

SAFEGUARDING OF YOUNG PEOPLE AND SAFER RECRUITMENT POLICY



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INTRODUCTION AND LEGAL SCOPE

This policy is in line with:

- Department for Education Working Together To Safeguard Children, 2018.
- Rotherham Safeguarding Children Partnership Manual
- Department For Education - Keeping children safe in education – September 2021 updates
- Children Missing Education, September 2016
- Relevant sections of the Children Act 2004
- Relevant sections of the Children’s Act 1989
- Relevant sections of the Education Act 2002
- Relevant sections of the Education Act 2011
- the Education (Independent School Standards) Regulations 2014
- Prevent Strategy, HM Government, June 2015 and updates
- National Guidelines on PVE (Preventing Violent Extremism)

It also pays regard to:

- DfE “Use of Reasonable Force - Advice for head teachers, staff and governing bodies”- March 2013
- Local guidance issued by Rotherham Local Safeguarding Children’s Board (LSCB)

This policy applies to all adults, including volunteers, working in or on behalf of the school. Everyone in the education services shares an objective to help keep children and young people safe by contributing to:

- 1. Providing a safe environment for children and young people to learn in an education setting; and**
- 2. Identifying children and young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and in the education setting**

Safeguarding and promoting the welfare of children includes the following:

- Protecting children from maltreatment;
- Preventing impairment of children’s health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;

- Taking action to enable all children to have the best outcomes.

Children include everyone under the age of 18.

There is a whole school approach to Safeguarding and this and Child Protection is at the forefront of everything we do. The pupil's welfare is paramount in everything we do and we work holistically with the hospital to ensure the pupils needs are recognised and met.

SCHOOL COMMITMENT

Ellern Mede Moorgate School staff, proprietor and Advisory Body are committed to Safeguarding and Promoting the Welfare of all of its pupils. Each pupil's welfare is of paramount importance. We recognise that school staff are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. We recognise that some children *may* be especially vulnerable to abuse e.g. children regularly missing education, children with mental health issues, children on child protection plans and children in need plans, looked after children and children whose parents or carers have additional needs. We recognise that children who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way. Whilst at school, their behaviour may be challenging. We recognise that some children who have experienced abuse may harm others. We will always take a considered and sensitive approach in order that we can support all our pupils.

Key Aspects of the Policy

The aims of this policy are:

- Provide the safest possible environment for young people to enjoy their learning and develop safe practices.
- To support the child's development in ways that will foster security, confidence and independence.
- To raise the awareness of both teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse or risk of abuse.
- To provide a systematic means of monitoring children known or thought to be vulnerable or at risk of harm.
- To emphasize the need for good levels of communication between all members of staff.
- To explain the system and procedure within the school which will be followed by **all** staff if they are worried about a child's welfare or if they are being abused.
- To develop and promote effective holistic working relationships
- To prevent unsuitable people from working with our young people, and ensure that all adults within our school who have access to children or who have access to information, data or meetings concerning children have been checked as to their suitability via their references and the disclosure and barring agency.
- To ensure that safe practice is rigorously promoted and any poor practice is investigated and challenged.

We will ensure that:

- The welfare of the child remains paramount.
- All our students, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to be protected from harm.
- The designated Safeguarding Lead for the school is Emma Heeley emma.heeley@ellernmede.org . We have three members of staff in total who are trained and undertake regular training every 2 years for the role of Safeguarding Lead.
- Online safety training for staff is provided and updates are regularly obtained when required and in line with government guidance. The school also undertakes online safety awareness courses with the pupils.
- All school staff will undergo appropriate training in child protection and safeguarding. The frequency and depth of training will depend upon their role. The aim of training is to develop their understanding of the signs and indicators of abuse and to ensure they understand what to do if they have concerns about a child. Staff working in a teaching role will receive training at least every 2 years, in line with designated good practice, there will also be an annual update.
- All members of staff know how to respond to a pupil who makes an allegation, appears to be vulnerable or at risk, and have a duty to report without delay any concerns about a person's safety to a Designated Officer.
- All temporary staff and regular volunteers having contact with our pupils will be checked (DBS) and given a copy of this policy.
- All parents/carers are made aware of the responsibilities of staff members with regard to Safeguarding and Child Protection procedures; a copy of this policy is on the school website.
- All pupils are made aware of the Child Protection Policy and who they can speak to in school if they are worried or concerned.
- Our procedures will be regularly reviewed, up-dated and reported appropriately to the Advisory Body and will include an annual update.

- All new members of staff will be given a copy of our child protection procedures and informed of relevant systems as part of their induction into the school.

Roles and Responsibilities

It is the responsibility of the proprietor to ensure the school has a Child Protection Policy and procedures in place that are in accordance with local authority guidance and locally agreed inter-agency procedures, and the policy is made available to parents. That there is a central record of recruitment and that the school operates Safe Recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with children.

The school has procedures for dealing with allegations of abuse against staff and volunteers that comply with guidance from the local authority and locally agreed inter-agency procedures.

The school has an advisory board member for overall Safeguarding and Child Protection/Health, Nancy Maicoo.

The Proprietor will also ensure that –

1. A senior member of the school's leadership team is designated to take lead responsibility for child protection and reports.
2. Staff undertake appropriate child protection training, they remedy, without delay, any deficiencies or weaknesses regarding child protection arrangements.
3. There is a Nominated Senior Safeguarding Lead, the Proprietor nominates one member of the Advisory Board to champion best practice at Ellern Mede School in relation to safeguarding and promoting the welfare of children (the Nominated Senior Safeguarding Lead). This person is currently Nancy Maicoo.

The Advisory board will assist the proprietor with the monitoring and reviewing of these policies and the effectiveness of the procedures in place.

The Nominated Senior Safeguarding Lead from the Advisory Board shall have a specific remit as set out under separate terms of reference as detailed in this policy. See appendix H.

The Head of Site and the Headteacher

Ensures that:

- The policies and procedures adopted are fully implemented, and followed by all staff;
- Sufficient resources and time are allocated to enable the designated person and other staff to discharge their responsibilities;
- All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle blowing policies;
- They acts as a source of support, advice and expertise within the educational establishment;
- Detailed accurate written records are kept;
- The Child Protection Policy is updated and reviewed annually and will work with the Advisory body and Proprietor regarding this;
- Staff recognise how to identify signs of abuse and when it is appropriate to make a referral;
- All staff have access to and understand the school's Child Protection Policy;
- All staff have induction and updating training;
- They obtain access to resources and attend any relevant or refresher training courses at least every two years.
- They maintains responsibility for the safety and security of the site and ensures safe access for students with disabilities.
- They are responsible for maintaining safe systems of internet access, blocking any undesirable (e.g. pornographic, racist, violent) sites.

The Head of Site undertakes the role of Designated Safeguarding Lead, the responsibilities also apply to the deputies in place but it is important to note that the lead responsibility **cannot** be delegated. The role is to manage referrals

The designated safeguarding lead is expected to:

- refer cases of suspected abuse to the local authority children's social care as required in liaison with the Hospital's Social Worker and Hospital Manager as appropriate
- support staff who make referrals to local authority children's social care;
- refer cases to the Channel programme where there is a radicalisation concern as required;
- support staff who make referrals to the Channel programme;

- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and refer cases where a crime may have been committed to the Police as required.

Work with others

The designated safeguarding lead is expected to:

- liaise with the hospital Social Worker/ Hospital Manager to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- as required, liaise with the “case manager” (as per Part four of KCSIE - Allegations of abuse made against teachers and other staff) and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
- liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

Training

The designated safeguarding lead (and any deputies) will undergo training to provide them with the knowledge and skills required to carry out the role. This training will be updated at least every two years.

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

- understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to and understands the school’s child protection policy and procedures, especially new and part time staff;
- are alert to the specific needs of children in need, those with special educational needs and young carers;
- are able to keep detailed, accurate, secure written records of concerns and referrals;
- understand and support the school with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;

- obtain access to resources and attend any relevant or refresher training courses; and encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

Raise Awareness

The designated safeguarding lead should:

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

Child protection file

All Child Protection files are held by the senior social worker and the Safeguarding lead liaises with the hospital Manager and the senior social worker in relation to this.

Availability

During term time the designated safeguarding lead (or a deputy) is always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, in exceptional circumstances they can also be contacted by email at emma.heeley@ellernmede.org or they can contacted via phone on the hospital's number 02032097900.

c) All staff and Volunteers must:

- Fully comply with the school's policies and procedures;
- Attend appropriate training;
- Inform the designated persons of any concerns;
- Always act in the best interests of the child, even when this is against the expresses wishes of the child;

The school works with the Hospital Manager to ensure there is effective liaison and will be notified of any Child Protection Orders or other court orders that are in Place. The hospital manager holds overall responsibility and all documentation in relation to Child Protection.

The frequency for review of this policy will be annually.

The Head Teacher will undertake policy consultation and review annually as required by the proprietor and the Advisory body. It should be noted that -

- There is ongoing evaluation of the school's systems by the Advisory Board
- Policies are reviewed individually within the timescale stated on each document.
- Additionally, the policy is reviewed if and when new guidance is issued by the DfE.

It is the responsibility of Ellern Mede School to ensure that all steps required within the policy are adhered to.

PRINCIPLES/PROCEDURES/PRACTICE

Providing a Safe and Supportive Environment

Safer Recruitment and Selection

We ensure that all appropriate measures are applied in relation to everyone who works in the school who (that) is likely to be perceived by the children as a safe and trustworthy adult including volunteers and staff employed by contractors. Safer recruitment practice includes scrutinising applicants, verifying 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, where appropriate, Barred List Check and Disclosure and Barring Service checks.

Statutory requirements have changed recently. The School will take account of the Keeping Children Safe in Education guidance and the statutory guidance for regulated activity.

This confirms the following:

1. A DBS Enhanced Disclosure with barred list information is required for all staff engaged in a regulated activity (as defined in Schedule 4 of the Safeguarding Vulnerable Groups Act 2006).
2. Any staff who are appointed to carry out teaching work has a separate check to ensure they are not prohibited from teaching.

3. Supervised volunteers are not in a regulated activity; however, an enhanced DBS check without a barred list check may be undertaken for these staff in appropriate circumstances.
4. The school keeps a single central record detailing the range of checks carried out on their staff, supply staff, others who work in regular contact with children, including volunteers and all members of the school. The register will confirm whether a check was carried out and the date of such a check.
5. All new appointments to the school workforce who have lived outside the UK are subject to additional checks as appropriate.
6. The school will check that supply staff have undergone the necessary checks by obtaining written confirmation from the agency or third-party organisation.
7. Identity checks must be carried out on all appointments to the school workforce before the appointment is made.
8. The Proprietor, the Chair of the Advisory board, the Nominated Senior Lead and the Headteacher have undertaken Safer Recruitment training. The Headteacher/Head of Site and the Proprietor will be involved in all staff and volunteer appointments and arrangements (including, where appropriate, contracted/commissioned services).

Statement of Intent

Ellern Mede School fully adopts recruitment and selection procedures and other HR management processes that aim to deter, reject or identify people who might abuse children, or are otherwise unsuited to working with them. All members of our staff will have an enhanced DBS Check carried out.

Safe Practice in recruitment:

The Proprietor, the Chairperson of the Advisory Board, the Nominated Senior Lead and the Headteacher have undertaken the 'Safer Recruitment' training and assessment.

Child protection and safeguarding issues will be promoted at every stage of the recruitment process from the planning, advertisement, collection and checking of information gathered.

- Advertisements will include our Statement of Intent (see above)
- Job descriptions and person specifications will make reference to the responsibility for safeguarding, promoting the welfare of young people and suitability to work with young people.
- The Ellern Mede Application Form will be used for all applicants and comprehensive information from candidates scrutinised. Any gaps or inconsistencies will be followed up with the candidate.
- Two references will be taken up prior to the interview after short listing. A specific safeguarding and child protection reference will be used.

- At interview, questions will be designed to explore the candidate's suitability to work with children as well as their suitability for the post. Candidates will be required to bring to the interview original proof of their identity, the necessary qualification original certificates. These will be checked and a photocopy taken.
- The successful candidate will be required to complete an enhanced DBS disclosure form and provide the necessary documentation. An offer of appointment will be conditional upon:
 1. Receipt of two satisfactory references
 2. Verification of identity
 3. A satisfactory DBS disclosure
 4. Verification of the candidate's medical fitness
 5. Verification of qualifications and professional status if not verified at the interview
 6. Verification of successful completion of statutory induction period for teachers who obtained QTS after 7th May 1999
 7. For non-teaching posts verification of completion of the probationary period
 8. For overseas candidates, individuals who have lived or worked outside the UK must undergo the same checks as all other staff even if the individual has never been to the UK. In addition, Ellern Mede Moorgate will make further checks that are appropriate so that any relevant events that occurred outside the UK can be considered. List 99 and DBS Disclosures will be completed, in addition, criminal records information will be sought from countries where the individual has worked or lived. For teaching positions-obtaining a letter of professional standing from the professional regulating authority in the country in which the applicant has worked.
 9. Any member of staff who is appointed to carry out teaching work will require an additional check to ensure they are not prohibited from teaching.
 10. Where appropriate the update service will be used.
 11. For those engaged in management roles (in independent schools - including academies and free schools) an additional check is required to ensure they are not prohibited under section 128 provisions.

Where the School has any concerns about an applicant's suitability to work with children, the DBS help line can be contacted for further advice.

Helpline: 01325 953 795 Website: www.gov.uk/dbs Email: dbsdispatch@dbs.gsi.gov.uk. You should not refer someone when an allegation is first made.

Post Appointment Induction

- There is an induction programme for all staff newly appointed to Ellern Mede School, including teaching staff with previous experience. All new members of staff have an Induction pack and have an allocated Line Manager and/or Mentor. All staff will be given a copy of this policy and “Keeping Children safe in Education”. All staff will provide written confirmation that they have read and understood this document. Staff receive individualised training in relation to this to ensure understanding of the documentation.

Maintaining a Safer Culture

All staff will have appropriate training so that they understand their roles and responsibilities and are confident in carrying them out. Procedures and a clear reporting system for students, staff and parents to raise concerns will be shared and publicised. All members of our community must feel they can raise any concerns about the safety and welfare of our members and that they will be listened to.

Monitoring

The recruitment process and induction arrangements will be monitored yearly to ensure future best practice. Staff turnover and reasons for leaving will be monitored and exit interviews carried out. Attendance at child protection training will be tracked for all staff.

Dealing with allegations of abuse against teachers and other staff

It is essential that any allegations of abuse made against a teacher or other member of staff or volunteer in an education setting is dealt with fairly quickly and consistently, in a way that provides effective protection to the child, and at the same time supports the person who is the subject of the allegation.

This section of the policy sets out how we would manage cases of allegations that a member of staff has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child/children in way that indicates s/he is unsuitable to work with children

If such an allegation is made, the member of staff receiving the allegation will immediately inform the Head of Site and Headteacher.

If the allegation concerns the Head of Site, the member of staff receiving the allegation will immediately inform the Headteacher.

If the allegation made to a member of staff concerns the Headteacher, the LA’s Designated officer for Safeguarding Children in Education should be contacted. (Contact details can be

found in Appendix 2). Please also see the threshold guidance documents which are stored under policies.

Initial Considerations

The Head of Site and Headteacher will use common sense and professional judgement. In rare cases allegations will be so serious as to require immediate intervention by children's social services and/or the police.

Less serious allegations will be followed up and will be taken seriously. Low – level concerns are where an adult has acted in a way that

- Is inconsistent with the staff code of code, including inappropriate conduct outside of work
- Does not meet the allegations threshold or it is not considered serious enough to refer to the local authority LADO.

Examples of low-level concerns could include

- Being over friendly with children
- Having favourites

Low-level concerns should be reported to the DSL or deputy, concerns about the DSL should be reported the Headteacher. Concerns over the Headteacher should be reported to the Proprietor. All low-level concerns should be recorded.

Serious allegations will be referred to the LA's Designated Officer for an objective discussion and course of response. The allegation will not be investigated by the Head of Site at this initial stage. The discussion will consider whether there is evidence or information that establishes that the allegation is false or unfounded.

If the allegation is deemed not to be false and there is reason to believe that a child is suffering or is likely to suffer harm, the local authority's designated officer will immediately refer to children's social services and ask for a strategy discussion in accordance with Working Together to Safeguard Children to be convened straight away.

If there is no cause to suspect that 'significant harm' is an issue, but a criminal offence might have been committed, the local authority's designated officer will immediately inform the police and convene a similar discussion to decide whether a police investigation is needed.

The Head of Site with the Headteacher will inform the accused person about the allegation as soon as possible after consulting the Local Authority designated officer. However, where a strategy discussion is needed, or police or children's social care may need to be involved, the Headteacher/Head of Site should not do that until those agencies have been consulted and have agreed what information can be disclosed to the person.

If the person is a member of a union or professional body, she/he should be advised to contact that organisation at the outset.

The school will always investigate and gather sufficient evidence and information to establish if an allegation has foundation all of this will be recorded and logged. This will inform processes for any decision to dismiss or remove the person from working with children and / or vulnerable adults. The school will make a referral even if a significant time period may have elapsed between the allegation and the gathering of sufficient evidence to support the decision to make a referral. The school will complete the investigations and disciplinary processes (even if the person has left our employment). This is particularly important as the DBS has no investigatory powers. In making barring decisions the DBS relies upon the evidence provided with referrals and any other relevant evidence. The duty to make a referral is not triggered by temporary suspension. The school may suspend a person pending an investigation where there have been allegations of harm or risk of harm. If following investigation, the school decides to return the person to a position working in regulated activity with children or vulnerable adults (perhaps with additional training or supervision) then the school has no legal duty to make a referral to the DBS. However, if following investigation, the school decides to dismiss the person or remove them from working in regulated activity with children or vulnerable adults then the referral criteria would be met.

“Schools and colleges have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult; where the harm test is satisfied in respect of that individual; where the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that individual has committed a listed relevant offence; and that individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals should be made as soon as possible after the resignation or removal of the individual. Guidance on referrals can be found on GOV.UK.”

Action following initial consideration-timescale

If it has been decided that the allegation does not involve a possible criminal offence it will be for the school to deal with it. If the nature of the allegation does not require formal disciplinary action, the Headteacher and Head of Site will institute appropriate action within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days. If further investigation is required to inform consideration of disciplinary action, the Headteacher and Head of Site will discuss who is most appropriate to carry this out. In any case a report should be produced within 10 working days.

On receipt of the report the Head of Site (DSL) and Headteacher in partnership with the Hospital’s DSL will consult the Local Authority designated officer, and decide whether a

disciplinary hearing is needed within two working days. If a hearing is needed it should be held within 15 working days.

Cases subject to police investigation should be reviewed no later than 4 weeks after the initial action meeting and dates for subsequent reviews set if necessary.

If the police and/or the CPS decide not to charge the individual with an offence, or decide to administer a caution or the person is acquitted by a Court, the police should pass on all their information to the School and the same procedure will be followed as was demonstrated above after receipt of report.

Suspension

Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is serious that it might be grounds for dismissal. However, a person will not be suspended automatically or without careful thought.

Monitoring

The local authority's designated officer will regularly monitor the progress of cases.

Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues. Any such concern should be made to your line manager or the Head of Site or the Headteacher. Concerns regarding the Headteacher should go directly to the Local Authority Senior Officer.

If staff have concerns that things are not being done properly then they should contact the NSPCC Whistleblowing advice line on 08000280285.

Complaints or Concerns expressed by Students, Parents, Staff or Volunteers

We recognise that listening to children is an important and essential part of safeguarding them against abuse and neglect. To this end any expression of dissatisfaction or disquiet in relation to an individual child will be listened to and acted upon in order to safeguard his/her welfare.

We will also seek to ensure that the child or adult who makes a complaint is informed not only about the action the school will take but also the length of time that will be required to resolve the complaint. The school will also endeavour to keep the child or adult regularly informed as to the progress of his/her complaint.

Managing allegations against other pupils:

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) Head of Site should be informed, who will inform the Headteacher.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL – Head of Site should contact the Hospital Manager/Social Worker to discuss the case. The DSL -Head of Site will follow through the outcomes of the discussion and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place, the case will be referred to the multi-agency agency safeguarding hub where the police will become involved.
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSL-Head of Site will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

Safe Practice

The school regularly reviews its Staff Handbook which sets out our requirements for relationships with students and expectations of staff.

Safe working practice ensures that pupils are safe and that all 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;
- Work in an open and transparent way;
- Discuss and/or take advice from school management over any incident which may give rise to concern;
- Understand that in a case where there is a risk of immediate serious harm to a child, they are responsible for ensuring that a referral is made Record any incidents or decisions made;
- Apply the same professional standards regardless of gender or sexuality
- Are aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

For full information relating to safe practice refer to the detailed Staff Handbook.

Safeguarding Information for pupils

The Ellern Mede Moorgate school is committed to ensuring that pupils are aware of behaviour towards them that is not acceptable and how they can keep themselves safe. All pupils know that we have a senior member of staff with responsibility for child protection and know who they are. We inform pupils of whom they might talk to, both in and out of school, their right to be listened to and heard and what steps can be taken to protect them from harm.

In partnership with Ellern Mede Moorgate for Young People with Eating Disorders, the following Information is made available to pupils e.g. Childline and NSPCC helplines, posters, NSPCC and Childline website addresses.

School's arrangements for consulting with and listening to pupils are the Key Teacher System, peer support schemes, their CPA and MDT meeting as appropriate. The Advocacy Services and counselling services offered by the hospital also ensures the pupils are listened to.

Ensuring pupils are aware of these arrangements and the staff involved is a major part of the Induction programme. This is followed up in Key Teacher discussions, community meetings, PSHE.

We regularly audit the curriculum schemes of work to identify appropriate opportunities where student safety can be highlighted.

Partnership with Parents

The school shares a purpose with parents to keep children safe from harm and to have their welfare promoted. We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission or it is necessary to do so in order to protect a child.

The School will share with parents any concerns we may have about their child unless doing so, may place a child at risk of harm. At Ellern Mede Moorgate School, we encourage parents to discuss any concerns they may have with the Key Teacher. Finally, we make parents aware of our policy by the school website and prospectus, and parents are made aware that they can view this policy on request or on the website.

School Training and Staff Induction

The school's staff with designated responsibility for child protection undertake Child Protection Training and training in inter-agency working, that is provided by ECP and refresher training at 2 yearly intervals, with annual updates. The Head of Site, Headteacher and all other school staff, including non-teaching staff, undertake appropriate induction training to equip them to carry out their responsibilities for child protection effectively, which is kept up to date by refresher training at two yearly intervals, there are also annual updates.

Support, Advice and Guidance for Staff

Staff will be supported by the Designated Staff for Child Protection.
The designated senior person will be supported by the nominated Advisory Board member. Advice and support is always available from the local authority designated person (DO).

Related School Practice and Policies

Safeguarding covers more than the contribution made to child protection in relation to individual children. It also encompasses issues such as pupil health and safety and bullying and a range of other issues, for example, arrangements for meeting the medical needs of children, providing first aid, school security, drugs and substance misuse, etc. There may also be other safeguarding issues that are specific to the local area or population'.

Types of abuse and neglect include physical abuse, emotional abuse, sexual abuse and neglect. Some specific forms of abuse or safeguarding concern are outlined below:

Domestic Violence

DV is a safeguarding and child protection issue. Any child or young person who has been witness to or involved in incidents of domestic violence will have suffered a degree of trauma, likely to be at risk of emotional damage and / or physical injury.

Allegations of domestic violence or the risk of/ or witnessing of such incidents will be treated under our Child Protection Procedures.

There is now additional information in relation to the risk factors which increase the involvement in serious violence . Risk factors include :

- Being male
- Having been frequently absent or permanently excluded from school
- Having experienced child maltreatment
- Having been involved in offending, such as theft or robbery

Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body. For example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Such behaviour will be dealt with as per the School Self-Harm Policy (Appendix 1)

Honour based violence

Forced Marriage

This is a safeguarding and child protection issue. Ellern Mede Moorgate School will ensure:

- All staff need to be aware of any signs that would indicate a pupil is concerned that they may be taken away.

- There are close checks on requests for holidays abroad or requests for leave of absence
- There is close monitoring of attendance and reasons for absence.
- Following discussion with the Hospital Manager - All concerns regarding the possibility of Forced Marriage will be referred to the Duty and Assessment Team of the Forced Marriage Unit 0207 0080151 or out of hours 0207 008 0151 or 0207 008 1500.
- If you have concerns about forced marriage, please call South Yorkshire Police on 101. If a life is at risk, call 999

Female Genital Mutilation (FGM)

Any FGM procedure on a woman or girl is unlawful under the Female Genital Mutilation Act 2003. It is also an offence under the Act for UK nationals or permanent residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

School staff should be aware of the risk of a girl having suffered FGM or be a risk of this. Victims of FGM are more likely to come from a community that is known to practise this activity. Staff should note that girls at risk of FGM may not be aware of the practice or that it may be conducted on them, therefore sensitivity should be shown when approaching the subject.

There are a number of indicators which could identify that a girl is at risk of FGM. Further guidance is available via a national helpline, which operates 24 hours a day, 7 days a week. The helpline details are

0800 028 3550 and emails sent to fgmhelp@nspcc.org.uk

As a school we will monitor before the Easter Break and Summer Holidays and on the return to school in order to support any individual student that may be at risk and also help raise awareness amongst parents, pupils and teachers. We will also draw on the knowledge of our local community.

The Serious Crime Act 2015 came in to force in July 2015 and with it new legal powers to deal with FGM. From a school perspective, it is important to note that a new mandatory reporting came into force in October 2015. Once in force, teachers will have a duty to report to police any instance where they 'discover' that FGM has been carried out on a girl under 18. Unless the teacher has 'good reason', any concerns of FGM should be passed to the school's Designated Safeguarding Lead. (It is important to note that teachers will become aware of FGM by disclosure, not through physical examination.)

Sexting

The term 'sexting' is derived from texting and refers to the sending of sexually provocative material (including photos, videos and sexually explicit text) from modern communication devices or applications, such as mobile phones, tablets, email, social networking sites and instant messaging services. The UK Council for Child Internet Safety (UKCCIS) have produced guidance for schools on how to tackle sexting and youth produced sexual imagery. The increase in the ease and speed of sharing imagery can expose young people to risk, increased vulnerability to child sexual exploitation and bullying. Mobile phones are not allowed on the school site.

Legal Implications for Students

Making, possessing and distributing any imagery of someone under 18 which is 'indecent' is illegal. Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive. UKCIS provides detailed advice about sharing of nudes and semi-nude images and videos.

Sexting may breach laws that prohibit the creation, distribution or possession of child pornography regardless of whether all parties involved consent to the images being taken and shared, or whether the images are sent to other minors, even minors of the same age.

Sexting can constitute a criminal offence and sexual harassment. It can also be considered a form of sexual exploitation and cyberbullying.

This is especially the case where images are shared past the intended audience or when accompanied by nasty comments.

All staff members are required to notify the Designated Lead-Head of Site immediately upon becoming aware that sexting by a student is likely to have occurred.

Staff members are not permitted to forward, copy or print any sexting images, however it must be reported to the Designated Lead-Head of Site and Headteacher who will contact the Hospital Manager and Social Worker.

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

- The incident should be referred to the Designated Lead as soon as possible
- The Designated Lead should hold an initial review meeting with appropriate school staff

- There should be subsequent interviews with the young people involved (if appropriate)
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm
- The school will act in line with the guidance “Sexting in Schools” (UKCCIS) UK Council for Child Internet Safety. The types of incidents which this advice covers are:
 - A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
 - A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
 - A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

The advice does not cover:

- The sharing of sexual imagery of people under 18 by adults as this constitutes child sexual abuse and schools should always inform the police.
- Young people under the age of 18 sharing adult pornography or exchanging sexual texts which don’t contain imagery.

Children Missing from Education

Children go missing from education for a variety of reasons; however in some cases it can be an indicator of abuse or neglect.

Children missing from education are at greater risk of:

- Physical harm
- Sexual exploitation
- Becoming involved in crime
- Demonstrating anti-social behaviour
- Abusing drugs and alcohol
- Being illegally employed

Knowing where children are during school hours is an extremely important aspect of safeguarding. Missing school can be an indicator of abuse and neglect and in older children may raise concerns around child sexual exploitation. Any concerns staff have should be brought to the attention of the Head of Site and the Headteacher. If there are children that do not attend regularly, and in discussion with Ellern Mede Hospital for Young People with Eating Disorders, the child’s relevant local authority will be contacted to highlight concerns.

A child's home local authority is contacted upon placement and discharge.

Ellern Mede Moorgate School has ongoing liaison with the child's home school and on discharge will notify the Local Authority and Home School if there has been any indication from the parent that the child is being removed from their roll. Ellern Mede Moorgate School always contacts the child's local authority advising them that a child has been discharged. Ellern Mede Moorgate School will highlight any concerns the school has in relation to continued attendance at the home school.

Ellern Mede Moorgate School acts in line with the government guidance in relation to "Children Missing Education" issued in September 2016.

Political and Violent Extremism

- In line with Government and local guidelines, Ellern Mede Moorgate School is committed to protect the freedom of speech. However, we understand that we must challenge any extremist (and non-violent) ideas that are part of a terrorist ideology. We are committed to intervene to prevent students from being drawn into radicalisation and terrorism.
- Ellern Mede Moorgate School has a separate "Prevent policy" and will work in partnership with Ellern Mede Hospital for Young People with Eating Disorders to ensure our responsibilities are met.
- We have worked and will continue to work in partnership with a wide range of local and national agencies.
- Teachers and HCA's working within the school (in line with the "Prevent Programme") monitor report and record any activity deemed inappropriate.
- Internet filtering is provided by the external ICT providers, by category and by user.
- Ellern Mede Moorgate School regularly seeks advice to inform planning for relevant curriculum area, assemblies, PSHE and general events and seeks to provide a range of open forums to give students the opportunities to ask questions and debate opinions in a safe and secure environment.
- Ellern Mede Moorgate School seeks to educate students about risky behaviours in school and the wider community in relation to social media and the internet.
- Ellern Mede Moorgate School seeks to provide community cohesion by actively celebrating its broad cultural demographic and by providing a range of facilities/resources to meet the diverse needs of its community.

Homelessness

Children can be affected if they are homeless or at risk of becoming homeless. The Hospital's Social Worker should be able to assist in getting the correct support.

Indicators that a family maybe at risk of homelessness includes household debt, domestic abuse, anti-social behaviours or could be a family being asked to leave a property.

It is the duty of all members of staff who suspect a pupil maybe 'homeless' or is at risk of becoming homeless to report this to a Designated Officer- Head of Site and Headteacher.

Mental Health

The children we work with are inpatients in a CAMHS Tier 4 setting. Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among children. Rise Above provides links to support materials.

Children and the Court System

Children are sometimes required to give evidence in criminal courts. There is guidance available on the government website that explains the process and support that are available for children.

It is the responsibility of all staff to report any concerns to the DSL-Head of Site. The DSL will ensure correct support is in place for any pupil that may be required to give evidence in a criminal court.

Children with family members in prison

Approximately 200,000 children in England and Wales have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

It is the responsibility of all staff to report any concerns a Designated Officer-Head of Site . The DSL will work with the Hospital Social Worker to ensure correct support is in place for any pupil that has a family member in prison.

Allegations from pupils against other pupils

Peer on peer abuse

Children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse;
- upskirting, typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

It should be assumed with peer on peer abuse that "it can happen here" and the school applies the approach of zero tolerance. It is important that inappropriate behaviours are challenged and not downplayed as just "banter" as this can lead to a culture of unacceptable behaviours. Even if there are no reports of peer – on – peer abuse it doesn't mean it is not happening. If there are any concerns the DSL should be contacted.

All staff should be aware of the school's policy and procedures with regards to peer on peer abuse. Any concerns in relation to peer on peer abuse should be immediately discussed with a Designated Officer.

Child criminal exploitation (CCE)/Gangs: (including county lines)

Child Criminal Exploitation CCE is not defined in law but is a term that has come to be associated with 'county lines'. County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- in exchange for something the victim needs or wants.

- for the financial or other advantage of the perpetrator or facilitator.
- through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact, it can also occur through the use of technology. The criminal exploitation of children is not confined to county lines but can also include other forms of criminal activity such as theft, acquisitive crime, knife crimes and other forms of criminality.

The UK government defines county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one of more importing areas within the UK, using dedicated phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence and weapons.

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years; however, children aged 15-16 is the most common age range.
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Gangs are known to target vulnerable children and young people. Factors that increase a person's vulnerability include:

- Having prior experience of neglect physical and or/sexual abuse
- Lack of safe/stable home environment, now or in the past
- Domestic violence
- Parental substance misuse
- Mental health issues
- Criminality
- Social difficulties

- Economic vulnerability
- Homelessness
- Learning disabilities
- Mental health difficulties
- Being in care or have been in care
- Being excluded from mainstream education

Staff should be aware of the key indicators to look out for that might indicate criminal exploitation such as absence from school and new items such as phones or clothes. Criminal exploitation can also come from other children and young people either in or outside the school, as well as adults in a position of influence or trust. Criminal exploitation is not always recognised by adults or professionals and indicators can be different for boys and girls. Teachers should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

The government has published the Child Exploitation Disruption Toolkit, which provided further advice and support in this matter.

Any concerns in relation to criminal exploitation should be immediately discussed with a Designated Officer-Head of Site.

Child Trafficking and Sexual Exploitation – See Appendix 6

Child Sexual Exploitation (CSE)

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include noncontact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. Sexual exploitation can take many forms, ranging from seemingly "consensual" relationships to serious organised crime by gangs. It is exploitation if there is an imbalance

of power in the relationship. Sexual exploitation can involve varying degrees of coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyberbullying) and grooming.

Staff should be aware that sexual exploitation can come from other children and young people either in or outside the school, as well as adults in a position of influence or trust.

Any concerns in relation to sexual exploitation should be immediately discussed with a Designated Officer.

Health and Safety – For more information see full and detailed policy.

Our Health and Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children both within the school environment and when away from the school when undertaking school trips and visits.

Ellern Mede Moorgate School ensures the safety of its environment for pupils through:

- Controlling access to the sites
- Conducting an accessibility report and acting on its recommendations. There are special arrangements for students and staff with disabilities
- Ensuring that we comply with Health and Safety requirements for all on-site activities
- Compiling risk assessments before allowing any trips, visits or work experience placements
- Vigilant monitoring to guard against intruders, antisocial behaviour and drug and alcohol misuse on both sites
- Curriculum activities and social areas compliant with Health and Safety Requirements
- Visitors with prior appointments have their identity checked
- Visitors being met in the reception areas and escorted into the school
- CCTV monitoring of the sites
- A record of staff and visitors signing in/ out

Other areas include where safety is a concern include:

- Child and Sexual Exploitation
- Bullying, including cyber bullying
- All illicit drugs
- Fabricated or induced illness

- Faith abuse
- Gangs and youth violence
- Gender-based violence/violence against women and girls
- Mental health
- Radicalisation
- Teenage relationship abuse
- Private fostering - The Children Act 1989 Section 66 defines a 'privately fostered child' as:

A child who is under 16 years, or 18 if disabled, who is cared for and provided with accommodation in their own home by someone other than:

His or her parent;

*Another person who is not his or her parent but who has **Parental Responsibility** for him or her;*

A child's relative - defined by the Children Act 1989 Section 105(1) as a grandparent, brother, sister, uncle or aunt (whether of full or half blood or by affinity (marriage) or civil partnership), or step parent.

And the child has been or is intended to be cared for and accommodated by that person for 28 days or more.

*A child is **not** privately fostered if they are cared for in any of the following:*

Children's residential home/unit;

School in which the child is receiving full-time education - residential or boarding school

NHS hospital where the child is a patient for 28 days or more;

Residential care home, nursing home or psychiatric nursing home or in a home/institution provided, equipped or maintained by the secretary of state.

Nor is a child privately fostered if:

The child is looked after by the local authority;

Placed in the care of a person who proposes to adopt the child under arrangements made by an adoption agency in line with adoption legislation.

Confidentiality

Personal information about children and families held by agencies should not normally be disclosed without the consent of the subject. The law permits, however, the disclosure of confidential information necessary to safeguard the child or act in their best interests.

Other relevant school policies / procedures which should be read in conjunction with this policy are:

1. Staff handbook
2. Code of conduct
3. Data Protection Policy
4. Remote Learning Policy
5. Prevent Policy
6. Equality Policy
7. Anti-Bullying Policy
8. AIUS
9. First Aid Policy
10. Behaviour for Learning
11. Admissions Policy
12. Assessment, Recording and Reporting
13. Curriculum Policy
14. Whistleblowing Policy

NB- Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels are open to them:

- general guidance on whistleblowing can be found via: Advice on Whistleblowing
- the NSPCC's what you can do to report abuse dedicated helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally, or have concerns about the way a concern is being handled by their school or college. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk.19

Pupil Information

In order to keep children safe and provide appropriate care for them the school requires accurate and up to date information regarding:

- Names and contact details of persons with whom the child normally lives
- Names and contact details of all persons with parental responsibility (if different from above)
- Emergency contact details (if different from above)
- Any relevant court orders in place including those which affect any person's access to the child (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)
- If the child is or has been the subject of a Child Protection Plan
- Any other factors which may impact on the safety and welfare of the child

IDENTIFYING CHILDREN AND YOUNG PEOPLE WHO MAY BE SUFFERING SIGNIFICANT HARM

Teachers and other adults in school are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. The relationships between staff, pupils, parents and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or school staff being alerted to concerns. Behaviours linked to issues such as drug taking and or alcohol misuse, deliberately missing education and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk.

Signs and symptoms of abuse

A Possible sign of physical abuse

1. Unexplained injuries or burns, particularly if they are recurrent
2. Refusal to discuss injuries
3. Improbable explanation for injuries
4. Untreated injuries or lingering illness not attended to
5. Disclosure of punishment which appears to be excessive
6. Shrinking from physical contact
7. Fear of returning home or of parents being contacted
8. Fear of undressing
9. Fear of medical help
10. Aggression / bullying
11. Running away from home
12. Significant changes in behaviour with no apparent explanation
13. Deterioration in work
14. Unexplained pattern of absences which may serve to hide bruises or other physical injuries

B Possible signs of emotional abuse

1. Continual self-deprecation
2. Fear of new situations
3. Inappropriate emotional responses to painful situations
4. Self-harm or mutilation
5. Drug / solvent abuse
6. 'Neurotic' behaviour – obsessive rocking, thumb- sucking etc.
7. Social isolation – does not join in and has few friends
8. Desperate attention seeking behaviour
9. Eating problems, including over-eating and lack of appetite

10. Depression, withdrawal

C Possible signs of neglect

1. Constant hunger
2. Poor personal hygiene
3. Inappropriate clothing
4. Frequent lateness or non-attendance at school
5. Untreated medical problems
6. Low self-esteem
7. Poor social relationships
8. Compulsive stealing or scrounging
9. Constant tiredness
10. Weight loss

D Possible signs of sexual abuse

1. Bruises, scratches, burns or bite marks on body
2. Scratches, abrasions or persistent infections in the anal or genital regions
3. Pregnancy – particularly in the case of young adolescents who are evasive concerning the identification of the father
4. Sexual awareness inappropriate to the child's age shown in drawings, vocabulary, games etc.
5. Frequent public masturbation
6. Attempts to teach other children about sexual behaviour
7. Refusing to stay with certain people or go to certain places
8. Aggressiveness, anger, anxiety, tearfulness
9. Withdrawal from friends

E Possible signs in older children

1. Promiscuity, prostitution, provocative sexual behaviour
2. Self-injury, self-destructive behaviour, self-harm attempts
3. Eating disorders
4. Tiredness, lethargy, listlessness
5. Over compliant behaviour
6. Sleep disturbances
7. Unexplained gifts of money
8. Depression
9. Changes in behaviour

Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges and can be particularly vulnerable. Additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

As a school we are aware of these additional factors and will ensure that we act accordingly to address any difficulties faced.

TAKING ACTION TO ENSURE THAT CHILDREN ARE SAFE AT SCHOOL AND AT HOME

It is **not** the responsibility of the school staff to investigate welfare concerns or determine the truth of any disclosure or allegation. This may only be investigated by the Police, NSPCC or Social Care. All staff, however, have a duty to recognise concerns and maintain an open mind. Accordingly, all concerns regarding the welfare of pupils will be recorded and discussed with a Designated Officer-Head of Site with responsibility for child protection (prior to any discussion with parents). If there is a disclosure the Hospital Manager/Social Worker will be notified immediately. It is the Hospital manager that will then take the case forward. If the disclosure is in relation to a member of school staff, the Head teacher will take responsibility for the investigation.

1. Staff will immediately report:

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

2. Responding to Disclosure

Disclosures or information may be received from pupils, parents or other members of the public. School recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly, all staff will handle disclosures with sensitivity. Should pupils have communication difficulties the school will ensure they are enabled to express themselves to a member of staff with appropriate skills wherever possible.

Such information cannot remain confidential and staff will immediately communicate what they have been told to the designated persons and make a contemporaneous record as soon as possible following the disclosure.

Timing of Referrals

It is particularly important that any concerns about the Safeguarding and Protection of a child or young person is raised as soon as possible to ensure that matters can be dealt with promptly.

This is in order to safeguard the young person and ensure systems are in place, but also to ensure that relevant staff are available to attend any strategy meetings, conferences or to provide reports.

Staff will not investigate but will, wherever possible, elicit enough information to pass on to the designated persons in order that s/he can make an informed decision of what to do next

Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm
- Try to ensure that the person disclosing does not have to speak to another member of school staff
- Clarify the information if necessary
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?'
- Try not to show signs of shock, horror or surprise
- Not express feelings or judgements regarding any person alleged to have harmed the child
- Explain sensitively to the person that they have a responsibility to refer the information to the senior designated person
- Reassure and support the person as far as possible
- Explain that only those who 'need to know' will be told but the information does have to be passed onto relevant members of staff
- Explain what will happen next and that the person will be involved as appropriate

3. Action by the Head of Site/ Headteacher (or Deputy Safeguarding Lead in their absence)

Following any information raising concern, the senior designated person will contact the Hospital Manager:

4. Action following a child protection referral

The designated senior person or other appropriate member of staff will:

- Wherever possible, contribute to the Strategy Discussion
- Provide a report for, attend and contribute to any subsequent Child Protection Conference
- If the child or children are the subject of a child protection plan, contribute to the Child Protection Plan and attend Core Group Meetings and Review Child Protection Conferences

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the designated teacher and to seek further support as appropriate.

5. Recording and monitoring

Accurate comprehensive records will be made as soon as practicable and will clearly distinguish between observation, fact, opinion and hypothesis. All records will be signed and dated, any information given will be recorded and a note made of the location and description of any injuries seen. Details of how concerns were followed up and resolved will be kept and information in relation to any actions taken and decisions made.

6. Supporting the Child and Partnership with Parents

- School recognises that the child's welfare is paramount, however good child protection practice and outcome relies on a positive, open and honest working partnership with parents.
- Whilst we may, on occasion, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child.
- The school will liaise with hospital staff to ensure that the child feels fully supported. We want to reassure victims of abuse that their concerns will be taken seriously and we will do everything possible to support them. Staff recognise that it might be difficult for a young person to communicate what has happened to the, Children and young people will never be made to feel ashamed or made to feel that they are creating a problem by reporting abuse, sexual violence or sexual harassment.

Malicious or unsubstantiated allegations

If a child makes an allegation which is determined to be malicious or unsubstantiated, the Designated Officer-Head of Site/Headteacher will discuss the situation with the Hospital Manager and Social Worker. What support the child needs will be discussed and also the possibility that the child may have been abused by someone else.

Confidentiality

The Education Act 2011 contains provisions to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated. The legislation imposes reporting restrictions making it clear that “publication” of material that may lead to the identification of the accused teacher is prohibited. This would include publication by a parent on a social networking site.

Appendix A

Definitions

As in the Children Acts 1989 and 2004, a **child** is anyone who has not yet reached his/her 18th birthday.

Harm means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

Development means physical, intellectual, emotional, social or behavioural development;
Health includes physical and mental health;

Ill-treatment includes sexual abuse and other forms of ill-treatment which are not physical.

Abuse and Neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

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

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. 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 involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may

occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

Appendix B

Self-Harm Policy

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

Scope

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and directors.

Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- To provide support to students who self-harm and their peers and parents/carers

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children. School staff will communicate any concerns with clinic staff directly.

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol

- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. becoming a Goth

Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the clinical team.

Following the report, the appropriate course of action will be decided upon. This may include:

- Arranging professional assistance e.g. doctor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times
- If a student has self-harmed in school a first aider should be called for immediate help

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Ellern Mede School has many students who exhibit self-harm behaviours. To ensure the young persons' safety, all staff must be fully aware of the need to restrict access to sharps. Whereas some sharps are obvious:

- Scissors
- Sharpeners
- Scalpels

Other potentially dangerous implements are less obvious, this may include:

- Plastic pen lids
- Sharp pencils/pens
- Broken plastic rulers

All staff must make themselves aware of the potential risks that teaching resources may harbour. No sharps should be brought into the school or school rooms from outside. At the school any sharps used in learning activities must be supplied by the school, and logged out and in from the secure storage boxes that are kept on both sites. Any equipment used in ward teaching must be removed with the teacher when he/she leaves.

Further Considerations

It is important to encourage students to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

Appendix C

Safeguarding Contacts:

Hospital Manager – Sharon Donaldson – 020 3981 7251

Natasha Cutts-Hospital Social Worker

Peter Curtis – Tel 0208-959-7774 Proprietor

MASH LADO –is the first point of call

Tel – 01709 823914

Multi-agency Safeguarding Hub (MASH) Team

Rotherham Metropolitan Borough Council

Riverside House

Main Street

Rotherham

S60 1AE

Tel: 01709 3360850

Email: mash-referral@rotherham.gov.uk

Rotherham - If you believe that a child or young person may be at imminent risk of significant harm, you should contact:

- **The Multi-Agency Safeguarding Hub (MASH) which can be contacted between 8.30 am – 5.00pm, Monday – Thursday & 8.30 - 4.30pm Friday on 01709 336 080.**
- **Outside of these hours, concerns can be referred to the MASH by phoning the Out of Hours Children’s Social Care Team on the same number - 01709 336 080.**

If the concern about the child relates to possible criminal activity:

Call South Yorkshire Police on 999 if it is an ongoing crime or emergency; or 101 in all other cases.

If the contact or referral is about a child who already has social worker involvement, then please contact the social worker directly. If you don’t know who the social worker is, contact the Multi-Agency Safeguarding Hub (MASH).

Where an emergency response is required please contact the Police on 999 at any time.

DBS helpline - 01325953795 Website www.gov.uk/dbs Email dbsdspatch@dbs.gsi.gov.uk

Forced Marriage - Duty and Assessment Team of the Forced Marriage Unit 0207 0080151 or out of hours 0207 0081500.

NSPCC – Whistleblowing Advice Line – 08000280285

Useful Websites

www.ceop.gov.uk

www.missdorothy.com

www.anti-bullyingalliance.org

www.kidscape.org.uk

www.childline.org.uk

www.nspcc.org.uk

www.ceop.org.uk/thinkuknow

www.childnet-int.org

www.kidsmart.org.uk

NEOST Guidance www.lg-employers.gov.uk

Guidance for Staff facing an Allegation of Abuse

Definitions and Thresholds for Managing Allegations against School Staff – Examples of these guidelines for Rotherham and London can be found in the school’s policy files

Managing the Aftermath of Unfounded and Unsubstantiated Allegations

Training Materials

Online Basic Awareness Training www.safeguardingchildren.co.uk

ECP- Sue Manning – CP training

Office: 01763 244401

Email: info@ecplimited.com

Website: www.ecplimited.com

Child Protection Record/Referral Form

Student name: _____

Time of incident/disclosure: _____

Where: _____

Details of incident/disclosure: _____

When it happened: _____

Who was present: _____

Any other relevant information: _____

Staff member: _____ Date: _____

Child Protection Concern Form for Specific Disclosures

This information will be filed and used as a reference and to inform further action.

Date: _____

Student name:

Concern:

Staff member: _____

Date: _____

Forward to: Head teacher (Child Protection)

The listed signals of abuse give a broad range of 'indication'.

A student will often show one or more of the 'signs' and not be at risk. If you have concerns about any child follow our procedures of referral informing the designated teacher as quickly as possible.

Signs of Physical Abuse

- ☒ Absenteeism together with other symptoms, e.g. returning with injury
- ☒ Unexplained injuries or burns, particularly if they are recurrent
- ☒ Improbable excuses given to explain injuries
- ☒ Refusal to discuss injuries
- ☒ Untreated injuries
- ☒ Admission of punishment which appears excessive
- ☒ Bald patches
- ☒ Withdrawal from physical contact
- ☒ Arms and legs kept covered in hot weather
- ☒ Fear of returning home
- ☒ Fear of medical help
- ☒ Self destructive tendencies
- ☒ Aggression towards others
- ☒ Running away

Neglect

- ☒ Constant hunger
- ☒ Poor personal hygiene
- ☒ Constant tiredness
- ☒ Poor state of clothing
- ☒ Frequent lateness or non-attendance at school
- ☒ Untreated medical problems
- ☒ Destructive tendencies
- ☒ Low self-esteem
- ☒ Poor social relationships
- ☒ Running away
- ☒ Compulsive stealing

Signs of Emotional Abuse

- ☒ Physical, mental and emotional development behind the 'average' for a year group
- ☒ Admission of punishment which appears excessive
- ☒ Over-reaction to mistakes
- ☒ Continual self-criticism
- ☒ Sudden speech disorders (stammer, etc.)
- ☒ Fear of new situations
- ☒ Inappropriate behaviour (e.g. rocking, hair twisting, thumb sucking)
- ☒ Inappropriate emotional responses to painful situations
- ☒ Self-mutilation
- ☒ Fear of parents being contacted
- ☒ Extremes of passivity or aggression (i.e. under or over-reaction to things)
- ☒ Drug, solvent abuse
- ☒ Running away
- ☒ Compulsive stealing

Signs of Sexual Abuse

- ☒ Sudden changes in behaviour or school performance
- ☒ Displays of affection in a sexual way/manner inappropriate to age
- ☒ Tendency to cling or need reassurance
- ☒ Tendency to cry easily
- ☒ Regression to younger behaviour, such as thumb sucking, playing with discarded toys, acting like a baby
- ☒ Complaints of genital itching or pain
- ☒ Distrust of a familiar adult, or anxiety about being left with a relative, a babysitter or lodger
- ☒ Unexplained gifts or money
- ☒ Depression and withdrawal
- ☒ apparent secrecy
- ☒ Wetting, day or night
- ☒ Sleep disturbances or nightmares
- ☒ Chronic illness, especially throat infections and venereal diseases
- ☒ Anorexia or bulimia
- ☒ Fear of undressing, e.g. for sport

Common Sites of physical injury:

Accidental Injury	Non Accidental
<ul style="list-style-type: none"> • Crown of the head • Forehead • Nose • Elbows • Hips • Hands • Knees • Shins 	<ul style="list-style-type: none"> • Black eyes (often two) • Cheeks • Marks around neck: finger marks/thin red line • Bloodshot eyes – possible caused by shaking • Ears – red, bleeding, cut skin (very common) • Mouth – cuts, loose or broken teeth • Stomach – evidence of bruising • Buttocks – discomfort when sitting • Inner arms – red marks or bruising

Appendix G

DfE Guidelines

What to do if you suspect a child is being sexually exploited

A step-by-step guide for frontline practitioners

1. This step-by-step guide complements, and should be read in conjunction with, the *Safeguarding children and young people from sexual exploitation*¹ statutory guidance published in 2009. It is intended for frontline practitioners in the statutory and voluntary and community sectors (VCS). It outlines the actions they should take, as a minimum, if they suspect that a child they are in contact with is being sexually exploited.
2. Child sexual exploitation is a form of child abuse which involves children and young people (male and female, of a range of ethnic origins and ages, in some cases as young as 10) receiving something in exchange for sexual activity. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups.
3. Local Safeguarding Children Boards (LSCBs) are responsible for ensuring that appropriate local procedures are in place to tackle child sexual exploitation. All frontline practitioners need to be aware of those procedures (including ones for early help) and how they relate to their own areas of responsibility. LSCBs and frontline practitioners should ensure that actions to safeguard and promote the welfare of children and young people who are sexually exploited focus on the needs of the child.

Step 1: Identifying cases

4. Frontline practitioners from voluntary and statutory sector organisations (including, for example, health and education) should be aware of the key indicators of children being sexually exploited which can include:
 - going missing for periods of time or regularly coming home late;
 - regularly missing school or education or not taking part in education;
 - appearing with unexplained gifts or new possessions;
 - associating with other young people involved in exploitation;
 - having older boyfriends or girlfriends;
 - suffering from sexually transmitted infections;
 - mood swings or changes in emotional wellbeing; drug and alcohol misuse; and
 - displaying inappropriate sexualised behaviour.
- staff might also overhear conversations that suggest a child has been harmed or receive a report from a friend of the child

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

5. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Return interviews for young runaways can help in

establishing why a young person ran away and the subsequent support that may be required, as well as preventing repeat incidents. The information gathered from return interviews can be used to inform the identification, referral and assessment of any child sexual exploitation cases.

6. In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to the issue of consent. It is important to bear in mind that:

- a child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
- sexual activity with a child under 16 is also an offence;
- it is an offence for a person to have a sexual relationship with a 16 or 17-year-old if they hold a position of trust or authority in relation to them;
- where sexual activity with a 16 or 17-year-old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- non consensual sex is rape whatever the age of the victim; and
- if the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

Step 2: Referring cases

7. Where child sexual exploitation, or the risk of it, is suspected, frontline practitioners should discuss the case with a manager or the designated member of staff for child protection. If after discussion there remain concerns, local safeguarding procedures should be triggered, including referral to local authority (LA) children's social care and the police, regardless of whether the victim is engaging with services or not.

Step 3: Assessment

8. On receipt of a referral to LA children's social care, a qualified social worker should discuss the case with other services and professionals that they consider relevant and decide on a course of action within one working day of the referral. Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers must act quickly to secure the immediate safety of the child.

9. An assessment under section 17 of the Children Act 1989 must be undertaken in all cases where child sexual exploitation, or the likelihood of it, is suspected. The local authority, health and other partners must follow the process set out in the *Framework for assessment of children in need and their families*. The assessment is not an end or a process in itself, but the means of informing the planning and delivery of effective services for children. The need to make timely, proportionate assessments to understand a child's needs and circumstances is critical to secure good outcomes for the most vulnerable children and young people. The assessment should contain a conclusion as to whether the child is suffering, or is likely to suffer, significant harm.

10. If a section 17 enquiry shows that a child is suffering, or is likely to suffer, significant harm, the social worker should hold a strategy discussion involving the police, health and other relevant statutory and VCS organisations to consider whether a section 47 enquiry is required. If the decision is taken to initiate a section 47 enquiry, the social worker should convene a child protection conference.

11. The child or young person's wishes and feelings should be considered when determining what services to provide and before making decisions about action to be taken to protect individual children.

12. Where the child or young person is not deemed to be in need, the social worker must consider onward referral to agencies who provide services for children and young people with additional needs (for example, a VCS or health organisation; see Step 4 below).

Step 4: Supporting victims out of CSE and in recovery

13. Statutory agencies and voluntary sector organisations should reach agreement on the services to be provided to the child or young person and on how they will be co-ordinated. The types of intervention offered should be appropriate to the needs of the child or young person. They should take full account of both the identified risk factors and the child or young person's family and wider circumstances. The latter might, for example, include previous abuse, running away from home or care, involvement in gangs and groups and/or child trafficking. The health services provided might include sexual health services and mental health services or counselling.

14. Because the effects of child sexual exploitation can last well into adulthood, such support may be needed over a long period of time. For this reason, effective links should be made between children and adult services and between statutory and VCS organisations.

15. Consideration should also be given to supporting the families of victims, including through the work of organisations like the Coalition for the Removal of Pimping.

Step 5: Identifying and prosecuting perpetrators

16. The police and criminal justice agencies lead on the identification and prosecution of perpetrators. All frontline practitioners involved with victims of child sexual exploitation should continually gather record and share information with the police as soon as practicable, including data on running or missing episodes.

Step 6: Ensuring child victims are supported through related legal proceedings

17. Child victims should be supported throughout the prosecution process and beyond, including through the use of special measures where appropriate. Independent Sexual Violence Advisers or specialist VCS services, where available, may also have an important role to play.

Further information

18. Further information on child sexual exploitation can be found on the Department for Education website.

Appendix H

Advisory Body -Nominated Senior Safeguarding Lead

Outline of role:

The Children's Act 2004 places a duty on agencies to ensure that their functions are discharged having regard for the need to safeguard children and promote their welfare.

By safeguarding and promoting welfare we mean:

- Protecting children from abuse or neglect
- Preventing impairment of the child's health or development
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care
- Creating opportunities to enable children to have optimum life changes in adulthood
- As the Senior Safeguarding Lead responsible for safeguarding children, you will play an essential role in ensuring children in education are kept safe from harm

Suggested duties:

- To be familiar with LA and DfE guidance and policy relating to Safeguarding and Child Protection and associated issues, and to attend training for nominated Safeguarding and Child Protection Lead/Governor
- To ensure that the Proprietor assisted by the Advisory Board puts in place a suitable Safeguarding and Child Protection Policy and associated procedures
- To champion safeguarding and child protection issues within the school
- To encourage other members of the Advisory body to develop their understanding of the responsibilities with regard to Child Protection and assist them to perform their functions in respect of Safeguarding Children and Young People
- To contribute to ensuring any deficiencies in the school's safeguarding practices are addressed which may be brought to the Advisory board or the Proprietor's attention

by a member of school staff, a parent, an officer of the Authority or from any other source

- To meet regularly with the senior member of the school's leadership team who is the designated Lead for safeguarding and child protection in order to monitor the effectiveness of the Safeguarding and Child Protection policy. It is recommended that this is at least a termly meeting
- To ensure that the Advisory body and the Proprietor receives an annual report on the implementation of the school's safeguarding and child protection policy and procedures including:

Arrangements for ensuring that the school's safeguarding and child protection policy is communicated to, and implemented by, all staff:

- Ensuring that the designated member of staff with lead responsibility for Safeguarding and Child Protection is part of the school's leadership team, and has sufficient time and resources at his /her disposal to carry out his / her duties effectively
- Ensuring that a deputy designated teacher for safeguarding and child protection is identified
- Ensuring that the Designated Teacher for Safeguarding and Child Protection and his/her deputy receive training every two years
- Training in Child Protection undertaken by ALL staff every two years and the Annual Update is received
- Arrangements are in place for the inclusion of child protection procedures in an induction programme for all people working in the school, no matter for how long, nor the status of that individual
- Monitoring of arrangements to ensure safer recruitment procedures and appropriate checks on new staff and volunteers
- Monitoring of how Safeguarding and Child Protection issues are addressed through the curriculum

- Liaise with the Head teacher and the Proprietor over matters regarding confidential child protection issues involving allegations against staff as and when required

- Where there is an allegation of abuse against the Head Teacher, take the lead in
 - Notifying the Local Authority Designated Officer (LADO) immediately where applicable in liaison with the proprietor

 - Ensuring with LA support that appropriate action is to be taken in accordance with agreed procedures

 - To attend initial and subsequent strategy meetings as required if other agencies are involved

 - To take the lead with the Proprietor in an investigation