

PENS MEADOW SCHOOL SAFEGUARDING POLICY (Including Child Protection)

Date of Policy: December 2006

Policy review date: December 2008, November 2009, March 2011, March 2012, March 2013, March 2014, February 2015, May 2015, Feb 2016, September 2016, November 2016, December 2016, September 2017, December 2017

Next review date: September 2018 (or in line with updated guidance)

Member of staff responsible: Designated Safeguarding Lead

This safeguarding policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school and should be read in conjunction with the Behaviour Policy

Anti-Bullying Policy

Online Safety Policy including Mobile Phone Usage

Whistleblowing Policy

Intimate Care Policy

Staff Disciplinary Policy

Extremism and Radicalisation policy and risk assessment

September 2017 Amendments

- *Updated form for recording and reporting concerns about a child (appendix 2)*
- *Updated CSE definition*

<i>Jodie Colbourne</i>	<i>DSL</i>
<i>Marie Hunter</i>	<i>Head teacher</i>
<i>Paul Leyshon</i>	<i>Chair of Governors</i>

1. Introduction

Working Together to Safeguard Children (2015) states that -

‘Whilst local authorities play a lead role, **safeguarding children and protecting them from harm is everyone’s responsibility**. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined as:

- 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; and
- Taking action to enable all children to have the best outcomes’

Keeping Children Safe in Education (September 2016) states that -

‘Schools should adopt a child-centered and coordinated approach to safeguarding’.

2. Statutory Framework

Pens Meadow School recognises its legal duty under s.175/157 Education Act 2002 to work with other agencies in safeguarding and promoting the welfare of children and young people and protecting them from significant harm. These duties are defined by:

- Working Together to Safeguard Children (2015)
- Keeping Children Safe in Education (September 2016)
- Dudley Safeguarding Children Board (DSCB) - Safeguarding Children Procedures
- <http://safeguarding.dudley.gov.uk/>
- Guidance for Safer Working Practice for those working with Children and Young People in Education Settings (October 2015)
- What do you do if you are worried a child is being abused (March 2015)
- The Prevent Duty June 2015 (under section 26 of the Counter Terrorism and Security Act 2015)

Pens Meadow School is committed to safeguarding and promoting the welfare of all children and young people both within the school environment and outside. We recognise our responsibility to provide a safe environment in which children can learn. This includes the online environment.

Pens Meadow School is committed to ensuring that all staff who meet children and their families and carers has a role to play in safeguarding children. To fulfil the responsibility effectively, the school will ensure their approach is child centred. This means that they will consider, always, what is in the best interests of the child.

Because of our day-to-day contact with children and young people, education staff are particularly well placed to observe outward signs of abuse, changes in children’s behaviour or their failure to develop. We need, therefore ‘to be alert to the possibility of abuse occurring, aware of the procedures to be followed if the school have suspicions and have the confidence to follow those procedures. This policy applies to all staff, governors and volunteers working in the school.

Working Together to Safeguard Children (2015) requires all schools to follow the procedures for protecting children from abuse which are established by their local safeguarding board. At Pens Meadow this is the Dudley Safeguarding Children Board (<http://safeguarding.dudley.gov.uk/>).

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse including online - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect; poor record keeping; failing to listen to the views of the child; failing to re-assess concerns when situations do not improve; sharing information too slowly; and a lack of challenge to those who appear not to be acting.

3. Prevention

The five main elements of this policy are:

- Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been abused in accordance with his/her child protection plan;
- Establishing a safe environment in which children can learn and develop

We recognise that high self-esteem, confidence, supportive friends and good lines of communication with a trusted adult help prevention. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to communicate, and are listened to;
- Ensure children know that there are adults in the school whom they can approach if they are worried or in difficulty;
- Include in the curriculum, activities and opportunities which equip children with the skills they need to stay safe from harm.

4. Early Years Foundation Stage (EYFS)

It is essential that all pupils including those in the EYFS are provided with safe and secure environments in which to interact and explore rich and diverse learning and development opportunities. Pens Meadow School is fully committed to ensuring that its whole school policies and procedures meet fully the statutory safeguarding and welfare requirements in the early years.

5. The Role of School SLT, Staff and Volunteers

Pens Meadow School will ensure that all staff follow the procedures set out by the Dudley Safeguarding Children Board and take account of guidance issued by the Department of Education (DfE) to:

- Ensure we have a Designated Safeguarding Lead for safeguarding who has received appropriate training and support for this role.

The Designated Safeguarding Lead at Pens Meadow School is Jodie Colbourne.

The deputy Designated Safeguarding Lead at Pens Meadow School is Alison Austin.

- Ensure we have a nominated governor responsible for safeguarding.

The designated Governor for safeguarding at Pens Meadow School is Paul Leyshon.

- Ensure every member of staff (including temporary and supply staff and volunteers) and governing body knows the name of the Designated Safeguarding Lead and deputies responsible for safeguarding and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the Designated Safeguarding Lead.
- Ensure that parents understand the responsibility placed on the school and staff for safeguarding including Online Safety by setting out its obligations in the school prospectus. Parents should be made aware of the policies and procedures.

- Ensure that parents are aware that this policy is available on request, and make the policy available on the school website.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at child protection meetings.
- Develop links with other agencies that support the child such as Child and Adult Mental Health Service, Education Investigation and Education Psychology Service.
- Identify children who may benefit from early help.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Ensure all records are kept securely; separate from the main pupil file, and in locked locations.
- Ensure that all staff are aware of what to do if there are concerns around a child.

The Teachers' Standards 2012 state that teachers, including head teachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

Keeping Children Safe in Education (2016) outlines the following as what school staff need to know:

- All staff members should be aware of systems within school which support safeguarding and these should be explained to them as part of staff induction.
At Pens Meadow this includes: the Safeguarding policy; the Online Safety policy; the Staff Code of Conduct and the role of the Designated Safeguarding Lead.
- All staff members should also receive appropriate child protection training which is regularly updated every three years. Staff at Pens Meadow also receive regular updates via staff meetings and bulletins. An annual safeguarding update is also held at the start of each academic year.
- All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the Designated Safeguarding Lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment. At Pens Meadow weekly TAC meetings help to support this process, alongside the role of the Family Outreach Team and Special Needs Social Worker.
- All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the Designated Safeguarding Lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation- as this may ultimately not be in the best interests of the child.

Keeping Children Safe in Education (2016) outlines the following as what school staff should look out for:

- All school staff members should be aware of the signs of abuse and neglect including those associated with online safety, so that they are able to identify cases of children who may be in need of help or protection.
Further information can be found in Appendix 1 and additionally at http://www.proceduresonline.com/dudley/scb/chapters/full_contents.html#guides or <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>
- Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

6. The Role of the Designated Safeguarding Lead (DSL)

It is the role of the Designated Safeguarding Lead to

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children including Online safety, effectively and that this is kept up to date by refresher training at three yearly intervals and regular updates and bulletins
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract including the schools code of conduct
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that the Head teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services.
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an Early Help Assessment or refer to Children, Schools and Families social care.
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns,
- Discuss with new parents the role of the DSL and the role of safeguarding in the school.
- Make parents aware of the safeguarding procedures used and how to access the Safeguarding policy. This is through our school website.
- 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.
- Ensure child protection records for pupils whom move school are forwarded and a discussion with the receiving schools DSL takes place where necessary.

7. The Governing Body

The statutory guidance, Keeping Children Safe in Education 2016 places statutory requirements on all governing bodies. Governing bodies must make sure that their school has policies and procedures in place and consider any guidance issued by the Secretary of State, any LA guidance and locally agreed inter-agency procedures.

The Governing Body must ensure:

- Child protection policy and procedures are in place and followed including the School Code of Conduct
- Safe recruitment procedures are in place and followed
- Appointment of a DSL who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher.

At Pens Meadow this is Paul Leyshon (Chair of Governors).

- Safeguarding policies and procedures are reviewed annually

8. **Safe Supervision of Students/Volunteers**

All adults and young people who work within our school, whether as a paid member of staff or as a volunteer, are expected to work and behave in such a way as to promote Pens Meadow's ethos and school values.

All volunteers work under the supervision of a teacher or full-time member of staff. Teachers retain ultimate responsibility for pupils at all times, including pupils' behaviour and the activity that they are undertaking. Volunteers should have clear guidance from the designated supervisor as to how an activity is carried out and the expected outcome of the activity. In the event of any query or problem regarding the pupil's understanding of the task, their behaviour or welfare, volunteers must seek advice / guidance from their designated supervisor.

The school has a suite of documents including this policy and a staff code of conduct, which is made available to volunteers working in the school. An appropriate member of staff will ensure that volunteers are clear about identifying and reporting safeguarding concerns, the emergency procedure for fire alarm evacuation and about any safety aspects associated with particular tasks (e.g. using equipment or accompanying pupils on visits).

Volunteers need to exercise due care and attention and report any obvious hazards or concerns to their designated supervisor or other senior member of staff. Volunteers are covered by the school's Indemnity and Public Liability Insurance.

Further expectations, guidance and support is documented the staff code of conduct.

9. **Early Help**

The Dudley Continuum of Need



Pens Meadow recognises that it is everybody's responsibility to assess the needs of the children and young people they meet and to safeguard them effectively, by assessing and managing risk alongside other agencies.

At Pens Meadow we operate a keyworker approach across the school. This enables parents/carers to build a positive relationship with a key member of staff with whom they can discuss any issues. This alongside our weekly Team around the Child (TAC) meetings, allow the school to identify pupils/families who may require additional support.

In addition, we recognise that being a parent/carer of a disabled child presents its own challenges and that these challenges can impact on the whole family. When families are well supported and equipped to overcome these challenges, we know that this can only have a positive impact on our parent/carers, their children and their engagement in school.

In recognition of this Pens Meadow School has recruited their own Family Outreach Team. The Family Outreach Team consists of a Family Outreach Coordinator and a Family Support Worker. The team work closely with our families to provide support, sign posting and engagement opportunities. Our service is unique to Pens Meadow School. The team work closely with services across the borough and aims to be a contact point for information sharing as well as providing direct support to our families.

The Family Outreach Team work with families in school or through home visits to support with advocacy, benefit forms, coordination of services, referrals for support, transition support, access to funding. The team also facilitates courses such as 'Triple P' and 'Time out for Parents of Children with Special Needs' to support parents/carers along their journey.

For families who require multi-agency support beyond what the school can offer, then Pens Meadow follows the local authority early help pathway (Appendix 5).

10. Types of Abuse

At Pens Meadow School staff, should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. This may include abuse online and risks associated with the online environment. Awareness of online issues is therefore of paramount importance.

Pens Meadow School is committed to working with children with special educational needs (SEN) and disabilities who often face additional safeguarding challenges. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Children with SEN and disabilities can be disproportionately impacted by things like bullying without outwards showing any signs:
- Communication barriers and difficulties in overcoming these barriers.

Keeping Children Safe in Education (2016) provides the following definitions –

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which 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.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

11. Specific Safeguarding Issues

All staff at Pens Meadow have an awareness of specific safeguarding concerns including those listed below. Further information including associated risks and indicators can be found in Appendix 1 and additionally at http://www.proceduresonline.com/dudley/scb/chapters/full_contents.html#guides or <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

Children missing education	Sexting
Child sexual exploitation (CSE)	Trafficking
Domestic violence	
Drugs	
Fabricated or induced illness	
Faith abuse	
Female genital mutilation (FGM)	
Forced marriage	
Gangs and youth violence	
Gender-based violence/violence against women and girls (VAWG)	
Mental health	
Private fostering	
Preventing radicalisation	

12. Allegations of Abuse Made against Other Children (Peer on Peer Abuse) including Sexting

At Pens Meadow we recognise that abuse can be perpetrated by children and that such peer on peer abuse can manifest itself in many ways including sexting or gender based violence. Abuse is abuse and should never be tolerated or passed off as ‘banter’ or ‘part of growing up’. Parents and where appropriate, pupils, understand that the school may investigate any reported misuse of systems, by pupils, out of school hours as part of safeguarding procedures. Any child thought to be the victim of such abuse should therefore be regarded as in need of protection. Further guidance on peer on peer abuse and actions to be taken can be found in Appendix 1.

13. What To Do If You Are Concerned

The guidance below should be followed in conjunction with the government document – ‘What do you do if you are worried a child is being abused March 2015’

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

If a child is in immediate danger or is at risk of harm, you should refer to children’s social care and/or the police immediately.

If any member of staff is concerned about a child, they must inform the Designated Safeguarding Lead (or Deputy DSL/ member of SLT in their absence) in person or by telephone immediately. Information should not be left in pigeon holes. The member of staff must record information regarding the concerns.

At Pens Meadow ALL concerns regarding a child including those around online safety must be recorded on the Cause for Concern pro-forma shown in Appendix 2, available on the safeguarding noticeboard in the staff room, from the office or copies can be found in each class and hand it directly to the appropriate person. **Do not** leave it in their pigeon hole or on their desk for them to ‘find’. It may be urgent and require an immediate response. This is printed onto pink paper to make it visible for all. The recording must be a clear, precise, factual account of the observations.

The Designated Safeguarding Lead will decide whether the concern should be referred to the Social Care Team through the SPA. If it is decided to make a referral, this will be discussed with the parents, unless to do so would place the child at further risk of harm. A MARF will also be completed. See ‘The Referrals Process’ Appendix 4.

Attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

Dealing with a Disclosure of Abuse

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

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you must tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.
(See Appendix 2 Reporting form – This is printed onto pink paper to make it visible for all)

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

Concerns outside the immediate environment (e.g. a parent or carer)

- Report your concerns to the, Designated Safeguarding Lead who should contact Social Care Team or the Police as soon as possible.
- If the *Designated Safeguarding Lead* is not available, then speak to the deputy DLS or the person currently responsible for the school should be informed. (This is to ensure there is no delay in seeking advice or making a referral).
- Social Care Team and the *Designated Safeguarding Lead* will decide how to involve the parents/carers. Parents should not be informed if to do so would increase risk to the child'.
- Maintain confidentiality on a **need to know** basis only.

Information for social care or the police about suspected abuse

To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, which should include the following:

- The reasons for your concern
- Full name and date of birth of the child
- Names and dates of birth of the child's family/household members
- Other agencies/professionals involved with the family
- The child's first language and any special needs
- The child's developmental needs, family and environmental factors and parenting capacity
- Any work you may have already undertaken with the child and family

All incidents will be reported on a Multi-Agency Referral Form (MARF), by the Designated Safeguarding Lead, to the Single Point of Access Team at spa_team@dudley.gov.uk

Childs Wishes

Where there is a safeguarding concern, governing bodies, proprietors and school or college leaders should ensure the child's wishes and feelings are considered when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback (where appropriate). Ultimately, all systems and processes should operate with the **best** interests of the child at their heart.

14. Responding to Allegations or Suspicions (about someone working with children or young people)

It is not the responsibility of anyone working within Pens Meadow School in a paid or unpaid capacity to decide if child abuse has taken place. However, there is a responsibility to act on any concerns by reporting these to the appropriate officer or the appropriate authorities.

Pens Meadow School will ensure all staff/volunteers that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing a child.

All allegations or suspicions of abuse will be taken seriously and treated in accordance with these procedures. They will be applied when there is an allegation or concern that any person, who works with children, in connection with their employment, voluntary or personal activity, 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 or children in a way that indicates they are likely to pose a risk of harm to children

These behaviours will be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). This includes concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (s16-19 *Sexual Offences Act 2003*);
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (s15 *Sexual Offences Act 2003*);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text/email messages or images, gifts, socializing etc);
- Possession of sexual images of children/pseudo-photographs of children.

The definition of working with children includes paid and unpaid staff, volunteers and carers (including foster and adoptive carers). It includes everyone who works at Pens Meadow School including administrative and other support staff.

If staff have concerns about a fellow colleague, they may follow the Whistle Blowing Procedures.

The named person at Pens Meadow School is Alison Austin.

The NSCPCC whistle blowing helpline is available for staff within our school who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285.

Action if there are concerns

Concerns about poor practice:

- If, following consideration, the allegation is clearly about poor practice; the Headteacher will deal with it as a misconduct issue.
- If the allegation is about poor practice by the Designated, *Safeguarding Lead*, or if the matter has been handled inadequately and concerns remain, it should be reported to the Headteacher/Chair of Governors who will decide on whether disciplinary action should be taken and the next steps to take.

Concerns about suspected abuse

- Any suspicion that a child has been abused by either a member of staff or a volunteer must be reported to the Designated Safeguarding Lead/Headteacher, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.
- The Designated Safeguarding Lead/Headteacher will refer the allegation to the Social Care Team who may involve the Police. All allegations against people who work with children must be passed onto the LADO (Designated Officer for Managing Allegations).
- The parents or carers of the child will be contacted as soon as possible following advice from the Social Care Team.
- If the Designated Safeguarding Lead is the subject of the suspicion/allegation, the concern must be shared with the Headteacher. If the Headteacher is the subject of the concern/ allegation, the concern must be shared with the Chair of Governor. The Chair of Governors will liaise with the Designated Officer for Managing Allegations and HR.

Internal Enquiries and Suspension

- The Headteacher will liaise with the Chair of Governors and make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social care inquiries. Advice can also be sought from the Human Resources Section and the DO (Designated Officer for Managing Allegations).
- Irrespective of the findings of the Social Care Team or Police inquiries the Headteacher/Chair of Governors will assess all individual cases to decide whether an individual can be reinstated and how this can be sensitively handled. This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the Chair of Governors and Headteacher must reach a decision based upon the available information which could suggest that on a balance of probability; it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

Pens Meadow School has routine systems for continually monitoring the performance of staff ensuring compliance with both child protection procedures and the code of good practice. All staff within Pens Meadow School adhere to the schools Staff Code of Conduct (July 2016), alongside the Guidance for Safer Working Practice for Children and Young People in Education Settings (October 2015). All staff have access to the counselling service within Dudley Council.

15. Searching, Screening and Confiscation

Pens Meadow School follows the DfE advice and guidance publication 'Searching, screening and confiscation (2014) when it is deemed necessary. This document can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554415/searching_screening_confiscation_advice_Sept_2016.pdf

16. Children with Special Educational Needs and Disabilities

Pens Meadow School is committed to working with children with special educational needs (SEN) and disabilities who often face additional safeguarding challenges. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- Children with SEN and disabilities can be disproportionately impacted by things like bullying without outwards showing any signs;
- Communication barriers and difficulties in overcoming these barriers

17. Looked After Children (LAC)

The most common reason for children becoming looked after is because of abuse and/or neglect. Pens Meadow governing body ensures that staff have the skills, knowledge and understanding necessary to keep looked after children safe.

In particular, we ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with

parental responsibility. They also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The Designated Safeguarding Lead has details of the child's social worker and the name of the virtual school head in the authority that looks after the child.

The Head Teacher of the Virtual School in Dudley is Julie Smith. The Virtual School (LACES) Staff:

- Work closely with colleagues from Social Care with the aim of ensuring that all children are placed in appropriate education provision;
- Support effective delivery of Personal Education Plans;
- Monitor the outcome of Personal Education Plans;
- Identify key points in the child's education and ensure appropriate action is taken;
- Provide ongoing regular support to residential units and foster carers;
- Provide advice and guidance to children, parents, carers, social workers, schools and agencies. This includes regular updates by post, email and on the web site.
- Provide a range of joint and specific training opportunities to raise awareness of issues and concerns relating to the educational needs of looked after children;
- Encourage, support and celebrate young people's successes and achievements. This includes the promotion of children's participation in out of school activities and projects.

18. Training and Development

Pens Meadow School is committed to ensuring all staff are trained to a high standard including training based around Online Safety. The detail around this is set out below.

Per Keeping Children Safe in Education (2016), the Designated Safeguarding Lead and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated **every two years.**

In addition to their formal training, as set out above, their knowledge and skills should be updated via e-bulletins, meetings other Designated Safeguarding Leads, and taking time to read and digest safeguarding developments, at regular intervals, but at least annually, to keep up with any developments relevant to their role.

Governing bodies and proprietors should ensure that all staff undergo safeguarding and child protection training at induction. The training should be regularly updated **every three years.**

In addition, all staff members should receive regular safeguarding and child protection updates (for example, via email, e. Bulletins, staff meetings), as required, but at least annually, to provide them with the relevant skills and knowledge to safeguard children effectively.

19. Information Sharing, Confidentiality and Record Keeping

Confidentiality is an issue, which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

Information will be stored in a secure place with restricted access to designated people and be maintained in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

It may be necessary to liaise and where necessary, challenge other agencies involved, to obtain relevant information to support the child appropriately. If a child resides in another borough but attends a school in Dudley, Pens Meadow School will ensure that we liaise with the Local Authority in which the child resides.

If a child who is subject to a child protection plan leaves, their information will be transferred to the new school immediately and that child's social worker is informed.

20. Online Safety

Online safety is an integral safeguarding responsibility and Pens Meadow School ensures that all members of our community can develop appropriate understanding and skills to prepare them to respond to online safety issues.

Keeping Children Safe in Education (2016) outlines that:

‘The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation – technology often provides the platform that facilitates harm. An effective approach to online safety empowers a school or college to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

Content: being exposed to illegal, inappropriate, or harmful material

Contact: being subjected to harmful online interaction with other users

Conduct: personal online behaviour that increases the likelihood of, or causes, harm’

At Pens Meadow we have a curriculum that is appropriate to the needs of our learners and which covers a range of online safety issues. Online safety messages shared with staff and children are appropriate and up-to-date and empower them to be able to respond to a range of online threats as well as opportunities.

Further information can be found within the Online Safety Policy including how Pens Meadow School uses opportunities to teach about Online Safety.

21. Safer Recruitment and Employment Practices

Pens Meadow School follows Safer Recruitment processes (DSCB procedures) which will include the following:

- Declaration of the intent to undertake a DBS check in the advertisement
- Ensuring that at least one member of the interview panel has attended DSCB Safer Recruitment training
- Ensuring that references are gained before interview
- Ensuring that a safeguarding question is included in the interview
- Ensuring that any gaps in employment are explored at interview
- Undertake a DBS check at the relevant level to the position
- All Governors now require an Enhanced DBS check
- The Prohibition of teaching checks must be completed for everyone engaged in ‘teaching work’, whether a qualified teacher or not: and recorded on the Single Central Record

22. Disqualification by Association

The Childcare Act 2006 and the childcare (disqualification) regulations 2009 place separate and additional requirements on schools in circumstances where an individual is convicted or cautioned for certain violent and sexual criminal offences against children and adults. In addition to inclusion of the children’s barred list, the wider criteria also include where an order is made in respect of a child or children under the individual’s care, having registration refused or cancelled in relation to childcare in children’s homes, being disqualified from private fostering, or living in the same household where another person who is disqualified works or lives (disqualification by association).

Regulation four and schedules one, two and three of the Childcare (Disqualification) Regulations 2009 set out the relevant cautions and convictions.

Those individuals (teachers, support staff, students, volunteers and governors) who work in settings which provide provision for children up to 8 years of age are subject to this legislation

In order to facilitate this at Pens Meadow School, we have adopted the declaration form from the local authority for staff to complete annually as well as when recruiting new staff or volunteers/students.

In circumstances where a declaration is made by a member of staff pertaining to a conviction, caution etc, then the person will need to be immediately removed from the relevant setting probably through suspension in the case of employees) and OFSTED must be notified within 14 days. HR should then be contacted for further advice.

If a member of staff is disqualified from working with children (through an offence committed by them or because someone they live with is disqualified) they would need to obtain a waiver from Ofsted to allow them to continue working with children. Applications may be made by the disqualified person, not the employer, and should be emailed to disqualification@ofsted.gov.uk

23. Referral to Disclosure & Barring Service (DBS)

Any employee who is dismissed or resigns due to a child protection case will be referred to the DBS, who will consider the future risk and harm the individual possess to vulnerable groups including children.

The Single Central record must be in place and includes all the areas covered in the Keeping Children Safe in Education (2016). Further advice on this can be sought from the HR Officer linked to school.

24. Staff support

We recognise the stressful and traumatic nature of child protection work. We will support staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

25. Monitoring and Review

This Policy will be monitored and reviewed on an annual basis

Appendix 1 – Indicators of Harm

Physical abuse: a form of abuse which 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.

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae/haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discoloration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick. Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm because of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid. Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars - A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioral presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour
- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Indicators of in the family/environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- History of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/diarrhea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries
- General delay, especially speech and language delay
- Inadequate social skills and poor socialisation
- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

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

Indicators in the child

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

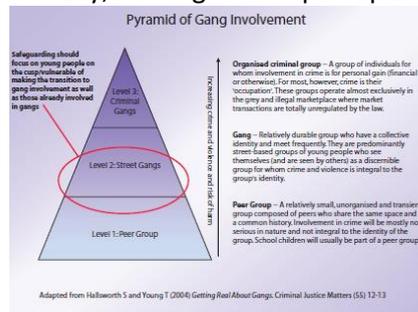
- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

Specific Safeguarding Issues

Gang Activity/Serious Youth Violence can be broadly described as a relatively durable, predominantly street-based group of people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity. Being part of a friendship group is a normal part of growing up and it can be common for groups of children and young people to gather together in public places to socialise. Belonging to such a group can form a positive and normal part of young people's growth and development. These groups should be distinguished from 'street gangs' for whom crime and violence are a core part of their identity, although 'delinquent peer groups' can also lead to increased antisocial behaviour and youth offending.



Identification and Risk Factors

The risks that young people face because of gang involvement differ from area to area.

Violence and Weapons

Young people involved in gangs are more likely to possess and use weapons, both knives and guns, than non-gang members. Evidence shows that those carrying weapons are themselves more likely to become victims of weapon attacks. The risk of serious injury or death whilst defending oneself or fighting is increased when carrying weapons, and the risk of using a weapon, and of being seriously injured, increases in group situations. While the use of weapons varies across the country, there is some evidence of younger children carrying or using guns and of girls and young women carrying guns on behalf of gang members.

Drugs

Many gang members also deal in drugs to make money, either to fund their own use of drugs or for financial gain. The use of drugs by gang members again varies from area to area, with some gang members selling drugs but not using them themselves. This again brings gang members into contact with organised crime and can increase the threat of violence and violent situations to which members are exposed.

Female Gang Members

Most gang members are male, although there are a number of female gang members or female gangs. Girls tend to be less willing than boys to identify themselves as gang members but tend to be drawn into male gangs as girlfriends of existing members. In such cases girls are more likely to be marginal, often being used to carry or stash weapons and drugs. It is not known the extent to which girls in gangs are subject to violence or pressure to have sex, although girls may be particularly vulnerable in some contexts. There is often pressure for girls associated with young boys in gangs to 'link' with gang members to attain status, for their own protection and perhaps to benefit from a criminal lifestyle. Some girls may adopt an antagonist role within gangs, to maintain status by 'linking' with opposing gang members, or with more than one boy within their own group which can lead to conflict between gangs or inter-gang conflict.

Sexual Exploitation

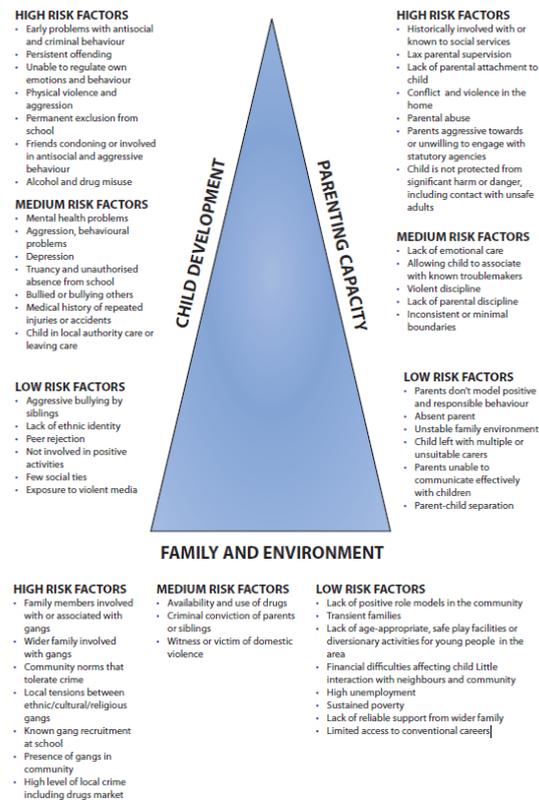
Safeguarding principles should be a priority for girls who are sexually exploited and abused. This can be a risk for girls associating with or targeted by gang members, but may also affect male gang members. The risk of sexual exploitation and abuse has been highlighted in some local areas and should always be considered as a risk when assessing individuals and when developing a local profile of gangs. Further information can be found under 'Child Sexual Exploitation'.

Violent Extremism

Safeguarding principles should be a priority for children and young people at risk of exposure to or involvement with groups or individuals who condone violence to a political end. Violent extremist causes range from animal rights to far-right politics to international terrorist organisations such as Al Qaeda. Children and young people can be drawn in to violence themselves or they can be exposed to messages if a family member is involved in an extremist group. Further information can be found under 'Radicalisation'.

Identification and Risk Factors

All practitioners who have contact with children and young people should be able to recognise when a child is vulnerable to, or at risk of harm from, gang involvement or activity. The list below identifies the risk factors for a young person becoming involved in gangs. It ranges from those factors which are strong indicators of future involvement in gangs and medium and lower level risk factors that increase the likelihood for future involvement in gang activity. This is based on the assessment triangle set out in *Assessment of Children in Need and their Families* with specific risk factors grouped under the three headings of child development, parenting capacity and family/environment.



Reporting Concerns

If staff have concerns about a pupil in relation to gang activity (either through their participation in activity or as a victim), they should share these concerns with the DSL.

Where concerns about the welfare and safety of a child or young person have come to light in relation to gang activity a referral to Children's social care should be made in accordance with the Referrals Procedure.

In such cases, the DSL will contact the local authority SPA team or the police in the area where the child is ordinarily resident. If, however, there are immediate concerns for a child's welfare, they should contact the local authority's children's social care services or local police for the area in which the child is currently located.

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

Identification and Risk Factors

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

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

Further information can be found at

http://www.proceduresonline.com/dudley/scb/chapters/p_ch_sexual_exploit.html

Reporting Concerns

If staff have concerns about a pupil in relation to CSE, they should share these concerns with the DSL. The **Dudley Sexual exploitation screening** tool must be completed alongside the **NWG Child Sexual Exploitation (CSE) Risk Assessment Tool**. These documents can be found at

<http://safeguarding.dudley.gov.uk/child/work-with-children-young-people/child-sexual-exploitation-cse/>.

A copy is also stored on the Safeguarding noticeboard in the staffroom.

Where concerns about the welfare and safety of a child or young person have come to light in relation to CSE a referral to Children's social care should be made in accordance with the Referrals Procedure.

Information and concerns should also be reported to the CSE Team.

You can email the team on CSE.Team@dudley.gov.uk

Or the direct telephone number is: 01384 817777

Specific Safeguarding Issues

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. Extremism is defined by the Government in the Prevent Strategy as: 'Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs'.

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- Foster hatred which might lead to inter-community violence in the UK.

Identification and Risk Factors

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors – it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff can recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Need – pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and / or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

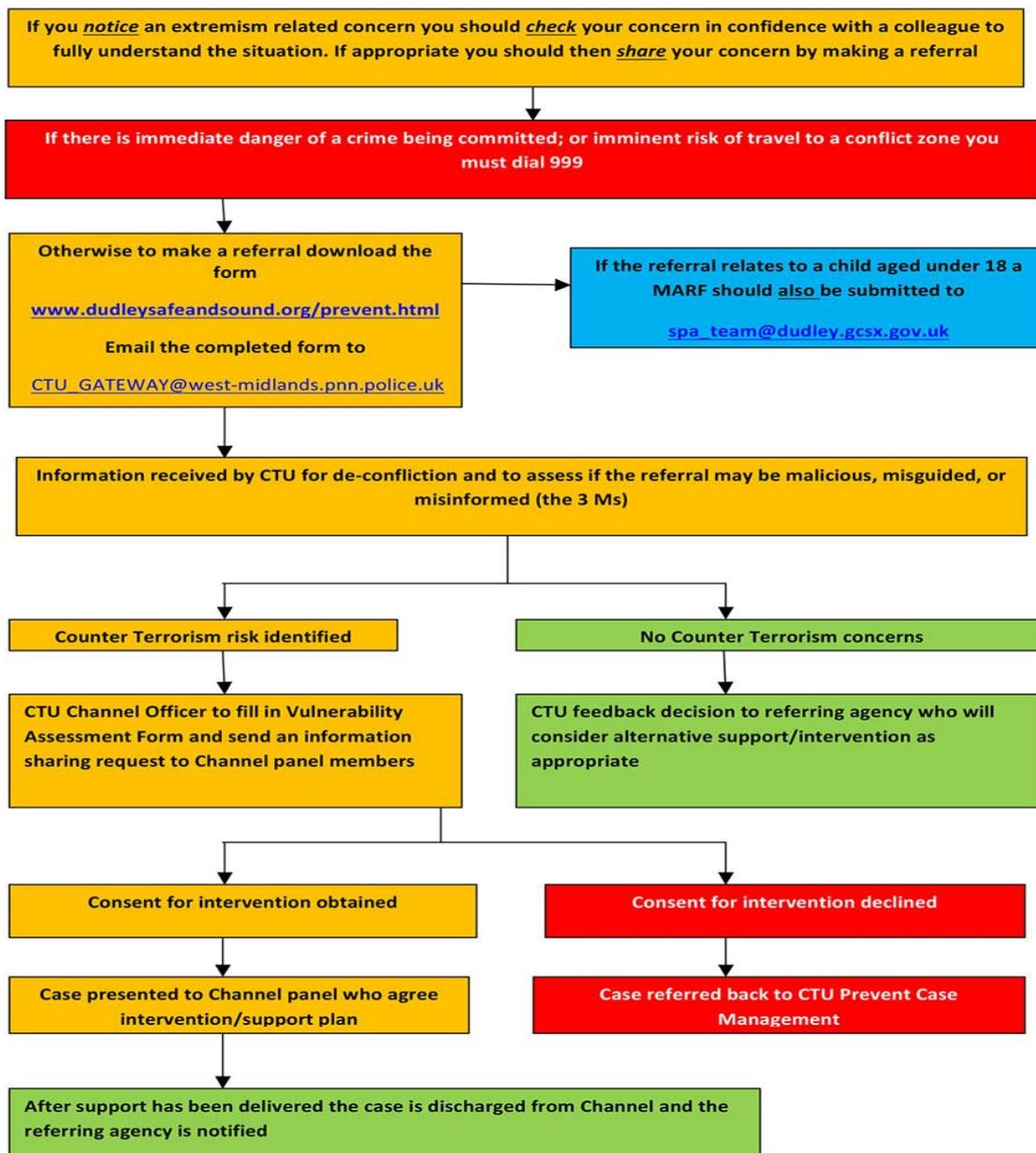
Pens Meadow School understands its duty to promote the Prevent strategy. The school has a part to play in fostering shared values and promoting cohesion. Extremist ideology runs counter to the school and British values. Therefore, our community aims to successfully promote respect and tolerance for others, the rights of all to live and study free from persecution of any kind, freedom of speech, democracy, the rule of law and equality of opportunity and treatment. Extremism promotes fear and division and actively seeks to cause destructive relationships between different communities.

Our school strategy for preventing extremism has five key objectives:

1. To promote and reinforce school and British values; listen and support the learner voice and enable pupils to develop their self-knowledge, self-esteem and self-confidence.
2. To promote social cohesion by supporting inter-faith and inter-cultural understanding, and to engage all students in playing a full and active role in wider engagement in society.
3. To ensure pupil safety and that the school is free from bullying, harassment and discrimination.
4. To provide support for pupils who may be at risk and offer appropriate sources of advice and guidance.
5. To ensure that pupils and staff are aware of their roles and responsibilities in preventing terrorism and radicalisation.

Reporting Concerns

DUDLEY PREVENT REFERRAL PROCESS



November 2016 | John Hopt | Dudley Prevent Coordinator | john.hopt@dudley.gov.uk

Preventing Violent Extremism - Roles and Responsibilities of the Single Point of Contact (SPOC)

Our school, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this is normally the Designated Safeguarding Lead.

The SPOC for Pens Meadow School is Jodie Colbourne. The responsibilities of the SPOC are described below.

The SPOC is responsible for:

- Ensuring that staff of the school are aware that you are the SPOC in relation to protecting pupils from radicalisation and involvement in terrorism;
- Maintaining and applying a good understanding of the relevant guidance in relation to preventing pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;
- Raising awareness about the role and responsibilities of the school in relation to protecting pupils from radicalisation and involvement in terrorism;
- Monitoring the effect in practice of the school's RE curriculum and assembly to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;
- Raising awareness within the school about the safeguarding processes relating to protecting pupils from radicalisation and involvement in terrorism;
- Acting as the first point of contact within the school for case discussions relating to pupils who may be at risk of radicalisation or involved in terrorism;
- Collating relevant information from/ in relation to referrals of vulnerable pupils into the Channel** process;
- Attending Channel** meetings as necessary and carrying out any actions as agreed;
- Reporting progress on actions to the Channel** Co-ordinator; and
- Sharing any relevant additional information in a timely manner.

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

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

Specific Safeguarding Concerns

Gender Based Violence - Domestic Abuse/Violence Against Women and Girls "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and/or emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This definition includes so called '[Honour Based Violence](#), [Female Genital Mutilation](#) (FGM) and [Forced Marriage](#), and is clear that victims are not confined to one gender or ethnic group. Under 16's may also find themselves in abusive intimate relationships, even if they do not live with their partner.

Young people and adults in abusive relationships may also experience abuse via the use of technologies and/or social media. This can include intimidation and harassment, threats of sharing intimate information, videos or pictures across social networks, isolating from friends and family through online comments, access to passwords (including online banking), checking mobile phones, cyberbullying, non-consensual sexting, and stalking.

Where there is domestic abuse, the well-being of the children in the household must be promoted and all assessments must consider the need to safeguard the children, including unborn child/ren

Identification and Risk Factors

The emotional responses of children who witness domestic abuse may include fear, guilt, shame, sleep disturbances, sadness, depression, and anger (at both the abuser for the violence and at other parent for being unable to protect them). Physical responses may include stress-induced aches and pains, bedwetting, and inability to concentrate. Some children are the direct victims of other types of abuse or injured while trying to intervene on behalf of their parent or sibling. The behavioral responses of children who witness domestic violence and abuse may include acting out, withdrawal, or anxiousness to please. A change in achievement or behaviour at school can be an indicator of problems at home.

Domestic violence and abuse may have a long term psychological and emotional impact in several ways:

- Children may be greatly distressed by witnessing (seeing or hearing) the physical and emotional suffering of a parent, or witnessing the outcome of any assault;
- Children may be pressurised into concealing assaults, and experience the fear and anxiety of living in an environment where abuse occurs;
- The domestic violence and abuse may impact negatively on an adult victim's parenting capacity;
- Children may be drawn into the violence and themselves become victims of physical abuse.
- Indicators of Domestic Abuse

Professionals should be alert to the signs that a child or adult may be experiencing domestic violence and abuse, or that a partner may be perpetrating domestic violence and abuse. Professionals should always consider during an assessment the need to offer children and adults the opportunity of being seen alone and ask whether they are experiencing, or have previously experienced, domestic violence and abuse.

Actions to be Taken if Domestic Abuse is Disclosed - All Professionals

If a professional receives a disclosure of domestic abuse they should consider if the victim, child/ren and unborn is at risk of serious harm. Where there are concerns that a child is at risk of [significant harm](#) a referral should be made to Children's Social Care in accordance with Dudley SCB and agency specific safeguarding procedures.

It should be recognised that at the point of the adult victim leaving the abusive relationship, the risk to victim and child/ren maybe heightened. Professionals in contact with children and their families in these cases would need to consider:

Level of physical danger to the adult victim; Pattern of power, control and intimidation; Coercive or manipulative behaviour of the abusive partner; Threats to hurt or kill family members or abduct the child/ren; Toxic trio; Reported stalking or obsession behaviour; Child contact arrangements; Consider the voice of the child; Be alert to cultural issues.

The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships. Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. Such behaviours might include:

Isolating a person from their friends and family; Depriving them of their basic needs; Monitoring their time; Monitoring a person via online communication tools or using spyware; Taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep; Depriving them of access to support services, such as specialist support or medical services; Repeatedly putting them down such as telling them they are worthless; Enforcing rules and activity which humiliate, degrade or dehumanise the victim; Forcing the victim to take part in criminal activity such as shoplifting, neglect or abuse of children to encourage self-blame and prevent disclosure to authorities; Financial abuse including control of finances, such as only allowing a person a punitive allowance; Threats to hurt or kill; Threats to a child; Threats to reveal or publish private information (e.g. threatening to 'out' someone); Assault; Criminal damage (such as destruction of household goods); Rape; Preventing a person from having access to transport or from working.

Police Response to Domestic Abuse

When Police respond to reported incidents of domestic abuse, it is their responsibility to establish if there are any children in the household or any children who would normally live in the household. The Police should ensure the children are seen and their safety established whenever they attend a domestic abuse incident.

Domestic Abuse Response Team (DART)

The aim of the DART is to improve information sharing across agencies in order to improve the assessments of children and young people subject to domestic abuse and living in households where there is domestic abuse. This will improve early intervention for the child/victim.

DART Process

Key agencies represented at Dudley DART meetings include Police, Health, Education and Children's Social Care (CSC) among others. Meetings are currently held daily and assess all the domestic abuse incidents that have been referred to the police in the Dudley area involving domestic abuse where a child or pregnant woman live in the household. Police grade the incidents as Standard, Medium or High based on the risk deemed by police to the adult victim. At the DART meeting all representatives discuss the domestic abuse incident and share any relevant information they have in relation to the child/family. Following this each incident is graded Level 1 to 4 based on the Barnardo's Screening Tool (DVRIM). This assesses the risk for the child/children/unborn. Recommendations/actions are agreed for all agencies and these are shared with agencies via the representatives on DART.

Multi Agency Risk Assessment Conference (MARAC) - MARAC Process

MARAC is a multi-agency meeting which risk assesses High Risk victim's of domestic abuse. A variety of agencies are involved in the process including Health, Police, Education, CSC, Probation, Housing, Voluntary Services and Substance Misuse Services. Meetings currently occur fortnightly and they aim to share information to increase the safety, health and well-being of very high or high risk victim's and their children. The meeting determines whether a perpetrator is a significant risk to any particular individual or general community. It ensures a risk to the management plan is jointly constructed and implemented to ensure all victim's and any children receive support and advice as required. The meeting also improves agency accountability and supports staff involved in high risk domestic abuse cases.

Any agency working with a victim can refer a case to MARAC. The referral route is via West Midlands Police, Public Protection Unit, Protection Team (call 101 or 0345 113 5000). If the victim is under 18, a young person's [Safelives DASH RIC](#) should be completed and referral as per the referral/care pathway.

Gender Based Violence - Female Genital Mutilation (FGM) is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

FGM has been classified by the World Health Organisation (WHO) into four types:

Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);

Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);

Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and

Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Identification and Risk Factors

Signs when FGM may be imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent
- Parents seeking to withdraw their children from learning about FGM

Indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a professional.
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.

Reporting Concerns

Mandatory Reporting of FGM

From the 31st October 2015, regulated professionals in health and social care professionals and teachers in England and Wales have a duty to report 'known' cases of FGM in under 18s which they identify in the course of their professional work **to the police**.

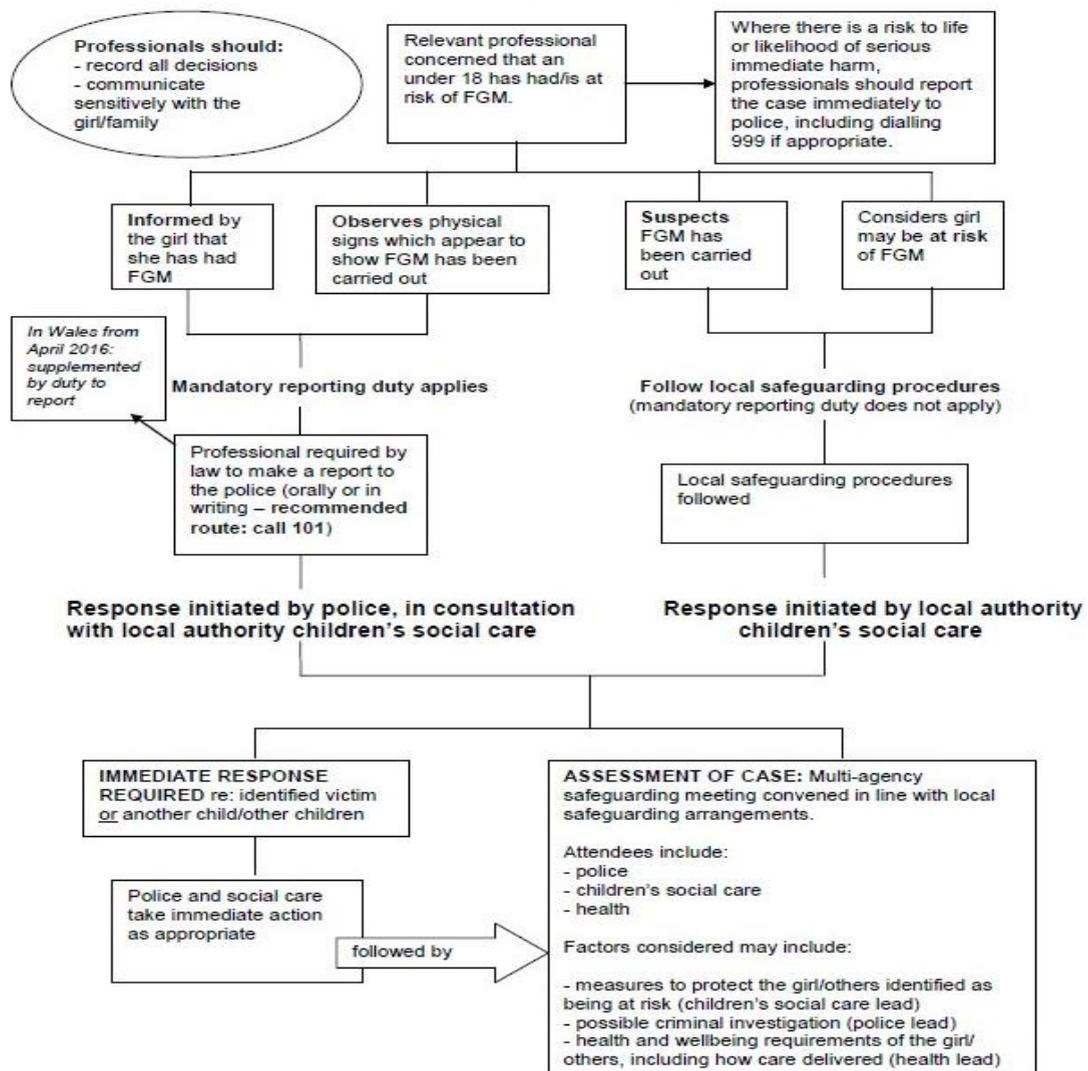
'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003.

A failure to report the discovery during their work could result in a referral to their professional body.

Where concerns about the welfare and safety of a child or young person have come to light in relation to FGM a referral to Children's social care should be made in accordance with the Referrals Procedure.

Annex A – FGM mandatory reporting process map

This process map is intended to demonstrate where the FGM mandatory reporting duty fits within existing processes. It is not intended to be an exhaustive guide, and should be considered in the context of wider safeguarding guidance and processes.



Specific Safeguarding Issues

'Children missing from education' refers to all children of compulsory school age who:

- Are on the roll of a school and have been absent for a period of 10 consecutive days and both the school and the local authority, have after reasonable enquiry been unable to establish where they are; or
- Children who are not on the roll of a school or educated otherwise than at school; or
- Who have been out of any educational provision for a substantial period of time (usually agreed as ten days without provision of reasonable explanation);
- Children who fail to start in a new school or appropriate education provision and the school have failed to place the child on the register.

Identification and Risk Factors

These 'missing' children can be vulnerable; it is essential that all services work together to identify and re-engage these children back into appropriate education provision as quickly as possible. It is important to establish the reasons for the child being missing at the earliest possible stage.

Possible reasons that should be considered include:

- Failure to start appropriate provision and never enter the system;
- Stopped attending, due to illegal exclusion or withdrawal by parent/carers;
- Failure to complete a transition between schools;
- Children from refugee and asylum seeking families;
- Children from families who are highly mobile;
- Children at risk of a Forced Marriage;
- Children experiencing Abuse and Neglect;
- Children removed from the school registers when there is no just cause to do so.
- Children who remain disengaged from education are potentially exposed to higher degrees of risk such as anti-social behaviour and/or sexual exploitation.
- Families moving between local authority areas can sometimes lead to a child becoming 'lost' in the system and consequently missing education. Where a child has moved, local authorities should check with other local authorities – either regionally or nationally – and share information in order to ascertain where a child has moved. Once the location of the child is established, the relevant local authority must ensure that the child is receiving an education either by attending a school or otherwise

As a result of daily registration, staff at Pens Meadow are particularly well placed to notice when a child has gone missing. If a member of staff becomes aware that a child may have run away or gone missing, they should try to establish with the parents/carers, what has happened. If this is not possible, or the child is missing, the Designated Safeguarding Lead should, together with the class teacher, assess the child's vulnerability.

In all circumstances when a child has gone missing from education who is on the roll of Pens Meadow School, it must be reported to the Education Investigation Service (EIS) to investigate the circumstances that may lead to the child being removed from the register.

Peer on peer abuse Children and young people may be harmful to one another in several ways which would be classified as peer on peer abuse. Abusive behaviour can happen to pupils in schools and settings and it is necessary to consider what abuse is and looks like, how it can be managed and what appropriate support and intervention can be put in place to meet the needs of the individual and what preventative strategies may be put in place to reduce further risk of harm.

Identification and Risk Factors

There are many forms of abuse that may occur between peers and this list is not exhaustive. Each form of abuse or prejudiced behaviour is described in detail followed by advice and support on actions to be taken.

- **Sexually harmful behaviour/sexual abuse**

Sexually harmful behaviour from young people is not always contrived or with the intent to harm others. There may be many reasons why a young person engages in sexually harmful behaviour and it may be just as distressing to the young person who instigates it as well as the young person it is intended towards. Sexually harmful behaviour may range from inappropriate sexual language, inappropriate role play, to sexually touching another or sexual assault/abuse.

- **Bullying (physical, name calling, homophobic etc.)**

Bullying is unwanted, aggressive behaviour that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time.

To be considered bullying, the behaviour must be aggressive and include:

An Imbalance of Power: Young people who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.

Repetition: Bullying behaviours happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally or for a particular reason e.g. size, hair colour, gender, sexual orientation, and excluding someone from a group on purpose.

- **Cyber bullying**

Cyberbullying is the use of phones, instant messaging, e-mail, chat rooms or social networking sites such as Facebook and Twitter to harass threaten or intimidate someone for the same reasons as stated above.

It is important to state that cyber bullying can very easily fall into criminal behaviour under the Malicious Communications Act 1988 under section 1 which states that electronic communications which are indecent or grossly offensive, convey a threat or false information or demonstrate that there is an intention to cause distress or anxiety to the victim would be deemed to be criminal. This is also supported by the Communications Act 2003, Section 127 which states that electronic communications which are grossly offensive or indecent, obscene or menacing, or false, used again for causing annoyance, inconvenience or needless anxiety to another could also be deemed to be criminal behaviour.

If the behaviour involves the use of taking or distributing indecent images of young people under the age of 18 then this is also a criminal offence under the Sexual Offences Act 2003. The school must involve the police to investigate these situations.

- **Youth Produced Sexual Imagery (Sexting)**

Sexting is when someone sends or receives a sexually explicit text, image or video. This includes sending 'nude pics', 'rude pics' or 'nude selfies'. Pressuring someone into sending a nude picture can happen in any relationship and to anyone, whatever their age, gender or sexual preference.

However, once the image is taken and sent, the sender has lost control of the image and these images could end up anywhere. By having in their possession, or distributing, indecent images of a person under 18 on to someone else, young people should be aware that they could be breaking the law as these are offences under the Sexual Offences Act 2003.

- **Initiation/Hazing**

Hazing is a form of initiation ceremony which is used to induct newcomers into an organisation such as a private school, sports team etc. There are several different forms, from relatively mild rituals to severe and sometimes violent ceremonies.

The idea behind this practice is that it welcomes newcomers by subjecting them to a series of Many rituals involve humiliation, embarrassment, abuse, and harassment.

- **Prejudiced Behaviour**

The term prejudice-related bullying refers to a range of hurtful behaviour, physical or emotional or both, which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality in wider society – in particular, prejudices to do with disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life, (for example in relation to issues of care, parental occupation, poverty and social class) and sexual identity (homosexual, bisexual, transsexual).

- **Teenage relationship abuse**

Teenage relationship abuse is defined as a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse, perpetrated by an adolescent (between the ages of 13 and 18) against a current or former partner. Abuse may include insults, coercion, social sabotage, sexual harassment, threats and/or acts of physical or sexual abuse. The abusive teen uses this pattern of violent and coercive behaviour, in a heterosexual or same gender relationship, to gain power and maintain control over the partner.

Reporting Concerns

It is important to deal with a situation of peer abuse immediately and sensitively. All incidents should be responded to in line with the school's safeguarding procedures. When deciding whether to involve the police and/or children's social care, consideration should be given to the following questions.

Points to consider:

What is the age of the children involved?

How old are the young people involved in the incident and is there any age difference between those involved?

Where did the incident or incidents take place?

Was the incident in an open, visible place to others? If so was it observed?

What was the explanation by all children involved of what occurred?

Can each of the young people give the same explanation of the incident and what is the effect on the young people involved? Is the incident seen to be bullying for example, in which case regular and repetitive? Is the version of one young person different from another and why?

What is each of the children's own understanding of what occurred?

Do the young people know/understand what they are doing? E.g. do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is the young person's explanation in relation to something they may have heard or been learning about that has prompted the behaviour? Is the behaviour deliberate and contrived? Does the young person understand the impact of their behaviour on the other person?

Repetition

Has the behaviour been repeated to an individual on more than one occasion? Has the behaviour persisted to an individual after the issue has already been discussed or dealt with and appropriately resolved?

The decision to respond to the incident without involving the police or children's social care would be made in cases when the DSL is confident that they have enough information to assess the risks to pupils involved and the risks can be managed within the school's pastoral support and disciplinary framework and if appropriate local network of support. The decision should be made by the DSL with input from the Headteacher and input from other members of staff if appropriate. The decision should be recorded in line with school policy. The decision should be in line with the school's child protection procedures and should be based on consideration of the best interests of the young people involved. This should consider proportionality as well as the welfare and protection of the young people. The decision should be reviewed throughout the process of responding to the incident.

Reporting Concerns of Youth Produced Sexual Imagery (Sexting)

Pens Meadow School follows the *UKCCIS Guidance: Sexting in schools and colleges, responding to incidents, and safeguarding young people (2016)* - <https://www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis>.

The process for handling and reporting incidents is detailed below.

Initial response

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

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

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

Disclosure

Disclosures about youth produced sexual imagery can happen in a variety of ways. The young person affected may inform a class teacher, the DSL in school, or any member of the school or college staff. They may report through an existing reporting structure, or a friend or parent may inform someone in school or college, or inform the police directly.

When deciding whether to involve the police and/or children's social care, consideration should be given to the following questions.

- Do you have any concerns about the young person's vulnerability?
- Why was the imagery shared? Was it consensual or was the young person put under pressure or coerced?
- Has the imagery been shared beyond its intended recipient? Was it shared without the consent of the young person who produced the imagery?
- Has the imagery been shared on social media or anywhere else online? If so, what steps have been taken to contain the spread of the imagery?
- How old is the young person or young people involved?
- Did the young person send the image to more than one person?
- Does the young person understand the possible implications of sharing the image?
- Are there additional concerns if the parents or carers are informed?

Initial review meeting

The initial review meeting should consider the initial evidence and aim to establish:

- Whether there is an immediate risk to a young person or young people
- If a referral should be made to the police and/or children's social care
- If it is necessary to view the imagery to safeguard the young person – in most cases, imagery should not be viewed
- What further information is required to decide on the best response
- Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown.
- Whether immediate action should be taken to delete or remove images from devices or online services
- Any relevant facts about the young people involved which would influence risk assessment
- If there is a need to contact another school, college, setting or individual
- Whether to contact parents or carers of the pupils involved - in most cases parents should be involved

An immediate referral to police and/or children’s social care should be made if at this initial stage:

1. The incident involves an adult
2. There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
3. What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person’s developmental stage, or are violent
4. The imagery involves sexual acts and any pupil in the imagery is under 13
5. You have reason to believe a pupil or pupil is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

If none of the above apply then a school may decide to respond to the incident without involving the police or children’s social care (a school can choose to escalate the incident at any time if further information/concerns come to light).

Assessing the risks

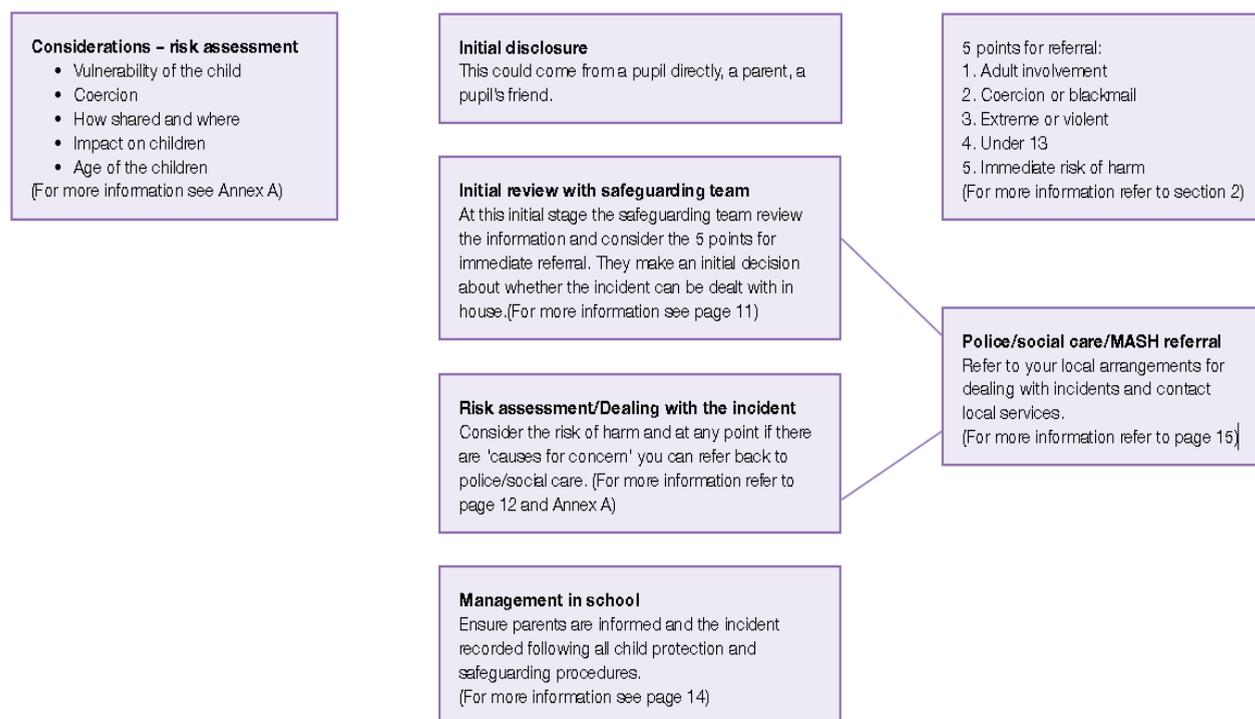
The circumstances of incidents can vary widely. If at the initial review stage a decision has been made not to refer to police and/or children’s social care, the DSL should conduct a further review (including an interview with the young people involved) to establish the facts and assess the risks.

When assessing the risks the following should be considered:

- Why was the imagery shared? Was the young person coerced or put under pressure to produce the imagery?
- Who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the pupil in the imagery?
- Are there any adults involved in the sharing of imagery?
- What is the impact on the pupils involved?
- Do the pupils involved have additional vulnerabilities?
- Does the young person understand consent?
- Has the young person taken part in this kind of activity before?

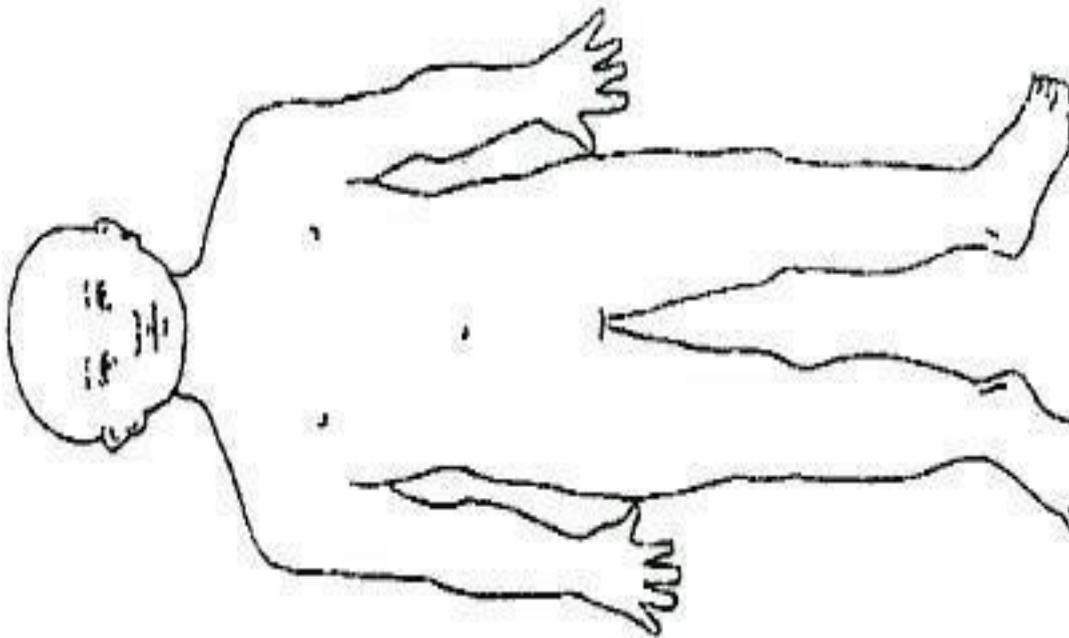
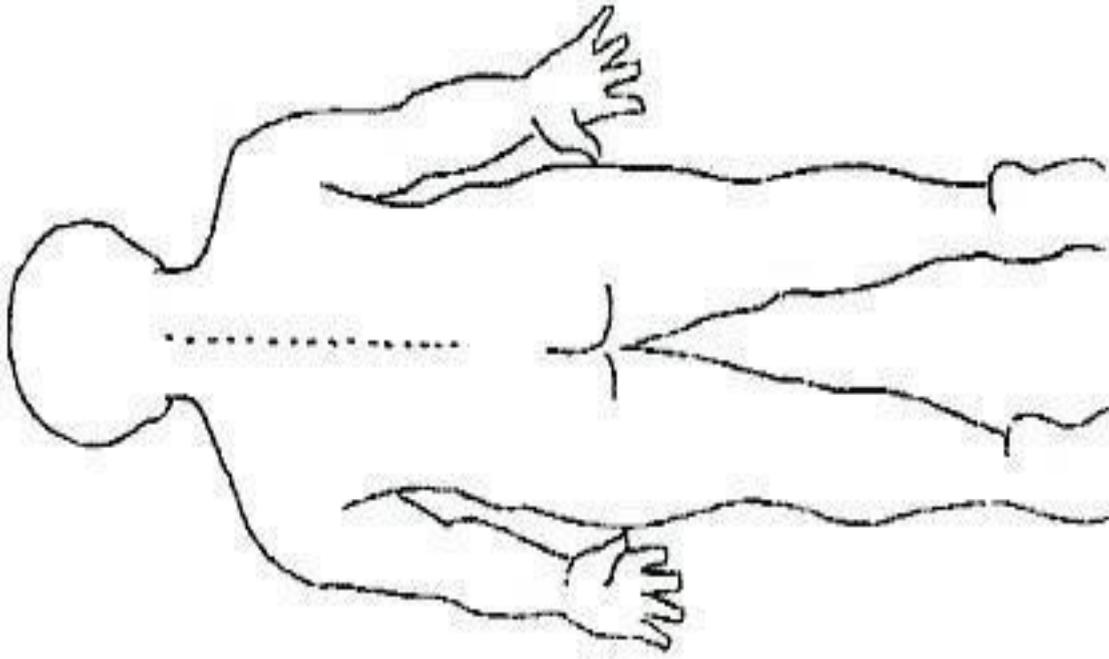
DSLs should always use their professional judgement in conjunction with their colleagues to assess incidents.

Flowchart for responding to incidents



Appendix 2 - Form for recording and reporting concerns about a child

Form for recording and reporting concerns about a child	
<p>Is the child currently at risk of immediate danger or risk of harm? If so social care and/or the police should be notified immediately before completion of this document. <small>Site Contact number: 0300 330 0099</small></p>	
Full name of child:	Class: Academic Year:
Date of birth (if known):	
Your name:	Position:
Date and time of incident/disclosure/concern:	
<p>Please provide details of the incident/disclosure/concern, including times, dates, description of injuries (body map included yes/no), and, if applicable, exact words spoken by the child (please continue on the other side if needed):</p>	
<p>Any other information helpful for referral (include academic progress, attendance, behaviour, presentation, peer relationships and parental knowledge):</p>	
Staff Member:	Six reported to:
Signed/Date/Time of reporting:	Signed/Date/Time of receipt:
Further action taken by DSL:	
Parents informed of concern: Yes/No	Outcome of concern:
	Concern Logged:
	Outcome shared with staff member:
<small>T:\User\SAFEGUARDING\School Documents July 2017 v3</small>	



Appendix 4 – The Referrals Procedure

If you are a child or young person or if you have concerns about a child or young person you should call the Children's Services Referral and Advice service on 0300 555 0050 during office hours (9.00am - 5.00pm).

Out of office hours you can contact the Emergency Duty Team on 0300 555 8574 or in an emergency call 999.

For practitioners and those working with children please complete the Interagency Referral Form and send it to the single point of access team at spa_team@dudley.gov.uk.

Referrals can come from the child themselves, professionals such as teachers, the police, GPs and health visitors as well as family members and members of the public.

Referrals to Children's Social Care Services usually fall in to three categories:

Requests for information from Children's social care;

Provision of information such as notifications about a child;

Requests, for services for a child, which will be in the form of a referral.

Children's social care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

The local Threshold Protocol provides guidance about the criteria for making and receiving referrals.

Referrals should be confirmed in writing within 24 hours using the Multi Agency Referral Form.

What to do if you are concerned about a child, young person or family

What is the nature of your concern

<p>A child at Level 1 A child or young person will be doing well and universal services are meeting their needs.</p>	<p>Concern about a child at Level 2 A child or young person is showing early signs that their needs are not being fully met. They and/or their family circumstances have some Level 2 characteristics.</p>	<p>Concern about a child at Level 3 Concerns for a child's wellbeing, child's needs not clear, not known or not being met. They and/or their family circumstances have some Level 3 characteristics.</p>	<p>Concern about a child at Level 4 A child or young person is experiencing or likely to experience harm through abuse or neglect. They and/or their family circumstances have some Level 4 characteristics.</p>
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What action should you take?

<ul style="list-style-type: none"> Continue to meet the child's needs through universal services 	<ul style="list-style-type: none"> Discuss with your manager how your own agency can address concerns Consider with the family what help may be needed Get parental consent to support or refer to appropriate Universal services Consider undertaking an Early Help Assessment Consult with colleagues & establish who else is involved Develop an individual agency plan to address needs. 	<ul style="list-style-type: none"> Discuss with your Manager Check if an EHA has been completed – if so, liaise with Lead Professional If no EHA completed talk with family and seek consent before completing an EHA Arrange a TAF meeting inviting supporting agencies Identify a Lead Professional Develop a Family Plan for providing a co-ordinated multi-agency response including Universal services If you need help with this process, contact the SPA. 	<ul style="list-style-type: none"> Discuss concerns with your manager without delay Talk with the family unless this puts the child or others at risk Make a referral to the SPA using the Multi Agency Referral form Provide a copy of the EHA A child already at Level 4 will have a social worker. Report any new or further concerns about a child at this level to the SPA, using a Multi Agency Referral Form.
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Background

In 2016, Dudley Children and Young People’s Alliance Board endorsed **Dudley’s Early Help**

Strategy.

This document served to provide the overarching aim of Dudley’s Early Help operating model enabling effective, well co-ordinated early help for those who need it and a seamless journey of support for children, young people and their families across all levels of need.

A key part of the Early Help operating model highlights cluster based working as the preferred model of delivery for Early Help Services across the Borough. Five clusters will form the basis of delivery and operate from a newly formed 0-18 years (up to 25 years if the young person has a learning difficulty or disability) Family Centre in each of the Cluster areas.

It is anticipated that all five cluster areas will be operational by the end of September 2017 and we are due to commence phase one of the project which will see Brierley Hill being developed as a cluster area in the first instance. The other four areas will follow shortly after.

What do we mean by cluster working?

Each Cluster will be organised around universal services including schools, with a Family Centre at its heart. Cluster working arrangements are designed to ensure that families are offered the right intervention at the right time, and as early as possible to prevent issues escalating which may result in poor outcomes for the family.

Clusters bring together a range of universal and targeted early help services in each local area, including schools and services provided by the voluntary and community sector. Through clusters, children’s services and key partners aim to provide a local model of support for children and families. They link schools and early years provision with targeted early help support for children and their families, to improve outcomes wherever they live in the borough.

Clusters will have a range of co-ordinated community services to meet different levels of need, delivered by providers from across the public, voluntary and private sectors to support families and communities in each local area. There will be five Clusters across the borough, each with a Family Centre that is easily accessible by the public. Professionals from a range of agencies will be co-located, working closely together around a child’s or family’s needs. This offers the opportunity to consider fuller integration into multi-agency teams at a later stage. Each Cluster will work closely with its Early Years, Primary and Secondary Schools.

We want to build the capacity and resilience of communities so as many families as possible can thrive using universal services. We will work in co-production with partners from the voluntary and community sector and local communities to design and deliver services that meet needs in each Cluster. We know that people using services, their families and their neighbours have much to contribute and see them as valuable partners in the co-delivery of services, with volunteers from the community having a key role in ensuring the Clusters flourish. Cluster working enables local practitioners to build good working relationships in order to provide effective services for the families in their area. This should ensure that families receive the right support at the right time at the earliest opportunity. Building effective working relationships helps to facilitate information sharing where appropriate - a key aspect of safeguarding.

Early Help and Universal Services Delivered from the Clusters

Targeted Early Help services are available for children and young people aged 0-18 (25 where the young person has a disability) and their families. Early help is also delivered by universal services, particularly schools, and Clusters will ensure close relationships with all universal services. Services include*:

- Local Authority Family Solutions Early Help services
- Childcare
- All education establishments including Early Years, primary, secondary & post 16
- Police
- Volunteer delivered services by (e.g. Breastfeeding Buddies and Helpline)
- Health Visiting Service
- Midwifery Service
- Housing
- Primary Emotional Health & Wellbeing Service (includes School Health Advisor Service)
- Birth Registration Service
- Open access community services delivered by voluntary organisations

**This is not an exhaustive list*

The exact composition will vary across the five Clusters, in line with its needs analysis to ensure resources and services are based on an individual profile of local need.

Early Help Assessments

An Early Help Assessment is recommended when single universal services identify that a child has some additional needs. It becomes a requirement when Universal Plus services are no longer meeting needs and a co-ordinated response from more than one agency is required. This is at the threshold between Level 2 and Level 3 (See below)

Early Help Assessments include the whole family and result in outcome-focused plans. It is essential that parental consent to share information is obtained (where age of child requires this), and this will normally be the responsibility of the referring agency to obtain.

Consent and Information Sharing

The Early Help Assessment is centred on professionals seeking consent to share information with partner agencies.

The Early Help Assessment consent should be signed by all household members who are aged 16 and over. Practitioners should encourage the parent/carer to inform younger children in the household of the family's involvement in the Early Help programme and that data is being shared with other agencies.

Stage 1 – Assessments/Early Help Assessments

Early Help - Where Dudley's Threshold Framework indicates that children's needs are Level 2 or 3 (see below) an Early Help Assessment will be completed by a Lead Professional.

Every completed Early Help Assessment will be sent to the appropriate monitored cluster inbox linked to the child's home address:

MASH/SPA - Where there are child and family needs identified through contact via the MASH/SPA through organisations who are not ordinarily in a positions to undertake an Early Help Assessment (Paramedics, GP, Police, Fire Service etc.) the Early Help Desk will complete an Internal Request form which will be sent to the appropriate monitored cluster inbox linked to the child's home address.

CSE/Missing/DART – The Early Help Assessment process described in this document compliments the existing multi-agency CSE/DART and Missing processes but does not replace any of the existing pathways.

Step Down - The social worker will send the recent assessment and other relevant supporting documents (CP Plan, CIN Plan etc.) to the appropriate monitored cluster inbox linked to the child's home address.

Monitored Inboxes - The Family Solutions monitored inboxes are as follows:

FS.DudleyNorth@dudley.gov.uk

FS.DudleyCentral@dudley.gov.uk

FS.BrierleyHill@dudley.gov.uk

FS.Halesowen@dudley.gov.uk

FS.Stourbridge@dudley.gov.uk

Stage 2 – Cluster Administration

The Early Help Assessment/Assessment will be processed by the relevant Family Centre administration team using EIS. This will include initial screening of consent to share information with Early Help Partners, basic demographic information, cluster relevance via the Postcode Checker etc.

The Family Centre Manager/Senior Practice Supervisor will screen every Early Help Assessment and determine whether a resource is required from the Early Help partners across the cluster. Should there be a resource requirement, the child/ren and family will be discussed at the next Allocation Partnership meeting.

Stage 3 – Allocation Partnership Meetings

Allocation Partnership Meetings will take place every 10 working days commencing **Thursday 15 December 2016** across all five cluster areas.

The attendance will typically be:

DMBC Family Solutions - Family Centre Manager

DMBC Family Solutions - Senior Practice Supervisor

DMBC Family Solutions - Administrator

Health Representative (Health Visiting and School Nursing)

Housing

Community and Voluntary Sector (Cluster Based)

Education/Childcare/Additional Needs Representative (Cluster Based)

Other relevant cluster Early Help Partners

Step Down Prioritisation - Where cases are part of the social care step-down procedure, family support work will be prioritised and allocated outside of the Allocation Partnership to ensure there is no undue delay moving from CIN to Early Help. The details of the information would be shared at the following Allocation Partnership meeting with the option of Early Help partners adding to the support plan at the Allocation Partnership meeting.

The details of families to be discussed will be shared with Early Help representatives (listed above) no later than 5 pm each Monday before the Allocation Partnership meeting to enable 48 hours to examine historical or current involvement.

All other cases will be discussed at the Allocation Partnership meeting with a multi-professional decision as to whether:

- A resource will be allocated from Early Help services
- What the resource is and who will deliver the resource
- Whether the resource will be delivered as a single or multiple agency response

Following the decision making process, the administrator will record on EIS the outcome and following the meeting inform the Lead Professional of the outcome by email.

Escalation Procedures

Should there be disagreement between the Lead Professional and the decision making process, the Lead Professional should contact the Family Centre Manager in the first instance to request a review. Should there remain any disagreement, the Lead Professional should request a review from the Family Solutions Service Manager, Family Support.

Quality Assurance and Data Performance

The Early Help Quality Assurance framework will be developed concurrent with the onset of this process.