



**MONTE**BELLO  
TRAINING

# PP04

## Safeguarding Policy and Procedures

(including children, young people and vulnerable adults safeguarding and child protection)

Details of person responsible for this policy

Name	<u>Sam Beevers</u>	Position	<u>Designated Safeguarding Lead</u>
Signature	<u>S.Beevers</u>	Date	<u>Oct 20</u>
Review Date	<u>Sept 21</u>		



## Contents

<b>Staff details</b> .....	5
<b>Introduction</b> .....	5
<b>Child Protection Statement</b> .....	5
<b>Definitions</b> .....	6
<b>Policy Aims</b> .....	8
<b>Key principles</b> .....	8
<b>Legislation and Guidance</b> .....	9
<b>Communicating with parents and visitors</b> .....	12
<b>Roles and responsibilities</b> .....	12
<b>Safeguarding Framework</b> .....	18
<b>Training and Induction</b> .....	18
<b>Procedures for reporting child protection or child welfare concerns</b> .....	19
<b>Process to follow if a child makes a disclosure</b> .....	20
<b>Operation Encompass</b> .....	21
<b>Confidentiality, information sharing, record transfer and record keeping and retention</b> .....	21
<b>Additional child protection guidance will be provided to all adults working with young people which will include:</b> .....	22
<b>Managing allegations against adults (including all staff, supply/self-employed staff and volunteers) working at the centre</b> .....	23
<b>Allegations of abuse against another student (peer on peer / child on child abuse)</b> .....	24
<b>On-line safety, data protection and the use of mobile phones and digital photographic equipment</b> .....	25
<b>Monitoring attendance</b> .....	26
<b>Private fostering</b> .....	26
<b>Safer recruitment</b> .....	27
<b>The safeguarding curriculum</b> .....	27
<b>Safeguarding children who attend off-site alternative provision</b> .....	Error! Bookmark not defined.
<b>Complaints and Whistleblowing</b> .....	28
<b>Escalation</b> .....	28
<b>Proactive Safeguarding</b> .....	28
<b>Monitoring and Quality Assurance</b> .....	29
<b>Appendix 1</b> .....	31
<b>Appendix 2</b> .....	32
<b>Appendix 3</b> .....	33
<b>Appendix 4</b> .....	35
<b>Appendix 5</b> .....	40

<b>Appendix 6</b> .....	41
<b>Appendix 7</b> .....	43
<b>Appendix 8</b> .....	45
<b>Appendix 9</b> .....	47
<b>Appendix 10</b> .....	51
<b>Appendix 11</b> .....	52
<b>Appendix 12</b> .....	57
<b>Appendix 13 ** (KCSiE)</b> .....	60
<b>Appendix 14</b> .....	61
<b>Appendix 15</b> .....	66
<b>Appendix 16</b> .....	67
<b>Appendix 17</b> .....	69

## Staff details

Managing Director	Kate Oconnor
Designated Safeguarding Lead:	Samantha Beevers
Deputy Designated Safeguarding Lead(s):	Annemarie Lee and Clare Cantwell
Policy Date:	01/10/2020
Policy Status:	Statutory
Policy Review Cycle:	Annual
Next Review Date:	01/10/2021

## Introduction

Montebello Training Ltd will prevent and respond to abuse and neglect by ensuring that the ethos and atmosphere of the centre is conducive to a safe environment. Students and parents/carers will feel supported and able to report safeguarding concerns to any member of staff. Staff will feel they are supported by colleagues and the senior management team and are able to report and seek advice and guidance on any safeguarding concerns, including those regarding colleagues or themselves. We will protect all students (regardless of age) at risk of abuse or neglect by having procedures in place that reflect current legislation, guidance and best practice.

As part of our safeguarding ethos, we encourage all students, regardless of age, to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs. We will ensure that partisan political views are not promoted in the teaching of any subject in the centre and where political issues are brought to the attention of the students, reasonably practicable steps will be taken to offer a balanced presentation of opposing views to pupils. We will ensure that reasonable steps are taken to ensure visitors to the centre do not share messages with the centres community which are contrary to our centre's ethos and beliefs.

Safeguarding is everybody's responsibility and, as such, this policy applies to all staff, volunteers, supply workers and self-employed staff working in the centre. An allegation, disclosure or suspicion of abuse, or an expression of concern about abuse, could be made to any member of staff, not just those with a teaching or welfare-related role. Similarly, any member of staff may observe or suspect an incident of abuse.

## Child Protection Statement

Montebello Training Ltd is committed to safeguarding all students and promoting their welfare and expects all staff, volunteers, supply and self-employed staff to share this commitment and maintain a vigilant and safe environment. Everyone has a responsibility to act immediately to protect all students by reporting anything that might suggest a student is 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 all students who are vulnerable or in need.

*‘Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who meets children and their families and carers have a role to play. 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.’ (KCSiE DFE 2020)*

## **Definitions**

### **Students**

Throughout this policy reference is made to ‘all students’, this encompasses all children up to the age of 18 years (18th birthday) whether living with their families, in state care or living independently (as defined within Working Together to Safeguard Children 2018) and adults on courses with us who’s ages can run from 18 to 40+ and might be classed as vulnerable.

### **Vulnerable**

The term ‘vulnerable’ is defined as a person ‘who is or may be in need of community care services by reason of mental or other disability, age or illness: and who is or may be unable to care for him or herself, or unable to protect him or herself against significant harm or exploitation’ (Department of Health 2000).

The term ‘vulnerable’ may also apply to those who are at risk of abuse due to the following:

- Lack of mental capacity
- Increasing age
- Being physically dependent on others
- Low self –esteem
- Previous history of abuse
- Negative experiences of disclosing abuse
- Social Isolation
- Lack of access to health and social services or high-quality information

### **Child Protection**

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

### **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 mental and physical 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.’ (DfE 2020)*

### **Abuse**

Abuse is a form of maltreatment of another person (regardless of their age). Somebody may abuse or neglect a child or young person 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children 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 persistent 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, though it may occur alone

### **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)
- ensure access to appropriate medical care or treatment

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

### **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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Further information regarding the signs and indicators of abuse are set out in the DfE guidance Keeping Children Safe in Education (DfE 2020).

## Policy Aims

- To ensure Montebello Training Ltd takes appropriate action, in a timely manner, to safeguard and promote the welfare of all children.
- 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 and all statutory requirements are in place.

## 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.
- Keeping Children Safe in Education (DfE 2020) reminds us that all staff should maintain an attitude of "*it could happen here*" where safeguarding is concerned.
- 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 2020)
- 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.
- *'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, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.'* (KCSiE, DfE 2020)
- All staff have responsibility to report their concerns about a child **without delay** to the Designated Safeguarding Lead. Whilst the Designated Safeguarding Lead will normally make referrals to Children's Services, **anyone** can refer their concerns to children's social care directly in emergencies or if they feel they need to do so.
- 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 and the child's situation should improve.

- 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 2018)
- The centre will work with other agencies to ensure any actions that are part of a multi-agency coordinated plan are completed in a timely way.
- The centre will follow the Local Authority and the Local Safeguarding Children Partnership procedures and provide them with information as required.
- 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.

## Legislation and Guidance

Schools and colleges must have regard for the DfE statutory guidance 'Keeping Children Safe in Education' (DfE 2020). **This child protection policy should be read alongside this statutory guidance and all staff must read and understand at least part 1 and annexe A 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 2018) provides additional guidance which makes it clear that protecting children from harm and promoting their welfare depends upon a shared responsibility and effective joint working between different agencies:

*Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.*

In addition, Working Together to Safeguard Children also reinforces the need to take action to provide early help before statutory services are 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.'* Working Together to Safeguard Children, DFE 2018

The centre therefore understands its responsibility to engage with other professionals in Early Help Assessments when a child's needs according to the Local Safeguarding Children Partnership's 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, child care providers and educational providers: **'The Prevent Duty'** (June 2015). The guidance summarises the requirements in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

Our centre will ensure that staff are aware of the indicators of extremism and radicalisation and know 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 via Children's Services to the Channel programme. Equally students 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 the centre. 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. Given Liverpool is a priority area, staff can seek additional advice from the Local Authority's Prevent Coordinator or Local Authority's Prevent Education Officer.

**'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: [www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information](http://www.gov.uk/government/publications/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 2020)*

The centre will also consult the government guidance **Multi-agency statutory guidance on female genital mutilation** (revised 2016) and will have reference to guidance provided by the **National FGM Centre - FGM Schools Guidance**.

In addition, the centre recognises the important role we have 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](mailto:fmufco.gov.uk).)

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 **Teachers' 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 the educational setting, including:

- treating students with dignity, building relationships rooted in mutual respect, and always observing proper boundaries appropriate to a teacher's professional position.
- having regard for the need to safeguard students' 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 student of school age over the age of 18.

**The centre and this policy also take account of additional DFE guidance including:**

- CSE Definition and guidance for practitioners DFE 2017
- Criminal Exploitation of children and vulnerable adults: County Lines Guidance DFE 2017
- Disqualification under the Childcare Act DFE 2006
- Information sharing: Advice for practitioners providing safeguarding services HMG 2018
- Sexual violence and sexual harassment between children in schools and colleges DFE 2018
- 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 2015 (Briefing note for schools)
- The Ofsted School Inspection Handbook and Ofsted guidance: Inspecting safeguarding in early years, education and skills
- What to do if you are worried a child is being abused: Advice for practitioners DFE 2015
- 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-childrens-services/safeguarding-children>

Additional DFE/Gov guidance can be found here:

## Communicating with parents and visitors

The centre is committed to the principles of Working Together to Safeguard Children which states that a '*child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.*'

Parents/carers are made aware through the student information pack that our policies are available and are displayed on the kitchen noticeboard.

The names and photographs of the Designated Safeguarding Lead and those who deputise for them are displayed with the policies on the kitchen noticeboard.

## Roles and responsibilities

### All staff (and volunteers) should

- Contribute to ensuring students learn in a safe environment.
- Maintain the belief that '*it could happen here*'.
- Read and understand as a minimum Part 1 and Annexe A of the DFE (2020) 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 and Annexe A of the DFE (2020) guidance Keeping Children Safe e.g. fabricated or induced illnesses, faith abuse. Staff should be aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting can put children in danger. Staff should be alert to the signs of peer on peer abuse and take appropriate action.
- Recognise that any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:
  - Is disabled and has specific additional needs
  - Has special educational needs (whether or not they have a statutory education, health and care plan)
  - Is a young carer
  - Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
  - Is frequently missing/goes missing from care of from home
  - Is misusing drugs or alcohol themselves
  - Is at risk of modern slavery, trafficking or exploitation
  - Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health problems or domestic abuse
  - Has returned home to their family from care
  - Is showing early signs of abuse and/or neglect
  - Is at risk of being radicalised or exploited
  - Is a privately fostered child

- Be aware that safeguarding incidents and/or behaviours can be associated with factors outside of the school and/or can occur between children outside of this environment. All staff should consider whether children are at risk of abuse or exploitation in situations outside of their family home. 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.
- 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. Staff are well placed to observe children day to day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
- Understand that where children have suffered abuse or neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. All staff should be aware of how these experiences can impact on a child's mental health, behaviour and education.
- Report any concerns about a child's welfare without delay to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead or in their absence a senior member of staff.
- Ensure that they record their concerns using the school's agreed reporting procedure, which is to either speak to, or email, the Designated Safeguarding Lead. If raising concerns in person directly with the DSL, this should be followed up with an email. Written/emailed records should always be written in a contemporaneous fashion. Records will note the difference between fact and opinion. The child's voice will be made clear.
- Ensure that concerns relating to children remain confidential and are only shared with the appropriate safeguarding staff.
- Understand that any member of staff can make a referral to children's services should that be required, informing the Designated Safeguarding Lead of any action taken.
- Report any concerns without delay about the behaviour of an adult towards a child to the Managing Director, Designated Safeguarding Lead or deputy or if required the Local Authority Designated Officer for Allegations against Staff.
- 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 do.
- Teachers and those providing teaching **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out.
- Follow the school's policies including this child protection policy and the school's code of conduct for adults and the [Guidance for Safer Working Practices for Adults Working with Children](#) (2019)
- Be aware safeguarding issues can manifest themselves via peer on peer abuse.
- Understand that it may be appropriate to discuss with the Managing Director matters outside of work, which may have implications for the safeguarding of children in the workplace. This includes information about themselves. Staff will ensure that they are aware of the circumstances where this would be applicable.
- Be aware that behaviour by themselves, those with whom they have a relationship or association, or others in their personal lives (in or out of school or online), may impact on their work with children.
- Be aware that if their role is within the scope of the Childcare Act 2006 and they commit a relevant offence that would appear on their DBS certificate or they become disqualified under the Childcare Act 2006, then they must inform their head teacher.

- Be aware that they should inform their head teacher/managing director of any cautions, convictions or relevant order accrued during their employment, and/or if they are charged with a criminal offence.
- 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 staff disciplinary 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](mailto: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

Understand that any indication of failure to follow any of the procedures set out within this policy will lead to a formal investigation by the centre.

#### **The Managing Director will ensure that:**

- The Single Central Record is up to date and the safer recruitment practices set out in Keeping Children Safe in Education (DfE 2020) are followed in line with the centre's Safer Recruitment Policy and Procedures. At least one member of every recruitment panel has attended safer recruitment training.
- Job descriptions and person specifications for all roles make specific reference to child protection and safeguarding.
- There is a listening culture within the centre where both staff, students or parents/carers can raise concerns about poor or unsafe practices.
- Referrals are made to the Disclosure and Barring Service and/or the Teaching Regulation Agency as appropriate.
- They liaise with the Local Authority Designated Officer where an allegation is made against a member of staff.
- The Designated Safeguarding Lead has a job description in keeping with the requirements of Keeping Children Safe in Education (DFE, 2020) 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.
- The scheme of work provides opportunities to help students stay safe especially when on-line. Students should be aware of the support available to them.
- 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, and that staff's emotional needs are met.
- The centre meets its responsibilities under the Prevent Duty including ensuring there are reasonable checks made on visiting speakers and monitoring and filtering is in place across the school's IT systems. All staff have had opportunity for Prevent training either through face to face training or access to online resources:

Keeping Children Safe in Education 2020 sets out the broad areas of responsibility for the Designated Safeguarding Lead. These are detailed below.

### **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**

The designated safeguarding lead is expected to:

- act as a point of contact with the three safeguarding partners;
- liaise with the managing director to inform her of issues-especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- as required, liaise with the "case manager" (as per Part four) and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member;
  - liaise with staff (especially pastoral support staff, school nurses, IT Technicians, SENCOs and Senior Mental Health Leads on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies; and
- act as a source of support, advice and expertise for all staff.

### **Undertaking 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. Training should provide designated safeguarding leads with a good understanding of their own role, and the processes, procedures and responsibilities of other agencies, particularly children's social care, so they:

- understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's social care referral arrangements.
- 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;

- understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation.
- understand the importance of information sharing, both within the school and college, and with the three safeguarding partners, other agencies, organisations and practitioners.
- can 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 can provide advice and support to staff on protecting children from the risk of radicalisation.
- can understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college.
- can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
- 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.
  - 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, and at least annually, to allow them to understand and keep up with any developments relevant to their role.

## **Raise Awareness**

The designated safeguarding lead should:

- ensure the school's child protection policies are known, understood and used appropriately;
- ensure the school's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with *trust boards* or proprietors regarding this;
- ensure the child protection policy is available publicly and parents know referrals about suspected abuse or neglect may be made and the role of the school or college in this; and
- link with the safeguarding partner arrangements to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements;
- help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced, with teachers and school leadership staff. Their role could include ensuring that the school, and their staff, know who these children are, understand their academic progress and attainment and maintain a culture of high aspirations for this cohort; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children.

## **Child protection file**

Where children leave the school (including for in year transfers) the designated safeguarding

lead should 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. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in colleges, are aware as required.

In addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

### **Availability**

During term time the designated safeguarding lead (or a deputy) should always be available (during opening hours) for staff in the centre 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 educational settings, 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 media is acceptable.

It is a matter for individual schools and colleges and the designated safeguarding lead to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities

According to Local Guidance it is expected that the Head Teacher/Managing Director will be the case manager for any allegations against staff and make referrals to the Disclosure and Barring Service or Teaching Regulation Agency.

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

- The social worker is notified if a child subject to a child protection plan is absent without explanation.
- 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 and updates.
- Child protection records are kept securely and separately from the child’s normal file. Records will be transferred and/or retained in keeping with the Local Authority’s and NSPCC guidance.
- The centre attends and contributes to child protection case conferences and child in need meetings, ensuring actions are completed in a timely manner. The centre will complete the LSCP agency report ahead of each child protection conference.
- The centre escalates its concerns with other agencies when a child’s needs are not being met following the Local Safeguarding Children Partnership Escalation and Resolution Policy.
- All members of the safeguarding team have received appropriate training; that all referrals made are quality assured and that regular safeguarding supervision is provided to the safeguarding team to monitor all decisions and action taken and the well-being of each team member.

- All staff read and understand part 1 and annexe A of the DfE (2020) guidance Keeping Children Safe in Education and make available to them other key documents and guidance.
- School has an appropriately trained member of staff to in order to fulfil its obligations under Operation Encompass, and that the centre's commitment to Operation Encompass is known throughout the centre community via the means of staff training, parental letters, posters and the centre website.

## **Safeguarding Framework**

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

- attendance
- Behaviour / anti-bullying (including cyber bullying)
- code of conduct for staff, supply and self-employed staff and volunteers (guidance on safer working practices)
- children in care (Looked After Children)
- educational visits
- GDPR/data protection
- drug and substance misuse
- emergency planning
- evacuation and lock-down procedures (including site security)
- first aid
- on-line safety
- risk assessments
- safe recruitment practices
- disciplinary policy (managing allegations against staff and volunteers)
- mental health and wellbeing
- special educational needs and disabilities
- taking and using photographs
- whistleblowing

## **Training and Induction**

All staff and volunteers working in the centre must be given a copy of the Child Protection policy immediately upon starting work at the centre as part of their induction. All staff and volunteers working in the centre must complete safeguarding training appropriate to their role as part of their induction and at a minimum of annually thereafter. Whole centre safeguarding training (including Prevent) is delivered to all staff annually via online courses.

Designated Safeguarding Lead and deputies must complete safeguarding training relevant to their role. This level of training must be refreshed at least every two years, with further safeguarding training to be accessed on a minimum of an annual basis as best practice. This is to

ensure designated staff have appropriate, up to date knowledge and skills which will enable them to identify concerns and make decisions that support the safety of the students and staff in the centre.

The Trustees should undergo Safeguarding training specific to their role and responsibilities. The Link Trustee for Safeguarding should attend appropriate training to enable them to fulfil the expectations of the role.

All staff have had opportunity for Prevent training either through face to face training or access to online resources:

<https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>

The centre will keep a safeguarding training log evidencing the training attended by the different groups of staff/managers.

## Procedures for reporting child protection or child welfare concerns

- members attending the centre have a statutory duty to safeguard and promote the welfare of children and young people. Staff and managers should not investigate possible abuse or neglect themselves. They should escalate the issue through the appropriate channels.
- All concerns should be reported without delay directly to the Designated Safeguarding Lead, Designated Safeguarding Deputies or Managing director. This should be followed by a written/emailed account of the concerns to the DSL.
- Consideration will need to be given to immediately protecting the child and contacting the police and/or ringing for an ambulance if the child is injured.
- The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead will take immediate action and will make a referral to children's services by telephone if a child is believed to be suffering or likely to suffer significant harm. This referral will always be followed up in writing.
- Children's Services contact details are as follows:
  - **Liverpool** Careline Hub 0151 233 3700
  - **Halton** Social Care Contact Centre 0151 907 8305 (Out of hours 0345 050 0148)
  - **Knowsley** MASH 0151 443 2600
  - **Sefton** 0345 140 0845 (Out of hours 0151 934 3555)
  - **St Helens** Contact Centre 01744 676 600
  - **Warrington** 01925 443322 (Out of hours 01925 444400)
  - **Wigan** Duty Team 01942 828300 (Emergency out of hours duty 0161 834 2436)
  - **Wirral** Integrated Front Door 0151 606 2008 (Out of hours 0151 677 6557)
- The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead will follow the LSCP and Local Authority multi-agency procedures and consider the child's needs alongside the LSCP's Levels of Needs/Responding to Needs Framework (Threshold document) and consider whether an early help assessment or referral to children's services is needed.
  - **Liverpool** <https://liverpoolscb.proceduresonline.com/>
  - **Halton** [www.proceduresonline.com/pancheshire/halton/index.html](http://www.proceduresonline.com/pancheshire/halton/index.html)
  - **Knowsley** [www.knowsleyscb.org.uk/professionals/multi-agency-procedures/](http://www.knowsleyscb.org.uk/professionals/multi-agency-procedures/)
  - **Sefton** <https://seftonlscb.safeguardingpolicies.org.uk/may-2017/procedures-manual/1-introductionlevel-of-need>

- **St Helens**      <https://sthelensscb.proceduresonline.com/index.htm>
- **Warrington**    [www.proceduresonline.com/pancheshire/warrington/index.html](http://www.proceduresonline.com/pancheshire/warrington/index.html)
- **Wigan**            [www.wigan.gov.uk/WSCB/index.aspx](http://www.wigan.gov.uk/WSCB/index.aspx)
- **Wirral**            [www.wirral safeguarding.co.uk/procedures/](http://www.wirral safeguarding.co.uk/procedures/)

- The Designated Safeguarding Lead or Deputy is able to refer to an online tool which helps professionals assess a child’s level of need and decide which method of referral they should complete (EHAT or MARF). The online ‘Levels of Need Slider’ tool can be accessed here: <https://liverpool.gov.uk/referrals/childrens-social-care-referrals/assess-a-child-s-levels-of-need/>
- Concerns about a child should always lead to help for a child. The centre may need to escalate its concerns with Children’s Services to ensure a referral is accepted or work with other agencies to ensure an Early Help Assessment is completed.
- The centre will always seek to follow the Local Safeguarding Children Partnership procedures which can be found on their website:
- If centre does not receive feedback within one working day regarding the outcome of a referral made to Children’s Services, the Designated Safeguarding Lead will contact Children’s Services immediately to determine the outcome of the referral.

Part 1 of Keeping Children Safe in Education (DFE 2020) provides key flowcharts and guidance to support staff and volunteers’ understanding and decision making. This will support staff to make a referral themselves should that become necessary. The Designated Safeguarding Lead should be informed, as soon as possible, following the need for another member of staff to make a referral.

Guidance about indicators of abuse and harm and how to respond to a disclosure is available on the NSPCC website: <https://www.nspcc.org.uk/preventing-abuse/>

If a teacher in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18 the teacher must report this to the police. Keeping Children Safe in Education provides additional guidance.

Concerns that a child is being radicalised should follow the normal safeguarding referral mechanism with an additional Channel or Prevent referral being made to the Local Authority’s Prevent and Channel team.

## **Process to follow if a child makes a disclosure**

If a child makes a disclosure of abuse, staff should:

- Listen and keep calm. Do not interrupt/promise the child that they will keep the matter confidential. Explain to the child who they will need to tell and why
- Observe visible bruises and marks, but should not ask a child to remove or adjust their clothing to view them
- Keep questions to a minimum as their role is not to investigate. If staff need to ask questions in order to ascertain whether this is a safeguarding concern, they should ensure they are open questions

- Use the “TED” model for asking open ended questions: “Tell me about that”, “Explain that to me”, “Describe that”
- Make a record of what has been said immediately afterwards in words used by the child and the member of staff to the best of their memory. Use capital letters for the child’s words to help distinguish between the two.
- Note anything about the child which is connected i.e. any visible injuries including the position and description, the demeanour of the child i.e. crying, withdrawn etc.
- Clearly indicate whether fact, opinion or third-party information
- Report the matter immediately to the Designated Safeguarding Lead
- Seek advice from the Designated Safeguarding Lead if in doubt

Staff should not:

- Ask leading questions, put words into the child’s mouth or press for details
- Rush the child
- Examine the child
- Investigate
- Promise confidentiality
- Summarise or use your own words to describe events
- Delay sharing the information with the Designated Safeguarding Lead

## Operation Encompass

The centre actively engages with the Operation Encompass programme. The police will alert the centre of incidents of domestic abuse and the DSL/Deputy DSL makes contact with the pupil in order to check that they are safe and well.

## Confidentiality, information sharing, record transfer and record keeping and retention

The centre recognises that all matters relating to child protection are confidential. The Managing Director, Designated Safeguarding Lead and/or Deputy will disclose any information about a child to other members of staff on a ‘need to know basis’ only. Guidance about sharing information can be found in the 2018 document “***Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers 2018***”. The centre understands the need to keep child protection and safeguarding records securely. Child protection and safeguarding information is stored on a password encrypted document, the password for which is known only to the DSL and the Managing Director (Deputy DSL). Paper records are kept securely in a locked filing cabinet.

The centre will aim to seek consent of parents before sharing information with other agencies, however legislation states that schools and other agencies can share information without the consent of a parent/carer in particular circumstances.

The centre pays due regard to the relevant data protection principles which allow us to share personal information, as provided for in the **Data Protection Act 2018** and the **General Data Protection Regulation** (GDPR). The centre is aware of the processing conditions under the Data

Protection Act 2018 and the GDPR which allow the centre to store and share information for safeguarding purposes, including information which is sensitive and personal, and this is treated as *'special category personal data'*. Where the centre would need to share special category personal data, we are aware that the Data Protection Act 2018 contains *'safeguarding of children and individuals at risk'* as a processing condition that allows us to share information. This includes allowing the centre to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that we can gain consent, or if to gain consent would place a child at risk.

The centre will transfer records securely to the next setting and discuss the child's needs before the child starts at the next setting. The Designated Safeguarding Lead will speak to their counterpart in the school/college to which the child is transferring in order to ensure that they are aware that the file is to be transferred. Upon confirmation of the child starting on roll the file should be transferred as soon as possible (within 15 working days), but separately to the main file. The file should be signed upon receipt and delivered by hand wherever possible.

The centre will retain records in keeping with Local Authority guidance and NSPCC guidelines: <https://www.nspcc.org.uk/globalassets/documents/information-service/child-protection-records-retention-and-storage.pdf>. This in turn references the Information and Records Management Society (IRMS) [Information management toolkit for schools 2019](#).

### **Additional child protection guidance will be provided to all adults working with young people which will include:**

- The centre's child protection policy which includes the role of the Designated Safeguarding Lead
- Part 1 and Annex A of Keeping Children Safe in Education (DfE 2020)
- The Centre's Code of Conduct for staff and volunteers
- The centre's behaviour policy for students
- Guidance for Safer Working Practices for Adults Working with Children (Safer Recruitment Consortium 2019)
- 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 including Female Genital Mutilation, Forced Marriage, Child Exploitation including sexual and criminal, 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: Advice for practitioners' DfE 2015
- Additional information re SEN/Disability, issues regarding neglect, attendance, etc is signposted to staff, and is situated in the safeguarding folder on the resources drive.

## **Managing allegations against adults (including all staff, supply/self-employed staff and volunteers) working at the centre**

All centres staff and other adults working at the centre will be aware of and work within the centre's Code of Conduct and other relevant policies and procedures. The Staff Code of Conduct includes guidance for staff regarding the centre's expectations of the use of mobile phones, electronic equipment and social media.

All staff and volunteers must report any concerns about a member of staff's behaviour towards children (including supply staff and volunteers) to the Managing Director who will act as the case manager. Concerns can also be discussed with the Designated Safeguarding Lead. Concerns about the managing director should be raised with the company directors.

Local Safeguarding Children Partnership multi-agency procedures will be followed in all cases where it is alleged that a member of staff has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child's behaved towards a child or children in a way that indicates they may pose a risk of harm to children; or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

The centre's managing allegations against staff and volunteer's policy and procedures will support everyone to take appropriate action. This includes a flowchart to guide colleagues thinking.

In some circumstances, the centre will have to consider an allegation against an individual who is not directly employed by the organisation and where our disciplinary procedures do not fully apply (for example supply teachers). Whilst the centre is not the employer of the individual, we still have responsibility to ensure allegations are dealt with properly and will liaise where appropriate with relevant parties. The centre will not cease to use the services of a supply teacher as a result of safeguarding concerns, without finding out the facts and liaising with the LADO to determine a suitable outcome.

Concerns can also be taken directly to the Local Authority Designated Officer (L.A.D.O.), if needed, via Children's Services.

Section 4 of the DFE guidance Keeping Children Safe in Education provides further guidance. In addition to the centre's own procedures, multi-agency procedures are available from the centre.

There are occasions when a person who works with children behaves in a way that is concerning and raises questions about their ability to recognise and take steps to safeguard children in their care that may not always meet the threshold of LADO. As an employer the centre has a duty to consider whether the issue indicates that they are unsuitable to continue in their role for the immediate future or indefinitely. These are known as issues of suitability and, if not being dealt with under the managing allegations procedures, would be dealt with via the centre's disciplinary procedures. Issues of suitability can include:

- Where an employee is being investigated for an offence against an adult, or behaviour in their personal lives brings into question their suitability to work with children

However if an adult who works with children has involvement from Children's Services in respect of their own child, or a child that they live with or have contact with, it is the responsibility of Children's Services to assess the immediate concern and inform the LADO of whether the adult poses a risk to children. Examples of this may include:

- Allegations of assault, physical or emotional, on their own child or on a child they live with or have contact with
- Substance misuse
- Lives with or is in a relationship with a person who is identified as a risk to children

The situation would meet the threshold of LADO should the child in question be made subject to a Child Protection plan. This is because Children's Services has determined that the adult presents a risk to the associated child either directly or due to a failure to protect.

### **Allegations of abuse against another student (peer on peer / child on child abuse)**

All concerns must be reported and discussed with the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead or senior member. This is most likely to include, but not limited to:

abuse within intimate partner relationships; bullying (including cyber bullying), serious violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiation/hazing type violence and rituals. Staff should recognise that children can abuse 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.*'

Children with special educational needs and disabilities are more vulnerable to sexual violence and harassment and staff should be aware that additional barriers can exist when recognising abuse in these children. Children who are LGBT+ or perceived to be, may also be targeted by their peers and harassed or assaulted.

Victims of peer on peer harm will be supported by the centre's pastoral system and referred to specialist agencies including, as examples, 'CAMHs', 'Brook' and 'Barnardo's'. 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.

Additional guidance is available on the NSPCC website:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/legislation-policy-practice/>

## **On-line safety, data protection and the use of mobile phones and digital photographic equipment**

The centres is actively promoting a 'no mobile phone' policy amongst the centre's students except for break and lunch times. Staff should also report any concerns about sexting (youth produced sexual imagery) to the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead or senior member of staff who will follow the guidance in [Sexting in schools and colleges: Responding to incidents and safeguarding young people](#) (UK Council for Child Internet Safety). This document provides clarity as to how staff should respond to these incidents.

The centre's on-line and Acceptable Use policies clearly outline the way in which the centre uses technology and the measures in place to ensure safe and responsible use by all. There is a clear code of conduct for staff and volunteers which sets out the use of new technologies, mobile phones and personal photographic equipment around children. The centre requests permission from all parents (and children where age appropriate) for photographs to be taken and published for relevant purposes. The centre will consider 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. An effective approach to online safety empowers a school to protect and educate the whole school community in their use of technology and establishes mechanisms to identify, intervene in and escalate any incident where appropriate. The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:*

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

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

Annex C of Keeping Children Safe in Education provides schools and educational settings with further key information and guidance.

The DFE guidance "Teaching Online Safety in Schools" (June 2019) also outlines how schools can ensure their pupils understand how to stay safe and behave online as part of forthcoming and existing curriculum requirements [www.gov.uk/government/publications/teaching-online-safety-in-schools](http://www.gov.uk/government/publications/teaching-online-safety-in-schools).

## **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. The centre will follow the pan-Merseyside missing children protocol. Unauthorised attendance will be closely monitored. In line with the centre's attendance policy, the attendance of children with known welfare and attendance concerns will be monitored closely, particularly those with chronic poor attendance or persistent absentees. 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.

The child's social worker will be informed immediately when there are unexplained absences or attendance concerns. It is important that the centre's attendance monitoring staff, are aware of any safeguarding concerns. It is critical that when a child is not attending the centre their welfare is confirmed and expected practice would be for an appropriate professional to visit the home and speak to the child alone, particularly if there are any safeguarding concerns. The centre will seek to ensure it has at least two emergency contacts for each family and consider what urgent action it may need to take when a vulnerable child and family are not contactable, and the child has not attended the centre. The centre will ensure it is aware, in advance, of any difficulties in accessing the premises of a child's family home.

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.

Children Missing Education (C.M.E.) are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. All staff should be aware that children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life. Children going missing can also be an indicator of mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of or risk of forced marriage. Effective information sharing between parents, schools and local authorities is critical to ensuring that all children of compulsory school age are safe and receiving suitable education. Maintained schools have a safeguarding duty in respect of their pupils, and as part of this should investigate any unexplained absences. Academies and independent schools have a similar safeguarding duty for their pupils. When a child is deemed to be missing from education, the centre will make reasonable enquiries to establish the whereabouts of the child jointly with the local authority, before deleting the pupil's name from the register. Once these enquiries have been undertaken, our centre will follow the local protocol for Children Missing Education and make a C.M.E referral to the Local Authority Officer for C.M.E.

## **Private fostering**

The Children Act 1989, 2004 and Children (Private Arrangements for Fostering) Regulations 2005 set out that Private Fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the

person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer.

Our centre has a mandatory duty to report to the local authority if they believe a child is subject to a private fostering arrangement. (This does not include close family relatives e.g. grandparent, brother, sister, uncle or auntie.) This means making a referral to children's services. A private fostering arrangement is made without the knowledge of the local authority for the care of a child under the age of 16 years (under 18 for children with disabilities) whereby the child is in the care of someone other than their parent or close relative. Further guidance is available in Keeping Children Safe in Education (DFE, 2020) and in [Children Act 1989 private fostering](#). When a child is privately fostered a social worker must carry out an assessment to ensure the placement is appropriate and consider any support needed.

## **Safer recruitment**

The centre will ensure that all appointments follow its recruitment policy and the guidance set out in Keeping Children Safe in Education (DFE 2020). At least one member of the appointments panel will have undertaken safer recruitment. The centre will undertake all the required DFE pre-employment checks and where appropriate will record these checks on the single central record and retain evidence in personnel files. The centre will seek written confirmation that third-party organisations including contractor and alternative education providers have undertaken appropriate checks. The centre's Safer Recruitment Policy and Procedures set out the processes in more detail.

The centre is required to inform relevant staff who fall within the scope of [Disqualification under the Childcare Act 2006](#) and establish they are not disqualified. The criteria for disqualification under the

2006 Act and the 2019 Regulations includes inclusion on the Disclosure and Barring Service (DBS) Children's Barred List or committing a relevant offence.

## **The safeguarding curriculum**

The centre will ensure it has a curriculum which sets out how to help children keep themselves safe from harm. This will include messages which are taught through the Relationships education, relationships and sex education (RSE) and health education (compulsory from September 2020), PSHE curriculum, alongside standalone pieces of work and messages delivered through other curriculum areas. Children will be provided with age appropriate skills, knowledge and understanding to help them recognise and respond to issues such as consent and healthy relationships. Children will be supported to develop their understanding, at the appropriate age, of risks including when using technology, the internet, and risks associated with grooming and radicalisation, gang and criminal exploitation and misusing drugs and alcohol. Children will also learn about the wider safeguarding curriculum which for children would include road safety, anti-bullying and knowing how to seek support when needed. The centre will ensure the curriculum promotes an understanding of the values needed to live within a democratic society including the rule of law, and individual liberty. It will promote tolerance and respect for all faiths (and those of no faith), races, genders, ages, disability and sexual orientations.

## **Complaints and Whistleblowing**

Complaints about safeguarding should follow the centre's complaints policy.

The centre recognises 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, which may include the attitude or actions of colleagues. The centre's Whistleblowing Policy is there to support and aid them in these circumstances. The Local Authority also has whistle blowing procedures.

Whistleblowing regarding the Managing Director should be made to the Company Directors.

The NSPCC whistleblowing helpline is available for staff and volunteers who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285.

## **Escalation**

If any member of staff is unhappy with the response, they have received in relation to a safeguarding concern they have raised, it is their responsibility to ensure they escalate their concern within the organisation. All members of staff are aware of their responsibility to escalate and refer concerns on to Children's Services when it is appropriate to do so.

Where professional disagreement occurs and the Designated Safeguarding Lead and/or Deputy are unhappy with the actions or decisions of another agency, they will escalate their concern in line with the Local Safeguarding Children Partnership's formal escalation policy to ensure a timely resolution.

The first step of any escalation process with another agency is to raise any concerns directly with the other professional and their line manager. A professionals meeting is always a positive way of resolving differences and remaining focussed on the outcomes for the child.

## **Proactive Safeguarding**

Our centre recognises that the centre plays a significant part in the prevention of harm to our children by providing them with opportunities to learn, good lines of communication with trusted adults, supportive peers and an ethos of protection.

Our centre recognises that we may provide the only stability in the lives of children who have been abused or who are at risk of harm.

Our centre recognises that safeguarding incidents and/or behaviours can be associated with factors outside the centre or can occur between children outside the centre. All staff, but especially the Designated Safeguarding Lead and deputy should consider the context within which such incidents or behaviours occur. This is known as contextual safeguarding, which means 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.

Our centre community will:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to. This ethos will be modelled and replicated by staff and trustees.
- Promote a caring, safe and positive environment within the centre.
- Ensure that the centre site is a safe, secure and welcoming place to learn and grow.
- Encourage self-esteem and self-assertiveness through the curriculum as well as through personal relationships, whilst not condoning aggression or bullying.
- Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, etc.
- Ensure that all children know there is an adult in the centre whom they can approach if they are worried or in difficulty.
- Include safeguarding messages across the full curriculum, including PSHE, to ensure that the children are equipped with the skills they need to recognise risky behaviours, stay safe from harm and to know to whom they should turn for help. In particular this will include e.g. staying safe online, anti-bullying, e-safety, road safety, pedestrian and cycle training, focused work in Year 11 to prepare for transition to further education and more personal safety/independent travel, issues around consent, sexting, positive mental health, etc.
- Offer a positive learning experience.
- Ensure all staff are aware of centre guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks

## **Monitoring and Quality Assurance**

Policies and procedures only remain effective if they are regularly monitored and reviewed to ensure that they are still applicable and relevant. Our centre recognises the importance of monitoring and quality assuring the effectiveness of our child protection policy and the procedures set out within it. The aim of monitoring and evaluating the child protection policy is to learn from practical experience, which will contribute to inform policy reviews and future changes to the policy and procedures. The process of monitoring and quality assurance will help the centre to identify the policy strengths and weaknesses and will help to provide an understanding of the reasons for these, so that decisions can be made to resolve any limitations with immediate effect.

Monitoring and evaluation will be done by checking whether the standards from the child protection policy are implemented and whether safeguards are working and will be undertaken throughout the year by the Designated Safeguarding Lead, the Managing Director. Activities which could form part of the ongoing monitoring of effectiveness could be:

- Scrutiny of the Single Central Record and personnel files to ensure pre-employment checks are robust and up-to-date, and that job descriptions for new positions include reference to child protection, etc.
- Confirmation that training has been undertaken according to planned schedule and that all

relevant staff and volunteers have participated

- There is effective analysis of safeguarding data including bullying, attendance, exclusions, behaviour logs, pupils taken off roll, the views and progress and participation of vulnerable students. In particular, the centre will monitor the link between attendance and safeguarding and those persistently absent, frequently late, missing from education (including part of the centre day) or those who suddenly stop attending.
- Methods such as 'safeguarding training questionnaires' used to evidence the effectiveness of staff training
- Regular meetings with staff, volunteers and children which include the opportunity to discuss safeguarding and child protection, or use of questionnaires to evidence this
- Safeguarding learning walks designed to evidence and test out key safeguarding standards
- Adapting and amending the policy and procedures outside of their annual review date to reflect current issues which may have recently arisen to ensure that all children are protected at all times.
- The safeguarding team meets by monthly and procedures are monitored and amended if applicable.

Our centre will also draw upon additional quality assurance activities and e.g. Single Central Record Checklist.

### **Appendices (\*\* taken from the Schools' Safeguarding Handbook, School Improvement Liverpool unless otherwise stated)**

Appendix 1: Liverpool's Safeguarding Charter \*\*

Appendix 2: Definitions of Abuse and Neglect \*\*

Appendix 3: Indicators of Harm \*\*

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: Schools' Designated Safeguarding Leads Flowchart\*\*

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: Safeguarding Disabled Children

Appendix 16: County Lines Guidance – Criminal Exploitation of Children and Vulnerable Adults

Appendix 17: Levels of Need as a Continuum (Liverpool Safeguarding Children's Partnership)

## Appendix 1

### Liverpool Schools' Safeguarding Charter

#### **We are committed to:**

- ✓ Always acting in the best interests of the child, ensuring their views and wishes are heard and acted upon
- ✓ Safeguarding children and promoting their welfare. This is a shared responsibility within our school and together with all partner agencies.
- ✓ Working with partner agencies to safeguard children by adhering to Local Safeguarding Children Partnership policies and procedures and national guidance, particularly the LSCP responding to needs framework/levels of need guidance. We will contribute to effective holistic assessments of the child and family to ensure better outcomes for children.
- ✓ Working in partnership with other agencies to provide early help in keeping with the statutory guidance in Keeping Children Safe in Education (DFE) and Working Together to Safeguard Children (DFE). Schools are well placed to promote early help (Levels 2 and 3) and undertake early help assessments with other agencies before children's needs escalate to a point where a statutory referral to Children's Services is required (Level 4)
- ✓ Providing effective induction of all staff and volunteers, and regular on-going training to ensure all adults can recognise signs and indicators of abuse and harm. Adults working with children are always expected to act in the best interests of the child and understand that, if necessary, anyone can make a referral to Children's Services.
- ✓ Ensuring that safer recruitment practices are adhered to and that we have well understood safeguarding policies and procedures. Our code of conduct for adults will promote safer working practices and a culture of vigilance and challenge.
- ✓ Challenging ourselves and multi-agency partners to ensure actions to improve outcomes for children are completed in a timely way; always escalating our concerns when a child's needs remain unmet following local escalation procedures.
- ✓ Quality assuring our practices and specifically completing any actions arising from the Local Authority's 175 safeguarding audit. Trustees and school leaders will quality assure all safeguarding practices. The headteacher should provide support and oversight of the Designated Safeguarding Lead and safeguarding team through effective supervision reviewing their decisions, actions and record keeping.
- ✓ Implementing any learning arising from local and national serious case reviews and other reviews, for example the need to listen and respond to the views and wishes of children, especially when assessing their needs and providing on-going support.

Providing children with a curriculum which enables them to learn about risk and how to keep themselves safe and maintain happy and healthy relationships. We will provide a listening culture where children have identified adults who they can discuss their concerns with.

## Appendix 2

### Definitions of abuse and neglect as defined by the DfE:

- 1 Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.
- 2 Physical Abuse:** 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.
- 3 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. 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 from 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.
- 4 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 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- 5 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, for example, 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 Harm

**The following are examples of indicators of harm. Importantly you should also consider the specific indicators associated with specific forms of abuse e.g. female genital mutilation or child sexual exploitation. The child may:**

- be regularly missing from school/education
- drug taking or alcohol abuse
- experience peer-to-peer abuse including initiation/hazing type violence and rituals
- have poor attendance including unexplained absences or punctuality or is often collected late from school/education
- lack concentration at school/education, fall behind with their work or fail to reach developmental milestones
- 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
- have repeated injuries
- talk of being in pain or discomfort
- be unwilling to change in front of other children
- be unwilling to discuss injuries, marks or bruises
- always cover their arms and legs even in hot weather
- be fearful of medical help or parents being contacted
- be afraid of parents or carers and unwilling to go home
- be fearful of adults.
- 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
- flinch when approached
- be clingy
- continually run away or talk about running away
- be left in unsupervised or in unsafe situations or be involved in risk taking 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
- 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
- be concerned for younger siblings without explaining why

- have unexplained amounts of money
- talk about terrifying dreams
- soil or wet themselves or regress to other childhood behaviours including thumb sucking
- have difficulty sleeping or start wetting the bed
- 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

Staff and volunteers need to be familiar with the different signs of abuse and harm that might indicate specific forms of abuse associated with, as examples:

- child sexual exploitation
- criminal exploitation
- domestic abuse
- female genital mutilation
- forced marriage
- fabricated or induced illnesses
- faith abuse
- gender based violence
- gang activity
- sexting
- trafficking

## Appendix 4

### What to do during a disclosure

#### Receive

- Remain calm, providing a safe place for the child to disclose (away from other children)
- Listen to the child without interrupting them
- Show concern by taking the child seriously, but avoid becoming upset
- Do **not** show shock or embarrassment, or express anger towards the abuser

#### Reassure

- Tell them they are not to blame for what has happened
- Acknowledge that they have done the right thing by telling you and this must have taken courage
- Consider saying to them:

“I’m glad you told me”

“I am sorry this has happened to you”

“You are not to blame for what has happened. This is not your fault” “You have been brave telling me this”

“I will help ensure you receive help”

#### React

- Do ask open questions like *“Is there anything else that you want to tell me?”*  
*‘Do you want to tell me what happened?’*
- TED is a useful acronym to remember

*“Tell me about that”*

*“Explain that to me”*

*“Describe that to me*

- Let them know that you will need to tell the Designated Safeguarding Lead
- Do **not** promise confidentiality (to keep a secret)
- Do **not** ask leading questions or prompt them
- Do **not** probe for further information
- Do **not** express disbelief
- Do **not** investigate or question the child, except to clarify what you have heard
- Do **not** ask the child to repeat what they have said to another member of staff
- Do **not** ask the child to write down their concerns. (However, they may ask if they can write down their concerns)

## Report and Record

- Share your concerns verbally **without delay** with the Designated Safeguarding Lead or member of the safeguarding team and consider if the child is in immediate danger or needs emergency medical care. Consider the need to ring 999 or ring Children's Services directly.
- Write down what the child said using their actual words including any slang terms or words you may be uncomfortable with
- Write down the time the child disclosed to you and anyone who was present
- Be factual and do **not** make assumptions
- Place your written notes in the hand of the Designated Safeguarding Lead

## Hearing the voice of the child

A key message from serious case reviews both locally and nationally is that agencies don't listen sufficiently to the child's views and wishes when assessing their needs and determining if the support is effective. This can include not interpreting the child's behaviours and changes in their presentation, particularly when there are barriers to the communication including their age, language acquisition or disability.

The serious case reviews following the tragic deaths of Daniel Pelka, Keanu Williams and Tia Riggs highlight the need to listen to children's views and wishes and interpret more effectively their behaviours and their interactions with significant adults in their lives.

## **Working together to safeguard children (2018): A guide to inter-agency working to safeguard and promote the welfare of children states that children have said that they need:**

- *Vigilance: to have adults notice when things are troubling them*
- *Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon*
- *Stability: to be able to develop an on-going stable relationship of trust with those helping them*
- *Respect: to be treated with the expectation that they are competent rather than not*
- *Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans*
- *Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response*
- *Support: to be provided with support as well as a member of their family*
- *Advocacy: to be provided with advocacy to assist them in putting forward their views*
- *Protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee*

## **Ofsted conclude there are five main messages with regard to the voice of the child. In too many cases:**

- *the child was not seen frequently enough by the professionals involved, or was not*

*asked about their views and feelings*

- *agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute*
- *parents and carers prevented professionals from seeing and listening to the child*
- *practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child*
- *agencies did not interpret their findings well enough to protect the child.*

**Keeping Children Safe in Education (DFE, 2020)** is clear that *systems should be in place for children to express their views and give feedback.*

Whilst it is not a school's/educational settings role to investigate child abuse. They should report their concerns to children's services and when required police who may require them and other agencies to work together to contribute effectively to a holistic assessment of the child and family.

**Reminder:** Schools/educational settings should ring children's services without delay to refer **child protection** concerns when they believe a child is **suffering significant harm or likely to suffer significant harm**. This should be followed up in writing by completion of the MARF (multi-agency referral form). Consent of the parents/carers is not needed to make a child protection referral to children's services. However, the parent/carer may be informed of the need to make a referral and the referral discussed with them unless it would jeopardise a police or children's services investigation or place the child or others at risk of harm.

Schools/educational setting should draw upon the **Local Safeguarding Children Partnership's Responding to Need Guidance and Levels of Need Framework when determining if early help or a referral to children's services is needed.**

Schools/educational settings should **not** compromise a police or children's services investigation by asking leading or probing questions where there are child protection concerns. This is particularly important when a criminal offence may have occurred including physical and sexual abuse.

#### **Scenarios:**

**A child says to an adult: 'My head is sore. Mummy hit me with a stick on the head and hurt me'.**

An example of an **inappropriate leading question:**

*'Does mummy do this when she has been drinking?'*

*'Did daddy do this to you?'*

*'Where you in your bedroom when this happened?'*

An example of an **inappropriate probing question:**

*'Why do you think mummy does this?'*

**A child says to an adult: 'Mummy's friend put his hand inside my knickers and touched my private parts.'**

An example of an **inappropriate leading question:**

*'Did he ask you keep a secret?'*

An example of an **inappropriate probing question**:

*'How often has this happened?'*

In both above situations the staff member needs to ring Children's Services **without delay to refer child protection concerns**. If there is an injury to the child's head, they may also need to seek emergency medical assistance.

The member of staff should draw upon the child's own words when making a referral. Occasionally when a school/educational setting has contacted Children's Services to refer child protection concerns a Social Worker may ask them to ask a further question of the child to clarify the concerns. However, they should be clear as to how the question should be asked.

**Reminder:** There are many occasions when a child presents in a way or says something that may require the member of staff to ask an appropriate question to ascertain if there are any safeguarding concerns.

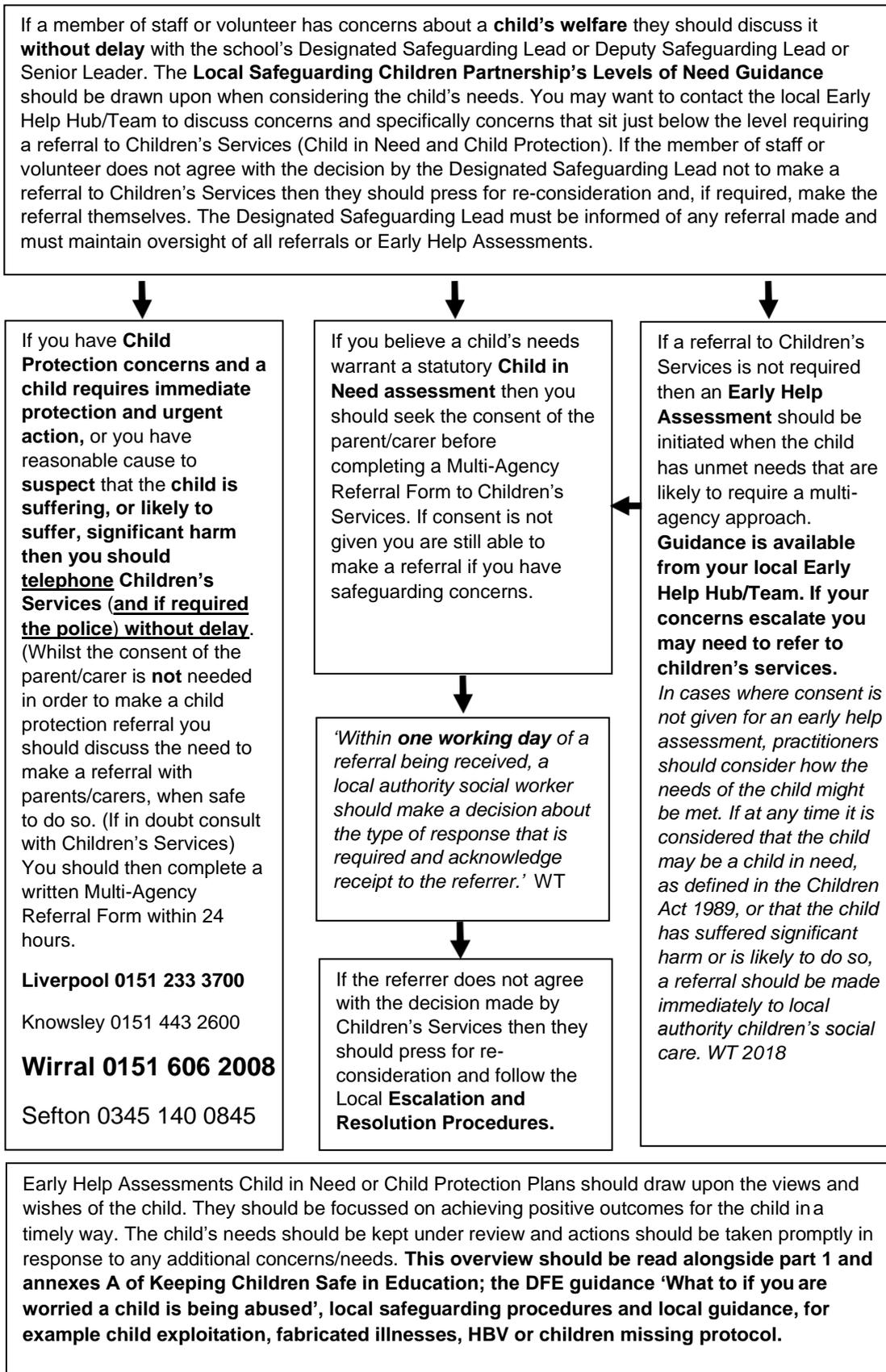
**Examples of safe questions:**

- *You seem upset, is something worrying you?*
- *Your knee looks sore, how did that happen?*
- *Why aren't you wearing a coat today?*
- *You said your mummy screamed at you; do you want to tell me about it?*
- *Where is your pack lunch box today?*
- *You said daddy caused the bruise on your leg, do you want to tell me what happened?*
- *You said somebody hurt you, do you want to tell me what happened?*

**It is important to remind ourselves that children do not always disclose abuse or may be unable to because of their age or communication difficulties hence adults working with children should be vigilant to physical or behavioural indicators of harm and changes in the child. We should always ensure we speak to the child in their preferred/first language especially when speaking to them in English may act as a barrier for them.**

## Appendix 5

### Schools' Safeguarding Flowchart



## Appendix 6

### Core standards for school safeguarding teams

- ✓ The Designated Safeguarding Lead and all those who provide cover for this role will undertake statutory training and refresher training.
- ✓ The safeguarding team will have a working understanding of the Local Safeguarding Children Partnership's 'responding to need framework/levels of needs guidance'
- ✓ Schools should undertake an early help assessment (Levels 2 and 3) before the child needs escalate to the point where a request for a statutory assessment by Children's Services is required (Level 4).
- ✓ Where there are child protection concerns about a child there should be no delay in contacting children's services.
- ✓ All requests for a statutory assessment by children's services (Child Protection and Child in Need at Level 4) must be accompanied by a Multi-Agency Referral Form (M.A.R.F.). These should be quality assured by the Designated Safeguarding Lead.
- ✓ Consent should be secured before a request for statutory assessment is made for a 'child in need'. Where consent cannot be obtained, and you have safeguarding concerns at Level 4 then a Section 17 Child in Need referral can still be made. Whilst consent is not required for child protection referrals, consideration should always be given to informing the parents and discussing the need to make a referral with them. 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 or place another person at risk.
- ✓ If a request for statutory assessment is not accepted by children's services then schools, with other agencies, should undertake early help assessments (Levels 2 and 3) if a child has unmet needs that sit below the need for a statutory assessment (Level 4). Schools should always escalate their concerns using the Local Safeguarding Children Partnership escalation and resolution procedures to ensure a statutory assessment is undertaken if they believe the child's needs require this.
- ✓ The Designated Safeguarding Lead should maintain oversight of referrals made to children's services to ensure it effectively references the Local Safeguarding Children Partnership levels of needs guidance.
- ✓ All child protection case conferences, core group, child in need and early help meetings should be attended and written information shared in line with Local Safeguarding Children Partnership's guidance.
- ✓ Schools should contribute to a robust and timely assessment of the child's needs
- ✓ The safeguarding team must understand their responsibilities when attending meetings including the need to scrutinise information shared effectively, to review historical concerns, to examine the views and wishes of the child, review and challenge practice and when required escalate concerns.
- ✓ Schools 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 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 include any children where there are historic concerns or children whose welfare needs to be monitored.
- ✓ The safeguarding team should undertake regular supervision. 'Rolling' minutes of supervision should capture any further actions required. If not directly involved in supervision the headteacher should evaluate the effectiveness of the process and 'sign off' on any action.

## Appendix 7

### Schools' Designated Safeguarding Leads Flowchart

#### Schools' Designated Safeguarding Leads Flowchart

If a member of staff or volunteer has concerns about a **child's welfare** they should discuss it without delay with the school's Designated Safeguarding Lead or Deputy Safeguarding Lead or Senior Leader. (Concerns about the behaviour of a member of staff / volunteer should follow the 'managing allegations against staff and volunteers procedures'. The **Case Manager** for allegations against staff and volunteers should be the headteacher. A nominated governor, usually the Chair of Governors, is the case manager for allegations against the headteacher.)



The **Local Safeguarding Children Partnership's Levels of Needs Guidance** should be drawn upon when considering the child's needs.

Matching your concerns to the criteria in the in Local Safeguarding Children Partnership's Levels of Needs Guidance will help you determine whether you need to:

- Ring the police **without delay** because a child is in danger and needs immediate protection
- Ring an ambulance **without delay** if a child needs emergency medical care
- Ring Children's Services **without delay** because the child may need immediate protection or you have reasonable cause to **suspect that the child is suffering, or likely to suffer, significant harm. (Level 4 - Section 47)** A child protection referral does not need the consent of the parent / carer but consideration should be given to informing them of the need to make a referral and discussing it with them providing it **does not** put the child at risk or other at or jeopardise a police investigation. You should put your concerns in writing by completing a **Multi-Agency Referral Form** within 24 hours. You should record on your MARF as to whether the parents have been informed
- If your concerns lead you to conclude that the child may require a statutory Child in Need assessment (Level 4 - Section 17) then you should seek the consent of a parent before completing the Multi-Agency Referral Form for Children's Services, which for most local authorities can be found on-line. Where consent cannot be obtained and you have safeguarding concerns at Level 4 then a Section 17 Child in Need referral can still be made
- **Whilst Child Protection and Child in Need sit at Level 4 in most local authorities in Halton it is Level 3 and St Helens it is Levels 3 (CIN) and 4 (CP)**
- If the member of staff or volunteer does not agree with the decision by the Designated Safeguarding Lead not to make a referral to Children's Services then they should press for re-consideration and if required make the referral themselves and inform the Designated Safeguarding Lead
- If you believe the child has unmet needs that are likely to require a coordinated multi-agency approach (and the child's needs sit below the Level 4 for consideration for a Children's Services



**Children's Services:**  
**Liverpool Careline**  
**0151 233 3700**  
 Knowlsey MASH  
 0151 443 2600  
**Wirral 0151 606 2008**  
 Sefton 0345 140 0845  
 Out of hours 0151 934 3555  
**St Helens 01744 676600**  
**Out of hours 0345 050 148**  
 Wigan 01942 828300  
**Halton 0151 907 8305**  
**Out of hours 0345 500148**  
 Warrington 01925 443322  
 (out of hours 0192 544 4400)

statutory assessment) then you should initiate an Early Help Assessment (Level 2 Early Help and Level 3 - Complex Early Help) and log this with the Early Help Hub / team. If you are unsure as to whether your concerns should lead to an Early Help Assessment or request for statutory assessment by Children's Services then discuss your concerns with the Early Help Hub / team. Seek advice if no consent is given by the parent / carers



↓

**The Designated Safeguarding Lead should have sight of all referrals so they can be quality assured.** As you submit your MARF you should save an electronic copy and add it to the child's file. As soon as you have sent in your MARF by email to Children's Services you will receive a confirmation email with a MARF reference number. **If you do not receive this confirmation email ring Children's Services.**

'Within **one working day** of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer.'

This will include determining whether:

- The child requires immediate protection and urgent action is required (**Level 4**)
- The child is in need, and should be assessed under section 17 of the children act 1989 (**Level 4**)
- There is reasonable cause to suspect that the child is suffering, or likely to suffer significant harm and whether enquires must be made & the child assessed under section 47 of the children act 1989 (**Level 4**)
- Any services are required by the child and family and what type of services; and
- Further specialist assessments are required in order to help the local authority to decide what further action to take

Where no further Children's Services involvement is required at this stage then other action e.g. onward referral or **Early Help Services.** (**Levels 2 and 3**) Working Together.

↓

If the referrer (Designated Safeguarding Lead or other) does not agree with decision made by Children's Services then they should press for re-consideration and follow the Local Safeguarding Children Partnership's **Escalation and Resolution Procedures.** This will include discussing your concerns, referencing the levels of needs guidance, with the social worker, their team leader and overall service manager. Put your concerns in writing providing further information if that is required particularly a summary of events / concerns over time. Continue to follow the LSCP's Escalation and Resolution Procedures and seek guidance from [safeguarding@sl.liverpool.gov.uk](mailto:safeguarding@sl.liverpool.gov.uk). Escalation of child protection concerns should be made the same day and without delay.

↓

**Next steps**

1. Having made a child protection referral to Children's Services, you may now need to inform the parents, having first discussed it with the social worker. Be clear as to what you can and cannot say. Informing the parents must not put the child at further risk or jeopardise an investigation. You must now complete the Multi-Agency Referral Form capturing the views and wishes of the child.
2. Set up a safeguarding file for the child with a clear chronology of events.
3. The Designated Safeguarding Lead should always attend at least the first case conference, ensuring that a written report is submitted ahead of the conference and subsequent conferences on the LSCP template.
4. Written reports should always be provided to Child in Need meetings.
5. Consider how best to discuss the young person's needs with your school nurse, attendance officer, EWO, school police officer and your own key staff. Consider what information it is reasonable to share with each person.
6. If an Early Help Assessment is required at (**Levels 2 and 3**) then this should be initiated in partnership with other agencies.
7. Supervision meetings should review the decisions and actions taken to ensure outcomes are achieved in a timely way by all agencies and the family. The child's need should be kept under review drawing upon the Local Safeguarding Children Partnership's Levels of Need Guidance.

## Appendix 8

### Record Keeping

- All Child Protection (level 4), Child in Need (level 4) or Early Help Assessments (level 2 and 3) should be locked away securely with access limited to named colleagues. Child protection and safeguarding records should be kept separately to the child's normal file. Any files kept on the centre network should be password protected. Records should not be held on pen-drives.
- Ofsted have the right to request to see a child's file, to be assured that the centre is recording and sharing information appropriately.
- The Local Safeguarding Children Partnership 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/educational settings 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/educational setting 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 at least 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. If a referral was made to children's services or children's services involvement or multi-agency involvement, then the file should be retained for 35 years from date the child left the school.
- The school/educational setting should retain evidence of how the records were transferred (signed receipt).

#### Summary Retention Guidance:

<b>Where a child leaves school and does not transfer to a new school / FE setting</b>	
If the concerns were at low level and below the threshold for referral to children's services or there was no multi-agency involvement	The file should be retained until child's 25 <sup>th</sup> birthday.
If a referral was made to children's services or children's services involvement or multi-agency involvement.	The file should be retained for 35 years from date the child left the school.
<b>Where a child leaves school and moves to another school / FE setting</b>	
The chronology of events/incidents/actions	Should be kept for at least the periods stated above.
Safeguarding file has been posted to a new setting	A copy of the entire file should be kept until the new setting confirms safe receipt. The copy should then be shredded.
<b>Records relating to allegation against staff, visitor or volunteer</b>	
Usually retirement age or 10 years, whichever is longer BUT for duration of IICSA (independent inquiry into child sexual abuse) it is a criminal offence to destroy any records that could be called as evidence so retain appropriate files.	

**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.

## Appendix 9

### Schools' Safeguarding Escalation Policy

**Schools should follow their Local Safeguarding Children Partnership escalation and resolution procedures/policy found on their website. Liverpool's Safeguarding Children Partnership summary escalation procedures:**

The additional School Improvement Liverpool guidance below sets out in detail the situations that may require escalation and the typical steps that can be taken to support colleagues thinking. It **must** be read alongside LSCP procedures/policy.

It should be remembered that escalating concerns where there is disagreement is a responsibility of professionals to ensure children are kept safe. The absence of escalating well founded concerns could easily compound mistakes or poor judgements already made and lead to a child being unprotected. Colleagues should keep notes of the steps they have taken when escalating their concerns. **Escalation is not just about raising a concern; it is about actively seeking a resolution.**

Examples of when an escalation of concerns may be required:

1. Disagreement internally between school staff as to whether a referral to Children's Services is required
2. Disagreement about Children's Services' decision not to accept a child protection referral
3. Disagreement about Children's Services' decision not to accept a child in need referral
4. Concerns that a child subject to a child in need plan is now at risk of significant harm
5. Concerns about the progress of a child in need plan
6. Concerns about the progress of a child protection plan
7. Disagreement at a child protection case conference not to make the child subject to a child protection plan
8. Disagreement about the decision to discontinue a child in need plan
9. Disagreement about the decision to discontinue a child protection plan
10. Disagreement about the decision by Social Services to request that an early help assessment should be initiated

**1. Disagreement internally between school staff that a referral to Children's Services is required** In situations where the Designated Safeguarding Lead does not believe a referral to Children's Services is required and this decision is questioned by a member of staff, then both colleagues should discuss the child's needs alongside the Local Safeguarding Children Partnership's levels of need guidance. If disagreement remains, then in keeping with both the school's child protection policy and Keeping Children Safe in Education (DfE) the member of staff should make a referral to Children's Services if they believe this is required. Advice can also be sought from the Early Help Hubs.

## **2. Disagreement about Children's Services' decision not to accept a child protection referral**

If you do not agree with Children's Services decision to accept your child protection referral then you must escalate your concerns the same the day following the Local Safeguarding Children Partnership's procedures. (Always consider if your written referral provided adequate information and that you clearly matched your concerns to the Local Safeguarding Children Partnership's levels of need guidance. Draw upon the additional guidance within this handbook to strengthen your written referral.)

Steps to take when escalating your concerns to Children's Services when a child is at risk of significant harm:

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Ask to speak to the Children's Services social worker who has made the decision not to accept the referral. The call handler who answered the call should never refuse this request.
- b. If there is no agreement, ask to speak to a Social Worker Team Leader.
- c. If there is no agreement, ask to speak to the Service Manager (During 'out of hours' this is the Duty Officer)
- d. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- e. If there is no agreement you will be supported to escalate your concerns to a Senior Children's Services Officer without delay

## **3. Disagreement about Children's Services' decision not to accept a child in need referral**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Ask to speak to the Children's Services social worker who has made the decision not to accept the referral. The call handler who answered the call should never refuse this request.
- b. If there is no agreement, ask to speak to a Social Worker Team Lead.
- c. If there is no agreement, ask to speak to the Service Manager
- d. Consider putting your concerns in writing to the Service Manager matching your concerns to the Local Safeguarding Children Partnership's Levels of Need Guidance.
- e. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- f. If there is no agreement you will be supported to escalate your concerns further following the LSCP policy

## **4. Concerns that a child subject to a child in need plan is now at risk of significant harm**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Attempt to contact the social worker or their manager to discuss your concerns
- b. Attempt to contact the Team Leader
- c. In out of hours situations where any delay may lead to further harm or you are unable to contact the social worker or anyone from their team then make a telephone referral to Children's Services following normal LSCP procedures

## **5. Concerns about the progress of a child in need plan**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Speak to the social worker to discuss your concerns
- b. Speak to the social worker's line manager
- c. Put your concerns in writing to the social worker and their line manager
- d. Consider requesting a child in need meeting/professionals meeting is convened at the earliest opportunity to discuss your concerns with other professionals
- e. Speak to the Team Leader and then the Service Manager
- f. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- g. If there is no agreement you will be supported to escalate your concerns further following the LSCP policy

## **6. Concerns about the progress of a child protection plan**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Speak to the social worker to discuss your concerns
- b. Speak to the social worker's line manager
- c. Put your concerns in writing to the social worker and their manager
- d. Consider requesting a core meeting/professionals meeting is convened at the earliest opportunity to discuss your concerns with other professionals
- e. Speak to a Social Worker Team Leader
- f. Contact the Independent Reviewing Officer to discuss your concerns
- g. If there is no agreement, ask to speak to the Service Manager
- h. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- i. If there is no agreement you will be supported to escalate your concerns further following the LSCP policy

## **7. Disagreement at a child protection case conference not to make the child subject to child protection plan**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Raise your concerns during the case conference and ask for your concerns to be minuted
- b. Write to the Independent Conference Chair (Independent Reviewing Officer) putting your concerns in writing
- c. Speak to the Independent Reviewing Officer's Manager
- d. If there is no agreement, ask to speak to a Social Worker Team Leader.
- e. If there is no agreement, ask to speak to the Service Manager
- f. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- g. If there is no agreement you will be supported to escalate your concerns further following the LSCP policy

## **8. Disagreement about the decision to discontinue a child in need plan**

**This decision should be made at a child in need meeting with professionals' views considered by the social worker**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Raise your concerns during the child in need meeting and ask for your concerns to be minuted
- b. Write to the social worker and their manager putting your concerns in writing
- c. If there is no agreement, ask to speak to a Social Worker Team Leader. Consider requesting a CIN meeting/professionals meeting is convened at the earliest opportunity to discuss your concerns with other professional
- d. If there is no agreement, ask to speak to the Service Manager
- e. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- f. If there is no agreement you will be supported to escalate your concerns further following the LSCP policy

#### **9. Disagreement about the decision to discontinue a child protection plan**

**This decision should be made at a Case Conference with professionals' views considered by the Independent Reviewing Officer**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Raise your concerns during the case conference and ask for your concerns to be minuted
- b. Write to the Independent Conference Chair putting your concerns in writing
- c. Speak to the Independent Reviewing Officer's Manager
- d. If there is no agreement, ask to speak to a Social Worker Team Leader.
- e. If there is no agreement, ask to speak to the Service Manager
- f. Consider putting your concerns in writing to the Service Manager matching your concerns to the Local Safeguarding Children Partnership's Levels of Need Guidance.
- g. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- h. If there is no agreement you will be supported to escalate your concerns further following the LSCP policy

#### **10. Disagreement about the decision by Social Services to request that an early help assessment should be initiated**

**If the child's needs are in keeping with an Early Help Assessment, then one should be initiated. Escalate your concerns if you believe the child's needs sit above early help.**

Always follow the Local Safeguarding Children Partnership's escalation and resolution policy

- a. Ask to speak to the Children's Services social worker who has made the decision to request an Early Help Assessment.
- b. If there is no agreement, ask to speak to a Social Worker Team Leader.
- c. Consider requesting a professionals meeting is convened at the earliest opportunity to discuss your concerns with other professionals
- d. If there is no agreement, ask to speak to the Service Manager
- e. Consider putting your concerns in writing to the Service Manager matching your concerns to the Local Safeguarding Children Partnership's Levels of Need Guidance.
- f. Seek advice from [safeguarding@si.liverpool.gov.uk](mailto:safeguarding@si.liverpool.gov.uk)
- g. If there is no agreement you will be supported to escalate your concerns further following the LSCP policy

## Appendix 10

### 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 a child's needs escalated or not undertaking early help assessments when a referral to Children's Services was made but not accepted and 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 early help assessments 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 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 have a responsibility to work with other agencies to provide Early Help and carry out Early Help Assessments at levels 2 and 3.** 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. 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 Local Safeguarding Children Partnership's Responding to Needs Guidance and Levels of Need Framework and refer at Level 4 to Children's Services to request a Child in Need Assessment or Child Protection Enquiry)**

In Liverpool 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.

Schools should ensure appropriate staff attend Early Help Assessment lead professional training.

Trustees should monitor the effectiveness of the school's engagement in multi-agency early help and the number of Early Help Assessments undertaken by the school.

Resources and guidance can be found at: [www.liverpool.gov.uk/ehat](http://www.liverpool.gov.uk/ehat)

The Early Help Directory can be found here:  
<http://ehd.liverpool.gov.uk/kb5/liverpool/fsd/home.pag>

**For other Local Authorities consult the Local Safeguarding Children Partnership's website.**

## Appendix 11

### Learning from serious case reviews

The learning from local serious reviews can be found on Local Safeguarding Children Partnership's websites. They produce useful summaries to guide colleagues thinking. The NSPCC provides a national case review repository providing summaries of all the serious case reviews in UK: [www.nspcc.org.uk/preventing-abuse/child-protection-system/england/serious-case-reviews/](http://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/serious-case-reviews/)

The following guidance should be discussed by Designated Safeguarding Leads with those colleagues who make up the Safeguarding Team. It focusses on what effective practice looks like, whilst drawing upon the learning from serious case reviews.

- Draw upon the Local Safeguarding Children Partnership's Threshold document. Local Safeguarding Children Partnership's Levels of Needs Framework (Threshold Guidance) should always be drawn upon when assessing a child's needs. The referrer should be clear as to what outcomes are needed for the child and family. The criteria in the Local Safeguarding Children Partnership's Levels of Needs Framework (Threshold Guidance) should always be referenced when making a referral. It's important to remember that any information included in the referral will form part of the assessment of the child.

***Can you evidence that your safeguarding team can understand and apply the Local Safeguarding Children Partnership's Levels of Needs Framework? Are the criteria in the Local Safeguarding Children Partnership's Levels of Needs Framework referenced when referrals are made to children's services? Is there oversight of any referrals made?***

- Provide effective early help at the earliest opportunity. Serious case reviews have pointed to missed opportunities to engage in effective coordinated early help to provide support before a child's needs escalate to a point when statutory services are required. There have also been occasions when a referral has been made to children's services and the outcome has been for the referrer to initiate an early help assessment, but this hasn't been undertaken. In addition, it is key that an early help assessment covers all children and that consideration is given to involve all schools and agencies working with the family. Consideration should be given to ensuring early help assessments are in place for vulnerable students including those with complex needs who might attend alternative education provision or those with poor attendance.

***Can you evidence your involvement in early help ensuring positive outcomes for children and young people?***

- referrals are robust and holistic. Any referral to children's services on the 'multi-agency referral form' (M.A.R.F.) should include holistic information about the child, family members and other significant adults. It should include significant events overtime and be clear about the needs of the child or children and any risks. The referral should indicate what outcomes are needed for the child and family and the child's own views and wishes. Where language difficulties may present a barrier to communication and understanding it is important that the child or any adult has the opportunity to speak to

a professional with the support of a translator. This may need well need to be done without other family members being present so the child or adult can speak freely. Consideration should be given to any special educational needs or disabilities the child or parent/carer may have and how this might impact on them communicating their concerns or in the case of parents or carers understanding what is required of them.

***Are the vast majority of your referrals accepted because they provide robust information which supports a social worker to consider the need for a statutory assessment?***

Assessments are effective, holistic and completed in a timely way. Serious case reviews have pointed to occasions where key information was not effectively gathered ahead of an initial child protection case conference, child in need meeting or early help meeting. This led to a lack of understanding of historic concerns and how they might inform the assessment of risk.

Assessments should have a clear understanding of the parent or carer's capacity to bring about change. There should be an understanding of the effectiveness of their parenting. Serious case reviews have pointed to professionals being over-optimistic about the parent or carer's abilities. Professionals should effectively assess the impact of the parent or carer's mental health, substance misuse or domestic abuse on their capacity to parent effectively. The harmful impact of on-going neglect should not be underestimated. Particular attention needs to be given to the impact of these issues on the effective care of unborn babies or very young infants.

**Any assessment must take account of the child's needs and wishes and be outcome focussed. Professionals should ensure their multi agency plans build resilience within the family by identifying 'protective factors' and using the 'Signs of Safety©' approach to effectively assess risk:**

1. What are we worried about? (past harm, future risk and complicating factors)
2. What's working well? (existing strengths and safety)
3. What needs to happen? (future safety)
4. Risk statement

Professionals should have an understanding of any cultural diversity within the family and give thought to how professionals might not take appropriate actions based on their understanding of what they believe are 'cultural norms'.

It is also important to ensure that any male partners are included in the assessment process. Consideration should be given to the need to risk assess any adults or individuals who may present risk to the children. Serious case reviews have pointed to a lack of understanding about the risks that males, in particular, may pose to the children and the absence of police background checks.

Professionals should remember that young people below the age of 18 are children and must be afforded the same protection even when they might present as challenging and disaffected or may be involved in risk taking behaviours. Serious case reviews point to the tendency for professionals to lose sight of the child's needs and vulnerabilities and the potential for these children to be exploited. This is particularly true for teenage mothers where the focus of attention may be on the teenager's own child. It is important to remember that children can pose risk to other children and as an example a teenager may be in an abusive relationship, yet professionals overlook the child protection factors and view it as they would a relationship between adults.

Information sharing and collaborative planning is key and particularly important when assessing the risks surrounding children and young people who may be self-harming or having suicidal ideation.

***Can you evidence your contribution to ensuring multi-agency assessments are effective, holistic and completed in a timely way?***

- Listen to and act upon the child's views and wishes. Serious case reviews highlight the importance of seeing, observing and hearing the child. Professionals should understand the child's lived experiences and what support the child feels they need. A school should identify a key worker for the child or young person so that they have regular opportunity to talk about their feelings and needs. Professionals should have a clear view of what the child wants to happen. Ofsted state that *'in too many cases:*
  - *the child was not seen frequently enough by professionals involved, or was not asked about their views and feelings*
  - *agencies did not listen to adults who tried to speak on behalf of the child and had important information to contribute*
  - *parents and carers prevented professionals from seeing and listening to the child*
  - *practitioners focused too much on the needs of the parents, especially vulnerable parents, and overlooked the implications for the child*
  - *agencies did not interpret their findings well enough to protect the child'*

***Does your record keeping indicate that the child's views and wishes have been acted upon?***

- **Understand how to follow Local Safeguarding Children Partnership's escalation procedures. Serious case reviews and other local case reviews point to professionals not being clear as how to escalate their concerns appropriately. The fundamental issue is that sometimes professionals state they are not happy with a decision but do not follow a process that seeks a resolution to the disagreement. Examples of when an escalation of concerns may be required:**
  - Disagreement about children's services' decision not to accept a child protection referral
  - Disagreement about children's services' decision not to accept a child in need referral
  - Concerns that a child subject to a child in need plan is now at risk of significant harm
  - Concerns about the progress of a child in need plan
  - Concerns about the progress of a child protection plan
  - Concerns about the progress of an early help assessment
  - Disagreement at a child protection case conference not to make the child subject to a child protection plan
  - Disagreement about the decision to discontinue a child in need plan
  - Disagreement about the decision to discontinue a child protection plan
  - Disagreement about the decision by children's services to request that an early help assessment should be initiated

***Do all members of your safeguarding team understand how to follow Local Safeguarding Children Partnership's escalation procedures? Does your record keeping indicate that you have escalated concerns to the point of resolution?***

- Multi-agency plans and meetings should be focused on achieving positive outcomes in a timely way. Effective information sharing is at the heart of effective multi-agency practice.

Professionals should ensure they always attend or are represented at multi-agency meetings. Professionals should understand their roles and responsibilities at these meetings, which includes effectively scrutinising and challenging the actions taken by the parents or carers and other professionals. Professionals should provide written reports ahead of child protection case conferences on the template agreed by the Safeguarding Partnership.

**Serious case reviews remind us that too often there is an absence of effective multi-agency partnership working and that targets in multi-agency plans are insufficiently focussed.**

**Ofsted have highlighted the following shortcomings in multi-agency practice:**

- *'poor communication*
- *failure to include key professionals or agencies*
- *insufficient training or engagement of some professionals*
- *ineffective meetings*
- *incomplete record keeping*
- *a lack of follow-up of the agreed actions'*

**Ofsted also noted that *'even when practitioners did listen to children and others who represented the voice of the child, lessons were learnt about the difficulties and sometimes the shortcomings in interpreting what was seen and heard. In individual cases agencies overlooked or misinterpreted:***

- *signs of grooming by a sex offender*
- *the significance of domestic violence and parental aggression*
- *the difference between discipline, chastisement and physical abuse*
- ***the significance of poor school attendance***
- *delinquent misbehaviour when it resulted from the offender being the victim*
- *of abuse by an adult*
- *the impact on the child from fulfilling the role of carer for a parent*
- *the impact of the agencies' low expectations about parenting because of local cultural norms.'*

Professionals should take responsibility for following through concerns and should not assume that someone else has addressed the matter. They should seek evidence that any actions taken by others have been completed. They should understand their responsibility to escalate their concerns and challenge other agencies if they have concerns which they believe are not being adequately addressed. Professionals should test out the effectiveness of the parent or carers engagement and be aware that parents or carers may display 'disguised compliance' and give the impression that they are co-operating. However, the parents or carers may have taken very few steps to improve the situation. Professionals may find their resilience and focus tested by parents or carers who may be quietly disengaged or may be hostile towards any professional support or intervention. The parent or carer may even complain about a service which could potentially serve as a distraction. In these case professionals should remain focussed on achieving positive outcomes for the child in a timely way.

Colleagues should demonstrate 'professional curiosity' and consider the need to establish the reasons or causes behind a particular behaviour or event or child's presentation.

Professionals should demonstrate 'respectful uncertainty' and be appropriately sceptical of

any explanations provided by the parents or carers for any possible maltreatment or injuries. They should avoid 'professional bias's and not make assumptions, always aiming to consider alternative explanations to a given situation or event. Professionals should collectively re-assess the child's needs and consider how any recent events add to what is already known. Incidents should never be considered in isolation.

The views of all professionals should be considered before a multi-agency plan is discontinued or stepped down. It is important that the last child in need meeting identifies a lead professional for early help so there is continuity of multi-agency planning and activity.

***Does your record keeping indicate your effective contribution to multi-agency meetings?***

- Effective supervision and managerial oversight underpin effective safeguarding. There are several models that agencies can adopt including peer to peer supervision. The key bit is that dynamic conversations allow professionals to review, in a supportive way, decisions and actions taken. This builds understanding and professional competency whilst ensuring there is no professional drift and there is a focus on improving outcomes for the child and family. It allows practitioners to examine barriers to achieving actions in a timely way particularly with 'hard to reach' and resistant families.

***Do you monitor the actions arising from supervision meetings ensuring they are complete?***

- Records of safeguarding and child welfare concerns should contain all key events and a clear chronology. Serious case reviews, critical incident reviews and case audits have pointed to an absence of professionals actively reviewing their records to support their analysis of the child's needs. Equally referrals to children's services do not always contain the depth of information known about a child and found in a child's records. This can lead to an incomplete or flawed assessment.

## Appendix 12

### Key contacts / Websites

Key contacts: Liverpool		
Name	Telephone	Email
<b>Children's Services</b>		
Careline	0151 233 3700	<a href="mailto:carelinechildrensservices@liverpool.gov.uk">carelinechildrensservices@liverpool.gov.uk</a>
<b>Early Help Hubs</b>		
North Hub	0151 233 3637	<a href="mailto:EHLHnorth@liverpool.gov.uk">EHLHnorth@liverpool.gov.uk</a>
Central Hub	0151 233 6152	<a href="mailto:EHLHcentral@liverpool.gov.uk">EHLHcentral@liverpool.gov.uk</a>
South Hub	0151 233 4447	<a href="mailto:EHLHsouth@liverpool.gov.uk">EHLHsouth@liverpool.gov.uk</a>
<b>Early Help Partnership Manager</b>		
Joanne Smith	0151 233 5772	<a href="mailto:joanne.smith14@liverpool.gov.uk">joanne.smith14@liverpool.gov.uk</a>
<b>Local Authority Designated Officer (LADO)</b>		
Ray Said	0151 233 0840 / 0853 / 07841 727309	<a href="mailto:ray.said@liverpool.gov.uk">ray.said@liverpool.gov.uk</a>
<b>School Improvement Liverpool Safeguarding</b>		
Team email (Phil & Nicky) Phil Cooper Nicola Noon	0151 233 3901	<a href="mailto:safeguarding@si.liverpool.gov.uk">safeguarding@si.liverpool.gov.uk</a> <a href="mailto:phil.cooper@si.liverpool.gov.uk">phil.cooper@si.liverpool.gov.uk</a> <a href="mailto:nicola.noon@si.liverpool.gov.uk">nicola.noon@si.liverpool.gov.uk</a>
<b>School Improvement Liverpool E-Safety Lead</b>		
Paul Bradshaw	0151 233 3901	<a href="mailto:paul.bradshaw@si.liverpool.gov.uk">paul.bradshaw@si.liverpool.gov.uk</a>
<b>MASH (Multi Agency Safeguarding Hub) Education Officer</b>		
Richard Buckland	0151 233 8788	<a href="mailto:richard.buckland@liverpool.gov.uk">richard.buckland@liverpool.gov.uk</a>
<b>Pupil Tracking Officer (missing children)</b>		
Joanne McKenna	0151 233 0572	<a href="mailto:joanne.mckenna@liverpool.gov.uk">joanne.mckenna@liverpool.gov.uk</a>
<b>Operation Encompass VPRU Liverpool</b>		
	0151 777 7958	<a href="mailto:safeguarding.enquiries@merseyside.pnn.police.uk">safeguarding.enquiries@merseyside.pnn.police.uk</a>
<b>Liverpool Safeguarding Children Partnership</b>		
<a href="http://www.liverpoolscb.org.uk/scp">www.liverpoolscb.org.uk/scp</a>	0151 233 0493	<a href="mailto:LSCBTeam@liverpool.gscx.gov.uk">LSCBTeam@liverpool.gscx.gov.uk</a>
<b>Liverpool Safeguarding Children Partnership Education Liaison Officer</b>		
Jenny Graham	0151 233 0348	<a href="mailto:jennifer.graham@liverpool.gov.uk">jennifer.graham@liverpool.gov.uk</a>
<b>Protect Team (Exploitation CSE / CCE) - advice available from</b>		
Lisa Allenby (Manager)	0151 233 0693	<a href="mailto:lisa.allenby@liverpool.gov.uk">lisa.allenby@liverpool.gov.uk</a>
Helen McBride Clavis	0151 233 0693	<a href="mailto:helen.mcbrideclavis@liverpool.gov.uk">helen.mcbrideclavis@liverpool.gov.uk</a>
<b>Prevent / Channel</b>		
Moner Ahmed (Prevent Coordinator) Joanna Fitzsimmons (Education Officer) Channel Coordinator Alison Burnett	0151 233 7018 0151 233 7018	<a href="mailto:Moner.ahmed@liverpool.gov.uk">Moner.ahmed@liverpool.gov.uk</a> <a href="mailto:Joanna.fitzsimmons@liverpool.gov.uk">Joanna.fitzsimmons@liverpool.gov.uk</a> <a href="mailto:alison.burnett@liverpool.gov.uk">alison.burnett@liverpool.gov.uk</a>
<b>Local Authority numbers</b>		
Press Office	0151 233 0069 (out of hours 0151 233 3040)	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.
Major Emergency Duty Team	0151 236 2635	
Emergency Planning	0151 225 8637/0789 4 25 8120	
Health and Safety	0151 233 8158	

[Special.Branch@Merseyside.pnn.police.uk](mailto:Special.Branch@Merseyside.pnn.police.uk) or Tel: 0151 777 8505

<b>Key contacts: Knowsley</b>		
<b>Name</b>	<b>Telephone</b>	<b>Email</b>
<i>Children's Services</i>		
Contact Centre	0345 140 0845	<a href="mailto:socialcarecustomeraccessteam@sefton.gcsx.gov.uk">socialcarecustomeraccessteam@sefton.gcsx.gov.uk</a>
Out of hours duty team	0151 934 3555	
MASH Team	0151 934 4013/4481	
<i>Knowsley Early Help Team <a href="http://www.knowsleyinfo.co.uk/categories/knowsley-early-help">www.knowsleyinfo.co.uk/categories/knowsley-early-help</a></i>		
Kirkby	0151 443 4707	
Huyton	0151 443 2873	<a href="mailto:eht@knowsley.gcsx.gov.uk">eht@knowsley.gcsx.gov.uk</a>
Prescot / Whiston / Halewood	0151 443 2882	
	0151 443 2879	
<i>Knowsley Stronger Families Service</i>		
	0151 443 2882	
<i>Local Authority Designated Officer (LADO)</i>		
Jackie Evans (Interim)	0151 443 3928 / 3147 / 4077 or via Knowsley Mash 0151 443 2600	<a href="mailto:CPconferencesecureemail@knowsley.gcsx.gov.uk">CPconferencesecureemail@knowsley.gcsx.gov.uk</a>
<i>School Improvement Liverpool Safeguarding</i>		
Team email (Phil & Nicky)		<a href="mailto:safeguarding@si.liverpool.gov.uk">safeguarding@si.liverpool.gov.uk</a>
Phil Cooper	0151 233 3901	<a href="mailto:phil.cooper@si.liverpool.gov.uk">phil.cooper@si.liverpool.gov.uk</a>
Nicola Noon		<a href="mailto:nicola.noon@si.liverpool.gov.uk">nicola.noon@si.liverpool.gov.uk</a>
<i>Knowsley Press Office</i>		
	0151 443 3536 (out of hours 07771 542415)	
<i>Operation Encompass Knowsley</i>		
	0151 477 8805	
<i>Knowsley Safeguarding Children Partnership</i>		
<a href="http://www.knowsleyscb.org.uk">www.knowsleyscb.org.uk</a>	0151 443 4311	<a href="mailto:cheryl.smeatham@knowsley.gov.uk">cheryl.smeatham@knowsley.gov.uk</a>
<i>Prevent / Channel - referrals to Prevent are via the MASH</i>		
Prevent Lead Jemma Jones	07934 559107	<a href="mailto:jemma.jones@knowsley.gov.uk">jemma.jones@knowsley.gov.uk</a>
Channel Coordinator Claire Wright	(Channel coordinator)	<a href="mailto:Claire.wright@liverpool.gov.uk">Claire.wright@liverpool.gov.uk</a>

<b>Key contacts: Sefton</b>		
<b>Name</b>	<b>Telephone</b>	<b>Email</b>
<i>Children's Services</i>		
Knowsley MASH	0151 443 2600	
<i>Sefton Early Help</i>		
<i>Local Authority Designated Officer (LADO)</i>		
Pauline Trubshaw	0151 934 3783	<a href="mailto:AllegationReferralCentre@sefton.gov.uk">AllegationReferralCentre@sefton.gov.uk</a>
<i>School Improvement Liverpool Safeguarding</i>		
Team email (Phil & Nicky)		<a href="mailto:safeguarding@si.liverpool.gov.uk">safeguarding@si.liverpool.gov.uk</a>
Phil Cooper	0151 233 3901	<a href="mailto:phil.cooper@si.liverpool.gov.uk">phil.cooper@si.liverpool.gov.uk</a>
Nicola Noon		<a href="mailto:nicola.noon@si.liverpool.gov.uk">nicola.noon@si.liverpool.gov.uk</a>
<i>School Improvement Liverpool E-Safety Lead</i>		
Paul Bradshaw	0151 233 3901	<a href="mailto:paul.bradshaw@si.liverpool.gov.uk">paul.bradshaw@si.liverpool.gov.uk</a>
<i>Operation Encompass Sefton</i>		
<i>Sefton Safeguarding Children Board</i>		
<a href="http://www.seftonlscb.org.uk/lscb">www.seftonlscb.org.uk/lscb</a>	0151 934 4706	
<i>Prevent / Channel</i>		
Prevent Lead Andrea Watts	07934 559107	<a href="mailto:Andrea.watts@sefton.gov.uk">Andrea.watts@sefton.gov.uk</a>
Channel Coordinator Claire Wright	(Channel coordinator)	<a href="mailto:claire.wright@liverpool.gov.uk">claire.wright@liverpool.gov.uk</a>

<b>Key contacts: St Helens</b>		
<b>Name</b>	<b>Telephone</b>	<b>Email</b>
<b>Children's Services</b>		
Front Door / MASH	01744 676600	<a href="mailto:adultandchildrenteam@sthelens.gov.uk">adultandchildrenteam@sthelens.gov.uk</a>
<b>Early Help</b>		
<b>Local Authority Designated Officer (LADO)</b>		
Timba Kanengoni	01744 671809	<a href="mailto:safeguardingunit@sthelens.gov.uk">safeguardingunit@sthelens.gov.uk</a>
<b>Children's Safeguarding Unit</b>		
	01744 671809	<a href="mailto:safeguardingunit@sthelens.gov.uk">safeguardingunit@sthelens.gov.uk</a>
<b>School Improvement Liverpool Safeguarding</b>		
Team email (Phil & Nicky) Phil Cooper Nicola Noon	0151 233 3901	<a href="mailto:safeguarding@si.liverpool.gov.uk">safeguarding@si.liverpool.gov.uk</a> <a href="mailto:phil.cooper@si.liverpool.gov.uk">phil.cooper@si.liverpool.gov.uk</a> <a href="mailto:nicola.noon@si.liverpool.gov.uk">nicola.noon@si.liverpool.gov.uk</a>
<b>School Improvement Liverpool E-Safety Lead</b>		
Paul Bradshaw	0151 233 3901	<a href="mailto:paul.bradshaw@si.liverpool.gov.uk">paul.bradshaw@si.liverpool.gov.uk</a>
<b>Operation Encompass St Helens</b>		
<b>St Helens Safeguarding Children Partnership</b>		
	01744 673337	<a href="mailto:safeguardingchildrenboard@sthelens.gov.uk">safeguardingchildrenboard@sthelens.gov.uk</a>
<b>Prevent / Channel</b>		
Prevent Lead Jennifer Dinsdale Channel Coordinator Claire Wright	0151 777 8311/8125 or 07764 659210 for the Channel coordinator	<a href="mailto:jenniferDinsdale@sthelens.gov.uk">jenniferDinsdale@sthelens.gov.uk</a> <a href="mailto:claire.wright@liverpool.gov.uk">claire.wright@liverpool.gov.uk</a>

<b>Key contacts: Warrington</b>		
<b>Name</b>	<b>Telephone</b>	<b>Email</b>
<b>Children's Services</b>		
Children's Safeguarding / Social Work Team, Integrated Front Door	01925 443322 (out of hours 0192 544 4400)	<a href="mailto:adultandchildrenteam@sthelens.gov.uk">adultandchildrenteam@sthelens.gov.uk</a>
<b>MASH Education Safeguarding Officer</b>		
Michelle Heritage	01925 442928	<a href="mailto:mheritage@warrington.gov.uk">mheritage@warrington.gov.uk</a>
<b>Warrington Early Help Teams</b>		
	01925 443136	<a href="mailto:earlyhelpsupport@warrington.gcsx.gov.uk">earlyhelpsupport@warrington.gcsx.gov.uk</a>
<b>Attendance Officer and CME Lead</b>		
David Sampson		<a href="mailto:cme.referrals@warrington.gov.uk">cme.referrals@warrington.gov.uk</a>
<b>Local Authority Designated Officer (LADO)</b>		
	01925 442079	<a href="mailto:conference&amp;reviewunit@warrington.gcsx.gov.uk">conference&amp;reviewunit@warrington.gcsx.gov.uk</a>
<b>School Improvement Liverpool Safeguarding</b>		
Team email (Phil & Nicky) Phil Cooper Nicola Noon	0151 233 3901	<a href="mailto:safeguarding@si.liverpool.gov.uk">safeguarding@si.liverpool.gov.uk</a> <a href="mailto:phil.cooper@si.liverpool.gov.uk">phil.cooper@si.liverpool.gov.uk</a> <a href="mailto:nicola.noon@si.liverpool.gov.uk">nicola.noon@si.liverpool.gov.uk</a>
<b>School Improvement Liverpool E-Safety Lead</b>		
Paul Bradshaw	0151 233 3901	<a href="mailto:paul.bradshaw@si.liverpool.gov.uk">paul.bradshaw@si.liverpool.gov.uk</a>
<b>Warrington Safeguarding Children Partnership</b>		
<a href="http://www.warringtonsafeguarding.org">www.warringtonsafeguarding.org</a>	01925 443126	<a href="mailto:safeguardingpartnerships@warrington.gov.uk">safeguardingpartnerships@warrington.gov.uk</a>
<b>Prevent / Channel</b>		
Prevent Lead Theresa Whitfield Channel Coordinator Bev Hurst	07934 559108 (Channel coordinator)	<a href="mailto:twhitfield@warrington.gov.uk">twhitfield@warrington.gov.uk</a> <a href="mailto:bev.hurst@liverpool.gov.uk">bev.hurst@liverpool.gov.uk</a>

For other Local Authorities review their Local website.

## **Appendix 13 \*\* (KCSiE)**

### **Statutory responsibilities and quality assuring safeguarding bodies**

Section 175 of the Education Act 2002 requires governing bodies of maintained schools and colleges, in relation to their functions relating to the conduct of the school or the institution to make arrangements for ensuring that such functions are exercised with a view to safeguarding and promoting the welfare of children who are either pupils at the school or are receiving education or training at the institution. The Education (Independent School Standards) Regulations 2014 apply a duty to proprietors of independent schools (which in the case of academies and free schools is the academy trust) to ensure that arrangements are made to safeguard and promote the welfare of children. The Non-Maintained Special Schools (England) Regulations 2015 oblige non-maintained special schools to comply with certain requirements as a condition of their approval and whilst approved by the Secretary of State. One condition of approval is that the proprietor must make arrangements for safeguarding and promoting the health, safety and welfare of pupils, which have regard to any guidance including where appropriate, the National Minimum Standards, about safeguarding and promoting the health, safety and welfare of pupils and, in the case of schools already approved, that these arrangements at the school with respect to these matters are in accordance with the approval given by the Secretary of State. For colleges, non-maintained special schools and independent schools: the definition of 'children' applies to the statutory responsibilities for safeguarding and promoting the welfare of children i.e. those under 18.

## Appendix 14

### Child Sexual Exploitation

Schools should follow the Pan-Merseyside protocol and pathway available on the Local Safeguarding Children Partnership's website.

The DFE has produced revised guidance to support professionals working with children.

#### **A definition of sexual exploitation:**

The DFE define child exploitation as:

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

**All referrals to children's services on the M.A.R.F (multi agency referral form) should be accompanied by pan-Merseyside child exploitation assessment tool.**

The DFE remind us that like forms of abuse, child sexual exploitation:

- can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex
- can still be abuse even if the sexual activity appears consensual
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity
- can take place in person or via technology, or a combination of both
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence
- may occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example)
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse; and is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Sexual exploitation can have links to other types of crime including:

- Child trafficking
- Domestic abuse
- Sexual violence in intimate relationships
- Grooming (including online grooming)
- Abusive images of children and their distribution
- Drugs-related offences
- Gang-related activity
- Immigration-related offences
- Domestic servitude.

The following are examples of vulnerabilities in children more susceptible to abuse:

- Having a prior experience of neglect, physical and/or sexual abuse
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- Recent bereavement or loss;
- Social isolation or social difficulties
- Absence of a safe environment to explore sexuality
- Economic vulnerability
- Homelessness or insecure accommodation status
- Connections with other children and young people who are being sexually exploited
- Family members or other connections involved in adult sex work
- Having a physical or learning disability
- Being in care (particularly those in residential care and those with interrupted care histories)
- Sexual identity.

Potential indicators of child exploitation can include:

- Acquisition of money, clothes, mobile phones etc without plausible explanation
- Gang-association and/or isolation from peers/social networks
- Exclusion or unexplained absences from school, college or work
- Leaving home/care without explanation and persistently going missing or returning late
- Excessive receipt of texts/phone calls
- Returning home under the influence of drugs/alcohol
- Inappropriate sexualised behaviour
- sexually transmitted infections
- Evidence of/suspicions of physical or sexual assault
- Relationships with controlling or significantly older individuals or groups
- Multiple callers (unknown adults or peers)
- Frequenting areas known for sex work
- Concerning use of internet or other social media
- Increasing secretiveness around behaviours
- Self-harm or significant changes in emotional well-being.

## **Additional guidance provided by Barnardo's and Merseyside Safeguarding Partnerships:**

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 non-exploitative 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 'lifestyle 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.

The CSE Nation Working Group state:

*'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.'*

**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.*

**Barnardo's 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**

### **Safeguarding Disabled Children**

**The DFE offer the following reasons, as examples, as to why disabled children are more vulnerable to abuse:**

- Many disabled children are at an increased likelihood of being socially isolated, with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day-to-day physical care needs.

**Examples of harm or indicators of harm might include:**

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Not 'getting enough help with feeding, leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, ill-fitting equipment, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will.

## Appendix 16

### Child Criminal Exploitation

In July 2017 the DFE produced further guidance in respect of criminal exploitation with the expectation that all frontline school staff will become familiar with the guidance. It provides:

- a definition of the term 'county lines exploitation'
- describes the impact on young people
- describes characteristics of children who may be vulnerable
- sets out signs to look out for and how to respond
- provides useful case studies

County Lines Exploitation is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated phone lines. It involves child criminal exploitation as the gangs use children and vulnerable people to move drugs and money. The gang may establish a base by taking over a vulnerable adult's home. Issues involved include drugs, violence, gangs, criminal and sexual exploitation, modern slavery and missing persons. It can affect a child or young person or vulnerable adult and is still exploitation even if the activity appears consensual. It can involve force or enticement-based methods together with threats of violence or actual violence. It can be perpetuated by individuals or groups, males or females and young people or adults. It typically involves some form of power imbalance, including gender, cognitive ability, physical strength, status and access to economic or other resources.

- Whilst young people aged 15-16 years old are most exploited, children as young as 12 are known to be exploited by gangs to act as drug couriers. Both males and females are exploited, with social media sometimes used to make the initial contact.

Factors that heighten a person's vulnerability include:

- having poor experience of neglect, physical and/or sexual abuse
- lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- social isolation or social difficulties
- economic vulnerability
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having a physical or learning disability
- having mental health or substance misuse issues
- being in care (particularly those in residential care and those with interrupted care histories)

Some indicators of 'County Lines' involvement and exploitation include:

- persistently going missing from school or home and/or being found out-of-area
- unexplained acquisition of money, clothes or mobile phones

- excessive receipt of texts/phone calls
- relationships with controlling/older individuals or groups
- leaving home/care without explanation
- suspicion of physical assault/unexplained injuries
- parental concerns
- carrying weapons
- significant decline in school results/performance
- gang association or isolation from peers or social networks
- self-harm or significant changes in emotional well-being

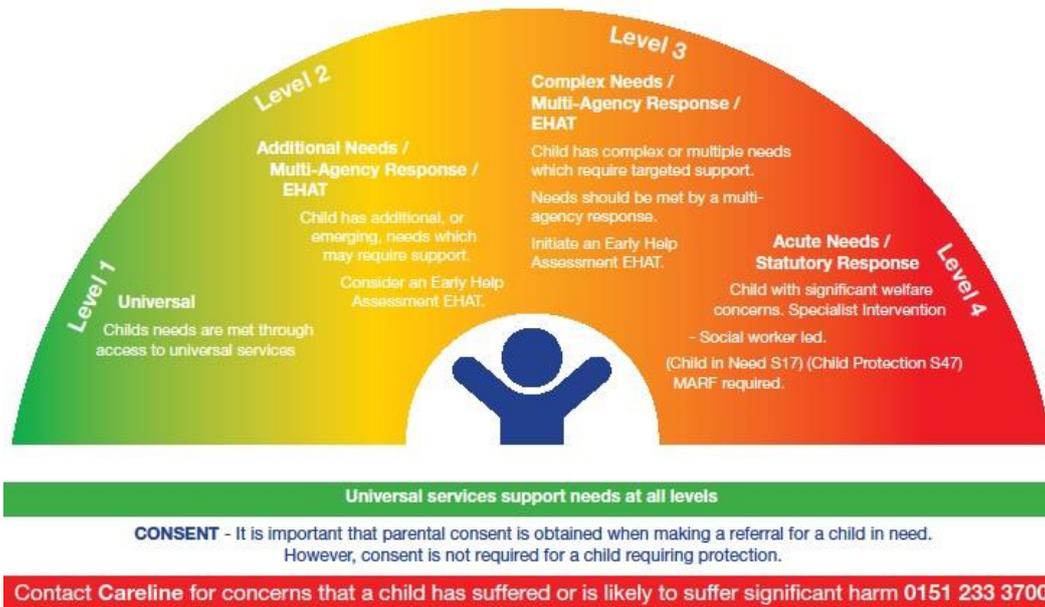
**If you are concerned about a child, you should follow your Local Safeguarding Children Partnership's procedures. If you believe a child is at immediate risk of harm you should contact the police. The Local Safeguarding Children Partnership provides a criminal/child exploitation screening tool to support your assessment and referral.**

**The DfE guidance Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance provides a useful flowchart to guide your thinking.**

NSPCC Childline and Mind ED can be sources of support for young people.

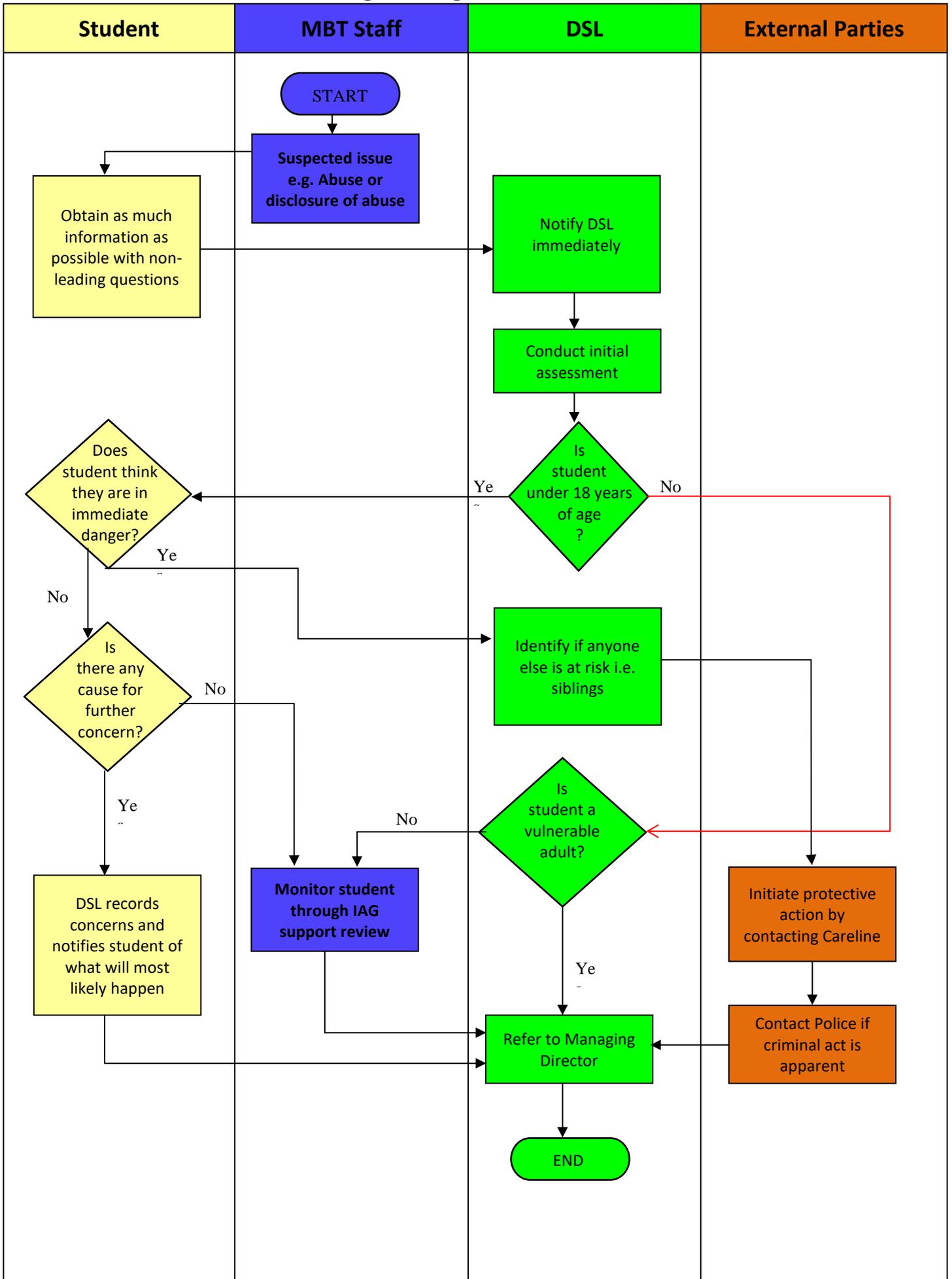
# Appendix 17

## Safeguarding Across the Continuum – Levels of Need and Response



Practitioners must escalate to resolve any areas of professional disagreement. See LSCB Escalation Policy.

# PP04 Safeguarding Procedure V5 10/20



# PP04 Safeguarding Procedure V5 10/20

## Master Documents

### Safeguarding & IAG

Student Safeguarding Issues Form V1 11/18  
Student Safeguarding issues Document List V1 10/18  
IAG Support Review V1 10/15  
MBT Safeguarding Incident-Concerns Form V2 08/20  
Mode – Safeguarding Incident-Concerns Reporting Form  
Cause for Concern Form – Mode V2 03/19  
Child Protection Conference Report Form-a  
Child Protection Conference Report Form-b

DSL Designated Safeguarding Lead  
IAG Information, Advice and Guidance