely or prevent injury.

Physical contact should take place only when it is necessary in relation to a particular activity. It should take place in a safe and open environment i.e. one easily observed by others and last for the minimum time necessary.

*This means that staff should:*

- *treat children with dignity and respect and avoid contact with intimate parts of the body*
- *always explain to a child the reason why contact is necessary and what form that contact will take*
- *seek consent of parents where a child is unable to give this e.g. because of a disability*
- *consider alternatives, where it is anticipated that a child might misinterpret any such contact*
- *be familiar with and follow recommended guidance and protocols*
- *conduct activities where they can be seen by others*
- *be aware of gender, cultural and religious issues that may need to be considered prior to initiating physical contact*



## 12. Intimate / personal care

Children should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the child's care plan specifies the reason for this.

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

*This means that education settings should:*

- *have written care plans in place for any child who could be expected to require intimate care*
- *ensure that children are actively consulted about their own care plan*

*This means that staff should:*

- *adhere to their organisation's intimate and personal care and nappy changing policies*
- *make other staff aware of the task being undertaken*
- *always explain to the child what is happening before a care procedure begins*
- *consult with colleagues where any variation from agreed procedure/care plan is necessary*
- *record the justification for any variations to the agreed procedure/care plan and share this information with the child and their parents/carers*
- *avoid any visually intrusive behaviour*
- *where there are changing rooms*
- *announce their intention of entering*
- *always consider the supervision needs of the children and only remain in the room where their needs require this*

*This means that adults should not:*

- *change or toilet in the presence or sight of children*
- *shower with children*
- *assist with intimate or personal care tasks which the child is able to undertake independently*

## 13. Behaviour management

Corporal punishment and smacking is unlawful in all schools and early year's settings.

Staff should not use any form of degrading or humiliating treatment to punish a child. The use of sarcasm, demeaning or insensitive comments towards children is completely unacceptable.

Where children display difficult or challenging behaviour, adults should follow the school or setting's behaviour policy using strategies appropriate to the circumstance and situation.



Where a child has specific needs in respect of particularly challenging behaviour, a positive handling plan, including assessment of risk, should be drawn up and agreed by all parties.

Senior managers should ensure that the establishment's behaviour policy includes clear guidance about the use of isolation and seclusion. Staff should take extreme care to avoid any practice that could be viewed as unlawful, a breach of the child's human rights and/or false imprisonment.

#### **14. The use of control and physical intervention**

Staff must take all reasonable steps to ensure that corporal punishment is not given by any person who cares for or is in regular contact with a child. A person will not be taken to have used corporal punishment if the action was taken for reasons that include averting an immediate danger of personal injury to, or an immediate danger of death of, any person including the child.

The law and guidance for schools states that adults may reasonably intervene to prevent a child from:

- committing a criminal offence
- injuring themselves or others
- causing damage to property
- engaging in behaviour prejudicial to good order and to maintain good order and discipline.

Under no circumstances should physical force be used as a form of punishment. The use of unwarranted or disproportionate physical force is likely to constitute a criminal offence.

Where the school or setting judges that a child's behaviour presents a serious risk to themselves or others, they must always put in place a robust risk assessment which is reviewed regularly and, where relevant, a physical intervention plan.

In all cases where physical intervention has taken place, staff must record the incident and subsequent actions and report these to a manager and the child's parents.

Similarly, where it can be anticipated that physical intervention is likely to be required, a plan should be put in place which the child and parents/carers are aware of and have agreed to.

*This means that staff should:*

- *not use force as a form of punishment*
- *try to defuse situations before they escalate e.g. by distraction*
- *keep parents informed of any sanctions or behaviour management techniques used*
- *be mindful of and sensitive to factors both inside and outside of the school or setting which may impact on a child's behaviour*
- *follow the setting's behaviour management policy*
- *behave as a role model*



- *avoid shouting at children other than as a warning in an emergency/safety situation*
- *refer to national and local policy and guidance regarding Restrictive Physical Intervention (RPI)*
- *be aware of the legislation and potential risks associated with the use of isolation and seclusion*
- *comply with legislation and guidance in relation to human rights and restriction of liberty*

#### **15. Sexual conduct**

Any sexual behaviour by a member of staff with or towards a child is unacceptable. It is an offence for a member of staff in a position of trust to engage in sexual activity with a child under 18 years of age.

Sexual activity involves physical contact including penetrative and non-penetrative acts, however it also includes non-contact activities, such as causing children to engage in or watch sexual activity or the production of pornographic material.

*This means that staff should:*

- *not have any form of sexual contact with a child from the school or setting*
- *avoid any form of touch or comment which is, or may be considered to be, indecent*
- *avoid any form of communication with a child which could be interpreted as sexually suggestive, provocative or give rise to speculation e.g. verbal comments, letters, notes, by email or on social media, phone calls, texts, physical contact*
- *not make sexual remarks to or about a child*
- *not discuss sexual matters with or in the presence of children other than within agreed curriculum content or as part of their recognised job role*

#### **16. One to one situations**

Staff working in one to one situations with children at the setting, including visiting staff from external organisations can be more vulnerable to allegations or complaints.

To safeguard both children and adults, a risk assessment in relation to the specific nature and implications of one to one work should always be undertaken. Each assessment should take into account the individual needs of each child and should be reviewed regularly.

Arranging to meet with children from the school or setting away from the work premises should not be permitted unless the necessity for this is clear and approval is obtained from a senior member of staff, the child and their parents/carers.

*This means that staff should:*

- *ensure that wherever possible there is visual access and/or an open door in one to one situations*
- *avoid use of 'engaged' or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy*
- *always report any situation where a child becomes distressed or angry*
- *consider the needs and circumstances of the child involved*



### **17. Home visits**

All work with children and parents should usually be undertaken in the school or setting or other recognised workplace. There are however occasions, in response to an urgent, planned or specific situation or job role, where it is necessary to make one-off or regular home visits.

It is essential that appropriate policies and related risk assessments are in place to safeguard both staff and children, who can be more vulnerable in these situations.

Following the assessment, appropriate risk management measures should be put in place, before the visit is undertaken. In the unlikely event that little or no information is available, visits should not be made alone.

### **18. Transporting children**

In certain situations staff may be required or offer to transport children as part of their work. As for any other activity undertaken at work staff must carry out a risk assessment.

Staff should not offer lifts to children unless the need for this has been agreed by a manager. A designated member of staff should be appointed to plan and provide oversight of all transport arrangements and respond to any concerns that may arise.

Wherever possible and practicable it is advisable that transport is undertaken other than in private vehicles and with at least one adult additional to the driver acting as an escort.

It is a legal requirement that all passengers wear seatbelts and the driver should ensure that they do so. They should also be aware of and adhere to current legislation regarding the use of car seats for younger children.

Staff should ensure that their behaviour is safe and that the transport arrangements and the vehicle meet all legal requirements. They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum carrying capacity is not exceeded.

Staff should never offer to transport children outside of their normal working duties, other than in an emergency or where not doing so would mean the child may be at risk. In these circumstances the matter should be recorded and reported to both their manager and the child's parent(s). The school's health and safety policy and/or educational visits policy should set out the arrangements under which staff may use private vehicles to transport children

### **19. Educational visits**

Staff responsible for organising educational visits should be familiar with the Department for Education's advice on Health and Safety available at <https://www.gov.uk/government/publications/health-and-safety-advice-for-schools7>

Staff should take particular care when supervising children in the less formal atmosphere of an educational visit where a more relaxed discipline or informal dress and language code may be acceptable. However, staff remain in a position of trust



and need to ensure that their behaviour cannot be interpreted as seeking to establish an inappropriate relationship or friendship.

Where out of school or setting activities include overnight stays, careful consideration needs to be given to sleeping arrangements. Children, adults and parents should be informed of these prior to the start of the trip. In all circumstances, those organising trips and outings should pay careful attention to ensuring there is a safe staff/child ratio and suitable gender mix of staff.

*This means that staff should:*

- *adhere to their organisation's educational visits guidance*
- *always have another adult present on visits, unless otherwise agreed with senior staff*
- *undertake risk assessments*
- *have parental consent to the activity*
- *ensure that their behaviour remains professional at all times*
- *never share beds with a child/child*
- *never share bedrooms unless it involves a dormitory situation and the arrangements have been previously discussed with Head teacher, parents and children*
- *refer to local and national guidance for Educational visits, including exchange visits (both to the UK and abroad)*

## **20. First Aid and medication**

All settings should have an adequate number of qualified first-aiders. Parents should be informed when first aid has been administered.

Advice on managing medicines is included in the statutory guidance on supporting children at school or in early year's settings with medical conditions.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This could include for example, the application of any ointment or sun cream, or use of inhalers or Epipens.

Adults taking medication which may affect their ability to care for children should seek medical advice regarding their suitability to do so and providers should ensure that they only work directly with children if that advice confirms that the medication is unlikely to impair their ability to look after children. Employers are also responsible for managing the performance of their employees and for ensuring they are suitable to work with children.

Risk assessment is likely to recommend that staff medication on the premises must be securely stored and out of reach of children at all times

## **21. Photography, videos and other images**

Many educational activities involve recording images. These may be undertaken for displays, publicity, to celebrate achievement and to provide records of evidence of the activity. Under no circumstances should staff be expected or allowed to use their personal equipment to take images of children at or on behalf of the school or setting.



Whilst images are regularly used for very positive purposes adults need to be aware of the potential for these to be taken and/or misused or manipulated for pornographic or 'grooming' purposes. Particular regard needs to be given when images are taken of young or vulnerable children who may be unable to question why or how the activities are taking place.

Children who have been previously abused in a manner that involved images may feel particularly threatened by the use of photography, filming etc. Staff should remain sensitive to any child who appears uncomfortable and should recognise the potential for misinterpretation.

Making and using images of children will require the age appropriate consent of the individual concerned and their parents/carers. Images should not be displayed on websites, in publications or in a public place without such consent. The definition of a public place includes areas where visitors to the setting have access.

For the protection of children, it is recommended that when using images for publicity purposes that the following guidance should be followed:

- if the image is used, avoid naming the child, (or, as a minimum, use first names rather than surnames)
- if the child is named, avoid using their image
- schools and settings should establish whether the image will be retained for further use, where and for how long images should be securely stored and used only by those authorised to do so.

*This means that adults should not:*

- *take images of children for their personal use*
- *display or distribute images of children unless they are sure that they have parental consent to do so (and, where appropriate, consent from the child)*
- *take images of children using personal equipment*
- *take images of children in a state of undress or semi-undress*
- *take images of children which could be considered as indecent or sexual*

## **22. Exposure to inappropriate images**

Staff should take extreme care to ensure that children and young people are not exposed, through any medium, to inappropriate or indecent images.

Accessing these images, whether using the settings' or personal equipment, on or off the premises, or making, storing or disseminating such material is illegal.

If indecent images of children are discovered on the school or setting's equipment an immediate referral must be made to a DSL.

Under no circumstances should any adult use school or setting equipment to access pornography. Personal equipment containing pornography or links to it should never be brought into or used in the workplace. This will raise serious concerns about the suitability of the adult to continue working with children and young people.

## **23. Curriculum**

Many areas of the curriculum can include or raise subject matter which is sexually explicit or of a political or sensitive nature. Care should be taken to ensure that



resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan.

The curriculum can sometimes include or lead to unplanned discussion about subject matter of a sexually explicit, political or otherwise sensitive nature. Responding to children's questions requires careful judgement and staff should take guidance in these circumstances from the Designated Safeguarding Lead.

Care should be taken to comply with the setting's policy on spiritual, moral, social, cultural (SMSC) which should promote fundamental British values and be rigorously reviewed to ensure it is lawful and consistently applied. Staff should also comply at all times with the policy for sex and relationships education (SRE). It should be noted that parents have the right to withdraw their children from all or part of any sex education provided but not from the National Curriculum for Science.

*This means that adults should not:*

- *enter into or encourage inappropriate discussions which may offend or harm others*
- *undermine fundamental British values*
- *express any prejudicial views*
- *attempt to influence or impose their personal values, attitudes or beliefs on children.*

#### **24. Whistleblowing**

Whistleblowing is the mechanism by which staff can voice their concerns, made in good faith, without fear of repercussion. Education settings should have a clear and accessible whistleblowing policy that meets the terms of the Public Interest Disclosure Act 1998. Staff who use whistle blowing procedures should have their employment rights protected.

Staff should recognise their individual responsibilities to bring matters of concern to the attention of senior management and/or relevant external agencies and that to not do so may result in charges of serious neglect on their part where the welfare of children may be at risk.

*This means that staff should:*

- *report any behaviour by colleagues that raises concern*
- *report allegations against staff and volunteers to their manager, or registered provider, or where they have concerns about the manager's response report these directly to the DSL*

#### **25. Sharing concerns and recording incidents**

All staff should be aware of their establishment's safeguarding procedures, including the procedures for dealing with allegations against staff and volunteers.

In the event of an allegation being made, by any person, or incident being witnessed, the relevant information should be immediately recorded and reported to the Head teacher, senior manager or Designated Safeguarding Lead as appropriate.



### DECLARATION FORM

This form should be completed when a member of staff, apprentice, trainee, student or volunteer experiences additional contact with a young person under 18 or vulnerable adult outside of normal working expectations and practices. This includes relationships, significant one off contacts and the receipt of gifts from service users and or other stakeholders.

<b>Date of declaration</b>		<b>Staff Name</b>	
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<b>Department</b>		<b>Position</b>	
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<b>Names of child, young person or adult involved in the relationship/ contact/ gift receipt:</b>

<b>Length of time of relationship:</b>

<b>Details of relationship / contact /gift giving:</b>

<b>Do you believe this relationship/ contact/ gift giving could have an impact on your job role?</b>

<b>In the case of receiving a gift or a significant one off contact, what actions did you take?</b>

<b>Signature</b>	<b>Date</b>

**Line Manager**

<b>Do you have any reason to suspect this relationship / contact/ gift giving could affect the person's ability to carry out their job role? Are there any reasonable changes that can be made to reduce personal contact in the work place? Do you suspect any issues of a safeguarding nature?</b>

<b>Signature</b>	<b>Date</b>
	Related policies: Safeguarding Pack, Anti-Bribery Policy



## DEFINITIONS AND INDICATORS OF ABUSE

### 1. 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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

### 2. Physical Abuse

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;



- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers

### 3. **Sexual Abuse**

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

### 4. **Sexual Exploitation**

Child sexual exploitation occurs when a child or young person, or another person, receives "something" (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to MASH. The significant indicators are:



- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity).
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

## 5. Emotional Abuse

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

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as "traumatic mutism") can indicate maltreatment.

## 6. Responses From Parents/Carers

Research and experience indicates that the following responses from parents or carers may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);



- Incompatible explanations offered, several different explanations or the child or young person is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child or young person;
- Unrealistic expectations or constant complaints about the child or young person;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

## **7. Disabled Children**

When working with children or young people with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.



## DEALING WITH A DISCLOSURE OF ABUSE

**When a child or young person tells me about abuse s/he has suffered, what must I remember?**

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child or young person. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child or young person that it is not her/his fault.
- Encourage the child or young person to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child or young person is trying to tell you.
- Praise the child or young person for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child or young person may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child or young person again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

### **Immediately afterwards**

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to MASH without delay, by the Designated Safeguarding Lead.

Children or young people making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child or young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead or Head of Department.



<b>Log No:</b>
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### SAFEGUARDING INCIDENTS / CONCERNS FORM

<b>Child / Young person's name:</b>		<b>D.O.B:</b>	
<b>Date of Incident:</b>		<b>Time:</b>	
<b>Place where incident / concern happened:</b>			
<b>Description of incident / concern:</b>			
<b>Are there any other concerns about the person's well-being?</b>			
<b>Signature:</b>	<b>Name:</b>	<b>Date:</b>	

#### Reported to Designated Safeguarding Lead (DSL)

<b>Name of DSL:</b>		<b>Date:</b>		<b>Time:</b>	
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**CHRONOLOGY OF SIGNIFICANT EVENTS**

Child's Name:  DOB:  Page:

Date	Contact/Event/Incident	Where	Print Name	Sign



### SAFEGUARDING WEEKLY MONITORING FORM

<b>Name of Child</b>		<b>Week ending:</b>	
<b>Areas of concern</b>			
(Any additional concerns should be recorded on an incident form)			

Observation	Staff name, signature & date
<b>Mon</b>	
<b>Tues</b>	
<b>Weds</b>	
<b>Thurs</b>	
<b>Fri</b>	

Action Taken:			
Continue to monitor <input type="checkbox"/>	Make referral or consult <input type="checkbox"/>	Other <input type="checkbox"/>	



### SAFEGUARDING MONTHLY MONITORING FORM

<b>Name of Child</b>		<b>Month:</b>	/
<b>Areas to be monitored</b>	<i>Arrival times, attendance</i>		
	(Any additional concerns should be recorded on an incident form)		

Mon	Tues	Weds	Thurs	Fri

Mon	Tues	Weds	Thurs	Fri

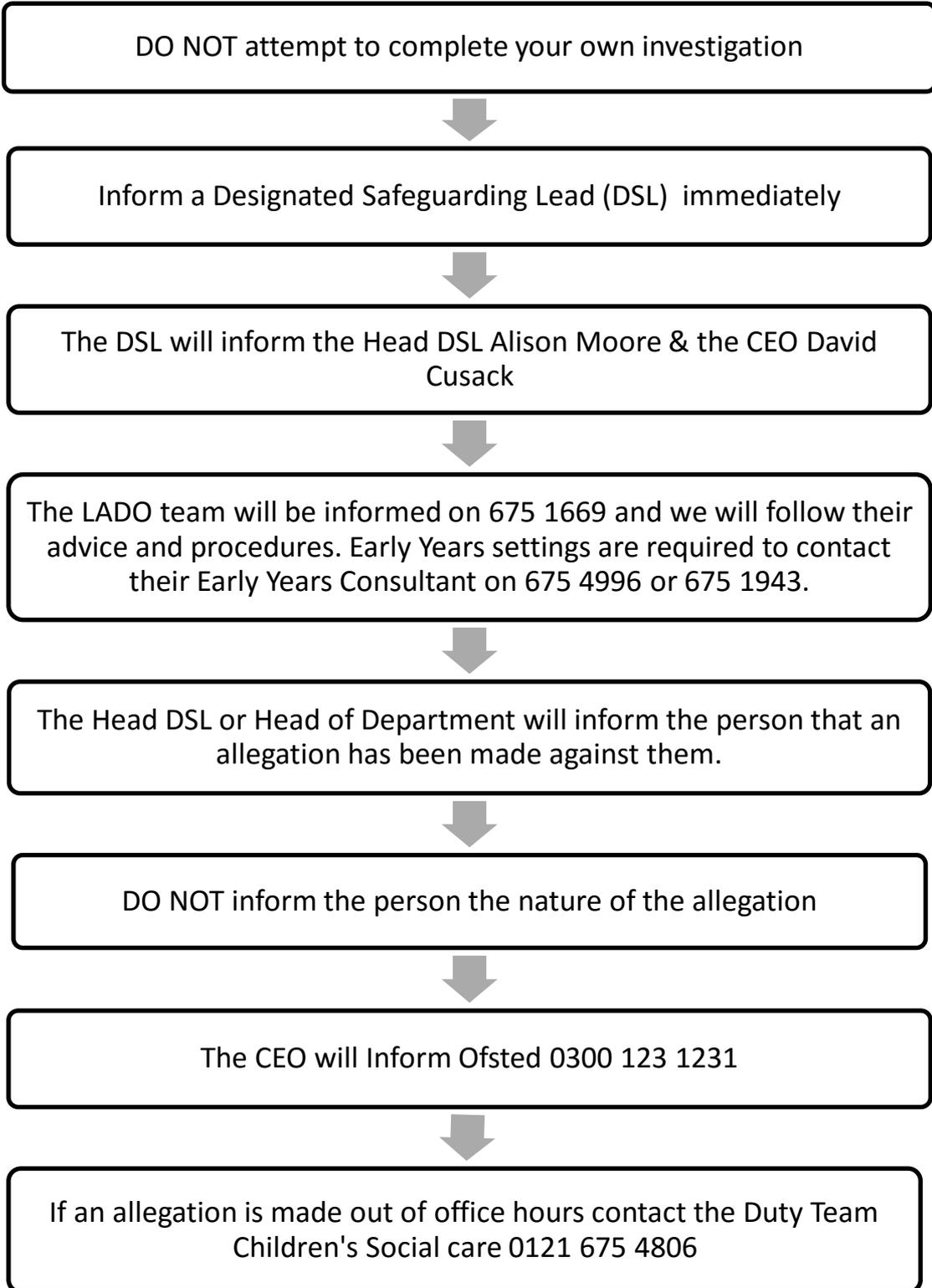
Mon	Tues	Weds	Thurs	Fri

Mon	Tues	Weds	Thurs	Fri

Mon	Tues	Weds	Thurs	Fri



**WHAT TO DO IF YOU HAVE AN ALLEGATION OR SERIOUS CONCERN AGAINST A PERSON IN A POSITION OF TRUST (STAFF, VOLUNTEERS, STUDENTS, TRAINEES)**





## INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:  
  
*Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.*
3. Extremism is defined by the Crown Prosecution Service as:  
The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the student/pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the student/pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
  - Personal Circumstances – migration; local community tensions; and events affecting the student/pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
  - Unmet Aspirations – the student/pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
  - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration;
  - Special Educational Need – students/pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.



7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
  - Being in contact with extremist recruiters;
  - Family members convicted of a terrorism act or subject to a Channel intervention;
  - Accessing violent extremist websites, especially those with a social networking element;
  - Possessing or accessing violent extremist literature;
  - Using extremist narratives and a global ideology to explain personal disadvantage;
  - Justifying the use of violence to solve societal issues;
  - Joining or seeking to join extremist organisations;
  - Significant changes to appearance and/or behaviour; and
  - Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.



## INTIMATE CARE POLICY AND GUIDELINES

### Policy Statement

St. Paul's Trust takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child or young person's intimate care needs is one aspect of safeguarding.

St. Paul's Trust recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any child or young person with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

The Intimate Care Policy and Guidelines should be read in conjunction with the Trust's Safeguarding Policy and procedures.

### 1. Principles

This intimate care policy should be read in conjunction with the Trust's policies as below:

- Safeguarding the Welfare of Children & Young People and Child Protection policy
- Safeguarding Code of Conduct and Safe Working Guidelines
- Whistle-blowing Policy and allegations against People in a Position of Trust
- Health and Safety policy and procedures
- Special Educational Needs and Inclusion policy
- Medications policy and procedures
- Equalities
- Confidentiality

The Trust is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all child or young people, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every child or young person is treated as an individual and that care is given gently and sensitively: no child or young person should be attended to in a way that causes distress or pain. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where a child or young person with a complex and/or long term health condition has a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.



Members of staff must be given the choice as to whether they are prepared to provide intimate care to a child or young person.

All staff undertaking intimate care must be given appropriate training.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## 2. **Child focused principles of intimate care**

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

## 3. **Definition**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some child or young people are unable to do because of their young age, physical difficulties or other special needs. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

- Intimate care can include:
  - Feeding
  - Washing
  - Moisturising/applying topical creams
  - Dressing/undressing
  - Toileting
  - Menstrual Care
  - Treatments such as enemas, suppositories, enteral feeds
  - Catheter and stoma care
  - Supervision of a child involved in intimate self-care

It also includes supervision of child or young people involved in intimate self-care.

## 4. **Best Practice**

Pupils who require regular assistance with intimate care have written individual Health Care Plans, agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key people and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least



annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a Health Care Plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by key people.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be kept in the child's file and available to parents/carers on request.

All children or young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual child or young person to do as much for his/herself as possible.

Staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.

Additional training which relate to health and safety tasks, such as manual handling, must also be undertaken where necessary.

Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual child or young people taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each child or young person who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the child or young person is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.



Staff who provide intimate care should speak to the child or young person personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each child or young person's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the child or young person's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a child or young person with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Adults who assist children or young people with intimate care should be employees, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the Trust's confidentiality statement. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5. Child Protection**

The Trustees, Governors and staff recognise that children or young people with special needs and who are disabled are particularly vulnerable to all types of abuse. The Trust's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child or young person's body. Best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safe working practice.

Where appropriate staff will:

- Teach personal safety skills carefully matched to the child or young person's level of development and understanding.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.
- Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

If during the intimate care of a child or young person if a staff member accidentally hurts them or the child appears to be sexually aroused, or they misunderstand or



misinterpret something, then best practice is to reassure and ensure the child's safety and report the incident immediately to the Designated Safeguarding Lead.

If a member of staff has any concerns about any unusual emotional or behavioural response by the child or see any physical changes in a child or young person's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a child or young person becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child or young person, or any other person, makes an allegation against an adult working at the Trust this should be reported to the Chief Executive (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the Trust's policy: 'Dealing with Allegations of Abuse against People in a Position of Trust'. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the Trust or about any improper practice will report this to the Designated Safeguarding Lead, Head teacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

### **WORKING WITH CHILDREN OF THE OPPOSITE SEX**

Whilst safe working practice is important, such as in relation to staff caring for a child or young person of the same gender, there is research<sup>1</sup> which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every child or young person should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a child or young person. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

<sup>1</sup> National Children's Bureau (2004) *The Dignity of Risk*

There is a positive value in both male and female staff being involved with children. Ideally, every child should have the choice of carer for all their intimate care. *The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.*



### **General Care**

Male and female staff can be involved with children of either sex in:

- Key working and liaising with families.
- Co-ordinating of and contribution to a child's review.
- Meeting the developmental, emotional and recreational needs of the children.
- Escorting the children between sites, on outings and to clinics unless intimate care is needed.

### **Intimate Care**

Wherever possible, boys and girls should be offered the choice of key person and second key person. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice.

The intimate care of boys / girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report concerns to your Designated Safeguarding Lead or Manager and make a written record.
- Parents / carers must be informed about concerns.

## **6. Physiotherapy**

Children or young people who require physiotherapy should have this carried out by a trained physiotherapist. If it is agreed in the Educational & Health care Plan (EHC) or Health Care Plan that a member of staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

## **7. Medical Procedures**

Child or young people who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the Care Plan and will only be carried out by staff who have been trained to do so.



It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## **8. Massage**

Massage is now commonly used with child or young people who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and child or young person.

Any adult undertaking massage for child or young person must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.