



MONTEBELLO
TRAINING

Child Protection Policy

Child Protection Policy

This policy provides guidance to all adults working within the training centre whether paid or voluntary or directly employed by the centre or by a third party.

1. Child Protection Statement:

‘Our centre is committed to safeguarding children and promoting children’s welfare and expects all staff, volunteers and visitors to share this commitment and maintain a vigilant and safe environment. Everyone has a responsibility to act without delay to protect children by reporting anything that might suggest they are being abused or neglected. It is our willingness to work safely and challenge inappropriate behaviours that underpins this commitment. The centre seeks to work in partnership with families and other agencies to improve the outcomes for children who are vulnerable or in need.’ ‘Safeguarding and promoting the welfare of children is everyone’s responsibility.’

Everyone who comes into contact with children and their families and carers has a role to play in safeguarding them. In order to fulfil this responsibility effectively, all professionals 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.’ (DFE 2016)

2. Definitions:

A child includes anyone under the age of 18.

Child protection: ‘Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child.’

Safeguarding Children: ‘Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.’

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.’

Keeping Children Safe in Education (DfE 2016)

3. Policy Aims:

- To ensure responsibilities and procedures are fully understood and that everyone can recognise signs and indicators of abuse or neglect and respond to them appropriately.
- To ensure that the centre’s practice meets local and national guidance.

4. Key Principles: The child’s needs and welfare are paramount. All children have a right to be protected from abuse and neglect and have their welfare safeguarded.

- Children should be listened to and their views and wishes should inform any assessment and provision for them. Staff should always act in the interests of the child in order to protect them.
- The centre recognises that scrutiny, challenge and supervision are key to safeguarding children.
- The centre is committed to working with other agencies to provide early help for children before they become at risk of harm or require a ‘child in need’ statutory assessment. ‘Early Help means 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.’ (DfE 2015)

- 'All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.' (DFE 2016)
- 'All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, that may follow a referral, along with the role they might be expected to play in such assessments.' (DFE 2016)
- All staff have equal responsibility to report their concerns about a child or the behaviour of any adult **without delay** to the Designated Safeguarding Lead (DSL). Whilst the Designated Safeguarding Lead will normally make referrals to Children's Services, **any** staff member can refer their concerns to children's social care directly in emergencies or if they feel they need to do so. (Liverpool Careline 0151 233 3700)
- Everyone has responsibility to escalate their concerns and 'press for reconsideration' if they believe a child's needs remain unmet or if the child is failing to thrive and in need or if the child is at risk of harm. 'Concerns about a child should always lead to help for a child at some point.'
- The centre understands its responsibility to request a statutory assessment lead by a social worker for any child in need, as defined under the Children Act 1989, who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services.
- Keeping Children Safe in Education (DfE 2016) reminds us that all staff should maintain an attitude of "it could happen here" where safeguarding is concerned.
- The centre will work in partnership with other agencies to promote the welfare of children and protect them from harm, including the need to share information about a child in order to safeguard them. '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.' Working Together to Safeguard Children (DfE 2015).
- The centre will work with other agencies to ensure any actions that are part of a multiagency coordinated plan are completed in a timely way.
- The centre will follow the Local Authority and Liverpool Children's Safeguarding Board's procedures and provide them with information as required.
(www.liverpoolscb.org)
- Staff, children and families will need support following child protection processes being followed.
- Children have a right to learn ways to keep themselves safe from harm and exploitation.

5. Legislation and Guidance:

Schools and colleges must have regard for the DfE statutory guidance 'Keeping Children Safe in Education (DfE 2016). **This child protection policy should be read alongside this statutory guidance and all staff must read and understand at least part 1 of this guidance.**

Local authorities have a duty to make enquiries under [section 47](#) of the **Children Act 1989** if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

A 'child in need' is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. A social worker will lead and co-ordinate any assessment under [section 17](#) of the Children Act 1989.

Section 175 of the **Education Act 2002** places a duty on local authorities (in relation to their education functions, and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who are students under 18 years of age attending further education institutions. The same duty applies to independent schools (which include Academies and free schools) by virtue of regulations made under section 157 of the same Act.)

Working Together to Safeguard Children (DfE 2015) provides additional guidance and clearly states: 'Protecting children from harm and promoting their welfare depends upon a shared responsibility and effective joint working between different agencies'

In addition, Working Together also reinforces the need to take action to provide Early Help before child protection is required: 'Providing early help is more effective in promoting the welfare of children than reacting later. Early Help means 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.' DfE 2016

The school therefore understands its responsibility to engage with other professionals in Early Help Assessments when a child's needs according to the Liverpool Children's Safeguarding Board Responding to Need and Level of Needs framework sit below the requirement for a statutory assessment.

The Counter-Terrorism and Security Act 2015 places a duty upon local authorities and educational providers to 'have due regard to the need to prevent people from being drawn into terrorism'. The DfE has provided statutory guidance for schools and child care providers: '**The Prevent Duty**' (June 2015). The guidance summarises the requirements on schools and child care providers in terms of four general themes: risk assessment, working in partnership, staff training and IT policies. Our school will ensure that staff are aware of the indicators of extremism and radicalisation and how to respond in keeping with Local and national guidance. Staff will use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme. Equally children will be made aware of the risks and support available to them. We will ensure that children are safe from terrorist and extremist material when accessing the internet in schools. The Government has developed an 'educate against hate' website providing information and resources for schools and parents to support them to recognise and address extremism and radicalisation in young people.

‘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, 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’

Teachers **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also still consider and discuss any such case with the school or college’s designated safeguarding lead and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures.’ DFE 2016

The school will also consult the government guidance **Multi-agency statutory guidance on female genital mutilation (revised 2016)**. In addition, the school recognises the important role schools has in safeguarding children from Forced Marriage. (The Forced Marriage Unit has published **Multi-agency guidelines**, with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information. Contact: 020 7008 0151 or email: fmufco.gov.uk., DFE 2016)

Early years providers have a duty under section 40 of the **Childcare Act 2006** to comply with the welfare requirements of the **Statutory Framework for the Early Years Foundation Stage**. **The Teaching Standards (DfE 2013)** also requires all teachers to ‘uphold public trust in the profession and maintain high standards of ethics and behaviour, within and outside school, including:

- treating pupils with dignity, building relationships rooted in mutual respect, and at all times observing proper boundaries appropriate to a teacher’s professional position
- having regard for the need to safeguard pupils’ well-being, in accordance with statutory provisions
- showing tolerance of and respect for the rights of others’

In addition, the **Sexual Offences Act 2003** makes it clear that all members of staff are in a position of trust and would therefore be committing a criminal offence to have a sexual relationship with a young person below the age of 18, even if that pupil is over the age of consent. In addition it would be a breach of trust to have a relationship with any school student over the age of 18.

The centre will also take account of additional DFE guidance including:

Working Together to Safeguard Children (DFE, 2015)

What to do if you are worried a child is being abused 2015- Advice for practitioners DFE 2015

The Prevent Duty - Departmental advice for schools and childcare providers DFE 2015

How social media is used to encourage travel to Syria and Iraq (DFE Briefing note for schools)

Disqualification under the Childcare Act 2006

The Ofsted School Inspection Handbook and Inspecting safeguarding in early years, education and skills

Other DFE statutory guidance including: attendance and children who go missing from home or care which is found here <https://www.gov.uk/topic/schools-colleges-childrenservices/safeguarding-children>

6. Communicating with parents and visitors:

The following statement is provided to parents so they are aware of the school's responsibilities:
'The school ensures children learn in a safe, caring and enriching environment. Children are taught how to keep themselves safe, to develop positive and healthy relationships, how to avoid situations where they might be at risk including by being exploited.'

The school also has a statutory responsibility to share any concerns it might have about a child in need of protection with other agencies and in particular police, health and children's services. Schools are not able to investigate child protection concerns but have a legal duty to refer them. In most instances the school will be able to inform the parents/carer of its need to make a referral. However, sometimes the school is advised by children's services or police that the parent/carer cannot be informed whilst they investigate the matter. We understand the anxiety parents/carers understandably feel when they are not told about any concerns from the outset. The school follows legislation that aims to act in the interests of the child.

The school will always seek to work in partnership with parents and other agencies to ensure the best possible outcomes for the child and family'

The following notice is made available to all visitors in reception.

'Our centre is committed to safeguarding children and promoting children's welfare and expects all staff, governors, volunteers and visitors to share this commitment and maintain a vigilant and safe environment. Everyone has a responsibility to act without delay to protect children by reporting anything that might suggest a child is being abused or neglected. We would expect you to also report to the headteacher or Designated Safeguarding Lead any behaviours of any adults working in the school that may concern you. By signing our visitors book you are agreeing to follow the school's safeguarding advice to visitors and where appropriate the code of conduct for staff and volunteers.'

The names and photographs of the Designated Safeguarding Lead and those who deputise for them are displayed in the classroom, Offices and the staffroom.

Safeguarding Framework:

In addition to this child protection policy the school has procedures or policies in relation to other areas for safeguarding children including as examples:

- attendance
- anti-bullying including cyber bullying
- behaviour for learning
- code of conduct for staff and volunteers (guidance on safer working practices)
- Children in Care (Looked After Children)
- Educational visits and offsite activities
- data protection
- drug and substance misuse
- disability objectives and access plan
- equal opportunities
- fire drills
- first aid
- Information Technology
- risk assessments
- safe recruitment practices
- managing allegations against staff
- safeguarding advice for visitors
- taking and using photographs
- whistle-blowing

7. Roles and responsibilities:

Kate Oconnor - Managing Director

Annemarie Lee - Training Coordinator, trained to provide cover for the role of Designated Safeguarding Lead

Sam Beevers - The Designated Safeguarding Lead for Child Protection

The Managing Director will ensure that:

- The DBS register is maintained and up-to-date and the safer recruitment practices set out in Keeping Children Safe 2016 are followed, including pre-employment checks.
- There is a listening culture within the centre where both staff and children are able to raise concerns about poor or unsafe practices.
- Referrals are made to the Disclosure and Barring Service.
- The Designated Safeguarding Lead has a job description in keeping with the requirements of Keeping Children Safe in Education 2016 and that sufficient time, training and support are allocated to this role, including the appointment of colleagues able to deputise for the Designated Safeguarding Lead who have undertaken the same training.
- They quality assure the centre's child protection practices including the auditing of safeguarding records and the supervision of the Designated Safeguarding Lead and other members of the safeguarding team to ensure that actions and decisions are reviewed appropriately.

Designated Safeguarding Lead

Keeping Children Safe in Education DfE 2016 sets out the broad areas of responsibility for the Designated Safeguarding Lead:

'Manage referrals

The designated safeguarding lead is expected to:

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

Work with others

- *Liaise with the Managing Director to inform them of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;*
- *As required, liaise with the "case manager" (as per Part four) and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and*
- *Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.*

Undertake training

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

The designated safeguarding lead should undertake Prevent awareness training.

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

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;*
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;*
- Ensure each member of staff has access to and understands the school's or college's child protection policy and procedures, especially new and part time staff;*
- Are alert to the specific needs of children in need, those with special educational needs and young carers;⁸⁰*
- Are able to keep detailed, accurate, secure written records of concerns and referrals;*
- Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;*
- Obtain access to resources and attend any relevant or refresher training courses; and*
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.*

Raise Awareness

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

Child protection file

- Where children leave the school or college ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.*

Availability

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

The Managing Director will be the case manager for any allegations against staff and make referrals to the Disclosure and Barring Service.

In addition to the role outlined in Keeping Children Safe the Designated Safeguarding Lead is also expected to ensure that:

- Children’s Services is notified if a child subject to a Child Protection Plan is absent for more than two days without explanation and the social worker is informed when a child subject to a Child Protection Plan or a Child in Need Plan moves to a new setting.
- A training log is kept of all child protection training include the names of those attending. All staff must have regular training.
- Child protection records are kept securely and separately from the child’s normal file
- The school attends and contributes to Child Protection Case Conferences and Child in Need Meetings, ensuring actions are completed in a timely manner.
- The centre escalates its concerns with other agencies when a child’s needs are not being met.
- All staff read and understand part 1 of the DfE (2016) guidance Keeping Children Safe in Education and have available to them other key documents and guidance.

All staff and volunteers should:

- Contribute to ensuring students learn in a safe environment.
- Read and understand as a minimum part 1 of the DFE (2016) guidance Keeping Children Safe in Education and engage in training which enables them to identify children who may need additional help or who are suffering or likely to suffer significant harm and take appropriate action. Staff should have an understanding of the specific safeguarding issues outlined in part 1 of the DFE (2016) guidance Keeping Children Safe e.g. fabricated or induced illnesses, faith abuse. Be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.
- Report any concerns about a child’s welfare without delay to the Designated Safeguarding Lead or any of the safeguarding team. Report any concerns without delay about the behaviour of an adult towards a child to the Managing Director, Designated Safeguarding Lead. Understand their responsibility to escalate their concerns and ‘press for reconsideration’ if a child remains at risk or their needs are not met. This includes the understanding that any member of staff can make a referral to Children’s Services if required to. (Liverpool Careline 0151 233 3700). Tutors **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out.
- Follow the centre’s policies including this child protection policy and the centre’s code of conduct for adults and the Guidance for Safer Working Practices for Adults Working with Children (2015)
- Understand their responsibility to escalate their concerns and ‘press for reconsideration’ if a child remains at risk or their needs are not met. This includes the understanding that any member of staff can make a referral to Children’s Services if required to. (Liverpool Careline 0151 233 3700).

- Be aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. Staff should recognise that children are capable of abusing their peers. Staff must challenge any form of derogatory and sexualised language or behaviour. Staff should be vigilant to sexualised/aggressive touching/grabbing particularly towards girls. Behaviours by children should never be passed off as ‘banter’ or ‘part of growing up’. The DFE states *‘peer on peer abuse should be taken as seriously as abuse by adults and should be subject to the same child protection procedures. Professionals should not dismiss abusive behaviour as normal between young people and should not develop high thresholds before taking action.’* Concerns should be referred to senior staff who may need to consult with the Designated Safeguarding Lead. Victims of peer on peer harm should be supported by the centre’s pastoral system and referred to specialist agencies including, as examples, ‘CAMHs’, ‘Brook’ and ‘Barnardos’. A risk assessment may need to be in place. The centres curriculum will support young people to become more resilient to inappropriate behaviours towards them, risk taking behaviours and behaviours that children may be coerced into including ‘sexting’ or ‘initiation/hazing’ behaviours.
- Understand that some children, including those with Special Educational Needs or Looked After, may be more vulnerable to abuse. ‘Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. This can include:
 - assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration;
 - children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and
 - communication barriers and difficulties in overcoming these barriers.’ (DFE 2016)

The DFE has provided additional practice guidance ‘Safeguarding Disabled Children’ DFE 2009.

- Have access to the centre’s managing allegations against adults procedures and whistle blowing policy.
- (The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.)
- Have access to ‘What to do if you are worried a child is being abused 2015- Advice for practitioners DFE 2015’

8. Additional Child Protection Guidance provided to all adults working with young people which will include:

- Part 1 of Keeping Children Safe in Education (DfE 2016)
- The centre’s Code of Conduct for staff and volunteers
- Guidance for Safer Working Practices for Adults Working with Children (Safer Recruitment Consortium 2015)
- A flowchart summarising the child protection procedures
- Definitions of abuse or neglect and possible indicators
- Identified groups of children more vulnerable to abuse
- Specific guidance related to Female Genital Mutilation, Forced Marriage, Child Sexual Exploitation, Extremism and Radicalisation, Neglect and online-safety
- Dealing with allegations against staff and volunteers procedures
- Whistleblowing procedures
- ‘What to do if you are worried a child is being abused 2015- Advice for practitioners DFE 2015’

9. On-line safety, data protection and the use of digital photographic equipment

There is a clear code of conduct for staff and volunteers for using new technologies, mobile phones and personal photographic equipment around children. The centre will consider, in particular, Looked After Children (Children in Care) who might be put at risk by being included in publicity materials or centre photographs.

The DFE highlights the risks of new technologies:

‘The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation- technology often provides the platform that facilitates harm. The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm’

Staff should bring immediately to the attention of the Designated Safeguarding Lead and senior leadership team any behaviours by adults or children themselves that may be risky or harmful.

10. Monitoring attendance

A child missing from an education setting is a potential indicator of abuse or neglect including exploitation. Local Authority guidance and procedures will be followed for dealing with a child who is missing from education, particularly on repeated occasions. Unauthorised attendance will be closely monitored. The attendance children with known welfare and attendance concerns will be monitored closely, particularly those with chronic poor attendance or persistent absentees. Schools also scrutinise the attendance of off-site provision to ensure children are attending and are safe and must be informed daily to their students absence/attendance. Similarly the attendance of children who are vulnerable or with known welfare and safeguarding concerns such as children who have a Child Protection Plan, a Child In Need, are Children Looked After and/or SEN will be monitored on a daily and weekly basis. Social care will be informed immediately when there are unexplained absences or attendance concerns. It is important that the AEP mentor is aware of any safeguarding concerns. It is critical that when a child is not attending the centre their welfare is confirmed and It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, Female Genital Mutilation and forced marriage.

11. Complaints

Complaints about safeguarding should follow the centre’s complaints policy. The centre also have whistle blowing procedures.

- Appendix 1: Liverpool's Safeguarding Charter **
- Appendix 2: Definitions of Abuse and Neglect **
- Appendix 3: Indicators of Abuse and Neglect **
- Appendix 4: What to do during a disclosure **
- Appendix 5: Child Protection and Child Welfare Chart **
- Appendix 6: Core standards for school safeguarding teams **
- Appendix 7: Flowchart for making referrals **
- Appendix 8: Record Keeping **
- Appendix 9: Schools' Safeguarding Escalation Policy **
- Appendix 10: Early Help **
- Appendix 11: Learning from Serious Case Reviews **
- Appendix 12: Key contacts/websites**
- Appendix 13: Statutory Responsibilities and Quality Assuring Safeguarding **
- Appendix 14: Child Sexual Exploitation **
- Appendix 15: Levels of Need as a Continuum (Liverpool Safeguarding Children's Board)

Liverpool Schools' Safeguarding Charter

All settings providing education to Liverpool children should:

- Initiate and provide early help assessments in keeping with the statutory guidance to schools, Keeping Children Safe in Education. Schools are well placed to promote early help and the Early Help Assessment (EHAT) process for children and families before their needs escalate to a point where intervention would be needed via a statutory assessment.
- Work in partnership with other agencies to safeguard and promote the welfare of all children in keeping with the LSCB's 'Responding to needs framework' to secure improved outcomes for young people. All verbal referrals to children's services must be followed up with a written referral requesting a statutory assessment via the M.A.R.F. (multi agency referral form)
- Ensure that safer recruitment practices and safeguarding policies and procedures set out a culture of vigilance and challenge
- Provide induction and regular training that enable all adults to recognise signs of abuse and neglect; act in the interests of the child and maintain an attitude 'it could happen here'.
- Challenge ourselves and our multi-agency partners to ensure actions are completed in a timely way and press for reconsideration if the situation does not improve and escalate when required.
- Governors and school leaders should quality assure all safeguarding practices including maintaining support and oversight of the Designated Safeguarding Lead and Safeguarding Team, their actions and decisions and record keeping.
- Ensure all adults working with young people follow an agreed code of conduct that promotes safe working practices and makes responsibilities and expectations clear, including the understanding that anyone, in specific circumstances, can make a referral.
- Complete any actions arising from the Local Authority's 175 Safeguarding Audit in order to ensure policies and procedures follow LSCB, Local Authority and statutory guidance.
- Implement any learning arising from serious case reviews and other reviews, for example the need to listen and respond to the views of children, especially when assessing their needs.
- Provide children with a curriculum which promotes their safeguarding and enables them to maintain healthy relationships.

Appendix 2

Definitions of abuse and neglect as defined by the DfE:

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

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

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

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

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

Appendix 3

Indicators of abuse and neglect

The following are possible signs of abuse or neglect and should be reported to the Designated Safeguarding Lead. It is important to consider all physical and behavioural changes in children. A child may:

- ask you if you will keep a secret before offering to tell you something
- talk about a friend who has a problem
- have unexplained or untreated injuries
- be severely bruised or injured
- talk of being in pain or discomfort
- be unwilling to change in front of other children for P.E.
- be unwilling to discuss injuries, marks or bruises
- always covering arms and legs even in hot weather
- be fearful of medical help or parents being contacted
- be left in unsafe situations or be involved in risk taking behaviour
- be afraid of parents or carers and unwilling to go home
- be fearful of particular adults
- flinch when approached
- continually run away
- have sudden behavioural changes including becoming aggressive, irritable, lethargic or withdrawn
- have low self esteem, self-harm or feel suicidal
- display extreme anger or sadness or depression, display aggression or attention seeking behaviour
- have sudden changes in weight (loss or gain) or eating disorders
- scavenge or scrounge food
- be constantly hungry or tired
- have poor social relationships or be socially isolated
- display sudden speech disorders
- have punctuality or attendance issues including unexplained attendances · be frequently unclean, inappropriately or inadequately dressed
- experience being constantly 'put down', insulted, sworn at or humiliated
- display sexualised behaviour seemingly inappropriate for their age including sexualised behaviour towards others
- present artwork, play or write displaying sexual themes
- take on a parental role within the home
- have unexplained amounts of money
- take about terrifying dreams
- soil or wet themselves or regress to other childhood behaviours including thumb sucking
- begin or revisit rocking behaviour
- have urinary infections
- have soreness or bleeding in genital or anal areas or in the throat
- misuse drugs or alcohol

Appendix 4

What to do during a disclosure

During a disclosure:

- Stay calm, providing a safe place for the child to disclose
- Listen to the child without interrupting them
- Avoid becoming upset
- Give the child adequate physical space

Things to say to a child during a disclosure:

- "What's happened is not your fault"
- "I'm glad you told me"
- "I am sorry this happened to you"
- "I will support you"

Never:

- promise to keep a secret
- express shock or embarrassment
- question the truth of what is being said
- ask leading or probing questions
- take photographs of a mark or injury
- ask the child to write a statement (however the child may ask to write something down if they are embarrassed)
- ask a child to sign a statement you have written
- express anger towards abuser

Following the Disclosure

- Leave the child with another adult whilst you report your concerns immediately to the Designated Safeguarding Lead
- Record your concerns on the school's child protection/safeguarding concern form · Use the child's own language and exact words and write down what the child tells you e.g. 'The child told me...'
- Differentiate between fact, opinion, interpretation, observation and allegation. · Be accurate e.g. 'She showed me a burn mark on her right forearm. She told me her mother did this with a cigarette'
- Opinions should be clearly stated e.g. 'I thought this might be because...In my opinion...'
- Note down any witnesses or anyone who might corroborate your record · Record the date and time of the incident and add your signature to the record.
- Place the child protection/child welfare form in the hand of the Designated Safeguarding Lead, Head Teacher or other senior member of staff
- Consider how best to manage your own feelings
- Following reporting your concerns remember that the disclosure not be discussed with other staff without the agreement of the Designated Safeguarding Lead
- Follow the DFE guidance in part 1 of Keeping Children Safe in Education and your school's child protection procedures.

Child Protection and Child Welfare Flowchart

If a member of staff or volunteer has concerns about a young person's welfare because the child has disclosed abuse towards them, or the member of staff is concerned by physical or behavioural changes in the child which may indicate abuse or neglect, they must report their concerns (without investigating the matter) **immediately to the Designated Safeguarding Lead or a senior member of staff.**

Consideration should be given for the need to immediately protect the child by contacting the police and children's services or to ensuring emergency medical treatment. The member of staff or volunteer should record their concerns in writing, describing exactly what the child has said and/or what they have observed. *(All adults within the centre must follow the Code of Conduct and attend regular safeguarding training. All adults must read and understand Part 1 of the DfE guidance Keeping Children Safe in Education 2016 which provides further key guidance and a more detailed referral flowchart on page 10).* Allegations or concerns about an adult working within the centre should be shared with the managing director or Designated Safeguarding Lead.

(via tel 0151 233 3700)



The Designated Safeguarding Lead will draw upon Liverpool Safeguarding Children's Board: 'Responding to Need Guidance and Levels of Need Framework' (www.liverpoolscb.org/) and consider whether to begin an early help assessment or discuss their concerns with Careline (tel 0151 233 3700). This may lead the centre to make a written referral to Children's Services on the multi-agency referral form (M.A.R.F). The Designated Safeguarding Lead will agree with Careline how the parent/carers will be informed, if that is appropriate. **However, anybody can make a referral if required (e.g. an emergency or there is a genuine concern that appropriate action has not been taken.)** If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Given that 'concerns should always lead to help for the child at some point' the school should undertake, with other agencies, an Early Help Assessment when the child's level of need has not met the threshold for statutory assessment.

Appendix 6

Core standards for school or centres safeguarding teams

- Schools or colleges should undertake an early help assessment before the child needs escalate to the point where a request for a statutory assessment is required.
- Where there are safeguarding concerns about a child there should be no delay in contacting children's services.
- All requests for a statutory assessment by children's services must be accompanied by a Multi-Agency Referral Form (M.A.R.F.) or Early Help Assessment. (EHAT)
- Consent **must** have been secured before a request for statutory assessment is made for a 'child in need'. Whilst consent is **not** required for child protection referrals consideration should always be given to informing the parents. Parents would normally be informed of the need to make a child protection referral unless this would jeopardise the safety of a child (place them at risk) or impede a police or a children's service investigation.
- If a request for statutory assessment is not accepted schools or colleges, with other agencies, should undertake early help assessments if a child has unmet needs that sit below the need for a statutory assessment. Schools or colleges should always escalate their concerns to ensure a statutory assessment is undertaken if they believe the child's needs require this.
- All child protection case conferences, core group, child in need and early help meetings should be attended and written information shared in line with LSCB guidance. Schools or colleges should contribute to a robust and timely assessment of the child's and family's needs.
- Given safeguarding is a shared responsibility and members of the school's or colleges safeguarding team must understand their responsibilities when attending meetings. These include the need to scrutinise information effectively, review historical concerns, examine the views and wishes of the child, review and challenge practice and when required escalate concerns.
- Schools or colleges should, together with other agencies, ensure multi-agency plans have clear outcomes for children that are achieved in a timely way.
- A chronology must accompany all safeguarding records. The records should reflect actions taken including any written requests for statutory assessment, decisions taken to share or not to share information shared, concerns escalated and the views and wishes of the child.
- An overview list must be maintained by the Designated Safeguarding Lead, of all safeguarding concerns brought to their attention along with a brief outcome.
- A central list must be maintained by the Designated Safeguarding Lead of all children subject to current child protection plans, child in need plans or early help assessments. The list should all include any children where there are historic concerns or children whose welfare needs to be monitored.
- The safeguarding team should undertake regular supervision. Supervision is a structured conversation to monitor the welfare of children through the review of actions taken, decisions made and critically the changing needs of the child. 'Rolling' minutes of supervision should capture any further actions required. If not directly involved in supervision the managing director should evaluate the effectiveness of the process and 'sign off' on any actions.

Appendix 7

Flow chart for making referrals to Children's Services

1 . Concern: Allegation received, disclosure from a child, suspicion based on injury or behaviour or a build-up of concerns. **Act, do not delay!** Does the child need emergency hospital treatment or immediate police protection? Ring 999 or 0151 709 6010 (Merseyside Police). **Follow LSCB procedures and Keeping Children Safe in Education (DFE 2016)**

2. Respond: Share your verbal concerns and then written notes with the Designated Safeguarding Lead (DSL) who will lead the next steps in this flowchart. (Differentiate between fact, opinion, interpretation, observation and/or allegation. Record any witnesses. Use the child's own words. Put the date, time and your name and signature on the record. Remember our role is to record and refer and not to investigate.) The DSL should use the LSCB 'Responding to Needs Guidance and Levels of Need Framework' to inform their decision to refer. For concerns that sit below level 4 you should begin an early help assessment and consider discussing your concerns with the consultative social workers in the early help hubs. However, if you have still significant welfare concerns contact Careline 0151 233 3700 and consult. **Remember anyone can make a referral (request for statutory assessment).**

3. Safeguarding Concerns:

Where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm then Careline should be contacted by telephone (0151 233 3700) without delay. This must be followed up with a Multi-Agency Referral Form (M.A.R.F.) within one day or sooner. This is to be completed online only.

Consent is not needed for child protection referrals but consideration should be given to informing the parents/carers. However, the parents/carers should not be informed if it might place the child at risk of harm or jeopardise a police or child's service investigation. If in doubt seek advice from Careline before contacting the parents/carers.

When you are speaking to Careline **confirm** that they are accepting your referral as a 'Child Protection' or 'Child in Need' Referral (Section 47 and Section 17 of the 1989 Act).

Referrals (requests for a statutory assessment) at Child in Need must also be made on the Multi-Agency Referral Form (MARF). A Child in Need assessment will not begin until the MARF is received and must have parent/carer consent. An EHAT may be accepted in lieu of the MARF.

Consent is always required for a Child in Need (CIN) Referral. If the parents/carers refuse to give consent then consult with Careline. They might advise to you seek consent for an Early Help Assessment. If the parents/carers continue to refuse to engage and provide consent for an EHAT or CIN then seek further advice and complete the MARF stating that there parents'/carers' non-engagement and unwillingness to agree to an assessment at Level Child in Need is likely to lead to the child being harmed/neglected.

Continued: If you do not agree agreement with Careline's decision not to accept a Child Protection Referral (S47) or to consider a statutory assessment for a Child in Need as defined by the 1989 Act (S17) follow the agreed escalation procedures and the LSCB's own escalation procedures:

- a. Ask to speak to a social worker b. Ask to speak to a team leader.
- c. Contact Careline Service Manager: tel 0151 233 3700 and follow up your concerns in writing, matching your concerns to the LSCB Levels of Need Framework. You should always receive an explanation as to why a referral is not being accepted.
- d. Contact the Line Manager of the Careline Service Manager.
- e. Contact the Assistant Director and then Director of Children's Services.

4. Follow up your telephone referral in writing without delay:

A written referral on the online multi-agency referral form (MARF) must accompany all requests for statutory assessment. Match your concerns to the criteria in the 'Responding to Need Guidance and Levels of Need Framework'. The multi-agency referral form should be completed online only at:

<http://liverpool.gov.uk/health-and-social-care/children/children-at-risk/>

Alert other schools and agencies known to the family, as appropriate, and include information from them to support your referral. If you are unsure as to the outcome of a Children's Services investigation/assessment following a child protection or child in need referral contact Children's Services. (If in doubt ring Careline again). Ensure key colleagues are aware of the situation e.g. Tutor, Managing Director, AEP Mentor. It is good practice for the named Designated Safeguarding Lead to at least attend the initial case conference along with another member of the safeguarding team, who may attend subsequent meetings.

5. Monitoring, record keeping and the sharing of key information:

All record keeping should evidence:

- a copy of the written referral on the MARF
- written reports to child in need and child protection meetings (LSCB reporting template)
- a chronology summarising events and submissions to the child protection file
- attendance of colleagues at key meetings (case conferences, core groups, Team Around the Family/Child or Early Help Assessment)
- that the targets in Child Protection Plans are being addressed by all agencies
- there is tracking of attendance, progress data together with the young person's engagement in clubs and activities
- the sharing of information with other key agencies promoting partnership working
- that young people, parents' and carers' views have been sought and appropriately addressed with a focus on the child's need and all key communications, discussions, decisions and actions related to the child
- how parents have been challenged and supported appropriately
- decisions to share or not to share information
- how agencies have been challenged/concerns escalated

- All Child Protection, Child in Need or Early Help Assessments should be locked away securely with limited access to named colleagues. Child protection records should be kept separately to the child's normal file. Ofsted have the right to request to see a child's file, to be assured that the school is recording and sharing information appropriately.
- The Local Safeguarding Board can request a copy of a child's file as part of a serious case review, critical incident review or multi-agency case audit.
- Schools or colleges should ensure the original safeguarding records are forwarded to any educational setting that the child leaves to attend (new school, pupil referral unit, special school, student support centre and including further education colleges for children below the age of 18). Once the other setting has received the original the school or college should shred any copy it has retained unless it has legal grounds for keeping a copy.
- The child's original records should be kept securely until the child reaches the age of 25 unless they are transferred **securely** to another setting. It is expected practice to discuss the child's needs with the new setting at the point at which records are transferred.
- The school or college should retain evidence of how the records were transferred (signed receipt).

Records should indicate:

- The build-up of low level concerns over time
- Discussions with other agencies
- Any issues or actions arising from meetings, including case conferences, Child in Need meetings and Early Help review meetings.
- How parents have been challenged and supported appropriately
- Decisions to share information or not to share information
- Attendance monitoring
- How agencies have been challenged/their activity scrutinised
- How actions have been completed in a timely manner
- If the case records have been audited as part of management supervision
- The child's views, wishes and feelings
- Any non-verbal behaviour by a child unable to verbalise their feelings

Records should be legible and indicate clearly who has provided the information. All pages in the file should be numbered and a chronology of events and actions provided at the front of the file.

Schools' and Colleges Safeguarding Escalation Policy

This policy considers where there is (**Schools and colleges should also consult the LSCB's escalation Policy on their website**):

1. Disagreement internally within the school or college as to the need for a referral
2. Disagreement about Children's Services' (Careline) decision to accept a referral
3. Concerns about the progress of a Child in Need/ Child Protection Plan
4. Disagreement about the need to put into place a Child Protection Plan at Case Conference or to remove a child from a plan

1. Disagreement internally within the school or college as to the need for a referral

In situations where the Designated Safeguarding Lead **does not** believe a referral to Children's Services (Careline) is appropriate and this decision **is questioned** by a member of staff, then Careline **should always** be contacted and the information/concerns shared.

It is important to remember Keeping Children in Education (DFE 2016) makes it clear that any member of staff can make a referral to Children's Services (Careline).

You can seek advice from the early hubs/consultative social workers too.

2. Disagreement about CARELINE's decision to accept a referral

You have been told that your referral does not meet the level 4 of the LSCB Levels of Need Framework. If you do not agree with the decision of Careline (on behalf of Children's Services) not to accept a Child in Need or Child Protection Referral **you have a responsibility to escalate your concerns:**

Have you completed the on-line multi-agency referral form (M.A.R.F.) This is the required 'written submission' to support your initial telephone contact. This form provides considerable holistic information that will provide a greater context to your referral and will enable Children's Services to have all the information they need to make an informed judgement as to whether it meets the 'threshold'. This is particularly important if they are historic concerns related to the family. Are there any other agencies/schools that support your concerns/referral?

When summarising your concerns always provide a chronology of key events. Draw upon the LSCB Levels of Need Framework matching and evidencing your written concerns to the criteria. Draw upon the statutory definitions of section 17 or section 47 assessments (child in need and child protection)

Take the following steps when escalating your concerns to Children's Services:

- a. Ask to speak to the Careline social worker who has made the decision. The advisor who answered the call should never refuse this request.
- b. If there is no agreement ask to speak to a Careline Team Leader.
- c. If there is no agreement put your concerns in writing to the Careline Service Manager: mike.evans@liverpooldirectlimited.co.uk tel: 0151 225 2045
- d. Seek advice from phil.cooper@liverpool.gov.uk
- e. You should escalate your concerns further to the Line Manager of Careline in Children's Services and then to the Assistant Director of Children's Services and if needed to the Director of Children's Services if you believe a child is at risk and a referral is not being accepted or a section 17 Child in Need Assessment is required.

You should always be told the outcome of a referral and receive an explanation as to why a referral is not being accepted.

Schools and colleges have a responsibility to work with other agencies to provide Early Help and carry out Early Help Assessments. For children with additional or unmet needs that require a multi-agency coordinated approach and plan, an **Early Help Assessment** should be drawn up to provide early intervention where a child does not meet the thresholds for statutory assessment by Children's Services. Given their knowledge and relationship with the family, schools are well placed to initiate **Early Help Assessments** or support other agencies to do so. If a parent does not agree to an **Early Help Assessment** consider the impact on the child. Professional meetings and co-ordinated interventions may still be possible. However, the lack of parental engagement may well lead to the need for a Child in Need/Child Protection Referral. The **Early Help Hubs, Consultative Social Workers** and the **Family Support Workers** are available to support schools to provide Early Help and initiate Early Help Assessments.

3. Concerns about the progress of a Child in Need/ Child Protection Plan

You may have significant concerns about a child subject to a 'Child Protection Plan' or 'Child in Need Plan,' believing that there is no progress with the case or it has deteriorated significantly. You may feel the child should be moved from Child in Need to Child Protection, or additional services and interventions are required or even that the child should be removed from the home. Seek advice from your **Consultative Social Worker**.

Share your concerns verbally and in writing with the social worker. You should also escalate your concerns when you feel you are 'not being heard' or when you disagree with the decisions made. Invite the social worker to bring forward the next Core Group Meeting. Forward your concerns to the Independent Reviewing Officer at the Safeguarding Unit. Escalate your concerns to the Social Workers Team Leader and seek advice from phil.cooper@si.liverpool.gov.uk Escalate your concerns to the Service Manager, their line manager, Assistant Director and Director of Children's Services. Whilst it is important to share your concerns at Core Group Meetings and Case Conferences **do not delay sharing** your concerns until these opportunities arise.

4. Disagreement about the need to put into place a Child Protection Plan at Case Conference or to remove a child from a plan

Ask for your concerns to be captured in the minutes. Ask for a clarification of the reasons underpinning the decision. If you still disagree with the decision write to the Independent Chair detailing your concerns. You should escalate your concerns beyond the Independent Chair if your concerns remain unresolved and you believe the child is at risk of significant harm. Agencies have a responsibility to consider Care Proceeding to remove a child from the home when there is insufficient progress towards Child Protection plan targets and a child remains at risk.

Early help (Early Help Assessment Tool)

Both national and local serious case reviews have identified the need for early help and robust co-ordinated multi-agency interventions. This includes missed opportunities to provide early help before concerns escalated or not undertaking early assessments (Early Help Assessment Tools EHATs previously CAFs) when a referral was not accepted but co-ordinated help was still required. It is also important to note that national serious case reviews have identified situations where schools tried to make referrals to Children's Services but were advised to undertake CAFs when the child's needs were more acute and statutory services were required under 'child in need' or 'child protection'. In these cases the school or college should have escalated their concerns until the referral was accepted and the child in receipt of services in keeping with their needs. The DFE in Keeping Children Safe in Education states:

'school and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating'

Schools and colleges have a responsibility to work with other agencies to provide Early Help and carry out Early Help Assessments. For children with additional or unmet needs that require a multi-agency co-ordinated approach and plan, an **Early Help Assessment** should be drawn up to provide early intervention where a child does not meet the thresholds for statutory assessment by Children's Services. Given their knowledge and relationship with the family, schools are well placed to initiate **Early Help Assessments** or support other agencies to do so. If a parent does not agree to an **Early Help Assessment** consider the impact on the child. Professional meetings and co-ordinated interventions may still be possible. However, the lack of parental engagement may well lead to the need for a Child in Need/Child Protection Referral.

(Schools should always match their concerns to the LSCB's Responding to Need Guidance and Levels of Need Framework and refer at Level 4 to Careline.)

The **Early Help Hubs, Consultative Social Workers** and the **Family Support Workers** are available to support schools and colleges to provide Early Help and initiate Early Help Assessments. Schools and colleges should ensure appropriate staff attend EHAT lead professional training.

Resources and guidance can be found at:

www.liverpool.gov.uk/ehat

The Early Help Directory can be found here:

<http://ehd.liverpool.gov.uk/kb5/liverpool/fsd/home.page>

Learning from serious case reviews

Please also see guidance on the LSCB website:

<http://www.liverpoolscb.org/>

All agencies working in partnership should:

- provide early help and robust interventions before statutory services are required. This is particularly the case for poor school attendance and children in AEP.
- Ensure children's mental health difficulties are appropriately addressed
- Ensure identified key person for young person.
- Ensure any additional special educational needs including ASD are assessed
- Ensure the last Child in Need meeting is a EHAT meeting so there is continuity of multi-agency planning and activity
- focus on the child's needs (avoid focusing solely on the parent's wishes and needs)
- listen to the child away from their parents and record the child's wishes
- consider young people as children until they are 18 years old, (including teenage mothers who may be in abusive relationships)
- assess effectively the parent's motivation and capacity to improve the situation
- assess the impact of any family issues related to drugs, alcohol, mental health or domestic violence (avoid being over-optimistic of the parent's capacity to improve the situation)
- develop a greater understanding of the impact of neglect
- specifically consider the impact of domestic violence, including where young people are themselves the perpetrator of domestic abuse
- monitor carefully the parent's engagement, particularly any missed medical appointments
- review historical concerns in respect of the child and the parent's own history (avoid viewing incidents in isolation and not linking injuries; avoid 'start again' syndrome)
- demonstrate 'respectful uncertainty,' being appropriately sceptical of any explanations provided by the family for any maltreatment and injuries (avoid a lack of professional curiosity hence if you can't rule it out, then you have to rule it in)
- complete holistic assessments in a timely way
- ensure any actions for all agencies and the parents are sufficiently focussed, challenging and completed in a timely way
- attend all professional meetings, ensuring written reports are provided
- ensure the child is seen and spoken to away from their parents on a regular basis (avoid professional drift)
- risk assess all appropriate adults, taking care to consider any new male partners
- observe the child's interaction with parents and key adults, particularly any new male partners
- understand their responsibility to share information in a timely way with other agencies who are working with the family
- understand their responsibility to escalate their concerns and challenge other agencies, including the need to consider care proceedings
- consider issues related to cultural diversity
- collaboratively risk assess with other agencies children who are self-harming
- ensure there is managerial oversight of safeguarding decisions and actions
- ensure decisions, actions, information shared etc. are recorded and that records are transferred and a copy kept securely until the child is 25 years old

- monitor school attendance rigorously, including any unexplained absences, ensuring chronic attendees are visited and their welfare confirmed on a weekly basis
- consider that challenging children's behaviour may be the result of neglect and other forms of abuse e.g. child sexual exploitation
- recognise that some children are more vulnerable to abuse or neglect
- consider the impact of street gang activities
- ensure LSCB procedures are followed
- ensure all staff are appropriately inducted, trained and supervised and have awareness of the indicators related to all forms of abuse, including Forced Marriage, Female Genital Mutilation and Child Sexual Exploitation · ensure a 'Code of Conduct' is in place that sets out every colleague's responsibility to report and challenge inappropriate behaviours towards children, including the need to 'whistle-blow' where appropriate (training should raise awareness of potential indicators of grooming behaviour)
- ensure the assessment of pregnant teenagers must take account of their family background. Both parents should be supported and involved in assessments
- consider the safeguarding needs of unborn babies, risks around co-sleeping, and the heightened risk for babies that arise in homes where there is domestic violence or substance misuse

Key contacts / Websites

Careline: 0151 233 3700 carelinechildrensservices@liverpool.gcsx.gov.uk

Early Help Hubs:

- North Hub @ Alt Valley Community, Alt Cross Road L11 Contact number: 0151 233 4283
- Central Hub @ One Stop Shop, Wavertree Road L15 Contact number: 0151 233 6152
- South Hub @ Belle Vale Children's Centre, Hedgefield Road L25 Contact number: 0151 233 5772
- SECURE EMAIL EHAT.team@liverpool.gcsx.gov.uk

Local Authority Designated Officer (LADO): 0151 225 8116 or 0151 225 8101
ray.said@liverpool.gov.uk safeguardingandreviewunit@liverpool.gcsx.gov.uk

Senior School Improvement for Safeguarding: phil.cooper@si.liverpool.gov.uk

E-Safety Lead Officer: paul.bradshaw@si.liverpool.gov.uk

LSCB CSE Coordinator: nikki.owens@liverpool.gov.uk **LSCB Education Liaison Officer:**
Katie.henderson@liverpool.gov.uk **LSCB Tel:** 0151233 0510 <http://www.liverpoolscb.org/>

Local Authority Major Emergency Duty Team 0151 236 2635 (Only to be used in emergencies. This is an ex-directory number and must not be issued publicly. It is for major incidents to seek a coordinated response.)

Local Authority Press Office 0151 233 0069 (out of hours number 0151 233 3040)

Emergency Planning: 0151 225 8637 duty mobile 07894258120

Health and Safety: 0151 233 8158

Special.Branch@Merseyside.pnn.police.uk or Tel: 0151-777-8505

Prevent Coordinator Tel: 0151-233-7015 or Sue.Harris3@Liverpool.gov.uk 07856645524

Channel Coordinator Paul Storey 01517778328 or 07739 822 286

Paul.Storey_E@merseyside.police.uk

Statutory responsibilities and quality assuring safeguarding.

Section 175 of the Education Act 2002 places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who are students under 18 years of age attending further education institutions. The same duty applies to independent schools (which include Academies, Studio and Free Schools) by virtue of regulations made under section 157 of the same Act. The Local Authority 175 Safeguarding Audit gives schools the opportunity to demonstrate it meets its statutory requirements.

Schools must have regard for the DfE statutory guidance 'Keeping Children Safe in Education (DFE 2016) and Working Together to Safeguard Children (DfE 2015)

Governors and school leaders should consider how they quality assure safeguarding practices including how they:

- Ensure all statutory safeguarding and child protection policies and procedures are in place **and understood**.
- Monitor the evidence base of the 175 safeguarding audit and any actions arising from the 175 audit.
- Ensure the single central record is accurate.
- Ensure safer recruitment practices are followed. (see guidance later)
- Analyse and act upon the views of children, parents and carers.
- Analyse attendance patterns and respond to them.
- Review the effectiveness of health and safety practices and procedures.
- Review your Emergency Planning document, fire evacuation and 'lock down' procedures.
- Review the induction of new staff and the ongoing safeguarding training of all staff.
- Review the safeguarding guidance to staff, volunteers and visitors.
- Carry out learning walks focused on safeguarding arrangements.
- Evaluate curriculum opportunities to help children keep safe.
- Review behaviour data and incidents and patterns of bullying and discrimination.
- Review the supervision of staff and volunteers.
- Evaluate the effectiveness of the school's child protection procedures, including record keeping.
- Review the supervision/managerial oversight of the safeguarding team.

Quality assurance template (How do you know....?)

Standard	Y	N	Evidence/actions
1. Are the single central record and recruitment practices compliant and checked by the headteacher following each round of appointment?			
2. Is there evidence that staff and volunteers can recognise indicators of abuse and neglect?			
3. Do staff, volunteers and visitors know how to refer concerns and to whom?			
4. Does the attendance team know all students who are vulnerable and monitor their attendance patterns particularly unauthorised attendance?			
5. Are the outcomes positive for students on alternative provision? Are attendance monitoring protocols clear between settings? (appropriate use of B code)			
6. Are the decisions and actions by all members of your safeguarding team are effectively reviewed through timetabled supervision?			
7. Do all members of the safeguarding team follow expected practice? (was consent gained, multi-agency referral form completed and record keeping?)			
8. Are there improved outcomes for all children with identified safeguarding concerns (are actions achieved)?			
9. Do you evaluate the effectiveness of curriculum opportunities to help children keep safe?			
10. Do you analyse and reflect upon behaviour data and incidents and patterns of bullying and discrimination?			

Child Sexual Exploitation

Schools and colleges should follow the Pan-Merseyside protocol and pathway available on the LSCB website: <http://www.liverpoolscb.org/>

All referrals to children's services on the M.A.R.F (multi agency referral form) should be accompanied by CSE1 (an assessment and referral tool). The LSCB guidance CSE2 will support the process of completing CSE1.

Guidance provided by Barnardos and Merseyside Safeguarding Boards:

Child Sexual Exploitation is largely a 'hidden problem'. The law defines anyone below the age of 18 as children. Legally a child below the age of 13 is not capable of consenting to sex. Whilst the legal age that someone can consent to sex is 16 years of age, consensual nonexploitative sex between children of similar age below 16 is unlikely to lead to a prosecution. However it is clear children are unable to freely consent to sexual activity when threatened by violence, when there is an imbalance in power or when they are under the influence of alcohol or drugs. Sadly there is evidence that too many professionals and communities describe the victims as making 'life style choices by engaging in risky behaviour' and even 'promiscuous', 'prostituting themselves' or 'liking the glamour'. Here there is a clear failure to acknowledge the initial manipulative grooming process or the threats or actual violence. Unfortunately these children's own challenging behaviours and criminal activities are seen ahead of the underlying causes, even when sexual exploitation is recognised. It is evident that poor assessments do not always lead to sexual exploitation even being identified. In addition, isolation from friends and family and a growing dependence on abusers is a characteristic of child exploitation cases.

A definition of sexual exploitation:

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.' National Working Group

Research by Barnardo's (Puppet on a String: The urgent need to cut children free from sexual exploitation, 2011) indicates that there are different forms of sexual exploitation:

1. *Inappropriate relationships which usually involve an older perpetrator who has power or control over the young person (physical, emotional or financial). The young person may believe they are in a loving relationship or may simply be expected to have sex for food and shelter.*
2. *The 'Boyfriend' model is where the perpetrator grooms the young person to believe they are in a relationship before coercing or forcing them to have sex with friends and others.*

Barnardo's report a rise in this type of peer activity which is sometimes linked to gang activity.

3. Organised/networked sexual exploitation or trafficking. This is undertaken by networks of serious organised criminals who organise sex parties and prostitute young girls and boys. This may involve girls being traded and moved around the country. Young boys and girls will also be forced into recruiting other victims.

Barnardos provides the following key guidance:

Who is most at risk?

Young people who are socially, emotionally and economically vulnerable are at particular risk of sexual exploitation.

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships · Attending school with young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in a hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carer.
- Excluded from school

The following signs and behaviour are generally seen in children who are already being sexually exploited:

- Associating with significantly older men
- Getting into cars of an unknown male, including being picked up at school or care home
- Having keys to unknown premises or having hotel keys/key cards
- Unusual association with taxi drivers/firms
- Missing from home or care, absence from school.
- Regularly returning home late or going missing overnight or for several days
- Knowledge of different towns or cities
- Being defensive about where they have been and what they have been doing
- Physical injuries and having marks or scars on the body which they try to conceal
- Drug or alcohol misuse.
- Involvement in criminal offending behaviour
- Becoming disruptive at home or school
- Repeat sexually-transmitted infections, pregnancy and terminations.

- Change in physical appearance including looking tired or ill and sleeping during the day
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Disclosure of a sexual assault which is later withdrawn
- Estranged from their family and being hostile and aggressive with parents/carers
- Receipt of gifts from unknown sources. (e.g. money, mobile phones, clothes, jewellery)
- Having multiple mobile phones and/or sim cards
- Overt sexualised dress, Sexting
- Changes in physical appearance (more/less make up, poor self image) · Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm or thoughts of or attempts at suicide
- Displaying sexually inappropriate or harmful behaviours

Adults and young people should be aware of the grooming process which involves:

Targeting Stage:

- Observing and identifying a vulnerable young person and befriending them and gaining their trust.

Friendship Forming Stage:

- Making the young person feel special
- Spending time alone with them
- Giving gifts, compliments, food, shelter
- Listening and remembering
- Keeping secrets and being a listening 'ear'
- Offering support and protection
- Pretending 'to understand them'
- Testing out physical contact e.g. accidental touching

Loving Relationship Stage

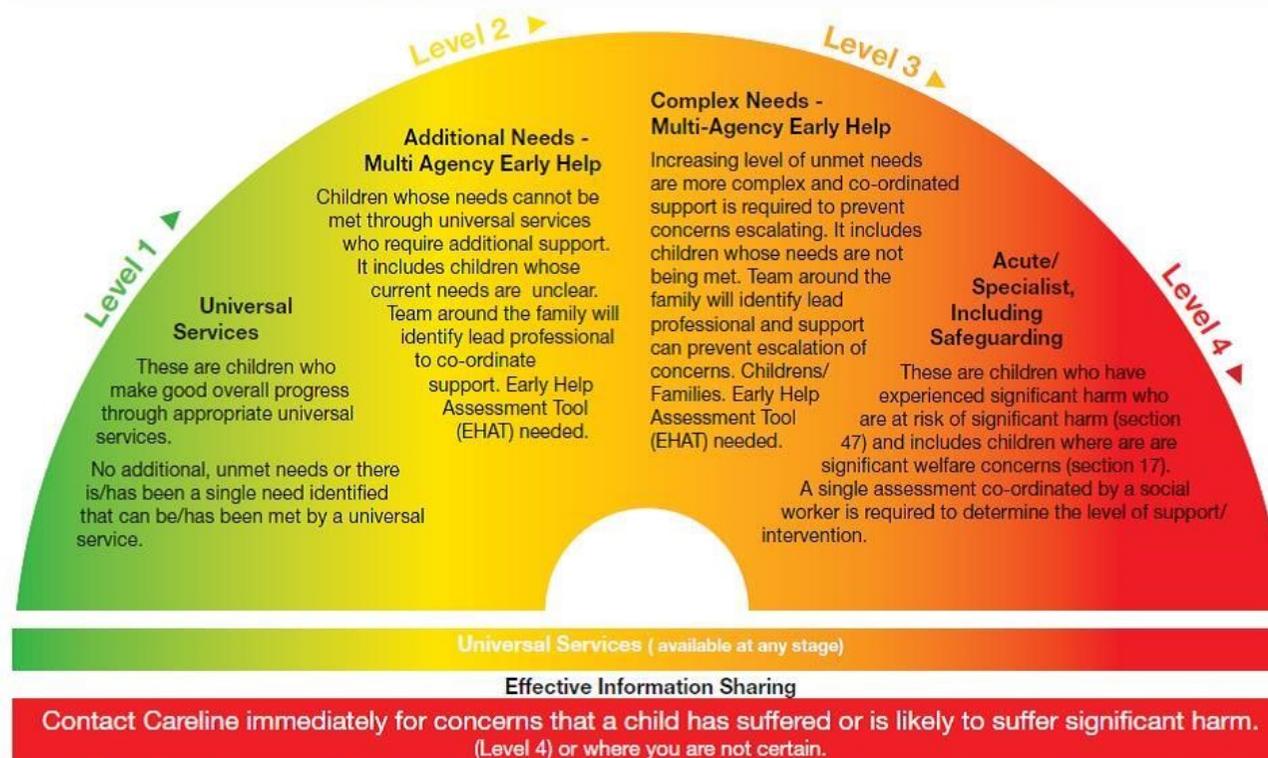
- Establishing a sexual relationship
- Becoming their boyfriend/girlfriend
- Lowering their inhibitions e.g. by showing them pornography
- Engaging in forbidden activities e.g. night clubs, alcohol and drugs
- Being inconsistent by building up hope and then punishing them

Abusive Relationship Stage

- Becomes 'an unloving' sexual relationship
- Withdrawal of love and friendship
- Isolating them from family and friends
- Manipulating the young person by suggesting that the young person 'owes them'
- Threatening behaviour
- Physical and sexual assaults
- Giving them drugs and alcohol
- Making them have sex with other people
- Reinforcing dependency by stating to the young person they are 'damaged goods'
- Developing feelings of guilt, shame and fear within the young person

Appendix 15

Promoting Children's Wellbeing in Liverpool - Levels of Need as a Continuum



The windscreen model is used for illustration only and does not necessarily reflect the proportions of families within Liverpool that under the level of needs described. Consent is always the needed when offering single or multi-agency support to families and parental engagement is fundamental. This enables effective sharing of information and appropriate support being put in place regardless of the level of need. However, consent is not needed when there are significant welfare concerns or likely risk/harm for a child.