

Policy for Safeguarding Incorporating Child Protection

Midlands Psychology CIC: Alternative Educational and Complimentary Provision

- This policy is available on our website and is available on request from our Administrative Office (Tel. 01785 748447) or by emailing us at enquiries@midlandspychology.co.uk
- We also inform parents and carers about this policy when their children join our EduTherapy programme.
- The policy is provided to all EduTherapy staff (including temporary staff and volunteers) at induction, alongside our Staff Code of Conduct.
- In addition, all staff are provided with Part One of the statutory guidance – Keeping children safe in education 2023
- All staff attend regular update meetings

This policy will be reviewed in full by the Board on an annual basis. This policy was last reviewed and agreed on Thursday 22nd June 2023. It is due for review on 21st June, 2024.

Signature 

CEO

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1. PURPOSE & AIMS

The purpose of this Safeguarding policy is to ensure that we:

- **Are committed** – to develop a robust culture of vigilance and challenge.
- **Build resilience** – by raising awareness of safeguarding and child protection issues, and equipping children with the language and skills to keep themselves safe.
- **Establish a safe environment** – in which children can learn and develop within an ethos of openness and where children are taught to treat each other with respect, to feel safe, to have a voice and know that they will be listened to.
- **Support vulnerable pupils** – who have been abused, have witnessed violence towards others or may be vulnerable to abuse.
- **Prevent unsuitable people** – from working with children by ensuring we practice safe recruitment in checking the suitability of **all** school staff, supply staff and volunteers to work with our children. And to maintain an active vigilance thereafter in line with the safeguarding culture.

Our aim is to follow the procedures set out by Staffordshire Safeguarding Children's Board, Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2021 by **knowing** and **understanding** that:

- Safeguarding and promoting the welfare of children is **everyone's** responsibility, and the **voice of the child** is evident.
- **Everyone** who comes into contact with children and their families has a role to play.
- **Everyone** should ensure that their approach is **child-centred** considering, at all times, what is in the **best interests of the child**.
- By establishing a **safe environment**, we **enable** our children to learn and develop within an ethos of openness.
- **No single practitioner** can have the full picture of a child's needs and circumstances
- If children and families are to receive the **right help at the right time**, **everyone** who comes into contact with children and their families has a role to play in identifying concerns, sharing information and taking prompt action
- The importance of providing children with a **balanced curriculum** including PHSE, healthy relationship education, online safety, sexting, peer on peer abuse as well as County Lines, Contextualised issues and Child Criminal Exploitation. Also supporting this with online activities, enabling them to

enhance their **safeguarding** skills and knowledge whilst **understanding the risks**.

- Undertaking the role to enable children and young people to have **best outcomes**.
- Ensuring that as a specialist provider we have awareness of our staff's knowledge and understanding as well as embedding safeguarding, through clear systems of communication and Continuous Professional Development (CPD) so that safeguarding is a **robust element** of our practice.

Our EduTherapy provision strives to: -

- **Protect** children and young people from maltreatment.
- **Prevent** impairment of our children and young people's mental and physical health or development.
- **Ensure** that our children and young people grow up in circumstances consistent with the provisions of safe and effective care.
- **Take action** to enable **ALL** children to have the **best outcomes**.

This policy provides guidance to all adults working within our service, whether paid or voluntary or directly employed by the provision or by a third party.

- This policy is available in full on request from the main office (Tel 01785 748447).
- This policy will be reviewed in full by the Board at Midlands Psychology on an annual basis or sooner should legislation/guidance change.
- This policy sets out how the Board discharges its statutory responsibilities relating to safeguarding and promoting the welfare of children who are part of our EduTherapy community. Our policy applies to all staff; paid and unpaid, working within the provision.
- The policy is provided to all staff (including temporary staff, supply staff and volunteers) at the point of induction, alongside our Staff code of conduct.
- Our Board, working with the provision leads, especially our Designated Safeguarding Lead, Shelly Saunders ensure that those staff who do not work directly with children read and either Part 1 or Annex A (condensed version of Part 1) of the KCSiE 2023 guidance.
- All staff who work directly with children, are provided and read Part One of Keeping Children Safe in Education 2023.
- As an organisation, we follow the Staffordshire Safeguarding Children's Board policies and procedures. [StaffsSCB](#)

2. ETHOS

The child's welfare is of paramount importance, we are a child centred provision and make all efforts possible to capture the voice of the child and to try and understand what their daily lived experiences are like.

EduTherapy is a holistic provision, which places a high importance on developing and maintaining relationships and in developing a relationship of trust. Our support of each individual child is based on this relationship of trust and in getting to know each child individually, helping them to grow in confidence and supporting their positive qualities as individuals. These are the conditions which enable children to speak up about their experiences. We make it our business to know our children and their parents/ carers and understand their lives and the challenges they and their families face. As a small resource, embedded within psychological services, we feel supported, ourselves, to provide a 'safe base' for our children.

We all have a statutory duty to safeguard and promote the welfare of children and to maintain a professional attitude of '*it could happen here*' where safeguarding is concerned.

Our EduTherapy provision is predicated on a commitment to safeguarding children and promoting children's welfare and we expect all staff, volunteers, and visitors to share this commitment and maintain a vigilant and safe environment. Everyone has a responsibility to **act without delay** to protect children by reporting anything that might suggest a child is being abused or neglected. It is our willingness to work safely and challenge inappropriate behaviours, that underpins this commitment. EduTherapy seeks to work in partnership with families and other agencies to improve the outcomes for children who are vulnerable or in need.

***'Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.'* (Keeping Children Safe in Education 2023)**

All staff are encouraged to report any concerns that they have and **not see these as insignificant**. On occasions, a referral is justified by a **single incident** such as an injury or disclosure of abuse. More often however, **concerns accumulate over time** and are evidenced by building up a picture of harm; this is particularly true in cases of emotional abuse and neglect. In these circumstances, **it is crucial that staff record and pass on concerns** in accordance with this policy to allow the Designated Safeguarding Lead to build up a picture and access support for the child at the earliest opportunity. **(See Appendix 1)**

We maintain a professional attitude of '**it could happen here**' where safeguarding is concerned. When there are concerns about the welfare of a child, staff members will always act in the best interests of the child. This policy has been developed in-conjunction with our organisational culture of prevention, protection, and support.

Children who use our EduTherapy services are reassured that they have a voice, they are listened to and what they say is taken seriously. They know that they will be supported and kept safe. They are never be given the impression that they are creating a problem by reporting abuse, sexual violence, or sexual harassment. Children are encouraged to talk freely with staff if they are worried or concerned about something and our staff understand that a victim of any type of abuse should never be made to feel ashamed for making a report.

3. KEY PRINCIPLES

The child's needs and welfare are paramount and **our EduTherapy provision is child centred**. All children have a right to be protected from abuse and neglect and have their welfare safeguarded. Children should be **listened to** and their views and wishes should inform any assessment and provision for them. Staff should always act in the **interests of the child** in order to protect them.

The school recognises that scrutiny, challenge, and supervision are key to safeguarding children.

- Our EduTherapy provision includes a robust Safeguarding training schedule for all staff, which is monitored by the DSL. Permanent staff receive Levels 1, 2 & 3 Safeguarding training, as required in KCSIE 2023, and receive regular updates through staff meetings, briefings, emails etc. to develop and support robust safeguarding practices amongst all staff. Students will receive the same updates but are only required to complete SG Level 1.
- Administrative, Associate and IT staff are also trained in Safeguarding. It is a policy of Midlands Psychology that all staff who come into contact with children and vulnerable adults, whether directly or indirectly, must be trained.
- We have **induction processes** for all staff and volunteers, and all required documents and policies are provided both at induction of new staff, and on a yearly refresh basis for current staff. These documents include Part 1 of KCSIE 2023. All staff must click on the Bright HR link or sign to say that they have read and understood these policies and documents.
- All staff must be in receipt of regular supervision, where practice issues are discussed. Some supervision takes place at weekly meetings, other clinical staff receive supervision on a half termly basis or when there are any greater needs.
- All staff at will be aware that abuse, neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.
- All staff at will be aware that safeguarding incidents and /or behaviours can be associated with factors external to the provision and /or can occur between children outside of the EduTherapy environments.
- All staff, but especially the Designated Safeguarding Lead/ Deputies (see poster) will consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including, but not limited to, sexual exploitation, criminal exploitation and serious youth violence.

- We are committed to working with other agencies to provide the **earliest** and **early help** for children before they become at risk of harm or require a 'child in need' statutory assessment.
- All staff should be aware of the local early help process and understand their role in it. (KCSIE 2023). '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. ' . This includes liaising with the designated safeguarding lead, Shelly Saunders, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.' (DfE 2018)
- All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989 that may follow a referral, along with the role they might be expected to play in such assessments. (KCSIE 2023)
- All staff have equal responsibility to report their concerns about a child or the behaviour of any adult without delay to the Designated Safeguarding Lead. Whilst the Designated Safeguarding Lead will normally make referrals to Children's Services, **any staff member can refer their concerns to children's social care** directly in emergencies or if they feel they need to do so. **(Staffordshire Childrens Advice & Support on 0800 1313126)**
- 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.
- All staff understand their responsibility to request a statutory assessment led by a social worker for any child in need, as defined under the Children Act 1989, who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services.
- Our Staff 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 to safeguard them.
- We will work with other agencies to ensure any actions that are part of a multi-agency coordinated plan are completed in a timely way.
- We will follow the Staffordshire Safeguarding Children's Board's procedures and provide them with information as required [StaffsSCB](#)
- 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. We will provide opportunities for pupils/students to develop skills, concepts, attitudes, and knowledge that promote their safety and well-being.
- Safeguarding issues will be addressed through the service offer, for example self-esteem, emotional literacy, assertiveness, power, consent, coercion, control as part of healthy relationship education (previously known as sex and relationship education SRE), online safety (formally known as e-safety), sexting and bullying (including cyber bullying) are all covered as, when and where necessary.

4. LEGISLATION & GUIDANCE

Schools and colleges **must have regard** for the DfE statutory guidance '**Keeping Children Safe in Education (DfE2023)**).

Keeping Children Safe in Education 2023

This guidance is read alongside

- statutory guidance **Working Together to Safeguard Children**
- departmental advice **What to do if you are Worried a Child is being Abused-Advice for Practitioners and**
- departmental advice **Sexual Violence and Sexual Harassment Between Children in Schools and Colleges**

All staff must read and understand at least part 1 of Keeping Children Safe in Education 2023

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. **(See Appendix 1)**

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.

5. ROLE & RESPONSIBILITIES

Designated and Deputy Safeguarding Leads

Our Designated Safeguarding SHELLY SAUNDERS

Our Deputy Designated Safeguarding Lead for EduTherapy is TRACY HARRIS

The Designated and Deputy Safeguarding Leads (DSL and DDSL) will carry out their roles in accordance with Keeping Children Safe in Education 2023.

Keeping Children Safe in Education 2023

The DSL/DDSL will undergo the appropriate Safeguarding Training to provide them with the knowledge and skills to carry out their role. This training should be updated at least every 3 years, in line with the Staffordshire Safeguarding Childrens Board requirements.

In addition to the formal training, their knowledge and skills are refreshed at regular intervals, at least annually, through the termly SCC DSL Briefings, meeting other DSL's, emails and reading statutory guidance. The training provides DSL/DDSL's with a good understanding of their own role, the processes, procedures, and responsibilities of other agencies, particularly children's social care.

The DSL continually develops an understanding of the community the provision serves, the risks and resilience.

Our EduTherapy provision is embedded in the community it serves through its on-line support and community projects, as well as through our wider organisation, Midlands Psychology, which has as its specific focus the emotional health needs of the local community and has done so for over a decade. As a Staffordshire Social Enterprise, we have an enduring commitment to localism and to developing, sustaining and adding value to local networks. We know our communities and neighbourhoods and this is an ongoing priority for us as an organisation.

DSL/Deputy DSL will refer cases of suspected abuse to the local authority children's social care as required. They will represent the EduTherapy provision at child protection conferences and core group meetings. The DSL will be the expert within our setting to support staff in liaising with other agencies, making assessments and referrals. Any staff member may be required to be part of strategy discussions with other interagency meetings and contribute to the assessment of child/ren.

NPCC Guidance 'When to call the Police' helps designated safeguarding leads understand when they should consider calling the Police and what to expect when they do.

The DSL will support staff who make referrals to Staffordshire Children's Advice and Support service.

The DSL will refer cases to the Channel programme where there is a radicalisation concern as required, and support staff making Prevent referrals to the Channel programme.

The DSL will refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service, as required.

The DSL will refer cases where a crime may have been committed to the Police, as required.

The DSL/Deputy DSL/office staff will maintain robust systems to monitor and record training of all staff, volunteers, supply annually, refresher time scales are evident. Training is delivered in-line with Staffs SCB training strategy and KCSIE 2023 recommendations. Bulletins and briefings and regular updates will be shared by email with all staff and will be logged by the office staff, who also logs details of staff attendance at training events.

The DSL will ensure all staff and regular visitors have training on how to recognise indicators of concern, how to respond to a disclosure from a child and how to record and report this information accurately. Staff/volunteers do not make promises to any child and will not keep secrets. Every child will be made aware of what the adult will have to do with any information they have chosen to disclose to a staff member/volunteer.

The DSL monitors the record of concerns about children and young people ensuring that the quality of information is accurate, proportionate, timely and assessment/referrals are made appropriately. The recording and storing of information are kept in-line with the Data Protection Act 2018 and General Data Protection.

Safeguarding and child protection records are kept in a secure location, separate and away from academic records and there is a clear recording process of transfer, in or out, using the transfer of records form which needs to be signed by the sending and receiving settings and a copy of this form kept by both.

Safeguarding files log all concerns, discussions and decisions made, and the reasons for those decisions, are recorded on the safeguarding file including: -

- a clear and comprehensive summary of any concern.
- details of how the concern was followed up and resolved.
- a note of any action taken, decisions reached and the outcome.

DSL monitors the quality of safeguarding files and/or recording on electronic systems through auditing case files regularly. The DSL/DDSL should have appropriate and regular supervision within the Service Leads. Systems are compliant with the General Data Protection Act.

DSL helps to promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children (including children with or who have previously had a Social Worker) are experiencing, or have experienced, with teachers and school leadership staff. Their role could include ensuring that the schools 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.

The DSL ensures systems are in place to induct new staff/governors is robust and monitored and non-compliance shared with the Service Leads and the Directorship.

DSL to ensure induction policy is updated annually in-line with Keeping Children Safe in Education.

The DSL understands and supports EduTherapy 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. Our on-line safety policy links with this policy and can be accessed on the Public Drive or by emailing jo.smolinski@midlandspychology.co.uk

Our Designated Safeguarding Lead/Service Leads all encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school/college may put in place to protect them. The DSL has developed systems to record these and ensure through case reviews that the child/rens voice(s) have been heard/recorded and they have a child-centred approach.

The DSL will liaise with the EduTherapy lead to inform her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.

The DSL notifies children's social care if a child with a child protection plan is absent for more than two days without explanation.

The DSL as required, liaise with the "case manager" and the LADO (designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member).

The DSL will liaise with all staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. The DSL acts as a source of support, advice, and expertise for staff. Risk assessments/safety plans will be completed as required and should, where appropriate, involve other agencies, these are reviewed regularly.

Where a parent chooses to remove their child/ren from EduTherapy to receive **EHE (Elective Home Education)**, the DSL will make arrangements to pass any safeguarding concerns **and** the safeguarding file if there is one, to the EHE Team within Staffordshire County Council and inform other professionals who may be involved with that child. EHE email; electivehomeeducation@staffordshire.gov.uk or to refer to the EWO's after they have been missing for over 10 days but not yet the 20 it is educationcoreoffer@staffordshire.gov.uk

During the year we have a cover rota for Safeguarding and we always ensure that there is a DSL and DDSL on duty at all times throughout the year.

In cases where further assistance from interpreters is required to support children and families, these services will be accessed with support of the DSL.

The Board and the DSL are accountable for ensuring the effectiveness of this policy and provision compliance.

The Board has appointed **Shelly Saunders** as the Designated Safeguarding Lead who is part of the leadership team. The Board will monitor this post, to ensure that the DSL has the time and resources required, to fulfil the duty.

In **EduTherapy**, our Designated Safeguarding Lead is **Shelly Saunders**.

The Board has identified **Tracy Harris** as Deputy Designated Safeguarding Lead, and they are trained to the same safeguarding standard as the DSL. The DSL can delegate activities to Deputy Designated Safeguarding Lead(s); however, the ultimate responsibility remains with the DSL, the lead responsibility should not be delegated. In the absence of the DSL the Deputy DSL(s) will take lead on safeguarding with clear direction from the Directorate Team.

The DSL and DDSL job role have been added to each staff members job description. The Board has shared the content of “Keeping Children Safe in Education” (2023) with the Designated Safeguarding Lead/Deputy Designated Safeguarding Lead and are confident the individuals have the knowledge, understanding to carry out their roles appropriately. The DSL training is compliant with the Local Safeguarding Childrens Board requirement.

The Board ensures that the DSL understands their responsibility in leading safeguarding and child protection across the school. This individual has the appropriate status, authority, funding, resources, training, and support to provide advice and guidance to all staff members within the school on child welfare and child protection. The DSL/Deputy DSL receives appropriate and regular supervision from senior leadership team or external services.

The Board ensures that a whole setting approach to safeguarding is facilitated across the organisation. This means ensuring safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development. Ultimately, all systems, processes, policies and practice, should operate with the **best interests of the child** at their heart.

Where there is a safeguarding concern, the Board ensures that the child’s wishes and feelings are considered when determining what action to take and what services to provide. Systems are in place and are well promoted, explained properly and easily accessible for children to confidently report abuse, knowing their concerns will be treated seriously, and knowing they can safely express their views and give feedback.

The Board will ensure that the EduTherapy is **compliant with their 175/157** audit return to the Local Authority/Staffordshire Safeguarding Children Board. Any areas of concern in safeguarding are identified and a safeguarding action plan is developed. The Governing Body ensures the school contributes to inter-agency working in-line with Working Together to Safeguard Children (2018).

It ensures **Safer Recruitment Procedures**, that include the requirement for appropriate checks in line with national guidance, are followed and has an overview of **training schedules and future training requirements, which** is updated annually within the organisation, and termly for EduTherapy staff. All staff and

volunteers will have received an induction which includes regular updated safeguarding training compliant with StaffsSCB, including online safety.

All staff will have read and understood the code of conduct annually and Keeping Children Safe in Education 2023, including hyperlinks. We have developed a system, in-line with guidance, to ensure that regulated and non-regulated activities, as well as staff supervision, is understood across the service.

The Board will ensure there are appropriate policies and procedures in place for appropriate action to be taken in a timely manner to safeguard and promote children's welfare. These policies are updated at least annually with timely updates, if required sooner. These policies include: -

- This Safeguarding/Child Protection Policy and our whole setting culture and approach to all forms of safeguarding referencing Staffs SCB safeguarding arrangements by safeguarding partners, as well as other policies such as peer on peer abuse/child on child sexual violence and sexual harassment, online safety and special educational needs and disabilities (SEND). We ensure that we keep up to date with safeguarding issues as they emerge and evolve, including lessons learnt.
- a restorative behaviour policy including measures to prevent bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- a staff behaviour/code of conduct which includes acceptable use of technologies (including the use of mobile devices), staff/pupil relationships and communications including the use of social media.
- a whistleblowing policy and staff have received a copy and had the opportunity to raise concerns. There is a culture in our setting where staff can raise concerns about poor or unsafe practice and such concerns are addressed professionally and sensitively in accordance with agreed whistle blowing procedures.
- appropriate safeguarding arrangements in place to respond to children who go missing their educational placement, particularly on repeat occasions

Our Board has ensured that there is a current whistle blowing policy and staff have received a copy and had the opportunity to raise concerns. There is a culture in our setting where staff can raise concerns about poor or unsafe practice and such concerns are addressed professionally and sensitively in accordance with agreed whistle blowing procedures.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call on 0800 028 0285 and the line is available from 8am to 8pm, Monday to Friday. Email: help@nspcc.org.uk

Designated Teacher for Looked After and previously Looked After Children

We have appointed a Designated Teacher (DT) – Tracy Harris who works with the local authority and parents/carers to promote the educational achievement of registered pupils in our setting, who are 'looked after' or a Child in Care.

The Designated Teacher is: **Tracy Harris**

Our Designated Teacher will work across the service to promote and improve educational outcomes for children in care using evidence-based interventions, this being children who have left care through adoption, special guardianship, or child arrangement orders or who were adopted from state care, outside of England and Wales. They are appropriately trained and have the relevant qualifications, training, and experience.

We are attachment aware and trauma informed and take a relational based approach to supporting our most vulnerable children and will work restoratively with children to improve their outcomes.

The Designated Teacher will work with the Virtual school, to provide the most appropriate support, utilising the pupil premium plus, to ensure that they meet the needs identified in the child's personal education plan (PEP). They will also work with the virtual school head, to promote the educational achievement of previously looked after children.

Our EduTherapy provision will admit any children in care without delay and work restoratively, avoiding exclusions for our most vulnerable children. We will make reasonable adjustments to our Behaviour Policy to support children in care and contact the Virtual School when a child is at risk of exclusion. Where a short period of exclusion is unavoidable, we will provide 1st day provision.

Care Leavers: - The Designated Teacher has the details of the Local Authority Personal Advisor who has been appointed to guide and support the care leaver and liaises as necessary regarding any issues of concern affecting the care leaver.

6. WORKING WITH PARENTS/CARERS

We are committed to working in partnership with parents/carers to safeguard and promote the welfare of their children, and to support them to understand our statutory responsibilities in this area. We follow legislation that aims to act in the best interests of the child.

When new pupils join our community, parents and carers will be informed that we have a safeguarding policy. Parents and carers will be informed of our legal duty to assist our colleagues in other agencies with child protection enquiries and what happens should we have cause to make a referral to the relevant local authority or other agencies.

We are committed to working with parents and carers in a positive, open and transparent way. We ensure that all parents and carers are treated with respect, dignity, and courtesy. We respect their rights to privacy and confidentiality and will not share sensitive information unless we have permission, or if it is necessary to do so to safeguard a child from harm.

We will seek to share with parents/carers any concerns we may have about their child before making a referral, unless to do so may place a child at increased risk of

harm. A lack of parental engagement or agreement regarding the concerns that we have about a child will not prevent the Designated Safeguarding Lead making a referral to the relevant local authority in those circumstances where it is appropriate to do so.

To keep children safe and provide appropriate care for them, EduTherapy requires parents to provide accurate and up to date information regarding:

- Full names and contact details of all adults with whom the child normally lives.
- Full names and contact details of all persons with parental responsibility (if different from above).
- Emergency contact details (if different from above) and **at least 2 contacts**.
- Full details of any other adult authorised by the parent to collect the child from the Centre (if different from the above).
- Any legal or criminal changes which effects parental responsibility e.g. bail condition, court orders, Multi Agency Risk Assessment Conference (MARAC).

The EduTherapy service will retain this information on the pupil file. We will only share information about pupils with adults who have parental responsibility for a pupil or where a parent has given permission and we have been supplied with the adult's full details in writing.

7. STAFFORDSHIRE EARLY HELP

Any Child may benefit from Early Help, but all school/college staff are 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 they have a statutory Education, Health and Care Plan or not).
- Is a young carer.
- Is showing signs of being drawn in to antisocial or criminal behaviour, including gang involvement and association with organised crime groups.
- Is frequently missing or goes missing from school, care or from home.
- Is at risk of modern slavery, trafficking, or exploitation.
- Is at risk of being radicalised or exploited.
- Is in family circumstances that presents challenges for the child, such as drug or alcohol issues, adult mental health issues and domestic abuse.
- Is misusing drugs or alcohol themselves.
- Has returned home to their family from care.
- Is a privately fostered child.

The Designated Safeguarding Lead will ensure that **all** staff are 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.

Every member of staff, including volunteers, working with children at our school are advised to maintain an attitude of ‘**professional curiosity and respectful uncertainty**’ where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child and have a responsibility to act as outlined in this policy.

Practitioners should complete the Staffordshire Early Help Assessment (EHA) when:

- Age appropriate progress is not being made and the causes are unclear.
- The support of more than one additional agency is needed to meet the child or young person’s needs.
- Children do not meet threshold, yet concerns are emerging e.g. attendance, behavioural, academic progress, change in behaviour.

Guidance documents can be accessed at the following links:

- [Staffordshire Early Help - StaffsSCB](#)
- [Threshold Document - StaffsSCB](#)

The establishment EHA lead may need to make a referral directly to other agencies or request the support of Staffordshire County Council Early Help Teams. Referrals will be made through Staffordshire Children’s Advice and Support Team (0800 1313126) or to report a concern via email; www.staffordshire.gov.uk/reportconcern

The DSL may also consider seeking advice and guidance from [Staffordshire Education Safeguarding Advice Service](#) **ESAS 01785 895836** around thresholds and appropriate referrals to Staffordshire Childrens Advice and Support.

Concerns about a child should always lead to help for a child. We may need to escalate concerns with Children’s Services to ensure a referral is accepted or work with other agencies to ensure that an Early Help Assessment is completed.

8. WHAT HAPPENS AFTER A REFERRAL IS DEEMED NECESSARY TO ESCALATE BEYOND EARLY HELP.

Child in Need (Section 17)

If the DSL considers that the welfare concerns indicate that a Child in Need referral is appropriate, they will speak with parents/child and obtain their consent for referral to Staffordshire Childrens Advice and Support or the appropriate social care team if a different authority, to request an assessment. If parents refuse to give consent, but the child’s needs are not being met, the DSL will discuss these issues with the Staffordshire Childrens Advice and Support. Appropriate school staff should be invited to participate in Child in Need (CIN) meetings convened by Children’s Social Care when children are deemed to require Section 17 services.

Child Protection (Section 47)

If the local authority have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, they have a duty to make enquires under Section 47 to enable them to decide whether they should take any action to safeguard and promote the child's welfare.

This duty also applies if a child is subject to an emergency protection order (under section 44 of the Children Act 1989) or in police protective custody under section 46 of the Children Act 1989.

Children's Services will convene an Initial Child Protection Conference (ICPC) once a child protection enquiry under Section 47 of the Children Act 1989 has been undertaken and the child is judged to be at continuing risk of significant harm. A review conference (RCPC) will take place once a child has been made the subject of a Child Protection Plan to monitor the safety of the child and the required reduction in risk. Between conferences regular meetings of a core group will take place to monitor the progress of the child protection plan.

The DSL, and sometimes other staff members, will attend a child protection conference on behalf of the school in respect of individual children.

The person attending will have as much relevant and up to date information/case files about the child as possible; any member of staff will be required to contribute to this process. The person attending will contribute to a recommendation on the risks/protective factors for the family from their information and a view on the need for a child protection plan. If we cannot attend, then we ensure that a report is sent prior to the conference.

Clearly child protection conferences can be upsetting for parents. We recognise that we are likely to have more contact with parents than other professionals involved. We will work in an open, honest, and transparent way with any parent whose child has been referred to Staffordshire Childrens Advice and Support or whose child is subject to a child protection plan.

Our responsibility is to promote the protection and welfare of all children and our aim is to achieve this in partnership with our parents/carers.

9. ESCALATION PROCEDURE

Staffordshire Safeguarding Children Board expects members of staff working directly with families to share information appropriately and work to plans agreed in all relevant forums. Good practice includes the expectation that constructive challenge amongst colleagues within agencies and between agencies provides a healthy approach to the work.

If we believe that concerns regarding a child are not being addressed, we understand the expectations that we will commence the escalation process be used until a satisfactory conclusion is reached.

The process of resolution will be kept as simple as possible and the aim will be to resolve difficulties at a professional practitioner level, wherever possible and always in a restorative way. We recognise that differences in status and experience may affect the confidence of some workers to pursue this course of action, and support should be sought from the DSL.

Guidance [Escalation Procedure - StaffsSCB](#)

10. A SAFER PROVISION CULTURE

Safer Recruitment and Selection

Our EduTherapy service pays full regard to 'Keeping Children Safe in Education 2023'. Our Safer Recruitment and selection practice includes scrutinising applicants, verifying identity (best practice being birth certificate), checking academic or vocational qualifications, obtaining professional and character references, checking previous employment history, and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and appropriate checks including criminal record checks (DBS checks), barred list checks, prohibition checks whether they are known to the police and/or social care, if they have been disqualified from providing childcare and any relevant overseas information. Evidence of these checks is recorded on our Single Central Record (Bright HR).

Staff who have lived or worked outside the UK **will** undergo the same checks as all other staff, even if they have never been to the UK. We will ensure that any other appropriate checks are carried out so that any relevant events that occurred outside the UK can be considered. These checks could include criminal records checks for overseas applicants and for teaching positions obtaining a letter (via the applicant) from the professional regulating authority in the country (or countries) in which the applicant has worked confirming that they have not imposed any sanctions or restrictions, and or that they are aware of any reason why they may be unsuitable to work with children.

Guidance: [Application process for criminal records checks overseas](#)
[Regulated professions database](#)
[UK Centre for Professional Qualifications](#)

Separate barred list checks are only be carried out in the following circumstances:

- for newly appointed staff who are engaging in regulated activity, pending the receipt of an Enhanced Certificate with Barred List information from the Disclosure and Barring Service (DBS) (and where all other relevant checks as per paragraph 213 have been carried out); or,
- where an individual has worked in a post in a school or college that brought them into regular contact with children or young persons which ended not more than three months prior to that person's appointment to the organisation (and where all other relevant checks as above have been carried out).

All recruitment materials will include reference to the organisation's commitment to safeguarding and promoting the wellbeing of pupils. Our HR officer and our Clinical

Directors have undertaken appropriate training in Safer Recruitment and participate in every recruitment process, including interview.

One of the above will be involved in **all** EduTherapy staff and volunteer recruitment processes and sit on the recruitment panel.

Induction

All staff must be aware of systems within their provision which support safeguarding, and these should be explained to them as part of staff induction. This should include:

- The child protection policy.
- The behaviour policy.
- Peer on Peer/Child on Child Sexual Violence & Sexual Harassment policy.
- The staff behaviour policy (sometimes called a code of conduct).
- The safeguarding response to children who go missing from education; and
- The role of the DSL (including the identity of the DSL and any deputies).
- At least part one of KCSIE 2023.

If staff, supply staff, visitors, volunteers, or parent helpers are working with children alone they will, wherever possible, be visible to other members of staff. They will be expected to inform another member of staff of their whereabouts in school, who they are with and for how long. Doors, ideally, should have a clear glass panel in them and be left open. No visitors, volunteers or parent helpers are ever to be left unsupervised with children or out of sight of the teacher or member of staff in charge. It is the responsibility of the member of staff to ensure this is the case.

Guidance about acceptable conduct and safe practice will be given to all staff and volunteers during induction. These are sensible steps that every adult should take in their daily professional conduct with children. All staff and volunteers are expected to carry out their work in accordance with this guidance and will be made aware that failure to do so could lead to disciplinary action.

Staff Support

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

Regular supervision is offered to the Lead DSL, Shelly Saunders, at least half-termly and may be extended to other members of staff, as deemed appropriate by the Service Lead or Clinical Director.

Use of reasonable force

There are circumstances when it is appropriate for staff in school to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staff that involves a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm,

to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury.

‘Reasonable’ in these circumstances means ‘using no more force than is needed’. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil’s path, or active physical contact such as leading a pupil by the arm out of the classroom. Departmental advice for schools is available [here](#)

When using reasonable force in response to risks presented by incidents involving children including any with SEN or disabilities, or with medical conditions, staff should consider the risks carefully.

By planning positive and proactive behaviour support, for instance through drawing up individual well being plans/personal risk assessments for more vulnerable children and agreeing them with parents and carers, we will reduce the occurrence of challenging behaviour and the need to use reasonable force.

11. KEEPING CHILDREN SAFE IN EDUCATION 2023-SPECIFIC SAFEGUARDING ISSUES.

All EduTherapy staff have an awareness of the following safeguarding issues through regular training and briefings. Staff are aware that these behaviours can make children vulnerable and put them in danger: All staff know who the Designated Safeguarding Lead is within our Community and, as well as being the expert in this field, is there to support staff and volunteers.

- Abuse
- Behaviours linked to safeguarding issues
- Children and the courts system
- Children with family members in prison
- Children missing from education
- Child missing from home or care
- Child Criminal Exploitation (CCE)
- Child sexual exploitation (CSE)
- County Lines
- Domestic abuse
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- Homelessness
- Mental health
- Missing children and adult’s strategy
- Online safety
- Peer on peer abuse/child on child abuse

- Private fostering
- Preventing radicalisation
- Prevent Duty and Channel
- Serious violence
- Sexual violence and sexual harassment
- Sexting-Sharing of nude/semi nude images
- Trafficking
- Upskirting

Behaviours linked to safeguarding issues

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Presenting behaviours linked to issues such as drug taking and or alcohol misuse, deliberately missing education and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk. Other safeguarding issues that all staff should be aware of include:

Children Missing Education

All professionals working with children, as well as the wider community can help by remaining vigilant to children's safety. The law states every child should be receiving an education, and we stand a better chance of ensuring a child's safety if we know where and how they are receiving this. The Education and Inspections Act 2006 places a duty on local authorities in England and Wales to make arrangements to identify children and young people of compulsory school age missing education in their area; we work closely to ensure we put appropriate safeguarding responses in place for children who go missing from education.

A child going missing, particularly repeatedly, can be a vital warning sign of a range of safeguarding risks, including abuse and neglect, which may include sexual abuse or exploitation; child criminal exploitation; mental health problems; substance abuse and other issues. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of them going missing in future.

Our EduTherapy provision will hold two emergency contact numbers for each pupil. It is good practice to provide additional options to contact a responsible adult when a child missing education, is also identified as a welfare and/or safeguarding concern.

EduTherapy staff will make contact the same day with any parents/carers of children who do not attend a session. EduTherapy staff will make every effort to complete a face to face safe, failing this then a phone or Zoom call will take place. EduTherapy staff will notify the Local Authority of any pupil/student who fails to attend regularly after making reasonable enquiries or has been absent without permission for a continuous period of 10 days or more. EduTherapy staff (regardless of designation) will also notify the Local Authority of any pupil/student who is to be deleted from the attendance register because s/he:

- Has been taken out of placement by their parents and is being educated outside the school system (e.g. elective home education).

- Has ceased to attend and no longer lives within a reasonable distance (moved within the city, within the country or moved abroad but failed to notify the Centre of the change).
- Displaced because of a crisis e.g. domestic violence or homelessness.
- Has been certified by a certified medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither s/he nor his/her parent has indicated the intention to continue to attend the Centre after ceasing to be of compulsory school age;
- Is in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe that s/he will return to the Centre at the end of that period; or
- Has been permanently excluded.

EduTherapy will demonstrate that we have taken reasonable enquiries to ascertain the whereabouts of children that would be considered 'missing'.

Child Missing from Home or Care

There are strong links between children involved in criminal and sexual exploitation and other behaviours such as running away from home, care or school, bullying, self-harm, teenage pregnancy, truancy, and substance misuse.

In addition, some children are particularly vulnerable, for example, children with special needs, those in residential or foster care, those leaving care, migrant children, particularly those who are unaccompanied, those forced into marriage, those involved in gangs and unaccompanied asylum-seeking children.

Most children who go missing are not in care and go missing from their family home. However, children who are looked after are much more likely to run away than those who live at home, and over 50% of young people in care have run away at some point.

Guidance document

- Children who run away or go missing from home or care

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE).

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence.

CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation.

Child Criminal Exploitation (CCE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories,

shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others.

Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm, from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions.
- children who associate with other young people involved in exploitation.
- children who suffer from changes in emotional well-being.
- children who misuse drugs and alcohol.
- children who go missing for periods of time or regularly come home late.
- children who regularly miss school or education or do not take part in education.

Guidance documents:

- [Safeguarding children who may have been trafficked](#)
- [Child Exploitation - StaffsSCB](#)

Child sexual exploitation (CSE)

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

CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16- and 17-year olds who can legally consent to have sex. Some

children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

The above CCE indicators can also be signs of CSE, as can having older boyfriends or girlfriends and/or suffering from sexually transmitted infections/becoming pregnant.

Guidance documents:

- [Child Sexual Exploitation Definition & Guidance](#)
- [Know about CSE](#)

County Lines

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

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move and/or store drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in several locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes, and care homes.

Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism (NRF) should be considered. Further information can be found here [National Referral Mechanism](#).

If a child is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

Like other forms of abuse and exploitation, county lines exploitation: -

- Can affect any child or young person (male or female) under the age of 18 years.
- Can affect any vulnerable adult over the age of 18 years.

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

Guidance Document:

- Criminal Exploitation of Children and Vulnerable Adults; County Lines

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people, can also occur within their personal relationships, as well as in the context of their home life. We will signpost and support our children/ young people.

Guidance Documents:

- Domestic Violence and Abuse
- Domestic Abuse-Staffsccb
- NSPCC-Domestic Abuse
-

Drugs

There is evidence that children and young people are increasingly misusing alcohol and illegal drugs. Consequences range from non-attendance and poor attainment at school, poor health, committing crime to support 'habits' and increased risk of being a victim of violent crime and criminal exploitation, including sexual exploitation.

Guidance Documents:

- NSPCC-Parental Substance Misuse
- SSCB-Working with parents who misuse substances
- Drugs Advise for Schools

Fabricated or Induced Illness (FII)

Fabricated or Induced Illness is a condition whereby a child suffers harm through the deliberate action of their carer, and which is attributed by the adult to another cause. There may be several explanations for these circumstances, and each requires careful consideration and review. Concerns about a child's health should be discussed with a health professional who is involved with the child.

Guidance Documents:

- [Safeguarding children in whom illness is fabricated or induced](#)
- [Staffsccb-Fabricated or induced Illness Guidance](#)

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes into the Local Housing Authority, so they can raise/progress concerns at the earliest opportunity.

Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse, and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

Our staff will consider homelessness in the context of children who live with their families, and intervention will be on that basis. However, it is also recognised that in some cases 16- and 17-year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and they will require a different level of intervention and support.

Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances.

Honour-based Abuse

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators.

It is important to be aware of this dynamic and additional risk factors, when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all

agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

Female Genital Mutilation (FGM)

FGM comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

FGM is known by several names including “cutting”, “female circumcision” or “initiation”. The term female circumcision suggests that the practice is like male circumcision, but it bears no resemblance to male circumcision and it has serious health consequences with no medical benefits. FGM is also linked to domestic abuse, particularly in relation to “honour-based abuse”.

FGM mandatory reporting duty for teachers Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either via 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 may face disciplinary sanctions. It is rare to see visual evidence, and children should not be examined 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.

Staff **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless there is good reason not to, they should still consider and discuss any such case with the DSL (or deputy) and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where staff do not discover that 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, staff will follow local safeguarding procedures.

Guidance Documents: -

- [Multi Agency Statutory guidance on Female Genital Mutilation](#)
- [Female Genital Mutilation Act 2003](#)

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one, entered, **without** the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter a marriage. The threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Some perpetrators use perceived culture practices, to coerce a person into marriage. Schools and colleges play an important role in safeguarding children from forced marriage.

There are some significant differences between the referral of a concern about a young person being forced into marriage and other child protection referrals. Professionals must be aware that sharing information with a young person's parents, extended family, or members of their community, could put the young person in a situation of significant risk.

Any disclosure that indicates a young person may be facing a forced marriage must be taken seriously by professionals who should also realise that this could be 'one chance to save a life'. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual, and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

Guidance Document:

- Forced Marriage

Mental Health

All staff have an incredibly important role to play in supporting the mental health and wellbeing of our pupils and **are** 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.

We have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

Our EduTherapy provision is embedded within the wider organisation of Midlands Psychology, which is a Social Enterprise providing community mental health and support services. Midlands Psychology is very active in providing training services for professionals who work with children, as well as in the assessment, diagnosis and therapeutic treatment of children's mental health difficulties. EduTherapy staff, like other staff within the organisation, attend a comprehensive internal training programme on various aspects of emotional health and well-being. Additionally, they regularly undertake various external courses, including Mental Health First Aid Training. Midlands Psychology clinical staff includes those trained in autism, learning disabilities and challenging behaviour, attachment and trauma. They regularly work alongside EduTherapy staff to provide advice, guidance and supervision in specific cases, in some circumstances also working in a co-working capacity. Our Clinical Director is Dr Naida Southall, who meets with the Head of Service regularly at the Senior Management Meeting. Dr Southall is available in an on-call capacity to the EduTherapy team and is the Mental Health champion.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. EduTherapy staff, however, 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.

Where children have suffered abuse and neglect, or other potentially traumatic Adverse Childhood Experiences (ACEs), this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

Guidance and helpful documents: -

- [Addressing Trauma and Adversity](#)
- [Mental Health and Behaviour in Schools Guidance](#).
- [Preventing and tackling bullying](#)
- [PHE Rise Above for Schools programme](#).
- [Every Interaction Matters](#)
- [Education recovery](#)
- [MIND-Parenting Capacity and Mental Health](#)
- [NSPCC-Mental Health and Parenting](#)
- [SSCB-Children & Young People who Self Harm or Disclose an Intent to Die by Suicide](#)
- Staffordshire County Council Resource Bank (sent out at least annually)

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and by speaking to the designated safeguarding lead or a deputy.

Online Safety

The use of technology has become a significant component of many safeguarding issues. Child Criminal Exploitation, Child Sexual Exploitation, radicalisation, sexual predation, and technology often provides the platform that facilitates harm.

Within our organisation we realise that it is essential for our children to be safeguarded from potentially harmful and inappropriate online material. We have an effective whole community approach to online safety which empowers us to protect and educate pupils and staff in their use of technology and establishes mechanisms for us to identify, intervene in, and escalate any concerns where appropriate.

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

- **Content**: being exposed to illegal, inappropriate, or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, and extremism.
- **Contact**: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- **Conduct**: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and

- **Commerce:** risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your pupils, students or staff are at risk, please report it to the Anti-Phishing Working Group (<https://apwg.org/>).

We ensure that online safety is a running and interrelated theme whilst devising and implementing policies and procedures. We consider online safety in other relevant policies, when planning curriculum, training, the role and responsibilities of the DSL and parental engagement. We have filters and monitoring systems in place, and these are regulated, and risk assessed as part of the prevent duty.

We have an online safety policy which identifies the usage and expected behaviour of children/students. As a learning community, we appreciate the value of technology and that appropriate filters are in place, which do not lead to unreasonable restrictions which would limit online teaching and safeguarding.

Education at home/Remote learning: - Where children are being asked to learn online at home, EduTherapy staff will refer to and use the links and resources provided by the DfE; Safeguarding in schools, colleges and other providers and Safeguarding in remote education.

Our approach to online safety

We would normally direct our children away from the use of computers / tablets etc and focus on other creative activities as a method of learning. Where online access is available or required we would monitor activities in very small group ratios such as 1:1, 1:2 or 1:3. We would also risk assess the Online Safety Policy that stipulate constraints and practices relating to an organisation that would give us internet access and ensure that appropriate filters are in place.

Systems we use

We do not use any specific systems as such apart from the standard Microsoft Office Suite and drawing software such as Paint for example. Any online activity that would involve internet based searching or game based platforms would be supervised in small groups as mentioned previously.

How we protect and educate the whole organisation in the use of technology.

Organisationally, all new starters are given IT / Information Governance training as part of their induction and are made aware of all associated IT policies which are signed off as read by that member of staff following review. We provide all staff with Information Governance top-up training on an annual basis. We also have an Information Governance training pack available to staff in a public area of our server for staff to access. Any IT incidents are reported directly to the IT Manager, **Jo Smolinski**.

How we ensure that online safety is a running and interrelated theme when devising and implementing policies and procedures

This is done internally by Jo Smolinski who keeps up to date with associated issues / updates / trends as and when required. Policies and procedures are updated accordingly and any important information requiring change of practice is disseminated through news feeds or e-mails.

Other relevant policies that we have are Confidentiality, Data Protection, Information Governance, Online Safety Policy. These are available on the public drive of our internal computer network, which is accessible only to staff.

Our approach to online safety and security is reviewed annually, or earlier if the need arises.

Our organisation works hard to engage parents and carers and make sure they are kept abreast of or new developments. We do this through our website, Facebook pages and through printed information sheets/leaflets.

Guidance Documents:

- [Children's Commissioner-Online Safety](#)
- [Teaching online safety in education settings](#)
- [Appropriate Filtering and Monitoring](#)
- [CEOP-Safety Centre](#)
- [National Cyber Security Centre](#)
- [NSPCC-Undertaking remote teaching safely](#)
- [PHSE-Advice on addressing coronavirus \(COVID-19\)](#)
- [360 Degree Safe - Online Safety Review Tool](#)
- [UKCCIS-UK Council for Child Internet Safety](#)

Peer on peer abuse (including Child on Child Sexual Violence and Sexual Harassment)

All staff have the knowledge and awareness that children can and sometimes do abuse other children (often referred to as peer on peer abuse).

We have a specific and separate Peer on Peer Abuse Policy which includes Sexual Violence and Sexual Harassment between children, as well as an anti-bullying and behaviour policy to guide, inform and support children, staff and parents/carers.

Peer on peer abuse including sexual violence and sexual harassment can occur between two children of any age and sex. It can occur with a single child or group of children. This can happen both inside and outside of our setting including online. Children who are victims of peer on peer abuse including sexual violence and sexual harassment will find the experience stressful and distressing. This is likely to have an adverse effect their educational attainment. This type of abuse can exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable.

All EduTherapy staff recognise the indicators and signs of peer on peer abuse and know how to identify it and respond to reports of it. They understand the importance

of the timely challenge of inappropriate behaviours between peers, many listed below, that are abusive in nature. They are aware of the importance of: -

- Making clear that peer on peer abuse, including sexual violence and sexual harassment, is not acceptable and that we have a zero-tolerance approach.
- Not dismissing peer on peer abuse (including sexual violence or sexual harassment) as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- Challenging behaviours (potentially criminal in nature), such as physical and sexual assaults e.g. grabbing bottoms, breasts, and genitalia, flicking bras and the lifting up of skirts.

All staff know that if we do not challenge and support our children that this will lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

In our organisation we strive for a culture where children feel safe to speak to staff about their experiences. We know that the initial response to a report from a child is vitally important. We do not want to miss that opportunity and so we reassure victims that their reports are being taken seriously and that they will be supported and kept safe. We never give victims the impression that they are creating a problem by reporting sexual violence or sexual harassment. We reassure victims that they should not feel ashamed for making a report.

We have well-promoted and easily understood systems in place so that our children feel confident to knowing their concerns will be treated seriously. All children within our community are made aware of our Zero Tolerance Policy towards bullying and that this includes various forms of peer-peer abuse. We have a ‘whole community culture’ that militates against this behaviour through promoting mutual respect, collaboration and kindness. Through the development of trusting relationships, we encourage our children to raise any issues they feel unhappy or uncomfortable about and we make sure that they know we take them seriously.

Any allegations of peer on peer abuse will be recorded, investigated and dealt with in the same way as any other safeguarding allegations. This includes detail about how we have responded and what support has been offered to all of those affected.

All victims are taken seriously and offered appropriate support. Staff are aware of the groups that are potentially more at risk as evidence shows that girls, children with SEND and LGBT children are at greater risk. 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.

Victims of peer on peer abuse will be supported by the emotional health and well-being service at Midlands Psychology, if appropriate. Risk assessment and risk reduction plans an integral part of this support plan, particularly regarding the post incident management.

All staff understand, that even if there are no reports in our setting, this does not mean that it is not happening, it may be the case that it is just not being reported. As such it is important that if EduTherapy staff have any concerns regarding peer on peer abuse, they speak to their Designated Safeguarding Lead (DSL) or deputy (DDSL). Our staff will not develop high thresholds before acting.

Peer on peer abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying).
- abuse in intimate personal relationships between peers.
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse).
- sexual violence such as rape, assault by penetration and sexual assault and may include an online element which facilitates, threatens and/or encourages sexual violence. Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- sexual harassment such as sexual comments, remarks about clothes and/or appearance, jokes, taunting and online sexual harassment. This also includes the telling of sexual stories, making lewd comments and calling someone sexual names and physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes and displaying pictures, photos or drawings of a sexual nature; and online sexual harassment.
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.
- consensual and non-consensual sharing of nudes and semi-nude images and or videos (also known as sexting or youth produced sexual imagery) Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive.
- upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm; and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

All staff **are** clear as to policy and procedures with regards to peer on peer abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

If staff have a concern about a child or a child makes a report to them, they will follow the safeguarding referral process. As is always the case, if staff are in any doubt as to what to do, they should speak to the designated safeguarding lead (or a deputy). Schools behaviour policy will support any sanctions.

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.

Guidance Documents:

- [Staffsccb-Responding to Sexting Guidance](#)
- [Disrespect NoBody](#)
- [CEOP-Safety centre](#)
- [UKCIS Guidance: Sharing Nudes and Semi-Nudes](#)
- [Sexual violence and sexual harassment between children in schools and colleges \(publishing.service.gov.uk\)](#)
- [Review of sexual abuse in schools and colleges - GOV.UK \(www.gov.uk\)](#)
- [Searching, screening and confiscation \(publishing.service.gov.uk\)](#)
- [Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK \(www.gov.uk\)](#)

Bullying, including Cyberbullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period, where it is difficult for those bullied to protect themselves. It can take many forms, but the main types are:

- Physical (e.g. hitting, kicking, theft)
- Verbal (e.g. racist or homophobic remarks, threats, name-calling)
- Emotional (e.g. isolating an individual from the activities and social acceptance of their peer group)
- Cyberbullying (including sexting)

Guidance on bullying can be [Preventing & tackling bullying](#)
[Cyberbullying advice](#)

We have an anti-bullying policy which is located on the public drive, along with our other policies.

Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or immediate relative. If the arrangement is to last, or has lasted, for 28 days or more, it is categorised as private fostering.

Close relatives are defined as a grandparent, brother, sister, uncle, or aunt (whether of full blood or half blood or by marriage or civil partnership), or a stepparent. People become involved in private fostering for all kinds of reasons. Examples of private fostering include:

- Children who need alternative care because of parental illness.

- Children whose parents cannot care for them because their work or study involves long or antisocial hours.
- Children sent from abroad to stay with another family, usually to improve their educational opportunities.
- Unaccompanied asylum seeking and refugee children.
- Teenagers who stay with friends (or other non-relatives) because they have fallen out with their parents.
- Children staying with families while attending a school away from their home area.

EduTherapy staff will notify the DSL/DDSL when they become aware of a private fostering arrangement. There is a mandatory duty on Midlands Psychology (EduTherapy) to inform Staffordshire Childrens Social Care of a private fostering arrangement by contacting (0800 1313126), who then have a duty to check that the young person is being properly cared for and that the arrangement is satisfactory.

Guidance Document:

- [Children Act 1989 – Private Fostering](#)

Preventing Radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools' or colleges' safeguarding approach.

- **Extremism** is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.
- **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- **Terrorism** is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious, or ideological cause.

Our organisation values freedom of speech and the expression of beliefs and ideology as fundamental rights underpinning our society's values. Pupils/students and staff have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation

can occur through many different methods (such as social media or the internet) and settings (such as within the home).

The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. We are clear that this exploitation and radicalisation must be viewed as a safeguarding concern and that protecting children from the risk of radicalisation is part of the school's safeguarding duty. The school's or college's designated safeguarding lead (and any deputies) should be aware of local procedures for making a Prevent referral.

Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in **Appendix 4**.

Prevent Duty and Channel

Prevent

The DSL will assess the level of risk within the EduTherapy provision and put actions in place to reduce that risk. Risk assessment may include consideration of EduTherapy's curriculum offer, SEND policy, integration of students by gender and SEN, anti-bullying policy and other issues specific to the provision's profile, community and philosophy.

All educational provisions are subject to a duty to have "due regard to the need to prevent people being drawn into terrorism" (section 26, Counter Terrorism and Security Act 2015). This is known as The Prevent Duty and is part of our EduTherapy wider safeguarding obligations.

Designated safeguarding leads and other senior leaders familiarise themselves with the revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76, which are specifically concerned with schools (and covers childcare). We follow the guidance in terms of four general themes: risk assessment, working in partnership, staff training, and IT policies.

We have a Prevent Single Point of Contact (SPOC) who is the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: in our organisation **this is Shelly Saunders**.

The SPOC for EduTherapy is **Shelly Saunders**.

Our provision will monitor online activity within the school to ensure that inappropriate sites are not accessed by students or staff.

Channel

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

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals.
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability.
- The Channel programme focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's participation in the programme is entirely voluntary at all stages.
- Schools have a duty to cooperate with the Channel programme in the carrying out of its functions, and with the Police in providing information about an individual who is referred to Channel (Section 38, Counter Terrorism and Security Act 2015).

Guidance Documents:

- [The Prevent Duty.](#)
- [Educate Against Hate](#)
- [ACT Early | Prevent radicalisation](#)

Serious Violence

All staff should be aware of the indicators, which may signal children are at risk from, or are involved with serious violent crime. These may include increased absence, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation.

All staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Guidance documents:

- [Home Office Preventing Youth Violence and Gang Involvement](#)
- [Criminal Exploitation of Children and Vulnerable Adults; County Lines](#)

12. VULNERABLE CHILDREN

We recognise that our safeguarding responsibilities are clearly linked to our responsibilities for ensuring that appropriate responses are in place for children who are **absent from school** or **who go missing from education**. We will inform the local authority of any pupil who fails to attend school regularly, or who has been absent without school permission for a continuous period of **10 school days or more** (see attendance policy).

As a learning community we are aware of the potential for children with SEND to have **additional barriers when it comes to safeguarding**, the school recognises that this group can be more vulnerable to abuse and neglect. Disabled children may be **especially vulnerable to abuse** because they may 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.

Heightened vulnerability linked to:

- Communications skills
- Maturity (Lower cognitive ability)
- Perceptions of intent from others
- Lower self-esteem/confidence
- Potential to trust unreservedly
- A need to have “friends” or find a partner
- Differing boundaries
- Online safety – digital technology understanding

A combination of these factors can make them more susceptible to risks.

Children develop and mature at different rates, so what appears to be worrying for a younger child might be normal behaviour for an older child. Parental behaviours may also indicate child abuse or neglect, so you should also be alert to parent/child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol, if there is a sudden change in their mental health or if domestic abuse is present. By **understanding the warning signs**, you can respond to problems as early as possible and provide the right support and services for the child and their family.

Children say they need:

- **Vigilance**: to have adults notice when things are troubling them
- **Understanding and action**: 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, decisions and how they have been reached, positive or negative.
- **Support**: to be provided with support in their own right as well as a member of their family.
- **Advocacy**: to be provided with advocacy, to assist them in putting forward their views.

Alternative Provision

We know that the cohort of pupils in our provision often have complex needs, our SL and Service Lead are aware of this additional risk of harm that their pupils may be vulnerable to.

Guidance

- <https://www.gov.uk/government/publications/alternative-provision>
- <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

Children potentially at greater risk of harm-Children who need a social worker (Child in Need & Child Protection Plans)

Our DSL/DDSL are aware that some children may need a social worker due to safeguarding or welfare needs. Local authorities should share the fact that a child has a social worker. Children may need this help due to abuse, neglect and complex family circumstances.

We know that a child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour, and mental health. The DSL will hold and use information so that decisions can be made in the best interests of the child's safety, welfare, and educational outcomes.

Where children need a social worker, this will inform decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services.) We will strengthen provision to reduce absence and exclusions for this group as we recognise that regular attendance is important for vulnerable pupils and school can act as a protective factor.

We will work as a whole community to narrow the attainment gap, have high aspirations for all children with a social worker and will design our Pupil Premium strategy to meet the needs of CWSW (Children with a social worker).

We will ensure that they benefit from additional support to recover from the impact of COVID-19 using a strength-based approach with the child's voice central to our planning. (e.g. National Tutoring Programme/Recovery Premium)

Our EduTherapy Lead, Tracy Harris, will link with the Clinical Director of Midlands Psychology, Dr Naida Southall, to ensure that the Social Emotional & Mental Health needs of Children with a social worker are met, as we recognise that this group of children are more likely to experience issues than their peers.

Looked after children:

All Local Authorities are advised to support the raising of the educational attainment and achievement of their Looked After Children through the overarching support of the Virtual School. The responsibility for each child's education, target setting, learning, and teaching remains with the schools where they are enrolled.

Staffordshire's Virtual School for Looked After Children provides a support and challenge role for schools and Local Authority teams. This is in the form of staffing support; access to additional resources to enable the support of educational outcomes; information, advice and guidance (especially around Personal Education Plans); monitoring and tracking of educational outcomes and targets, and training and support at key transitional moments

Our LAC designated teacher is Tracy Harris.

The governing body must ensure that the designated teacher undertakes the appropriate training (section 20(2) of the 2008 Act).

The role of the designated teacher for LAC within the school

The designated teacher plays a crucial role leading the responsibility for helping school staff understand how things affect how looked after children learn and achieve.

The designated teacher will:

- Promote a culture of high expectations and aspirations for how looked after children learn
- Make sure the young person has a voice in setting learning targets. Be a source of advice for staff about differentiated teaching strategies appropriate for individual children and in making full use of Assessment for Learning.
- Make sure that looked after children are prioritised in one-to-one tuition arrangements and that carers understand the importance of supporting learning at home.
- Has the lead responsibility for the development and implementation of the child's personal education plan (PEP) within the school.

Guidance Document:

- [Designated Teacher for Looked After Children](#)

Children potentially at greater risk of harm

Children who need a social worker (Child in Need & Child Protection Plans)

Children may need a social worker due to safeguarding or welfare needs. Children may need this help due to abuse, neglect and complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further

harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour, and mental health.

Local authorities should share the fact a child has a social worker, and the designated safeguarding lead should hold and use this information so that decisions can be made in the best interests of the child's safety, welfare, and educational outcomes. This should be considered as a matter of routine. There are clear powers to share this information under existing duties on both local authorities and schools and colleges to safeguard and promote the welfare of children. Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).

13. EDUCATIONAL VISITORS TO EDUTHERAPY.

We will undertake risk assessment and use professional judgement and experience when deciding whether to seek an enhanced DBS for any volunteer not engaging in regulated activity. In doing so we will consider:

- What we know about the individual/company, including formal and informal information offered by staff, parents, other establishments, or volunteers.
- Whether the individual/company has other employment or undertakes voluntary activities where references can be advised, and suitability recorded.
- Whether the role is eligible for an enhanced DBS check
- We will clearly have decided the level of supervision required through risk assessment – the supervision will be “reasonable in all the circumstances to ensure the protection of children” as stated in KCSIE 2023

We have clear visitor's procedure. Visitors are always agreed to by prior arrangement, they sign in, show their badge or pass and a copy of their DBS. Whilst within the Doxey HUB provision they will usually be supervised, unless a 1:1 session needs to take place away from EduTherapy staff.

14. MANAGING ALLEGATIONS AGAINST ALL STAFF, INCLUDING SUPPLY STAFF, VOLUNTEERS AND CONTRACTORS

Our aim is to provide a safe and supportive environment securing wellbeing and best possible outcomes for the children who attend our provision. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

The Service Leads and the CEO ensure that there are procedures in place for dealing with the two sections covering two levels (see below) of concern and/or allegations against staff members, supply staff, volunteers, and contractors.

- Allegations that may meet the harms threshold.

- Allegation/concerns that do not meet the harms threshold – referred to for the purposes of this guidance as ‘low level concerns’.

Allegations that may meet the harms threshold

We follow KCSIE 2023 guidance where it is alleged that anyone working in our education setting providing education for children under 18 years of age, including supply teachers, volunteers and contractors has:

- **behaved in a way that has harmed a child or may have harmed a child and/or;**
- **possibly committed a criminal offence against or related to a child and/or;**
- **behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or**
- **behaved or may have behaved in a way that indicates they may not be suitable to work with children.**

This relates to members of staff, supply staff, volunteers, and contractors, who are currently working in any education setting, regardless of whether the school or college is where the alleged abuse took place. Allegations against a teacher who is no longer teaching and/or historical allegations of abuse will be referred to the police.

Where we are not the employer of an individual, we still have responsibility to ensure allegations are dealt with appropriately and that they liaise with relevant parties. In no circumstances will we decide to cease to use a supply teacher due to safeguarding concerns, without finding out the facts and liaising with the LADO to determine a suitable outcome. Our Clinical Director, Service Lead and CEO will discuss with the agency whether it is appropriate to suspend the supply teacher, or redeploy them to another part of the school, whilst they carry out their investigation.

We take all possible steps to safeguard our children and to ensure that the adults in our school are safe to work with children. We ensure that the procedures outlined in *Staffordshire Safeguarding Children's Board Protocol: Managing Allegations of abuse Against Persons who work with Children and role of LADO* and Part 4 of ‘*Keeping Children Safe in Education*’, DfE (2023) are adhered to and will seek appropriate advice from the Local Authority Designated Officer (LADO). **0800 13 13 126**

If an allegation is made or information is received about an adult who works within our EduTherapy provision, the member of staff receiving the information should inform the Service Lead, Tracy Harris immediately. If it is about the sole proprietor of an Independent school, then this needs to be raised with the Designated Officer. Should an allegation be made against the Service Lead, this will be reported to the CEO at Midlands Psychology and the Chair of the Board.

If the Service Lead is not contactable on that day, the information must be passed to and dealt with by either the member of staff acting up as Service Lead or the Director of Services/ CEO at Midlands Psychology.

This person will seek advice from the LADO within one working day. No member of staff or the governing body will undertake further investigations before receiving advice from the LADO.

Allegation/concerns that do not meet the harms threshold – referred to for the purposes of this guidance as ‘low level concerns’.

We are aware that concerns may arise in several ways and from several sources, for example: suspicion; complaint; or disclosure made by a child, parent or other adult within or outside of our setting; or as a result of vetting checks undertaken.

We have the appropriate policies and processes in place to manage and record any such concerns and take appropriate action to safeguard children.

As part of our whole school approach to safeguarding, we promote an open and transparent culture in which **all** concerns about **all** adults working in or on behalf of our setting (including supply teachers, volunteers and contractors) are dealt with promptly and appropriately.

We have created a culture in which all concerns about adults (including allegations that do not meet the harms threshold) are shared responsibly and with the right person, recorded and dealt with appropriately, and this is critical. We encourage an open and transparent culture; enabling us to identify concerning, problematic or inappropriate behaviour early; minimise the risk of abuse; and ensure that adults working in or on behalf of the EduTherapy Centre are clear about professional boundaries and act within these boundaries, and in accordance with the ethos and values of the institution.

Low level does not mean that it is insignificant, it means that the behaviour towards a child does not meet the harm’s threshold. Low level concern is still a concern, no matter how small, and even if no more than causing a sense of unease or a ‘nagging doubt’ - that an adult working in or on behalf of the school or college may have acted in a way that

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work.
- and does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children.
- having favourites.
- taking photographs of children on their mobile phone.
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating, or offensive language.

We understand how crucial it is that any such concerns, including those which do not meet the harm threshold, are shared responsibly and with the right person, and recorded and dealt with appropriately. Ensuring they are dealt with effectively will also protect those working in or on behalf of our setting from potential false allegations or misunderstandings.

Any member of staff or volunteer who does not feel confident to raise their concerns with the Service Lead, Tracy Harris or Clinical Director, Naida Southall should contact **the LADO directly on 0800 1313126**.

General guidance on [whistle blowing](#) can be found at this link

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 and the line is available from 8:00am to 8:00pm, Monday to Friday and Email: help@nspcc.org.uk.

EduTherapy has a legal duty to refer to the Disclosure and Barring Service anyone who has harmed, or poses a risk of harm, to a child, or if there is reason to believe the member of staff has committed one of a number of listed offences, and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. If these circumstances arise in relation to a member of staff at our school, a referral will be made as soon as possible after the resignation or removal of the individual in accordance with advice from the LADO and/or HR. The DSL has a responsibility to inform Barring service.

15. INFORMATION SHARING

At all times we will work in partnership and endeavour to establish effective working relationships with parents, carers, and colleagues from other agencies in line with Working Together to Safeguard Children (2018). Our setting works closely with Stoke and Staffordshire Children's Social Care and, where appropriate from a placing local authority.

Information sharing is vital in identifying and tackling all forms of abuse and neglect, and in promoting children's welfare, including their educational outcomes. Alternative and complimentary provisions, schools and colleges have clear powers to share, hold and use information for these purposes.

As part of meeting a child's needs, our Service Lead, Service Leads team and the Board of Midlands Psychology all recognise the importance of information sharing between practitioners and local agencies. This includes ensuring arrangements are in place to set out clearly the processes and principles for sharing information within our setting and with the three safeguarding partners, other organisations, agencies, and practitioners as required.

We are proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to the local authority children's social care.

Our Management Teams are aware that among other obligations, the Data Protection Act 2018 and the GDPR place duties on organisations and individuals to process personal information fairly and lawfully and to keep the information they hold

safe and secure. Our Board ensures that relevant staff have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR. Where children leave EduTherapy, the DSL will ensure that any relevant Child Protection file is transferred to the new setting as soon as possible, ensuring secure transit, with confirmation of receipt.

In addition to the child protection file, our DSL will also consider if it would be appropriate to share any information with the new school/college in advance of the child leaving. For example, information that would allow the new setting to continue supporting the victims of abuse and have that support in place for when the child arrives.

The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

Guidance documents:

- [Data Protection: Toolkit for schools](#)

16. MANAGING COMPLAINTS

As a learning community we encourage children and families to raise compliments, concerns or comments and have a robust internal investigation process.

The compliment, comment, or complaint policy states clearly the stages of complaints and where to escalate concerns following completion of process either through Ofsted or EFSA. Our complaints policy is on our school website for parents/carers to access.

Safeguarding concerns should be raised with us immediately. If a concern means a child is **at immediate risk, then the individual needs to contact Staffordshire Childrens Advice and Support Team on (0800 1313126).** All visitors are given safeguarding information in paper format, which outlines how to share concerns and code of conduct expected by visitors/contractors.

17. SITE SECURITY

Our EduTherapy Centre is located on a secure site which is controlled by precise management directives, but the site is only as secure as the people who use it. All people on the site must adhere to the rules which govern it. Laxity can cause potential problems with safeguarding, therefore: -

- External doors (main entrance) are kept closed during the time that children and staff are present at the Centre; visitors gain access through the main entrance.

- Visitors, volunteers, and students must only enter through the main entrance and after signing in will be escorted into the main working area. We have a clear system of ensuring that visitors are accompanied / supervised by regulated staff member.
- Parents, carers, and grandparents attending functions have access only through the designated and supervised entrances, with tickets for visitors for appropriate events.
- Children will only be allowed home with adults who have parental responsibility or confirmed permission.
- Empty rooms should have closed windows and doors.
- Children should never be allowed to leave the provision alone during EduTherapy hours unless collected by an adult such as a parent who is doing so for a valid reason. They should report to the office to do this.
- Two members of staff (one of which may be a student) are always on duty.
- A health and safety audit is completed annually with risk assessment/safety planning and will form part of Governors annual report. This will include a fire evacuation and invacuation and Prevent risk assessment. This is undertaken at the Doxey Hub by Sam Phillips (Youth Net), the building key holder and the management company.
- The risk management of site security is managed by Sam Phillips (Youth Net). They have a clear system of risk assessments and review timescales of these.

18. KEY LEGISLATION

This policy has been devised in accordance with the following legislation and guidance:

- [Working Together to Safeguard Children 2018](#) (DfE)
- [Staffordshire Safeguarding Children Board Procedures](#)
- [Staffordshire Safeguarding Children Board-Learning Zone](#)
- [Keeping Children Safe in Education 2023](#)
- [Disqualification under the Child Care Act 2006](#)
- [Information Sharing Advice for practitioners providing safeguarding services](#)
- The Children Act 1989 and 2004
- Education Act 2002
- [What to do if you're worried a child is being abused](#)
- Whistle Blowing policy
- [Online Safety Toolkit](#)
- [Children Missing Education policy](#)
- [Early Years Statutory Framework](#)
- [Statutory policies for schools](#)
- [NSPCC/TES safeguarding in education tool](#)
- [Visa – Immigration/Asylum](#)
- [Children's commissioner](#)

19. EDUTHERAPY POLICIES

To underpin the values and ethos of our EduTherapy Centre and our intent to ensure that pupils are appropriately safeguarded, the following policies are also included under our safeguarding umbrella:

- Anti-Bullying (including cyber bullying indicators)
- Attendance Policy – as referred to earlier in this document
- Behaviour Policy – no policy is specific for EduTherapy but we do have risk assessments and expectations
- Child Protection and Safeguarding Policy
- First aid – we have a First Aider – Paul Tamburro who is on duty at all times
- Health and Safety including site security (provided by Sam Phillips, YouthNet)
- Meeting the needs of pupils with medical conditions – Standard Government guidance is used (2015)
- Missing Children Policy – Ofsted details of failings 2015 (links in with our guidance on Attendance).
- Online safety
- Safer Recruitment Policy
- Employee Handbook (Staff Code of Conduct)
- Whistleblowing

Safeguarding Induction Sheet for new or supply staff and regular visitors or volunteers.

We all have a statutory duty to safeguard and promote the welfare of children, and at Midlands Psychology we take this responsibility seriously.

If you have any concerns about a child or young person using our EduTherapy services, you must share this information immediately with our Designated Safeguarding Lead **Shelly Saunders** or Deputy Designated Safeguarding Lead **Tracy Harris, Paul Tamburro, Naida Southall or Leona Moseley**.

Do not think that your worry is insignificant if it is about hygiene, appearance, or behaviour – we would rather you told us as we would rather know about something that appears small than miss a worrying situation.

If you think the matter is very serious and may be related to child protection, for example, physical, emotional, sexual abuse or neglect, you must find one of the Designated Safeguarding Leads and provide them with a written/electronic record of your concern.

A copy of the form to complete is attached to this and others can be obtained from Alison Lowell, by contacting her on 01785 748447 or by emailing her at alison.lowell@midlandspychology.co.uk.

Please ensure you complete all sections as described.

Any allegation concerning a member of staff, a child's foster carer or a volunteer should be reported immediately to the Centre Coordinator. If an allegation is made about the Centre Coordinator, you should pass this information to the Services Director/ CEO at Midlands Psychology, **Angela Southall**. Alternatively, you can contact the Local Authority Designated Officer on 0800 1313126.

The people you should talk to at the EduTherapy Centre are:

Designated Safeguarding Lead: **Shelly Saunders**

Location of office: Unit 41, Staffordshire University Business Village, Dyson Way, Stafford, ST18 0TW

Contact Number: 01785 478447

Deputy Designated Safeguarding Lead: **Tracy Harris**

Location of office: Unit 41, Staffordshire University Business Village, Dyson Way, Stafford, ST18 0TW

Contact Number: 01785 478447

Chair of Board: **Ms Sue Wardle**

Contact Number: 01785 468447

Safeguarding Induction Checklist

Name:

Date:

	<u>Criteria</u>	<u>Comments</u>	<u>Signature</u>
DAY 1	Welcome		
	Employment Checks Complete		
	EduTherapy background information:		
	Structure, Governance arrangements		
	Ethos explained		
	Keeping Children Safe In Education, Part 1 issued and explained		
	Role & Responsibility: reporting structure, Safeguarding roles in the Centre		
	Name of DSL, role described and contact details		
	Staff Handbook		
	Attendance		
	Confidentiality and breaches		
	General Data Protection Act		
Health & Safety: Fire procedures and Fire officers (review date)			
WEEK 1	Meet with Service Lead & DSL		
	Alternatives to reporting in school in an emergency		
	Signs and types of Abuse		
	Where to find safeguarding policy		
	What to do regarding disclosure – reporting systems		
	Policies to read: Health & Safety Complaints		

	Adult Safeguarding Policy Child Protection and SG Policy Peer on peer abuse policy Employee Handbook Whistle Blowing Policy KCSIE (part 1 or 2) Online Safety Lone working policy		
WEEK 2	Training needs identified		
	Training needs scheduled		
	Any other issues		
	Review date:		

Date Induction carried out on:

By:

Signed by Employee:

Date of Completion:

Areas to follow up:

Training needs Identified

Definitions and Indicators of Abuse

1. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result 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 caregivers); or
- Ensure access to appropriate medical care or treatment.

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger.
- Stealing, scavenging and/or hoarding food.
- Frequent tiredness or listlessness.
- Frequently dirty or unkempt.
- Often poorly or inappropriately clad for the weather.
- Poor school attendance or often late for school.
- Poor concentration.
- Affection or attention seeking behaviour.
- Illnesses or injuries that are left untreated.
- Failure to achieve developmental milestones, for example growth, weight.
- Failure to develop intellectually or socially.
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings.
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers.
- Adolescent neglect
- Affluent neglect

2. Physical Abuse

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape.
- Bruises that carry an imprint, such as a hand or a belt.
- Bite marks.
- Round burn marks.
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders, or buttocks.
- An injury that is not consistent with the account given.
- Changing or different accounts of how an injury occurred.
- Bald patches.
- Symptoms of drug or alcohol intoxication or poisoning.
- Unaccountable covering of limbs, even in hot weather.
- Fear of going home or parents being contacted.
- Fear of medical help.
- Fear of changing for PE.
- Inexplicable fear of adults or over-compliance.
- Violence or aggression towards others including bullying; or
- Isolation from peers.

3. Sexual Abuse

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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge.
- Anal or vaginal discharge, soreness, or scratching.
- Reluctance to go home.
- Inability to concentrate, tiredness.
- Refusal to communicate.
- Thrush, persistent complaints of stomach disorders or pains.
- Eating disorders, for example anorexia nervosa and bulimia.
- Attention seeking behaviour, self-mutilation, substance abuse.
- Aggressive behaviour including sexual harassment or molestation.
- Unusual compliance.
- Regressive behaviour, enuresis, soiling.

- Frequent or open masturbation, touching others inappropriately.
- Depression, withdrawal, isolation from peer group.
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

4. Exploitation

Child Sexual Exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to Staffordshire Childrens Social Care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity).
- Entering and/or leaving vehicles driven by unknown adults.
- Possessing unexplained amounts of money, expensive clothes or other items.
- Frequenting areas known for risky activities.
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast-food outlets.
- Missing for periods of time (CSE and County Lines)

5. Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. 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.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly.
- Over-reaction to mistakes.

- Delayed physical, mental, or emotional development.
- Sudden speech or sensory disorders.
- Inappropriate emotional responses, fantasies.
- Neurotic behaviour: rocking, banging head, regression, tics and twitches.
- Self-harming, drug, or solvent abuse.
- Fear of parents being contacted.
- Running away.
- Compulsive stealing.
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

6. Responses from Parents/Carers

Research and experience indicate that the following responses from parents may suggest a cause for concern across all five categories:

- Delay in seeking treatment that is obviously needed.
- Unawareness or denial of any injury, pain, or loss of function (for example, a fractured limb).
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development.
- Reluctance to give information or failure to mention other known relevant injuries.
- Frequent presentation of minor injuries.
- A persistently negative attitude towards the child.
- Unrealistic expectations or constant complaints about the child.
- Alcohol misuse or other drug/substance misuse.
- Parents request removal of the child from home; or
- Violence between adults in the household.
- Evidence of coercion and control.

7. Disabled Children

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that may not be of concern on an ambulant child such as the shin, maybe 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, extreme behaviour modification such as deprivation of medication, food, or clothing, disabling wheelchair batteries.

- Unwillingness to try to learn a child's means of communication.
- Ill-fitting equipment, for example, callipers, sleep boards, inappropriate splinting.
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

Dealing with a Disclosure of Abuse

When a pupil tells me about abuse, they have suffered, what should I remember?

- Stay calm
- Do not communicate shock, anger, or embarrassment
- Reassure the child and tell them that you are pleased that they are speaking to you
- Never agree or promise to keep it a secret. Assure them that you will try to help but let the child know that you will have to tell other people to do this and state who this will be and why.
- Tell them that you believe them. Children very rarely lie about abuse; but they may have tried to tell others and not been heard or believed.
- Tell the child that it is not their fault
- Encourage the child to talk but do not ask "leading questions" or press for information
- Use the acronym **T.E.D: Tell me. Explain. Describe**
- Listen and remember to check that you have understood correctly what the child is trying to tell you
- Communicate that they have a right to be safe and protected
- It is inappropriate to make any comments about the alleged offender
- Be aware that the child may retract what they have told you. It is essential to record in writing, all you have heard, though not necessarily at the time of the disclosure.
- At the end of the conversation, tell the child again who you are going to tell and why it is that person or people who need to know
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions that you may have asked. Do not add any opinions or interpretations. (dates, times, names mentioned and to whom the information was passed need to be clearly recorded).
- Use the schools written/electronic recording forms
- If the disclosure relates to a physical injury do not photograph the injury, but record in writing in as much detail as possible

The information should then be passed, in a timely way, to the DSL/DDSL and immediately if the child discloses any abuse they have suffered or may be at risk of suffering.

If DSL/DDSL not available, it is the staff member's **responsibility** to make a referral to Staffordshire Childrens Advice and Support and inform the DSL at the earliest opportunity. (**Staffordshire Childrens Advice and Support 0800 13 13 126**) or email www.staffordshire.gov.uk/reportconcern

MNEMONIC FOR SAFEGUARDING

Date	
Time	
T Tell Me Record what they actually said	
E Explain Record what they actually said	
D Description of disclosure Record what they actually said	

Allegations about a Member of Staff (Incl supply) or Volunteer

1. Inappropriate behaviour by staff/supply staff/volunteers could take the following forms:
 - **Physical**
For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling.
 - **Emotional**
For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability, or sexuality.
 - **Sexual**
For example, sexualised behaviour towards pupils, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault, and rape.
 - **Neglect**
For example, failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
 - **Spiritual Abuse**
For example, using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.
2. If a child makes an allegation about a member of staff, supply staff, Governor, visitor or volunteer the Headteacher/Principal must be informed immediately. The Headteacher/Principal must carry out an urgent initial consideration to establish whether there is substance to the allegation. The Headteacher or Principal should not carry out the investigation him/herself or interview pupils.
3. The Headteacher/Principal will exercise and be accountable for their professional judgement on the action to be taken as follows:
 - If the actions of the member of staff, and the consequences of the actions, raise credible Child Protection concerns the Head Teacher/Principal will notify the Staffordshire Designated Officer (**LADO**) (**0800 1313126**). The LADO will liaise with the Chair of Governors and advise about action to be taken and may initiate internal referrals within Staffordshire Childrens Social Care to address the needs of children likely to have been affected.
 - If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil. These should be addressed through the school's own internal procedures.
 - If the Headteacher/Principal decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child safeguarding file.

4. Where we are not the employer of an individual, we still have responsibility to ensure allegations are dealt with appropriately and that they liaise with relevant parties (this includes supply teachers and volunteers). In no circumstances will our school/college decide to cease to use a supply teacher due to safeguarding concerns, without finding out the facts and liaising with the LADO to determine a suitable outcome. Our Governing body/proprietor will discuss with the agency whether it is appropriate to suspend the supply teacher, or redeploy them to another part of the school, whilst they carry out their investigation.
5. Where an allegation has been made against the Headteacher/Principal or Proprietor, then the Chair of the Governing Body takes on the role of liaising with the LADO in determining the appropriate way forward.
[Managing Allegations of Abuse against a person who works with children](#)
6. Where the allegation is against the sole proprietor, the referral should be made to the LADO directly.

Indicators of Vulnerability to Radicalisation and Extremism

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:
 - The demonstration of unacceptable behaviour by using any means or medium to express views which
 - Encourage, justify, or glorify terrorist violence in furtherance of beliefs
 - Seek to provoke others to terrorist acts
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts or
 - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal, and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff can recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the student/pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society.
 - Personal Crisis – the student/pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances – migration; local community tensions; and events affecting the student/pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
 - Unmet Aspirations – the student/pupil may have perceptions of injustice; a feeling of failure; rejection of civic life.

- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement/reintegration.
 - Special Educational Need – students/pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. This list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
- Being in contact with extremist recruiters.
 - Family members convicted of a terrorism act or subject to a Channel intervention.
 - Accessing violent extremist websites, especially those with a social networking element.
 - Possessing or accessing violent extremist literature.
 - Using extremist narratives and a global ideology to explain personal disadvantage.
 - Justifying the use of violence to solve societal issues.
 - Joining or seeking to join extremist organisations.
 - Significant changes to appearance and/or behaviour; and
 - Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis

SPOC Contacts

Prevent Leads	Contact Name	Email Address
Cannock	Nirmal Samrai	nirmalsamrai@cannockchasedc.gov.uk
	Oliver Greatbatch	olivergreatbatch@cannockchasedc.gov.uk
	Duncan Rollo	duncanrollo@cannockchasedc.gov.uk
East Staffs	Mike Hovers	Michael.hovers@eaststaffsbc.gov.uk
	Sal Khan	sal.khan@eaststaffsbc.gov.uk
Lichfield	Susan Bamford	Susan.Bamford@lichfielddc.gov.uk
Newcastle	Sarah Moore	Sarah.moore@newcastle-staffs.gov.uk
South Staffs	Helen Marshall	H.Marshall@sstaffs.gov.uk
Stafford	Victoria Cooper	vcooper@staffordbc.gov.uk
Staffs Moorlands	David Smith	david.smith@staffsmoorlands.gov.uk
Tamworth	Joanne Sands	joanne-sands@tamworth.gov.uk
Staffordshire County Council	Fiona Chapman	fiona.chapman@staffordshire.gov.uk
Staffordshire Police Prevent Team	Sgt. Calum Forsyth	prevent@staffordshire.pnn.police.uk

Role of the Staffordshire LADO

The Staffordshire LADO (Local Authority Designated Officer) promotes a safer children's workforce by providing effective guidance, advice, and investigation oversight to cases. They may be able to offer advice and assist with communication in situations which sit outside the statutory criteria, albeit at the discretion of the LADO Duty Officer and where the broader goals of a safer children's workforce are relevant.

The service will give advice on how concerns or allegations should be investigated, including if a referral needs to be raised with the Police and/or Children's Social Care. Staffordshire LADO is not directly responsible for investigatory activities but will actively support any investigation and give advice around a range of parameters including suspension, possible media interest, when to tell the adult, and ensure all interested parties are appropriately linked together. They will retain oversight of individual cases to ensure concerns or allegations are investigated thoroughly in a fair and timely manner, and will advise in relation to any subsequent duties to communicate with regulatory bodies and/or the DBS.

The StaffsSCB inter-agency procedures for:

[Managing Allegations of Abuse against a person who works with children](#)

is based on the framework for dealing with allegations made against an adult who works with children, this is detailed in [Working Together 2018](#) and should be followed by all organisations providing services for children and young people. Compliance with these procedures will help to ensure that allegations are dealt with consistently and in a timely manner; that a thorough, proportionate, and fair process is followed and that processes are open to challenge.

Arrangements for managing concerns or allegations of this nature should be robust and effective in keeping children safe. All allegations should be taken seriously, approached with an open mind, and not be driven by preconceived opinions about whether a child has or has not been harmed.

[Guide for Safer Working Practice for Adults who work with Children](#) is available which will help individuals form judgements on what may constitute behaviour that is unsafe or abusive.

Who to refer concerns to:

All reports of concern or allegation to the Staffordshire LADO (Local Authority Designated Officer) that an adult working or volunteering with children:

- behaved in a way that has harmed a child or may have harmed a child.
- possibly committed a criminal offence against or related to a child.
- behaved towards a child or children in a way that indicates he or she 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

Step 1: Follow KCSiE 2023 Guidance. DSL/ Clinical Director/ Proprietor will contact the LADO on 0800 13 13 126

Step 2: Staffordshire Childrens Advice and Support Team will ensure that the matter is passed promptly to the Staffordshire LADO Duty Officer and assist in initiating any additional safeguarding activities.

If your concern or allegation is urgent and outside of office hours telephone: 0845 6042 886 (the Emergency Duty Team).

This single referral point will provide a responsive and inclusive service for all children's workforce sectors, focus the advice and support where it is needed most and enable the team to continue to work effectively with partners.

Further advice on Safeguarding matters can also be obtained from:

Local Contacts

- Staffordshire County Council's Education Safeguarding Advice Service 01785 895836 e-mail: esas@staffordshire.gov.uk
- LADO Staffordshire 0800 13 13 126
- Staffordshire Children's Social Care Services: Staffordshire Childrens Advice and Support team within the Multi Agency Safeguarding Hub (M.A.S.H.) 0800 1313 126 or using the online referral [Report a concern online](#)
- Emergency Duty Services (out of hours safeguarding concerns) 0345 604 2886 or email eds.team.manager@staffordshire.gov.uk
- Staffordshire Police M.A.S.H. can be contacted on 101. In the event of an emergency please dial 999
- Stoke-on-Trent Children's Services: Chat and Advice Service (CHAD) 01782 235100 Emergency Duty Team: 01782 234234 (outside office hours, weekends, and bank holidays) Minicom: 01782 236037
- Sam Hubza – School Guidance around Asylum Seekers (Central Thoroughfare Team) Tel: 01785 854906
- Staffordshire Police coordinator: Mark Hardern Tel: 07539 3636299 Email: mark.hardern@staffordshire.pnn.police.uk
- Staffordshire Police Prevent Team 01785 232054, 01785 233109 or email prevent@staffordshire.pnn.police.uk

NSPCC

- Harmful Sexual Behaviour project: **0844 892 0273**
- [Keeping children safe online-online safety/sexting/sending nudes](#)

Local Advice

- Entrust Learning Technologies ICT/Computing/E-safety Teacher Consultants 0300 111 8030
- Fostering Service (Staffordshire) 0800 169 2061 email fostering&adoptionbus@staffordshire.gov.uk
Out of Hours: Emergency Duty Service 01785 354030
- Staffordshire Safeguarding Children Board [StaffsSCB](#)
- Entrust HR Services (subscription basis) 01785 278961
- Fostering Service (Stoke-on-Trent) 01782 234555
Email: fostering@stoke.gov.uk
- Stoke-on-Trent Family Information Service Hub (F.I.S.H) 01782 232200 email fish@stoke.gov.uk

National Contacts

- Police (Non-emergency 101)
- CEOP (Child Exploitation and Online Protection) [CEOP Safety Centre](#)
- Professionals Online Safety Helpline – 0844 381 4772 [Safer Internet Helpline](#)
- Internet Watch Foundation (IWF) – [Internet Watch Foundation](#)
- Safer Internet Centre – helpline@saferinternet.org.uk
- Childline – 0800 1111 [Childline](#)
- Ofsted – General enquiries: 0300 123 1231
About Schools: 0300 123 4234
Concerns: 0300 123 4666
e-mail: enquiries@ofsted.gov.uk
- HM Government (advice on protecting children from radicalisation for parents, teachers and leaders) www.educateagainsthate.com
- **NSPCC** Harmful Sexual Behaviour project: **0844 892 0273**

Useful websites

- Staffordshire Safeguarding Children Board [StaffsSCB](#)
- Child Exploitation and Online Protection Centre (CEOP) – [Ceop-Police](#) & [knowaboutcse](#)
- NSPCC – 24-hour Child Protection Helpline 0808 800 5000
[NSPCC](#)
- WOMENS AID - 24 Hour Helpline: **0870 2700 123**
- UNICEF – Support Care Team 0300 330 5580 (Mon – Fri 8am-6pm). If you think a child is in immediate danger, please call 999. [Unicef](#)