

**SAFEGUARDING AND CHILD PROTECTION POLICY**

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| 1. **INTRODUCTION** |

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes. *(Keeping Children Safe in Education DfE, September 2016)*

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of Silhouette.

Safeguarding and promoting the welfare of children is **everyone’s** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. 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 DfE, September 2016)*

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| **Purpose of a Child Protection Policy** | To inform staff, parents/carers, volunteers and governors about Silhouette’s responsibilities for safeguarding children.  To enable everyone to have a clear understanding of how these responsibilities should be carried out. |
| **Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures** | Silhouette follows the procedures established by the Northamptonshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Northamptonshire working with children and their families: [www.northamptonshirescb.org.uk](http://www.northamptonshirescb.org.uk) |
| **Staff & Volunteers** | All staff have a responsibility to provide a safe environment in which children can learn.  Staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.  All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. This will ensure that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.  Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead - including Child Protection Policy and staff behaviour policy (code of conduct). |
| **Mission Statement** | Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.  Establish and maintain an environment where staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.  Ensure children know that there are adults in Silhouette whom they can approach if they are worried.  Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.  Staff members working with children are advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child. |
| **Implementation, Monitoring and Review of the Child Protection Policy** | The policy will be reviewed annually by the trustees. It will be implemented through the Silhouette’s induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead. |
| 1. **STATUTORY FRAMEWORK** | | |

In order to safeguard and promote the welfare of children, Silhouette will act in accordance with the following legislation and guidance:

* The Children Act 1989
* The Children Act 2004

[Section 11](http://www.legislation.gov.uk/ukpga/2004/31/section/11) of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

* Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
* Keeping Children Safe in Education (DfE, September 2016)
* Working Together to Safeguard Children (DfE 2015)
* The Education (Pupil Information) (England) Regulations 2005
* Sexual Offences Act (2003)
* Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
* Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)

Working Together to Safeguard Children (DfE 2015) requires all those working with children to follow the procedures for protecting children from abuse which are established by the Northamptonshire Safeguarding Children Board.

Groups that work with children are also expected to ensure that they have appropriate procedures in place for responding to situations in which:

1. a child may have been abused or neglected or is at risk of abuse or neglect
2. a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

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| **3. THE DESIGNATED SAFEGUARDING LEAD (DSL)** |

**Trustees should ensure that the establishment designates an appropriate member of staff to take lead responsibility for child protection. This person should have the status and authority to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.**

During session times the Designated Safeguarding Lead (DSL) will always be available for staff to discuss any safeguarding concerns

The Designated Safeguarding Lead (DSL) for Child Protection at Silhouette is:

NAME: Leigh Wolmarans

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead; this **lead responsibility** should not be delegated.

**The broad areas of responsibility for the Designated Safeguarding Lead Person are:**

* **Managing referrals and cases**

* Refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern. **Safeguarding Referrals must be made in one of the following ways:**
* By telephone contact to the Multi-Agency Safeguarding Hub (MASH): **0300 126 1000 (Option 1)**
* By e-mail to: [MASH@northamptonshire.gcsx.gov.uk](mailto:cypsnccinitialcontact@northamptonshire.gcsx.gov.uk)
* By using the online referral form found at <http://www.northamptonshirescb.org.uk/more/borough-and-district-councils/how-to-make-an-online-referral/>
* In an emergency outside office hours, contact children's social care out of hours team on 01604 626938 or the Police
* **If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999.**

**Multi-Agency Safeguarding Hub (M.A.S.H)**

The Multi-Agency Safeguarding Hub (MASH) deals with referrals from professionals and members of the public who may have concerns about a child’s welfare following contact with the helpline that is now also based in the Multi-Agency Safeguarding Hub. It makes the process of dealing with referrals quicker and more effective by improving the way county council: Children’s Social Care, Northamptonshire Fire and Rescue Service (NFRS), Youth Offending Service (YOS) and education, work alongside other partner agency colleagues including Northamptonshire Police, Northamptonshire Health partners, National Probation Service, and the East Midlands Ambulance Service (EMAS) to share information.

* Liaise with the Chair to inform him/her of issues - especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations.
* Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
* Share information with appropriate staff in relation to a child’s looked after (CLA) legal status (whether they are Looked After under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
* **Training**

The Designated Safeguarding Lead should undergo formal training every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed, (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments. Have a working knowledge of the latest Thresholds and Pathways document ([www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/](http://www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/) )
2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
3. Ensure each member of staff has access to and understands the Silhouette’s safeguarding and child protection policy and procedures, especially new and part time staff
4. Ensure that all staff:

* understand what safeguarding is
* understand what this looks like at Silhouette
* understand how to identify children in need of support
* understand the difference between a 'concern' and 'immediate danger or at risk of harm’

1. Ensure that Silhouette keeps a record of safeguarding concerns.
2. Be alert to the specific needs of children in need, those with special educational needs and young carers
3. Understand and support Silhouette with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
4. Be able to keep detailed, accurate, secure written records of concerns and referrals

1. Obtain access to resources and attend any relevant or refresher training courses
2. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures Silhouette may put in place to protect them.

* **Raising Awareness**
* The Designated Safeguarding Lead (DSL) should ensure Silhouette’s policies are known, understood and used appropriately.
* Ensure Silhouette’s safeguarding and child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with trustees regarding this.
* Ensure the safeguarding and child protection policy is available publicly and parents/carers are aware of the fact that referrals about suspected abuse or neglect may be made and the role of Silhouette in this.
* Link with the Local Safeguarding Children’s Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

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| **4. THE TRUSTEES** |

Trustees must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in Silhouette are effective and comply with the law at all times.

The nominated trustee for child protection is:

NAME: Christina Hodges

The responsibilities placed on trustees include:

* ensuring that an effective child protection policy is in place, together with a staff behaviour policy/staff code of conduct
* ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2016) and Annex A and are aware of specific safeguarding issues
* ensuring that staff induction is in place with regard to child protection and safeguarding
* appointing an appropriate senior member of staff to act as the Designated Safeguarding Lead.
* ensuring that the role of the DSL is explicit in the role-holder’s job description (see Annex B Keeping Children Safer In Education September 2016, which describes the broad areas of responsibility and activities related to the role)
* ensuring that all of the Designated Safeguarding Leads (including deputies) should undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)
* prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
* having a senior board level lead to take leadership responsibility for Silhouette’s safeguarding arrangements.

Additional information to support governing bodies and proprietors is provided in Annex C of **Keeping Children Safe in Education (DfE 2016**)

Safer Recruitment: All trustees need an Enhanced DBS Check (without barred list, unless they are additionally in regulated activity)

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| 1. **WHEN TO BE CONCERNED** |

**A child centred and coordinated approach to safeguarding:**

Safeguarding and promoting the welfare of children is **everyone’s responsibility.** 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.

Silhouette staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

**Children Who May Require Early Help**

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child’s needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children’s Services if the child’s situation does not appear to be improving.

**Early Help Links:**

* Follow this link: [www.northamptonshirescb.org.uk/social-care/early-help/](http://www.northamptonshirescb.org.uk/social-care/early-help/) to access Northamptonshire's information and support for professionals regarding Early Help.
* The Early Help Strategy

[www.northamptonshirescb.org.uk/social-care/early-help/early-help-strategy/](http://www.northamptonshirescb.org.uk/social-care/early-help/early-help-strategy/)

* Early Help Co-ordinator

[www.northamptonshire.gov.uk/earlyhelp](http://www.northamptonshire.gov.uk/earlyhelp)

Staff and volunteers working within Silhouette should be alert to the potential need for early help for children also who are more vulnerable. For example:

* **Children with a disability and/or specific additional needs.**
* **Children with special educational needs.**
* **Children who are acting as a young carer.**
* **Children who are showing signs of engaging in anti-social or criminal behaviour.**
* **Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence.**
* **Children who are showing early signs of abuse and/or neglect.**

Silhouette members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

***See Appendix 4 of this policy for information on indicators of abuse and Appendix 1 for specific safeguarding issues.***

* Please refer to the NSCB website for specific guidance on identification of neglect (<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/neglect-tookit/>), including roles and responsibilities for interventions. Please use the full suite of documents and guidance contained within the NSCB webpages - including the Neglect Screening Tool **– (**<http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADMANgB8AHwAVAByAHUAZQB8AHwAMAB8AA2>**)**

**Children with Special Educational Needs and Disabilities:**

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

* Assumptions that indicators of possible abuse such as behaviour; including for example: ADHD or other specific behavioural problems/diagnosis, mood and injury relate to the child’s impairment without further exploration;
* Assumptions that children with SEN and disabilities can be disproportionally impacted by things like bullying - without outwardly showing any signs;
* Communication barriers and difficulties;
* Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child);
* Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased;
* A disabled child’s understanding of abuse;
* Lack of choice/participation;
* Isolation.

**Directory Of Services for Children With Disabilities:**

<http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/special-educational-needs-disability-support/Pages/SpecialistSupportService.aspx>

**Northamptonshire’s Local Offer:**

<http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/special-educational-needs-disability-support/local-offer/Pages/default.aspx>

**Peer on Peer Abuse**

Silhouette are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children’s Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

Staff should recognise that children are capable of abusing their peers. Trustees should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with. The policy should reflect the different forms peer on peer abuse can take, make clear that abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. It should be clear as to how victims of peer on peer abuse will be supported. *Keeping Children Safer in Education 2016.*

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

* Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
* Whether the perpetrator has repeatedly tried to harm one or more other children; or
* Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/sexual assaults, sexting, domestic abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

Guidance on responding to and managing sexting incidents can be found at:

[www.gov.uk/government/uploads/system/uploads/attachment\_data/file/551575/6.2439\_KG\_NCA\_Sexting\_in\_Schools\_WEB\_\_1\_.PDF](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.2439_KG_NCA_Sexting_in_Schools_WEB__1_.PDF)

In order to minimise the risk of peer on peer abuse the school:

* Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
* Develop robust risk assessments where appropriate.
* Have relevant policies in place.

See also Annex C of Keeping Children Safer in Education 2016 ‘Online Safety’

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| 1. **DEALING WITH A DISCLOSURE** |

If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:

* Listen to what is being said without displaying shock or disbelief
* Accept what is being said
* Allow the child to talk freely
* Reassure the child, but not make promises which it might not be possible to keep
* Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
* Reassure him or her that what has happened is not his or her fault
* Stress that it was the right thing to tell
* Listen, only asking questions when necessary to clarify
* Not criticise the alleged perpetrator
* Explain what has to be done next and who has to be told
* Make a written record (see Record Keeping)
* Pass the information to the Designated Senior Person without delay.

**Support**

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead Person.

**If a Silhouette staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy – *Allegations involving staff/volunteers.***

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

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| **7. RECORD KEEPING** |

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Lead.

When a child has made a disclosure, the member of staff/volunteer should:

* Record as soon as possible after the conversation. Use the record of concern sheet wherever possible.
* Do not destroy the original notes in case they are needed by a court
* Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
* Draw a diagram to indicate the position of any injuries
* Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

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| **8. CONFIDENTIALITY** |

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

* All staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children’s Services and the Police).
* If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child’s age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This may ultimately not be in the best interests of the child.
* Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

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| **9. SCHOOL PROCEDURES** |

*Please see Appendix 3: What to do if you are worried a child is being abused flowchart.*

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead. The Designated Safeguarding Lead will decide whether the concerns should be referred to Children’s Services. If it is decided to make a referral to Children’s Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Whilst it is the DSLs role to make referrals, **any staff member** can make a referral to Children’s Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children’s Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If a **professional** in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 **the teacher must report** this to the police after informing the Designated Safeguarding Lead Person. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2016): Annex A for further details.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Particular attention will be paid to the attendance and development of any child about whom Silhouette has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

The Designated Safeguarding Lead is responsible for making the lead trustee aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

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| **10. COMMUNICATION WITH PARENTS/CARERS** |

*Silhouette* will ensure the Child Protection Policy is available publicly either via the website or by other means.

Parents/carers should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

* The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed;
* Leading to an unreasonable delay;
* Leading to the risk of loss of evidential material.

(Silhouette may also consider not informing parent(s) where is would place a member of staff at risk).

Ensure that parents have an understanding of the responsibilities placed Silhouette staff for safeguarding children.

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| **11. ALLEGATIONS INVOLVING STAFF/VOLUNTEERS** |

An allegation is any information which indicates that a member of staff/volunteer may have:

* Behaved in a way that has, or may have harmed a child
* Possibly committed a criminal offence against/related to a child
* Behaved towards a child or children in a way which indicates she/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

**What staff should do if they have concerns about safeguarding practices within the school or college:**

* All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting’s safeguarding arrangements.
* Appropriate whistle blowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college’s senior leadership team.

If staff members have concerns about another staff member then this should be referred to the DSL. Where there are concerns about the DSL, this should be referred to the Chair of the trustees.

The Chair of Trustees:

NAME: CONTACT NUMBER:

**Tony Covington 01604643298**

In the event of allegations of abuse being made against the DSL, allegations should be reported directly to the Designated Officer (formerly LADO). Staff may consider discussing any concerns with the Designated Safeguarding Lead if appropriate make any referral via them. (See Keeping Children Safe in Education: Part Four, DfE 2016, for further information).

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a ‘need to know’ basis only.

Actions to be taken include making an immediate written record of the allegation using the informant’s words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the DSL. The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Chair of Trustees will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer (formerly LADO):

Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**

Designated Officers (formerly LADO):

[doreferral@northamptonshire.gov.uk](mailto:doreferral@northamptonshire.gov.uk)

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer (formerly LADO) without delay.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school’s internal procedures.

The DSL should, as soon as possible, **following briefing** from the Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer/through the whistle blowing procedure or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them:

* Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**
* NSPCC whistle blowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: **0800 028 0285** – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: **help@nspcc.org.uk**

**Safer working practice**

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/ code of conduct/staff behaviour policy and Safer Recruitment Consortium document ***Guidance for safer working practice for those working with children and young people in education settings (September 2015).***

**Useful Links:**

**NSCB**

<http://www.northamptonshirescb.org.uk/>

**NSCB Schools**

<http://www.northamptonshirescb.org.uk/schools/>

**National Society for Prevention of Cruelty to Children (NSPCC):**

**http://**[www.nspcc.org.uk/](http://www.nspcc.org.uk/)

**0808 800 5000**

**Childline:**

<https://www.childline.org.uk/>

**0800 1111**

**Child Exploitation and Online Protection (CEOP):**

<http://ceop.police.uk/>

**0870 000 3344**

**Online safety training and advice contact:**

[e-safety@northamptonshire.gov.uk](mailto:e-safety@northamptonshire.gov.uk)

**Online safety policy examples:**

<http://swgfl.org.uk/products-services/esafety/resources/online-safety-policy-templates>

Inspecting Safeguarding In the Early Years August 2016:

[www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015](http://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015)

Early Years Foundation Stage Statutory Framework:

www.foundationyears.org.uk/files/2017/03/EYFS\_STATUTORY\_FRAMEWORK\_2017.pdf

**APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2016)**

**Part One: Information for all school and college staff**

**Annex A: Further information**



On publication of this Child Protection Policy the guidance Keeping Children Safe in Education commenced on 5th September 2016. The DfE have confirmed that this guidance will be updated annually thereafter.

Keeping Children Safe in Education September 2016 mentions that there will be also be updates likely to the definition of Child Sexual Exploitation.

It is **essential** that **all** staff have access to this online document and read Part 1 and Annex, which provides further information on:

* children missing from education
* child sexual exploitation
* ‘honour based’ violence
* FGM mandatory reporting duty
* forced marriage
* preventing radicalisation

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

It is highly recommend that staff are asked to sign to say they have read these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

**Children Missing in Education**

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School and college staff should follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. (Keeping Children Safer in Education 2016)

The DfE have published guidance on Children Missing from Education September 2016: <https://www.gov.uk/government/publications/children-missing-education>

**Child Sexual Exploitation**

* Child sexual exploitationis a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:
  + Children who appear with unexplained gifts or new possessions;
  + Children who associate with other young people involved in exploitation;
  + Children who have older boyfriends or girlfriends;
  + Children who suffer from sexually transmitted infections or become pregnant;
  + Children who suffer from changes in emotional well-being;
  + Children who misuse drugs and alcohol;
  + Children who go missing for periods of time or regularly come home late; and
  + Children who regularly miss school or education or do not take part in education.
* If a teacher, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the teachermust report this to the police.
* School and college staff can access government guidance via GOV.UK and other government websites. For CSE there is the following guidance: ‘What to do if you suspect a child is being sexually exploited’;

[www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited](http://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited)

* Additional information can be sought through the NCSB website using the ‘Tackling Child Sexual Exploitation Toolkit’ via the following link:

[www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/](http://www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/)

**Private Fostering**

* The nationally accepted definition of Private Fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'.
* This is a private arrangement made between a parent and a carer for 28 days or more.
* Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).
* Many private fostering arrangements remain unknown to the local authority. This is a cause for concern as privately fostered children and young people, without the safeguards provided by law, are a particularly vulnerable group.
* All staff should be alert to the definition and wider aspects relating to private fostering.
* Northamptonshire Children’s Services must be informed of all private fostering arrangements.
* If professionals become aware of a child who is being privately fostered they should encourage the parent/carer to inform Children’s Services of the arrangement or contact Children’s Services themselves if they think parents/carers may not have done so already.
* Further information on private fostering can be found on the NSCB website: [www.northamptonshirescb.org.uk/health-professionals/taking-action/private-fostering/](http://www.northamptonshirescb.org.uk/health-professionals/taking-action/private-fostering/)

**Preventing Radicalisation**

* The Counter-Terrorism and Security Act, 2015 places a duty on authorities ‘to have due regard to the need to prevent people from being drawn into terrorism’.
* Protecting children from the risk of radicalisation should be seen as part of schools’ and colleges’ wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.
* As with other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.
* In addition, schools and colleges should refer to the following DfE Guidance:
  + The Prevent Duty Guidance for England and Wales places requirements on the school under four themes: risk assessment, working in partnership, staff training and IT policies: [www.gov.uk/government/publications/prevent-duty-guidance](http://www.gov.uk/government/publications/prevent-duty-guidance)
  + The use of social media for online radicalisation: [www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation](http://www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation)

Further information regarding preventing radicalisation can be found in Annex A Keeping Children Safer 2016.

**Honour Based Violence (HBV)**

* So-called ‘honour-based’ violence (HBV) encompasses 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.
* All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. 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 HBV, or already having suffered HBV.
* Staff who have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care. Where FGM has taken place, since 31st October 2015 there has been mandatory reporting duty placed on teachers that requires a different approach: Guidance: ‘Mandatory reporting of female genital mutilation: procedural information’ [www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information](http://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information)
* There are a range of potential indicators that a child may be at risk of HBV.
* Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage.
* Schools and colleges can play an important role in safeguarding children from forced marriage.
* The Forced Marriage Unit has published Multi-agency guidelines, with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmu@fco.gov.uk.
* Additional information can be found on the NSCB website:

[www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/](http://www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/)

**Female Genital Mutilation (FGM)**

* Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.
* It is carried out on children between the ages of 0-15, depending on the community in which they live.
* There is a statutory duty for professionals in England and Wales to report ‘known’ cases of FGM in under-18s to the police which they identify in the course of their professional work.

**Online Safety**

* It is important that children and young people receive consistent messages about the safe use of technology and are able to recognise and manage risks posed both in the real world and the virtual world.
* Terms such as ‘e-safety’, ‘online’, ‘communication technologies’ and ‘digital technologies’ refer to all fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks to their well-being.

The issues can be categorised into three areas of risk:

* Content – being exposed to illegal, inappropriate or harmful material
* Contact – being subjected to harmful online interaction with other users
* Conduct – personal online behaviour that increases the likelihood of, or causes harm

Best Practice:

* **Whole Setting Approach:** Staff recognise and are aware of online safety issues and the Designated Safeguarding Lead (DSL) and leadership team should make online safety a priority.
* **Policies:** Designated Safeguarding Lead (DSL) and leadership team must ensure that all of the relevant online safety policies and procedures are in place and implemented. This includes having an awareness of the relevant sections of the EYFS Statutory Framework which relate to safeguarding.
* **Monitoring and Evaluation:** Risk assessment is taken seriously and used to promote online safety. There are appropriate filters and monitoring systems in place to protect children from harmful online material.
* **Management of Personal Data:**  Data is managed securely and in accordance with the requirements of the Data Protection Act.

**Use of Mobile Phones and Cameras:**

* The Designated Safeguarding Lead (DSL) and leadership team must ensure that the relevant safety policies and procedures are in place and implemented which relate to the use of mobile phones, cameras and social networking for pupils and for staff, visitors and volunteers.
* The Designated Safeguarding Lead (DSL) and leadership team must ensure that staff read and understand all relevant ‘Staff Codes of Conduct’/’Staff Behaviour’ policies, inclusive of clear procedures in relation to the use of mobile phones, cameras and social networks as well as online conduct.
* Staff should have a clear understanding of what constitutes misuse of mobile phones and cameras and know how to minimise the risk.
* Staff must be vigilant and alert to any potential warning signs of the misuse of mobile phones and cameras and report any concerns.
* *‘3.4 The safeguarding policy and procedures must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting.’ (Section 3 The Safeguarding and Welfare Requirements; Statutory Framework for the Early Years Foundation Stage 3rd April 2017)*

**Domestic Violence (DV)**

* Domestic violence is defined as 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

**Link to Keeping Children Safe in Education:**

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Academic Year ……………………..

Please sign and return to: Leigh Wolmarans (DSL) within 7 days of receiving this form.

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s):

(1) Silhouettes Child Protection Policy

(2) **Part 1 and Annex A** of **'Keeping Children Safe in Education'** DfE Guidance, 2016

**(3) Health ans safety policy.**

**(4) Silhouette processes and procedures.**

I am aware that the DSLs are:

Leigh Wolmarans and Christina Hodges (Trustee)

and I able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available: on the Silhouette website.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 3: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2015)**

**Flowchart**

**APPENDIX 4: INDICATORS OF ABUSE AND NEGLECT**

**The framework for understanding children’s needs:**



In addition to the above, from Working Together to Safeguard Children (DfE 2015), refertothe latest Thresholds and Pathways document: [www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/](http://www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/)

***Working Together to Safeguard Children (DFE, 2015)***

|  |  |
| --- | --- |
| **Physical abuse**  ***Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.*** | |
| **Child** | |
| Bruises – shape, grouping, site, repeat or multiple | Withdrawal from physical contact |
| Bite-marks – site and size  Burns and Scalds – shape, definition, size, depth, scars | Aggression towards others, emotional and behaviour problems |
| Improbable, conflicting explanations for injuries or unexplained injuries | Frequently absent from school |
| Untreated injuries | Admission of punishment which appears excessive |
| Injuries on parts of body where accidental injury is unlikely | Fractures |
| Repeated or multiple injuries | Fabricated or induced illness |
| **Parent** | **Family/environment** |
| Parent with injuries | History of mental health, alcohol or drug misuse or domestic violence. |
| Evasive or aggressive towards child or others | Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault |
| Explanation inconsistent with injury | Marginalised or isolated by the community. |
| Fear of medical help / parents not seeking medical help | Physical or sexual assault or a culture of physical chastisement. |
| Over chastisement of child |  |

|  |  |
| --- | --- |
| **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, not giving the child opportunities to express their views, ‘making fun’ of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).*** | |
| **Child** | |
| Self-harm | Over-reaction to mistakes / Inappropriate emotional responses |
| Chronic running away | Abnormal or indiscriminate attachment |
| Drug/solvent abuse | Low self-esteem |
| Compulsive stealing | Extremes of passivity or aggression |
| Makes a disclosure | Social isolation – withdrawn, a ‘loner’ Frozen watchfulness particularly pre school |
| Developmental delay | Depression |
| Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking) | Desperate attention-seeking behaviour |
| **Parent** | **Family/environment** |
| Observed to be aggressive towards child or others | Marginalised or isolated by the community. |
| Intensely involved with their children, never allowing anyone else to undertake their child's care. | History of mental health, alcohol or drug misuse or domestic violence. |
| Previous domestic violence | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| History of abuse or mental health problems | Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault |
| Mental health, drug or alcohol difficulties | Wider parenting difficulties |
| Cold and unresponsive to the child’s emotional needs | Physical or sexual assault or a culture of physical chastisement. |
| Overly critical of the child | Lack of support from family or social network. |

|  |  |
| --- | --- |
| **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.*** | |
| **Child** | |
| Failure to thrive - underweight, small stature | Low self-esteem |
| Dirty and unkempt condition | Inadequate social skills and poor socialisation |
| Inadequately clothed | Frequent lateness or non-attendance at school |
| Dry sparse hair | Abnormal voracious appetite at school or nursery |
| Untreated medical problems | Self-harming behaviour |
| Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold | Constant tiredness |
| Swollen limbs with sores that are slow to heal, usually associated with cold injury | Disturbed peer relationships |
| **Parent** | **Family/environment** |
| Failure to meet the child’s basic essential needs including health needs | Marginalised or isolated by the community. |
| Leaving a child alone | History of mental health, alcohol or drug misuse or domestic violence. |
| Failure to provide adequate caretakers | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| Keeping an unhygienic dangerous or hazardous home environment | Past history in the family of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault |
| Unkempt presentation | Lack of opportunities for child to play and learn |
| Unable to meet child’s emotional needs | Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals |
| Mental health, alcohol or drug difficulties |  |
| **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 or not the child is* *aware of what is happening. The activities may involve physical contact or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.*** | |
| **Child** | |
| Self-harm - eating disorders, self-mutilation and suicide attempts | Poor self-image, self-harm, self-hatred |
| Running away from home | Inappropriate sexualised conduct |
| Reluctant to undress for PE | Withdrawal, isolation or excessive worrying |
| Pregnancy | Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit |
| Inexplicable changes in behaviour, such as becoming aggressive or withdrawn | Poor attention/concentration (world of their own) |
| Pain, bleeding, bruising or itching in genital and /or anal area | Sudden changes in school work habits, become truant |
| Sexually exploited or indiscriminate choice of sexual partners |  |
| **Parent** | **Family/environment** |
| History of sexual abuse | Marginalised or isolated by the community |
| Excessively interested in the child | History of mental health, alcohol or drug misuse or domestic violence |
| Parent displays inappropriate behaviour towards the child or other children | History of unexplained death, illness or multiple surgery in parents and/or siblings of the family |
| Conviction for sexual offences | Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault |
| Comments made by the parent/carer about the child | Grooming behaviour |
| Lack of sexual boundaries | Physical or sexual assault or a culture of physical chastisement. |

POLICY CREATED: SEPTEMBER 2018

RATIFIED BY TRUSTEES: SEPTEMBER 2018

SIGNED: Tony Covington Chair of Silhouette Trustees