

Wycliffe Church of England Primary School

Child Protection/ Safeguarding Policy



Ratified by the governing body:	Oct 2020
To be reviewed:	Oct 2021

The School will review and update the child protection and safeguarding policy and procedures annually, or earlier if necessary, in response to additional guidance or changing situations (e.g. COVID-19).

Vision Statement

“Life in all its fullness” (John 10:10)

Our vision is to ensure that our school family are happy and fulfilled in a creative learning environment. This will be flexible and cater to individual needs and develop a love for learning through which all members can flourish. Our priority is to nurture habits and accountability which lead to sustainable development and responsibility.

Introduction

Wycliffe CE Primary School staff and governors have a statutory duty to safeguard and promote the welfare of children as described in section 157 of the Education Act 2002. This responsibility extends to ALL members of the school community and should be underpinned by a thorough understanding of this document and the current legislation which informs it (see below). This policy has been developed in accordance with the principles of the Children Act 1989 and 2004 and has due regard to all relevant government guidance (both statutory and advisory) including the following:

‘Keeping Children Safe in Education’ (KCSiE) - DfE (Latest update: September 2020)

‘Working Together to Safeguard Children – A guide to interagency working to safeguard and promote the welfare of children’ – HM Government (Latest update: Feb 2019)

‘What To Do If You Are Worried a Child Is Being Abused – Advice for Practitioners’ (March 2015).

COVID-19

Keeping Children Safe in Education (KCSiE) remains in force throughout the response to coronavirus (COVID-19). The department has issued non-statutory interim guidance on safeguarding in schools, colleges and other providers during the coronavirus outbreak. This guidance supports governing bodies, proprietors, senior leadership teams and designated safeguarding leads to continue to have appropriate regard to KCSiE and keep their children safe. It suggests where schools and colleges might consider safeguarding policy and process differently when compared to business as usual.

About Safeguarding

Safeguarding is defined in ‘Keeping Children Safe in Education’ (September 2020) as follows:

- protecting children from maltreatment;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.
- includes: ‘preventing impairment of children’s mental and physical health or development’.

Children includes everyone under the age of 18.

In relation to our work in school, safeguarding relates to:

- child protection;
- curriculum;
- E-Safety;
- attendance;
- behaviour management;
- anti-bullying;
- educational visits;
- safe recruitment and selection;
- staff conduct;
- whistleblowing;
- managing allegations against staff;
- managing building design;
- health and safety (this is not an exhaustive list).

Areas of Responsibility

Governors Responsibilities

The LGB of each school has appointed a named Safeguarding Governor who has lead responsibility for overseeing and monitoring all safeguarding issues in each school. The LGB will ensure that the named governor for Safeguarding & Child Protection attends the required training and that they refresh their training every two years.

Staff Responsibilities

The Trust and our LGBs recognise that for this policy to be effective, it is essential that school staff understand what safeguarding is, know how to access safeguarding information, know of any possible contribution that they may be required to make to safeguard our students and how to access further advice, support, or services. Each school will appoint at least one Designated Safeguarding Lead (DSL) who will have day to day responsibility for dealing with safeguarding in the school, and this person/these persons will be named in the school policy.

At Wycliffe CE Primary School we are **ALL** responsible for safeguarding. The Safeguarding Team, including the Designated Safeguarding Lead (DSL) and Headteacher (HT), is there to oversee, offer advice and take responsibility for making decisions with regard to all safeguarding matters. They are also responsible for liaising with and working in partnership with the three key partners involved in safeguarding children: the local safeguarding board; the police and healthcare professionals. The Governors also have a vital role in ensuring that policies, procedures and training in the school are effective and comply with the law at all times. Our Safeguarding Team (see below) meets at least fortnightly and reports regularly to governors.

Our Safeguarding Team

Designated Lead: Mrs D Baxter (Headteacher)

Deputy Designated Leads: Mrs Wills (DHT); Miss K Bailey (Y1/2Teacher); Mr N Hussain (OOSC lead/Behaviour support); Mrs J Hill (Behaviour Support); Mrs T Fearnley (Breakfast lead – TA).

Governor with responsibility for safeguarding: Mr G Denison

Responsibilities

The DSL and any deputies should consider whether to:

- refer cases of suspected abuse;
- liaise with the three safeguarding partners and work with other agencies in line with Working Together to Children’s Social Care (CSC), Safeguard Children;
- NPCC- when to call the police should help designated safeguarding leads understand when they should consider calling the police and what to expect when they do;
- to provide support to staff who have raised concerns about a child or have made a referral to CSC safeguarding partners;
- where there are concerns about radicalisation, to make referrals to the Channel programme and offer support to other staff who have raised concerns about radicalisation (England and Wales only);
- refer cases to the Disclosure and Barring Service (DBS), where a member of staff has been dismissed as they have posed a risk to a child; and
- refer cases to the police where a crime has been or may have been committed.

All referrals and decisions not to refer must be recorded on CPOMS, along with reasons for non-referral.

Our Policy:

This policy aims to set out the responsibilities for safeguarding and keeping children safe which should be held by **ALL** members of the school community in line with the policies and procedures of the Safeguarding Partners. All staff will be provided with Part 1 of KCSiE at the start of each school year (or during induction on joining if later) and they are required to sign to confirm they have read and understood the content of the document.

The Children’s Act 2004 defines safeguarding and promoting the welfare of children as:

- protecting children from abuse and neglect;

- preventing impairment of their health or development;
- ensuring that they receive safe and effective care so as to enable them to have the optimum life chances.

At Wycliffe CE Primary School, we believe that all children have the right to be safe both in our school and in society as a whole. We recognise that all members of the school community have a duty to ensure arrangements are in place for safeguarding and promoting the welfare of children. We believe this can be achieved by creating a positive school atmosphere through our teaching and learning, pastoral support and care for both pupils and school staff, training for school staff and through our work with parents.

We want all our children to stay safe and have the opportunity to achieve their full potential by:

- being as physically and mentally healthy as possible;
- being given access to good quality educational opportunities;
- living in a safe environment;
- learning and working in a safe and enriching environment;
- experiencing emotional well-being;
- feeling loved and valued;
- learning to look after themselves and developing independence;
- developing skills to cope with everyday life in modern Britain;
- having a sense of identity and a positive image of themselves and
- developing their confidence and their interpersonal skills.

We recognise that the safety and protection of pupils is the responsibility of **all** school personnel and volunteers as they are in a unique position to notice injuries, marks or bruises when children are undertaking certain activities which might indicate a child has been abused. We must report all concerns and all injuries, following the school procedures outlined later in this policy, for the safety and protection of the children in our care. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Aims of this policy:

- To outline the responsibilities of **ALL** staff and volunteers within school to safeguard the well-being of our children including identifying concerns, sharing information appropriately and taking prompt action.
- To ensure **ALL** staff have a thorough understanding of child protection and follow the appropriate procedures to ensure the safety and well-being of all children at Wycliffe CE Primary School.
- To ensure **ALL** staff are aware of the role of the Safeguarding Team, Designated Safeguarding Lead (DSL) and deputies.
- To document clearly the processes which are in place for communicating concerns to the DSL and logging incidents and for making referrals to Children’s Social Care about children considered to be at risk from harm.
- To emphasise the need for good communication between all members of staff in matters relating to child protection.
- To outline the help that is available to support families both within school and from external agencies including ‘Early Help’ and to further develop and promote effective working relationships with other agencies involved with safeguarding and promoting the welfare of children.
- To outline how the curriculum and other school activities support children to stay safe.
- To set out the procedure for recruiting and inducting new staff including safer recruitment training for all those involved in the selection process, ensuring that all adults working within our school have been checked

as to their suitability to work with children, in line with current guidance and providing all new staff with a comprehensive introduction to our safeguarding processes.

- To explain how GDPR affects safeguarding practice at Wycliffe.
- To link to related policies which further support the safety of all our children (see below).

School Responsibilities for Safeguarding:

Paragraph 2 (p5) of the 'Keeping Children Safe In Education' statutory guidance document states that:

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

At Wycliffe, we see keeping children safe as our highest priority. We recognise that some children may be especially vulnerable to abuse and that children who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way. To support the development and well-being of these and all our children, we take a considered and sensitive approach. Wycliffe's school ethos is reflected in our commitment to the following actions:

- maintaining a systematic means of monitoring pupils known or thought to be at risk of significant harm;
- supporting staff in ensuring that children and their families receive the right help at the right time including additional school support and referrals to other services including 'Early Help' where needed;
- supporting staff in working openly and in partnership with parents in relation to child protection concerns;
- providing a safe environment in which children can learn;
- promoting safe practice and challenging poor and unsafe practice;
- integrating opportunities into the curriculum for children to develop the skills they need to recognise and stay safe from abuse, allowing for continuity and progression through the Key Stage Phases;
- taking account of and informing policy in related areas, such as anti-bullying; e-safety; discipline and behaviour; health and safety; missing children; child sexual exploitation; FGM; positive handling and physical intervention procedures; procedures for dealing with allegations against staff and recruitment; and
- ensuring that confidential information is appropriately safeguarded, but never to the detriment of sharing information vital to child safety/well-being.

Accountability – Children in Other Settings:

At Wycliffe we recognise that we are responsible for the safety of all of the children who remain on our roll. We will, therefore, take appropriate measures to protect children who are off school for long periods of time, go 'missing in education' and who may be attending alternative provisions/settings. Our responsibilities are laid out below:

- to know where children are at all times and to ensure, wherever possible, that they have access to education, health-care and any other agencies which may be required;
- to follow appropriate procedure when children are at risk of being 'missing in education' (see later in policy); and
- to ensure that any alternative provisions have appropriate safeguarding procedures in place to ensure the safety of children, including the appropriate checks completed on employees and policy and procedural documents in place. In many cases, this would involve a visit to the provision by a DSL/Deputy DSL from Wycliffe to ensure that the provision is safe.

Child Protection:

Child Protection can be defined as:

'the process of **protecting** individual children identified as either suffering, or likely to suffer, significant harm as a result of **abuse** or neglect. It involves measures and structures designed to prevent and respond to **abuse** and neglect.

Children have the right to be kept safe. This is enshrined in the European Convention on Human Rights as:

‘the right to life, the right to be kept safe from torture and cruel treatment, freedom from slavery, the right to a fair trial, the right to respect for private and family life, and the right to an education.’

All adults working with children have a responsibility to protect them from harm, abuse and neglect.

As a school we will therefore ensure that:

- We will operate a safeguarding team led by a member of SLT trained as a designated lead (the DSL) and at least one deputy, both of whom will receive appropriate training and support for their roles, in accordance with mandatory requirements. We will ensure that the designated safeguarding leads undergo training to provide them with the knowledge and skills required to carry out their roles. Their knowledge and skills will be updated via regular training, at appropriate intervals, as and when required, (but at least annually), to keep up with any developments. These roles will also be specified in their job descriptions.
- All staff receive regular refresher training, at appropriate intervals, as and when required, (but at least annually), to keep up with any relevant safeguarding and child protection developments.
- Every member of staff, volunteer and governor knows the name of the designated safeguarding lead and deputies and understands their role and what the back-up arrangements are if the DSL is unavailable. These arrangements are clearly displayed throughout the school.
- All staff are familiar with this Safeguarding and Child Protection Policy, recent statutory safeguarding documents produced by the local Safeguarding Partners and the government (see introduction) and the Staff Code of Conduct. All new staff will be made aware of these policies and documents during induction sessions.
- All staff develop their understanding of signs and indicators of abuse (see below) and report any concerns to the designated lead but know that they can also refer direct to Children’s Social Care if needed.
- We will ensure that all staff are aware that it is important to identify any concerns about children at as early a stage as possible so that their needs can be identified and monitored and appropriate support put in place.
- If staff members have any concerns about a child or about a colleague or other adult they will raise these with the designated member of staff (DSL).
- All staff know how to respond to a child who discloses abuse.
- All staff are made aware that whilst GDPR places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm. Fears about sharing information **cannot** be allowed to stand in the way of the need to promote the welfare and protect the safety of children.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures, (for example by including this in the parent information sent home and in induction procedures for new starters and children who join Wycliffe on transfers from other schools).
- If a child is in immediate danger or is at risk of harm a referral should be made to Children’s Social Care and/or the police immediately. Anybody can make a referral.
- We will develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attendance at CP case conferences wherever possible and providing reports as a matter of course. We will contribute to multi-agency assessments of children’s needs where appropriate and work in a fully integrated way with other relevant services as appropriate.
- If a child’s situation does not appear to be improving, the school will take responsibility for finding out what is happening and keep pressing for action to be taken.
- Staff will alert the HT or Governors if they have any concerns about the safeguarding systems at Wycliffe CE Primary School and their concerns will always be taken seriously.
- Records of any concerns/incidents are kept on our electronic system – C Poms. Access to this is protected and only available to those authorised by the DSL. Wherever possible, paper records are scanned onto the system, or, if this is not possible, are kept in a paper file in a secure location.
- The child’s social worker is notified as quickly as possible and at the latest on the second day if a pupil subject to a Child Protection Plan is absent from school without explanation.

- Any new concern or relevant information about a child subject to a Child Protection Plan will be passed to the child's allocated social worker without delay.
- If a child subject to a Child Protection Plan leaves the school, records will be transferred to the new school without delay and the child's social worker informed of the change.
- If school staff are unsure how to proceed in a potential Child Protection situation, or require advice, this will be appropriately sought via the local Safeguarding Partners.
- The Board of Governors will utilise the experiences and expertise of staff to contribute to and shape safeguarding arrangements and child protection policies.

Child Abuse:

Child abuse is 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 by another child or children.

We recognise that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. However there are four broad areas of definition:

- neglect;
- physical abuse;
- sexual abuse and
- emotional abuse.

Brief definitions are given below and specific websites for support can be found in KCSiE pages 94-96 incl. (2020). Guidance for recognising the indicators of possible abuse are attached as Appendix 1.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. 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/or shelter (including exclusion from home or abandonment); failing to protect a child from physical and emotional harm or danger; failing to ensure adequate supervision (including the use of inadequate care-givers); failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately causes ill-health to a child. This situation is now known as illness fabricated or induced by carer (previously Munchausen Syndrome by Proxy).

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. These 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.

Emotional abuse is 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 children 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 over-protection and limitation

of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

It is important to recognise that many children will be living (or may have lived) in families where **Domestic Abuse** is a factor, and that these situations have a harmful impact on children emotionally, as well as placing them at risk of physical harm. The definition of domestic abuse is as follows:

‘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.’

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim, which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Serious violence: All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs. All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office’s Preventing youth violence and gang involvement and its Criminal exploitation of children and vulnerable adults: county lines guidance Preventing youth violence and gang involvement:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf and its Criminal exploitation of children and vulnerable adults: county lines guidance.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCCountyLinesGuidanceSept2018.pdf

So called ‘honour based’ abuse including Female Genital Mutilation (FGM): So-called ‘honour-based’ abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving “honour” often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Whilst all staff should speak to the DSL or a member of the Safeguarding Team with regard to any concerns about female genital mutilation (FGM), they should also be aware that there is a specific legal duty on teachers with regard to this form of abuse. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police

without delay. This duty is clearly outlined in 'Keeping Children Safe in Education'. (See Appendix 2 for further information on the legal position).

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

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

Peer on Peer/Child on Child Abuse:

Wycliffe CE Primary School recognises that children are capable of abusing their peers. Protecting children from each other is a vital part of our safeguarding duty and any abuse between children will not be tolerated and will be dealt with as outlined below. Although most cases of peer-on-peer abuse occur as boys on girls, it is important to recognise that both genders can be the perpetrator and we must be vigilant with regard to this. However, we also see it as important to be conscious that any child who is engaging in abusive behaviour towards others may have been subject to abuse from other children or from adults. Children who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. In such incidences, the school will follow guidance issued in relation to children who abuse others and local procedures.

Children and young people may be harmful to one another in a number of ways which would be classified as peer on peer/child on child abuse. These include the following

- physical acts including punching, kicking etc. (see physical abuse outlined above);
- sexually harmful behaviour/sexual abuse e.g. (inappropriate sexual language, touching, sexual assault etc.);
- bullying (physical, name calling, homophobic etc.) including cyber-bullying;
- upskirting, typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery);
- sexting - 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 are not even aware that they could be breaking the law as stated 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 a number of 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 trials which promote a bond between them. After the hazing is over, the newcomers also have something in common with older members of the organisation, because they all experienced it as part of a rite of passage. 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).

Dealing with Peer-on-Peer/Child on Child Abuse:

A Pro-active Approach:

Whilst it is very important to have a robust policy in place for dealing with peer-on-peer abuse, it is even more important to try and prevent it from happening. At Wycliffe, we take the following steps to reduce the likelihood of this abuse occurring:

- teach children about how to keep themselves safe and about what to do if they have a concern through our PSHCE and online safety curriculae;
- identify children potentially at risk of becoming abusers, perhaps because of their own background/previous experiences and work with them to ensure appropriate boundaries are in place and understood;
- promote equality, diversity and inclusion through teaching, assemblies and class discussion, fostering an atmosphere of mutual respect between all members of the school community.

Where an Allegation of Abuse is made:

Although the type of abuse may have a varying effect on the victim and initiator of the harm, these simple steps can help clarify the situation and establish the facts before deciding the consequences for those involved in perpetrating harm.

It is important to deal with a situation of peer abuse immediately and sensitively. It is necessary to gather the information as soon as possible to get the true facts around what has occurred as soon after the child(ren) may have forgotten. It is equally important to deal with it sensitively and think about the language used and the impact of that language on both the children and the parents when they become involved. For example; wherever possible minimise the use of the word 'perpetrator', this can quickly create a 'blame' culture and leave a child labelled.

In all cases of peer on peer abuse it is necessary that all staff are trained in dealing with such incidents, talking to young people and instigating immediate support in a calm and consistent manner. Staff should not be prejudiced, judgemental, dismissive or irresponsible in dealing with such sensitive matters.

Cases of peer-on-peer abuse will be dealt with as follows:

- reassure the child that they're being taken seriously and will be supported and kept safe but do not promise confidentiality – be clear about who you will need to tell and why;
- listen carefully, remain non-judgemental, and avoid leading questions, if possible have two members of staff present;
- record the disclosure as soon as possible but try to avoid taking notes while the child is talking, so you can give them your full attention;
- record the facts as the child presents them – do not add your own opinion and
- do not view any photos or videos of a sexual nature.

If we think a child is in immediate danger or at risk of harm, we will take action without delay. If the report is of sexual violence, the DSL (or a member of the Safeguarding Team) will make an immediate risk and needs assessment, considering:

- the victim, especially their protection and support;
- the alleged perpetrator;

- all other children at the school (and adult students and staff, if appropriate), especially any actions that are appropriate to protect them.

Where there has been a report of sexual harassment, the need for a risk assessment will be considered on a case-by-case basis. Risk assessments will be recorded and kept under review.

The DSL (or a member of the Safeguarding Team) will engage with children's social care and specialist services as required. Where there has been a report of sexual violence, it's likely that professional risk assessment by social workers or sexual violence specialists will be required. The DSL (or member of the Safeguarding Team) will use these assessments to inform their approach and update the risk assessment.

How the report is managed, including when to inform the alleged perpetrator, will depend on a number of important considerations. Where a report is going to be made to children's social care and/or the police, as a general rule the school should speak to the relevant agency to discuss next steps and how the alleged perpetrator will be informed.

There are 4 likely scenarios:

1. The issue will be managed internally, where this is considered appropriate in the circumstances, and early help or statutory interventions are not required.
2. A referral will be made to Early Help.
3. A referral will be made to children's social care (where a child has been harmed, is at risk of harm, or is in immediate danger).
4. The incident will be reported to the police (usually in parallel with a referral to children's social care), where a report of rape, assault by penetration or sexual assault is made.

Where scenarios involve working with children's social care, we will not wait for the outcome of an investigation before protecting the victim and other children and we will work closely with children's social care to ensure the school's actions do not jeopardise a statutory investigation. There should be immediate consideration for safeguarding the victim, alleged perpetrator and all other children.

Anti-Radicalisation

At Wycliffe CE Primary School we are committed to safeguarding in all its forms and therefore we make sure that protecting children from the risk of radicalisation is seen as part of our wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. We also recognise that during the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Therefore, Wycliffe CE Primary School supports the **Prevent Strategy**, which works to prevent the growth of issues that create a climate which encourages radicalisation and extremism, which in turn can lead to acts of violence or terrorism.

Radicalisation is defined as:

‘the action or process of causing someone to adopt radical positions on political or social issues’

Extremism is defined as:

‘the holding of extreme political or religious views which may deny rights to any group or individual.’

All staff members are aware of these issues and have received training. Relevant staff have attended additional training including the DSL. The school also works within the curriculum to promote the fundamental British Values, tolerance and respect for diverse views, while challenging prejudice of any kind. We are an inclusive school, which values citizenship and a sense of belonging. Pupils are encouraged to share their views and recognise that they are entitled to have different beliefs, but that these should not be used to influence others.

As with all matters pertaining to the maintenance of a safeguarding culture within the school, staff are expected to be vigilant in identifying concerns and ensuring these are passed to the DSL without delay. If any concerns do arise, or are disclosed by a child, they will be responded to following normal safeguarding processes and advice would be sought from colleagues in LA (either Prevent coordinator or safeguarding services) if necessary.

Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

County lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

Vulnerable Groups:

Children Who Go Missing from Home or Care are particularly vulnerable and may be at significant risk of harm. The immediate risks associated with going missing include:

- no means of support or legitimate income – leading to high risk activities;
- involvement in criminal activities;
- victim of abuse;
- victim of crime, for example through sexual assault and exploitation;
- alcohol/substance misuse;
- deterioration of physical and mental health;
- missing out on schooling and education and
- increased vulnerability.

Longer-term risks include:

- long-term drug dependency / alcohol dependency;
- crime;
- homelessness;
- disengagement from education;
- child sexual exploitation and
- poor physical and/or mental health.

Children Missing from Education: Wycliffe CE Primary School rigorously monitors attendance and punctuality. We have a robust system and follow thorough to social care or our local police for welfare checks if matters become serious. We alert the LA immediately when children are either taken off of roll by parents (to another school or to be home schooled). If we think that a child is missing from education and we will complete the mandatory LA Paperwork.

Children missing from education are at risk because this can be a potential indicator of abuse or neglect e.g. travelling to conflict zones, FGM, forced marriage. We will inform the LA of any pupil who fails to attend school

regularly, or has been absent for a continuous period of 10 days or more, at such intervals as are agreed between the school and the LA. BDAT also collate all attendance data.

Children with Special Educational Needs/Disabilities (SEND): At Wycliffe CE Primary School we recognise that children with SEND may be especially vulnerable to abuse and neglect and make the following provision to ensure that these children are protected:

- we aim to provide a school environment in which all pupils, including those with SEND, can feel confident and able to discuss their concerns;
- the DSL will work closely with the SENDCO, learning mentor and other staff to ensure that the needs of SEND pupils in relation to child protection issues are responded to appropriately (eg. for a child with particular communication needs).

Children Looked After and Previously Children Looked After: The school will ensure there is a designated teacher whose role is to promote the educational achievement of children who are looked after, and that the identified person has received appropriate training as defined in the Children and Young Persons Act 2008.

We will 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 will 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, as well as the details of the child's social worker and the Virtual School Head in the LA.

A previously looked after child potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken when necessary to safeguard these children, who are a particularly vulnerable group.

Children with Emotional/Behavioural Needs: At Wycliffe we recognise that some children have additional needs with regard to their behaviour and/or emotional health. In order to help our pupils succeed, we strive to support them to develop resilience and to access any further help needed to ensure they can thrive. In addition we will ensure that:

- pupils and their families are enabled to participate as fully as possible in decisions and are provided with information and support;
- we remain alert to all risk factors including community and life events and we remain aware that these factors can be cumulative, with children who are exposed to multiple risks being more likely to develop behavioural/emotional/mental health problems;
- where severe problems occur we will ensure that appropriate referrals are made (with consent) to specialist services (e.g. CAMHS).

Children Who May Become Homeless:

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

The school's responsibility with regard to any concerns that a child might be, or might become homeless is as follows:

- School will make referrals/hold discussions with the Local Housing Authority to try to resolve the situation. This should be done at the earliest possible opportunity and is the responsibility of the DSL/Safeguarding Team.
- Should there still be a significant risk of harm to the child as a result of its living arrangements, this concern should be referred to Social Services in the usual way by the school's DSL/Safeguarding Team.

What To Do If You Have Concerns About a Child

At Wycliffe CE Primary School there is a clear procedure to follow if you have any concerns about a child.

To record generalised concerns about a child (e.g. suspicion of neglect/ongoing concerns):

- record the details of your concern on the school's online recording system (C Poms). Include as much detail as you can and ensure that you are accurate in your reporting. Include dates when each aspect of your concern became apparent; always tag in the DSL;
- alert your DSL or deputy DSL to your concerns and discuss the issues thoroughly and
- remember, if you are still concerned after referring the incident to the DSL, you can make a direct referral to Bradford Social Care by phoning the numbers below:

During office hours (8.30am - 5pm Monday to Thursday, 4.30pm on Friday) call Children's Social Services Initial Contact Point - **01274 435600**

At all other times, Social Services Emergency Duty Team - **01274 431010**.

If you have reason to believe that a child is at **IMMEDIATE RISK OF HARM**, contact the police on **999**.

For all general enquiries, please contact Children's Specialist Services on **01274 435600**.

(For more information see 'Making a Referral' below)

To record incidents or disclosures of incidents which could lead to significant harm (abuse) or the failure to protect children from significant harm (neglect) follow the following procedure which is outlined on the flow chart taken directly from the statutory guidance: 'Keeping Children Safe in Education' (see appendix 3).

If a pupil discloses abuse please note the following key points:

- listen carefully to what the pupil is telling you without interrupting;
- do not promise confidentiality;
- remain non-judgemental and keep an open mind;
- do not ask leading questions – or more questions than you have to – just establish what the pupil is telling you;
- be honest with the pupil and explain what will happen next;
- record the information fully;
- pass on to the designated safeguarding lead (DSL) and
- follow up on the incident with the DSL if no actions are reported back to you.

In the case of any concerns always record the information clearly and include how the concern has arisen. If the information you have indicates that the pupil has suffered harm or there is a high level of risk, this should be passed to the DSL **IMMEDIATELY**.

Remember it is your responsibility ensure that the incident is dealt with appropriately and followed up. Further information about dealing with disclosures is provided in Appendix 4. If you feel this is not being done you **MUST** make a direct referral following the procedure outlined below.

Making a Referral

Please note – staff should NOT be making a direct referral unless they have made every effort to pass their information on to the Safeguarding Team. When making a referral have as much information ready as you can. Review the C Poms entries for the child concerned to ensure that you have gathered all the relevant information then initiate the referral as follows:

<https://bso.bradford.gov.uk/content/report-abuse-contacting-childrens-social-care>

- fill in a copy of the Multi-agency Referral Form (available on Bradford Schools' Online) and use this to inform your discussion;
- phone the numbers above and communicate your concerns clearly, concisely and objectively;
- make 3 copies of the common referral form:
 - one copy to be kept in school records;
 - one copy to be sent to Children's Social Care
 - one copy to be sent to Education Safeguarding, Margaret McMillan Tower, Princes Way, Bradford, BD1 1NN or by email to Childrens.enquiries@bradford.gov.uk using Galaxkey.

Contextual Safeguarding:

At Wycliffe, we recognise that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside the school or college. All staff, but especially the DSL (and deputies) will consider the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means that assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments are now also considering such factors so it is important that schools and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

Communication

Positive communication is vital in ensuring that we meet our collective responsibilities with regard to keeping children safe. All concerns, however small, should be recorded using the school's online recording system (C Poms). All staff who could come into contact with the child concerned should be alerted using the system and, if the concern is serious, face to face contact should be made to ensure that the information has reached those who need to know about it.

Making Connections

C Poms should be regularly reviewed and analysed by SLT and the Safeguarding Team to ensure that connections between incidents are made and the 'bigger picture' is seen. Reviewers should look for patterns in behaviour/incidents e.g. a child who is always absent on a Monday morning or repeated bruising on a child which could indicate that the child is being neglected or abused. Making these connections is vital in protecting children from harm (abuse) or from their carers' failure to protect them from harm (neglect).

Supporting Children through the Curriculum

At Wycliffe CE Primary School we believe strongly in the importance of teaching children about how to stay safe. With this in mind, we have introduced a new PSHCE curriculum which will ensure an incremental development of skills across the key stages, designed to help our children learn about a range of factors which will help them to stay safe such as e-safety, stranger danger, road safety, responsible use of medicines/drug awareness, sex education etc. More information about this can be found on the school's website: www.wycliffeprimary.org. We have adapted our teaching of RSE in relation to the document Relationships Education Relationships and Sex Education RSE and Health Education which was to become mandatory in September 2020. This was put on hold nationally due to COVID 19, however we had already consulted and our new policy is in place and ratified by governors.

Multi Agency Working

Schools and colleges have a pivotal role to play in multi-agency safeguarding arrangements. Governing bodies and proprietors should ensure that the school or college contributes to multi-agency working in line with statutory guidance Working Together to Safeguard Children.

New safeguarding partners and child death review partner arrangements are now in place. Locally, the three safeguarding partners (the local authority; a clinical commissioning group for an area within the local authority; and the chief officer of police for an area (any part of which falls) within the local authority area) will make arrangements to work together with appropriate relevant agencies to safeguard and promote the welfare of local children, including identifying and responding to their needs.

It is especially important that schools and colleges understand their role in the three safeguarding partner arrangements. Governing bodies, proprietors and their senior leadership teams, especially their designated safeguarding leads, should make themselves aware of and follow their local arrangements.

The three safeguarding partners have a shared and equal duty to work together to safeguard and promote the welfare of children. To fulfil this role they must set out how they will work together and with any relevant agencies. Relevant agencies are those organisations and agencies whose involvement that the three safeguarding partners consider may be required to safeguard and promote the welfare of children with regard to local need. The three safeguarding partners will have set out in their published arrangements which organisations and agencies they will be working with and the expectations placed on any agencies and organisations by the arrangements.

The three safeguarding partners should make arrangements to allow all schools (including those in multi-academy trusts) and colleges in the local area to be fully engaged, involved and included in safeguarding arrangements. It is expected that, locally, the three safeguarding partners will name schools and colleges as relevant agencies and will reach their own conclusions on the best way to achieve the active engagement with individual institutions in a meaningful way.

If named as a relevant agency, schools, in the same way as other relevant agencies, are under a statutory duty to co-operate with the published arrangements.

'Early Help'

All adults in school should be alert to families who are having difficulties and may benefit from 'Early Help'. 'Early Help' is a mechanism for providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. It is about families receiving help when needs are identified and not necessarily intervention when a problem arises. Bradford's Early Help Strategy emphasises how responses to situations need to be proportionate. Referrals to Children's Social Care should be made only when the needs of the child or young person cannot be met through 'Early Help'.

To find out more about 'Early Help' refer to <https://bso.bradford.gov.uk/content/prevention-and-early-help> which can be accessed via the Bradford LA's Safeguarding website. If you think a family would benefit from a referral to 'Early Help' contact a member of the Safeguarding Team.

A Pro-Active Approach to Keeping Children Safe:

Every week during our Safeguarding Team meetings, aspects of the safety of our building, activities and individual children are reviewed. Risk assessments are in place for key aspects of the building and grounds and for regular activities which take place within them. The effectiveness of these documents in preventing accidents/incidents are regularly reviewed and adaptations made if needed. Where individual children present additional risks, either because of a medical condition eg. epilepsy or because of an SEND or behavioural need, personalised risk assessments are put in place, usually in conjunction with an IHP. These assessments, and plans, are shared with relevant staff and regularly reviewed to ensure they remain appropriate to protect our most vulnerable children.

Trips

At Wycliffe we encourage our staff to enrich their children's learning through a programme of trips and visits. There is a procedure in place for planning trips and all steps must be followed within the prescribed timeframes. All trips and visits are carefully planned to minimise risk and this planning is checked by our EVC (Educational Visits Co-ordinator) who is also the DSL (Mrs D Baxter).

For every trip we ensure the children's safety by:

- completing a detailed risk assessment outlining the risks identified and procedures in place to minimise risk;
- ensuring that a first aider is always available on a trip;
- ensuring that emergency exits and planning for unexpected events are always accounted for;
- following Bradford recommendations for staff-pupil ratios;
- ensuring that risk assessments are read and signed by the Headteacher or EVC before any trip is signed off;
- ensuring that any risk that is medium or high is assessed and provision is given to lower the risk;
- ensuring that the needs of children with SEND/medical issues are planned for and recorded in the risk assessment;
- a pre-visit is carried out if considered necessary by the Headteacher/EVC and
- appropriate arrangements with regard to security are planned for.

Recruitment

Thorough checks are carried out to ensure the suitability of all prospective employees of Wycliffe CE Primary School. All interview panels include at least one member who has 'safer recruitment' training. In addition, the school will ensure that:

- it operates a safe recruitment policy to ensure that all those working in the school, in either a paid or unpaid capacity are suitable to do so as far as can be reasonably ascertained;
- some senior leaders and any other staff involved in selection procedures will attend Safer Recruitment training;
- appropriate checks (i.e. enhanced DBS checks and checks against the barred list) will be carried out on all potential employees and volunteers, and all references will be taken up and verified. The school will ensure it is following the most recent guidance in respect of these issues, including taking account of the definition of regulated activity. This will include: prohibition check for everyone in 'teaching work', not just those with QTS; restrictions imposed by countries in the European Economic Area (EEA);
- interview panels will follow recommendations from the HR section in relation to practice;
- at interview, candidates will be asked to account for any gaps in their employment history;
- when using agency staff, thorough checks will be carried to ensure that the person who arrives is the same person the agency has provided information for.

Allegations Against Staff

At Wycliffe CE Primary School we recognise that there will be occasions when a pupil at the school, or a parent or another person, may make an allegation against a member of staff. The term allegations refers to concerns reported or raised that might indicate a person would pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. This means it has been alleged that a teacher or member of staff (including volunteers) in a school or college that provides education for children under 18 years of age may have:

- behaved in a way that has, 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 he or she would pose a risk of harm if they work regularly or closely with children.

In this event the HT (or Chair of the Board of Governors, if the allegation is against the HT) must be informed who should seek the advice of BDAT, Peter Thompson and Fusion HR. This includes historic as well as current allegations. A LADO Referral Form, which can be found on the local Safeguarding Partners website, <https://saferbradford.co.uk/children/practitioners-who-work-or-volunteer-with-children-and-young-people/> should be completed as quickly as possible and sent for the attention of Suzanne Ellis by secure email. All staff are expected to recognise the need for absolute confidentiality in these situations. In the case of an allegation being substantiated, referral to the DBS and TRA (Teaching Regulation Agency) may be needed – this is a legal duty. For more information, please see relevant policy: 'Procedure for Dealing With Allegations Against Staff'.

LADO Role

A Local Authority Designated Officer (LADO) works within each Local Authority area and is there to support staff across all organisations who work with children and young people if any concerns arise regarding any practitioner who works with children and young people.

The LADO should be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed a child or may have harmed a child
- possibly committed a criminal offence against a child/children, or related to a child
- behaved towards a child or children in a way that indicated they may pose a risk of harm to children.

Allegations of historical abuse should be responded in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment. If a practitioner has concerns regarding the conduct of a colleague then they should in the first instance report this to the Designated Safeguarding Lead/Headteacher, or if the concerns are about the Headteacher then to the Chair of Governors within their own organisation, who is required by law to report this concern to the LADO. However, it is important to note that anyone can contact the LADO if they need to do so for advice or support, especially if their concerns relate to the conduct with children and young people of management or holistic organisational practice.

Whistleblowing:

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues or about poor or unsafe practice and/or potential failures in the school's safeguarding regime and should feel confident that any such concerns will be taken seriously by the Senior Leadership Team.

Should a staff member feel unable to raise this issue with the Safeguarding Team or SLT, or feels that their genuine concerns are not being addressed, further information should be sought without delay.

General guidance on whistleblowing can be found by visiting the government's website:

<https://www.gov.uk/whistleblowing> or by phoning the NSPCC whistleblowing helpline on 0800 028 0285. This line is available from 8:00 AM to 8:00 PM, Monday to Friday or the NSPCC can be emailed on: help@nspcc.org.uk12.

Further details regarding this can also be found in the school's Whistleblowing Policy (see policy links below).

Information Sharing

Information sharing is vital in identifying and tackling all forms of abuse and neglect. As part of meeting a child's needs, it is important for everyone to recognise the importance of information sharing between practitioners and local agencies. This should include ensuring arrangements are in place that set out clearly the processes and principles for sharing information within the school and with the three safeguarding partners, other organisations, agencies and practitioners as required. Staff should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to the local authority children's social care.

The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed.

This policy links with a number of other policies and government documents. Please see Appendix 5 for more details of these.

Appendix 1:

Guidance for Recognising the Indicators of Abuse:

Recognising Physical Abuse:

The following are often regarded as indicators of concern:

- an explanation which is inconsistent with an injury or several different explanations provided for an injury;
- unexplained delay in seeking treatment;
- the parents/carers are uninterested or undisturbed by an accident or an injury;
- parents are absent without good reason when their child is presented for treatment;
- repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
- frequent use of different doctors and A&E departments;
- reluctance to give information or mention previous injuries and
- bruising that is not consistent with normal childhood behaviour (see below).

Bruising: Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- any bruising to a pre-crawling or pre-walking baby;
- bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- 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;
- 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;
- bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- bruising around the face;

- grasp marks on small children and
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite Marks: These can leave clear impressions of the teeth. Human bite marks are oval or crescent shape. Those over 3 cm in diameter are more likely to have been caused by an adult or an older child. A medical 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g:

- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- 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 (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation and
- scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures: These may cause pain, swelling and discoloration over a bone or a joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type;
- 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 and
- there is an unexplained fracture in the first year of life.

Scars: A large number of scars or scars of different sizes or ages, or on different parts of body, may suggest abuse.

Behavioural Indications

Some children may behave in ways that alert you to the possibility of physical injury, for example:

- withdrawal from physical contact;
- fear of returning home;
- self-destructive tendencies and
- aggression towards others.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- developmental delay;
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- aggressive behaviour towards others;
- scape-goated 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 responses to painful situations;
- neurotic behaviours;
- self-harming and

- running away.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Indicators include:

- failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care;
- a child who is seen to be listless, apathetic and unresponsive with no apparent medical cause;
- failure of child to grow within normal expected pattern, with accompanying weight loss;
- a child who thrives away from home environment;
- a child frequently absent from or late for school;
- a child left with adults who are intoxicated or violent;
- a child abandoned or left alone for excessive periods and
- compulsive stealing or scavenging for food.

Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be primarily emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- inappropriate sexualised conduct;
- sexually explicit behaviour, play or conversation, inappropriate for the child's age;
- continual and inappropriate or excessive masturbation;
- self-harm (including eating disorder, self-mutilation and suicide attempts);
- involvement in prostitution or indiscriminate choice of sexual partners;
- an anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties);
- concerning changes in behaviour or general presentation;
- regressive behaviour;
- distrust of a particular adult;
- unexplained gifts of money;
- sleep disturbances or nightmares and
- phobias or panic attacks.

Some physical indicators associated with this form of abuse are:

- pain or itching of genital area;
- blood on underclothes;
- pregnancy in a younger girl where the identity of the father is not disclosed;
- physical symptoms such as injuries to the genital or anal areas, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen in vagina, anus, external genitalia or clothing and
- wetting or soiling.

Appendix 2:

FGM – A Legal Duty:

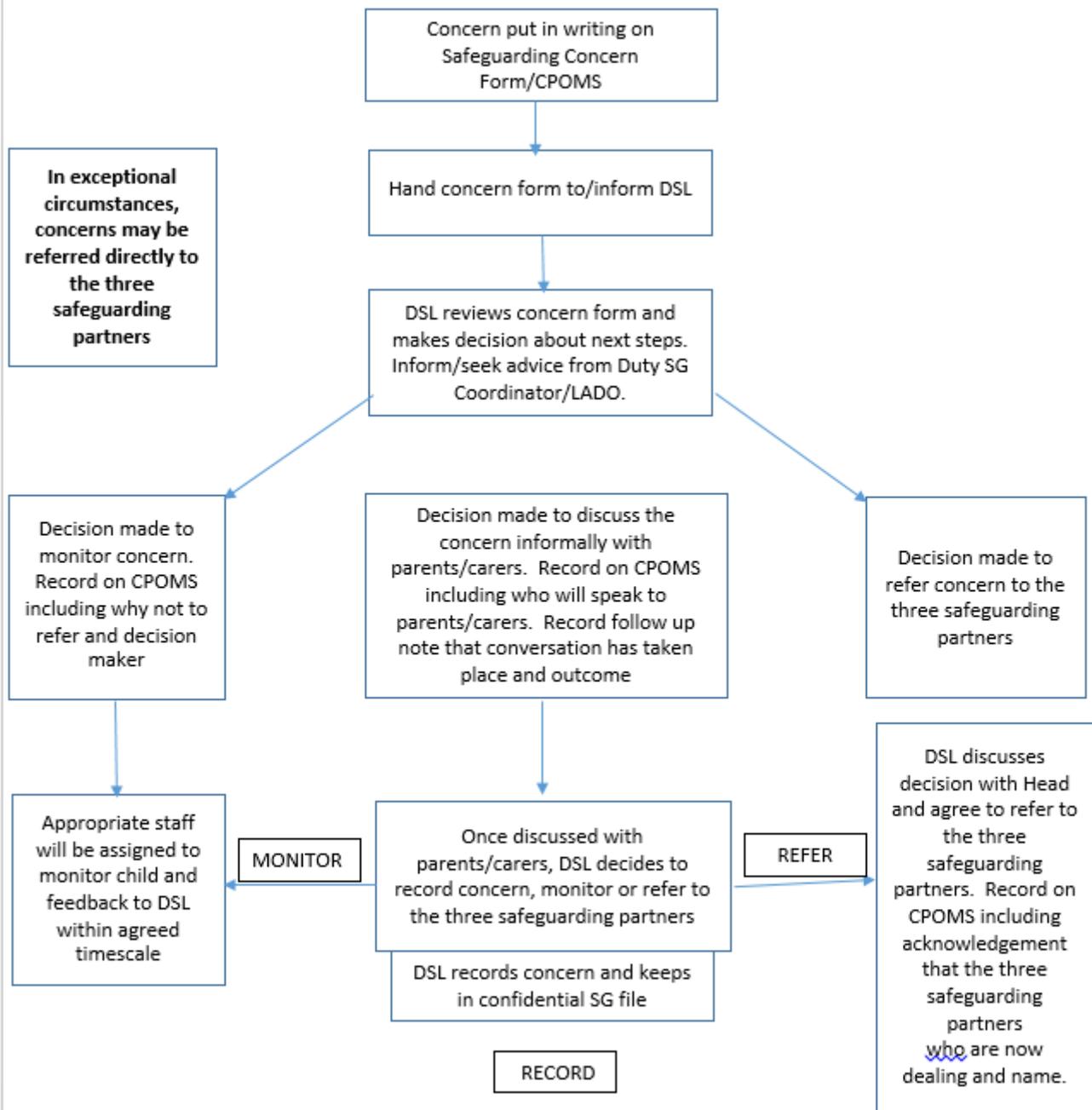
FGM mandatory reporting duty for teachers Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils or students, but the same definition of what is meant by “to discover that an act of FGM

appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: Mandatory reporting of female genital mutilation procedural information.

Appendix 3: Making a Referral to Children’s Social Care

SEPTEMBER 2020

Flow Chart For Raising Safeguarding Concerns About A Child



Contact Details: Duty SG coordinators 01274 434343 CSC 01274 437600 Out of hours (all services) 01274 431010 LADO 01274 434343; cpuduty@bradford.gov.uk 01274 434343

Appendix 4:

Dealing with disclosures

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child. Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

Guiding Principles, the Seven R's

Receive

- Listen to what is being said, without displaying shock or disbelief;
- accept what is said and take it seriously;
- make a note of what has been said as soon as practicable.

Reassure

- Reassure the pupil, but only so far as is honest and reliable;
- don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential';
- do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'.

Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details;
- do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' as such questions may invalidate your evidence (and the child's) in any later prosecution in court;
- do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible;
- do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and who you have to talk to. Reassure the pupil that it will be a senior member of staff.

Report

- Share concerns with the designated safeguarding lead as soon as possible;
- if you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly;
- if you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

Record

- If possible make some very brief notes at the time, and write them up as soon as possible;
- keep your original notes on file;
- record the date, time, place, persons present and noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words;
- complete a body map to indicate the position of any noticeable bruising;
- record facts and observable things, rather than your 'interpretations' or 'assumptions'.

Remember

- Support the child: listen, reassure, and be available;
- complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues;
- try to get some support for yourself if you need it.

Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?

- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out. If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the children's services department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately. In some cases additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

Appendix 5:

Other policies which should be read alongside this policy are:

- whistleblowing policy;
- school behaviour policy;
- positive handling policy;
- staff code of conduct;
- anti-bullying policy;
- e-safety policy;
- health and safety policy;
- acceptable use policy;
- safer recruitment policy;
- RSE policy;
- whistleblowing policy and
- policy for allegations against staff.

Government/LA Documents which should be read alongside this policy are:

- 'Keeping Children Safe in Education' (September 2020 update);
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- 'Working Together to Safeguard Children' (June 2018 update).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- <http://bradfordscb.org.uk/wp-content/uploads/2019/08/Bradford-MARF-guidance-with-SOS-version-2-July-2019-1.pdf>

Appendix 6:



This form is for practitioners seeking to refer a child or young person. It enables us to provide the right kind of support at the right time.

A request for Prevention and Early Help support (Including Group Work and Family Key Work)

- Please send the MARF form from a secure email account to: Childrens.enquiries@bradford.gov.uk
- If you have a Bradford Schools Online account please return your completed form(s) using the Post Box. Ensure you select the "TEH - Request for support" folder from the list of folders on the left before clicking the Upload File button.

A request for a social work assessment

- Please send the MARF form from a secure email account to: Childrens.enquiries@bradford.gov.uk

When filling in this form, please note that:

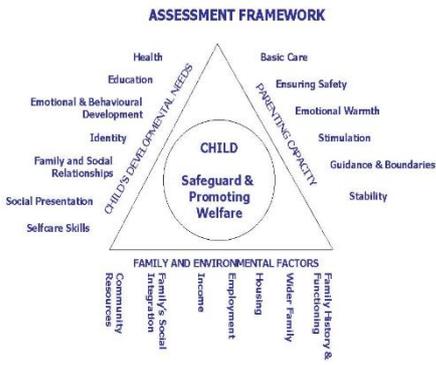
- All sections need to be fully completed. If information is not known please say 'not known' rather than leave blank. NB the exception being 'information sharing/requested section'
- Where possible please could you type, however, if written please can you print using black ink.

If a child is at **imminent significant risk of harm/immediate danger**, you should consider calling **999** in the first instance (for Police or an Ambulance) and contacting children's social care by telephoning **Bradford's Children's Enquiries** on **01274 437500** (out of office hours 01274 431010). You will also be expected to **complete a MARF within 24 hours from your telephone call.**

If there is no immediate danger you should **complete a MARF as soon as possible.** You will not be required to telephone Children's Social Care to inform them of your referral.

Please tick the most appropriate service(s):

<ul style="list-style-type: none"> • Prevention/Group Work activities/registration (for example, parenting programmes) 	
<ul style="list-style-type: none"> • Family Key Work/targeted support 	
<ul style="list-style-type: none"> • A social work assessment. This should be about concerns for a child's immediate safety and well-being 	
<ul style="list-style-type: none"> • Information sharing and/or information being requested 	
<ul style="list-style-type: none"> • Child Exploitation Concerns and/or Child Missing from home or care 	

 	<p>Bradford Children's Services Integrated Front Door/MASH Service</p> <p><u>Multi-Agency Referral Form (MARF)</u></p> <p>CONFIDENTIAL</p>	
--	--	---

Notes for use: Please complete this form **electronically**; the text boxes will expand to fit your text. Please ensure this is sent from a secure email account to childrens.enquiries@bradford.gov.uk

The completed form contains personal data to be protected and processed in line with the Data Protection Act 2018.

AGENCY COMPLETING:

CONSENT & CONFIDENTIALITY			
Is the parent / carer aware of the referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the parent / carer given consent to the referral being made?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If the answer to either of the above is No please provide an explanation. It is essential that professionals work in partnership with families and talk to them about their concerns, <u>unless to do so would place a child or family at immediate risk of harm</u>. Please see Consent Policy Guidance for further information.</p> <p>Consent and Information Policy</p>			
<p>Is any information contained in this referral to remain confidential from the subject child and family? If so, please outline specific information to remain confidential and reasons.</p> <p><i>NB details of referrer, if a professional person, cannot be held as confidential save in exceptional circumstances</i></p>			
Name of person completing referral			
Relationship to child being referred			
Date		Time	
Contact No.		Agency	
Address			
Email			

Name & contact details of person to whom feedback should be provided (if different to above)	
--	--

Overview of Agency Involvement with child/family including information of attendance/engagement with your service:

--

Has an Early Help Assessment/Other Assessment Tools been completed

Yes		No	
-----	--	----	--

If yes, please attach to this referral form

(1) NAME OF CHILD / YOUNG PERSON BEING REFERRED			
Family Name		First Name(s)	
Date of Birth/ Estimated Due Date		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/> Unspecified
Age			
Ethnicity If 'Other', please specify	Please select by clicking here:	Religion If 'Other', please specify	Please select:
First Language		Interpreter required? Why/who for?	Y / N / Not Known <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NHS Number		Any Disabilities (Please Specify)	
Address			

Home Telephone No.		Home Mobile No.	
GP Address/ Contact			
Education Setting: UPN Number Nursery/School or Children’s Centre. Other e.g. Elective Home Education (EHE)/Not Statutory School Age/Child Missing Education (CME)/ Not in Education, Training or Employment (NEET- Post16) Please include the Address/ Contact details			
In order to identify the correct child / young person requiring the assessment, please include a description of the child’s physical characteristics: e.g. Colour of Eyes, Hair, Skin, Approx. Height/Weight and any distinguishing marks			
Child’s Voice <i>(Please provide an explanation)</i>	Is the child or young person aware of the referral? Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Have their wishes and feelings been included? Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

--	--

(2) FAMILY COMPOSITION AND HOUSEHOLD MEMBERS

LCS No: if known	Surname (include all people living at this address)	First Name	DOB/ Age	NHS No	Gender	Relationship	Name of School / Nursery Attending and UPN No	Ethnic Origin	Any Disability's (specify)

(3) SIGNIFICANT OTHERS - NOT IN THE HOUSEHOLD

Name	Gender	Date of Birth	Relationship to subject child	Does this person hold parental responsibility?	Is this person known to be a Person Posing a Risk to Children (PPRC)?
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unspecified	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unspecified	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unspecified	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unspecified	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	M / F / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unspecified	/ /		Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y / N / NK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	<input type="checkbox"/> Unspecified				
--	---	--	--	--	--

Referral Details (think of Signs of Safety)

What are you currently worried about?

Please state the name of the child if you have any specific concerns about one particular child. Consider what you to believe are the risks to the child (ren)

Past Harm to children

Action/behaviour-who what where when; severity; incidence and impact e.g. Severe Dental Decay, Chronic Neglect, Domestic Abuse etc.

Future Danger for Children

What are you worried is going to happen to the child if the current situation does not change? - Related to past and future harm. **Consider the risks and how you believe these may impact on the child's (ren) well being.**

Complicating Factors e.g. risk to professionals

Factors, which make the situation more difficult to resolve

What is working well?

Existing Strengths

Existing Safety /Protection: The strengths sustained over time, directly related to the danger.

On a scale of 0 to 10 where 0 means immediate response required from Children's Social Care (0= no signs of safety) 10 means no further action required (10 = high levels of safety)

What needs to happen?

Future safety/protection/safety goals: When will things be safe enough, what do you want to see parents/carers doing to make the child safe). Consider what you believe needs to happen to reduce the risks you have identified

Child's Lived Experience/ Views (where applicable)

Parent's Views (where applicable)

Next Steps

What can you /your agency contribute to a plan to keep the child safe? What are the next steps to be taken to achieve the safety goals?

Signature of person completing referral

Have those with Parental Responsibility viewed/had verbal feedback of this referral?

If possible, please obtain signatures of those with legal Parental Responsibility who have viewed/had verbal feedback of the referral:

No Yes How?

.....

.....

Date:

It is the responsibility of all agencies that are making enquiries and/ or making referrals about child/ren to inform the parents/ carers or those with parental responsibility that they are making a referral to Children

Social Care, where it is appropriate to do so. Please see below “use of personal Information). Please refer to Bradford Safeguarding Board’s information sharing/consent policy for further guidance ([Consent and Information Policy](#))

USE OF PERSONAL INFORMATION

If you would welcome support for your family, then we need your agreement for agencies to co-ordinate any support you may need through sharing information about your family with them. This could include the following agencies: Children’s Specialist Services, Schools, Police, National Probation Service, Community Rehabilitation Company, Youth Offending Team, Department of Work and Pensions (including contracted work programme providers), In communities, Families First Commissioned Services, your GP, Health Visitors, School Nurses, Family Hub, Stronger Families and Bradford Teaching Hospitals NHS Foundation Trust’s Innovation Hub who are undertaking important research about children’s development for Better Start Bradford and Born in Bradford Projects. Access to information is carefully controlled and only approved members of the Innovation Hub Team will be able to identify you whilst keeping your information private and safe so that no information that could identify you or your child will be shared with anyone else.

We collect and process personal and sensitive information in accordance with the General Data Protection Regulation. This information may include details about you/your children’s health including NHS Numbers, education and UPN Numbers, welfare and development, home or family circumstances. We use this information:

- To help us work with you to provide an effective service
- To help us improve services through research and planning

In some cases, information may be shared between agencies without consent; for example, where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, we will discuss this matter with you. Reasons for this are:

- If it is believed that a child’s/adult’s safety or welfare is at immediate risk
- Where it is required to do so by law because of a criminal activity /drug trafficking offences
- Should you or your child fall ill during contact with the service and relevant information needs to be given to a medical professional

CONSENT FOR INFORMATION STORAGE AND INFORMATION SHARING

The reasons for sharing information have been explained to me. I give my permission for Bradford Council to obtain personal and /or sensitive information about me and my family for the purposes set out above and agree to my information being shared with and for Prevention and Early Help/Families First/Social Work services.

My explicit consent is freely given, fully informed and I understand that it can be withdrawn at any time. I have been given the opportunity to ask any questions in relation to this referral and the information about me that will be shared and that I can request an update at any time. I have the right of access to personal information held about me and my children and can request this by making an application in writing.

This completed form will be retained by Bradford Council. Information will be stored on a secure electronic system and shared with other organisations as appropriate, and only communicated by secure means. It will be destroyed in accordance with data protection principles and Bradford Council retention policy. Read our full [Privacy Notice](#).

If you are the Parent/Carer you are also giving your permission to share personal information about young people (under 16) in your care.

